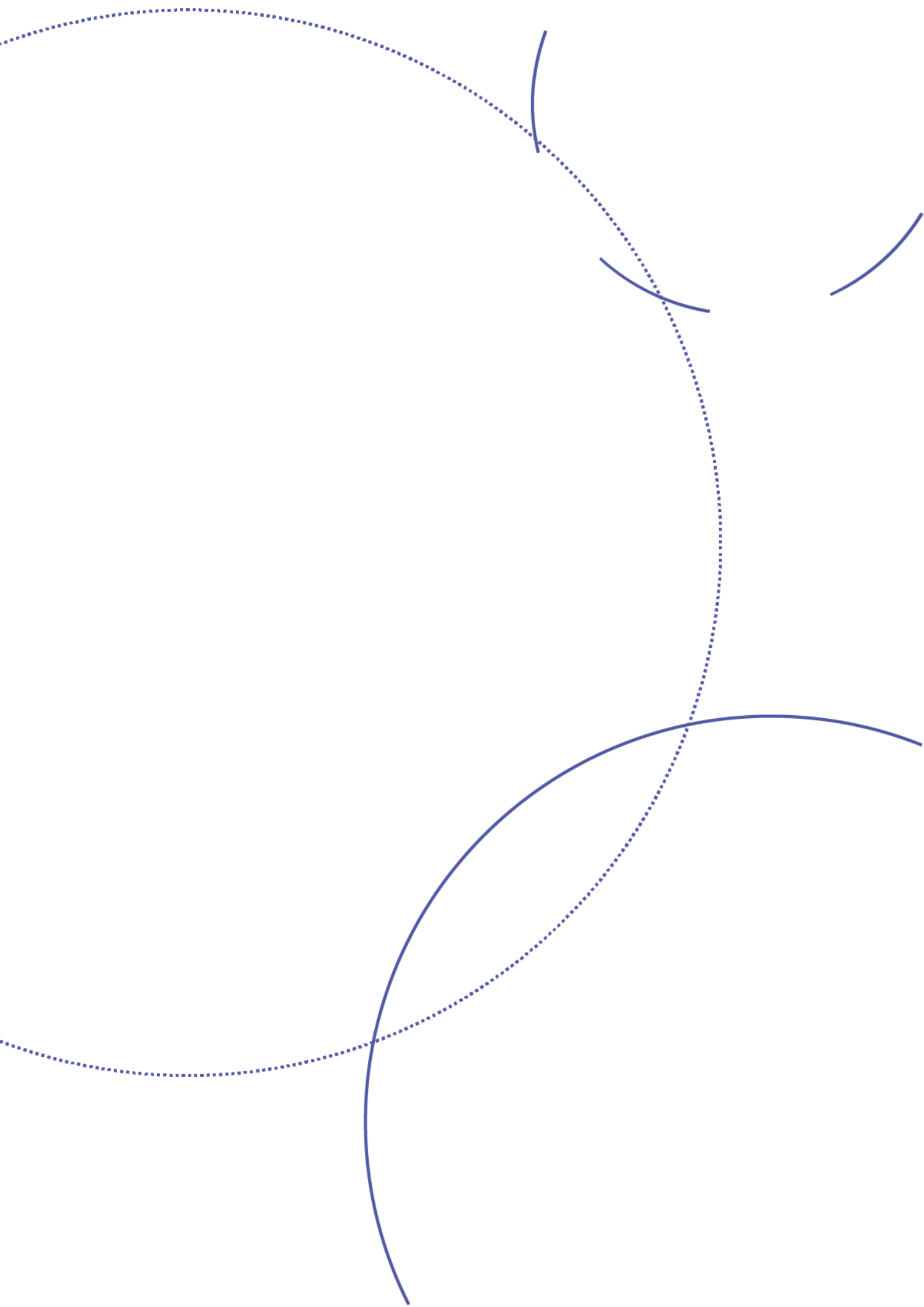
HMICS Thematic review of policing mental health in Scotland

October 2023

HM INSPECTORATE OF CONSTABULARY IN SCOTLAND
Improving Policing Across Scotland



HM Inspectorate of Constabulary in Scotland

HM Inspectorate of Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the 'state, effectiveness and efficiency' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).[1]

We have a statutory duty to inquire into the arrangements made by the Chief Constable and the SPA to meet their obligations in terms of best value and continuous improvement. If necessary, we can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate. We also have an established role in providing professional advice and guidance on policing in Scotland.

- Our powers allow us to do anything we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions
- The SPA and the Chief Constable must provide us with such assistance and co-operation as we may require to enable us to carry out our functions
- When we publish a report, the SPA and the Chief Constable must also consider what we have found and take such measures, if any, as they think fit
- Where our report identifies that the SPA or Police Scotland is not efficient or effective (or best value not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the SPA to take such measures as may be required. The SPA must comply with any direction given
- Where we make recommendations, we will follow them up and report publicly on progress
- We will identify good practice that can be applied across Scotland
- We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication
- We aim to add value and strengthen public confidence in Scottish policing and will do this through independent scrutiny and objective, evidence-led reporting about what we find.

[1] Legislation, Chapter 11, Police and Fire Reform (Scotland) Act 2012.

Our approach is to support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs.[2]

This review will be undertaken by HMICS under section 74(2)(a) of the Police and Fire Reform (Scotland) Act 2012 and a report will be laid before the Scottish Parliament under section 79(3) of the Act.

[2] HMICS, Corporate Plan 2021-24 (February 2022).

Contents

Our review

The policing of mental health-related incidents was the area discussed most by officers and staff who took part in the consultation for our Scrutiny Plan 2022-25.

HMICS established a review team in December 2022, and terms of reference were published in January 2023. The review was to consider the following five objectives:

- How well-prepared Police Scotland is to meet the needs of people who are experiencing poor mental health
- Whether the police response to mental health-related demand affects the efficiency and effectiveness of the force in delivering other policing services
- Whether the force understands the demand associated with the provision of mental health-related policing services
- The effectiveness of the force's collaborative working arrangements on the provision of mental health-related policing services
- The impact that the involvement of the police has on the person who is experiencing poor mental health.

During our review, we consistently heard about a perceived increase in demand, to support people who are vulnerable (particularly people experiencing poor mental health) and a move away from dealing with traditional policing matters such as crime and anti-social behaviour. Most officers we spoke to believe this has become the most significant aspect of their work.

The strongest theme emerging from our review was that mental health is not only a matter for policing, but an issue that requires a whole-system response to ensure the best possible service and outcomes for those experiencing poor mental health. This was highlighted by Lady Elish Angiolini in her Independent Review of Police Complaints Handling, Investigations and Misconduct, which made specific recommendations relating to the need for a strategic review of the whole system in Scotland.

We do not have the statutory powers to inspect other agencies beyond Police Scotland and the SPA. However, during this review, we found strong evidence to support Lady Elish's recommendation for a wider, more strategic review of the whole-system approach to mental health. This was widely acknowledged and agreed by many of the partner agencies we engaged with during this review.

There has been a lot of reporting recently regarding the Right Care Right Person (RCRP) approach. This approach - initially implemented by Humberside Police and now being progressed by other police services in England and Wales - is supported by the College of Policing, the Home Office and the Home Secretary. While policing in Scotland operates within a different legislative framework, with justice and policing being devolved matters for the Scottish Parliament and Scottish Government, some elements of this could be applied to the Police Scotland context. I look forward to hearing about how this new approach develops in England, and its impact on people who have experienced poor mental health.

Throughout our review, the question that kept recurring was – what role should the police play in supporting people experiencing poor mental health in Scotland? Having considered the evidence we found, I believe Police Scotland will always have a key role in supporting those experiencing poor mental health. This should, however, be within a wider structure which includes other emergency services, health and social care where, upon review, the care is provided by the agency most skilled and qualified to address the circumstances presented. Such decisions must always be based on the wellbeing of the person experiencing poor mental health rather than which resource is available.

Currently, it seems that Police Scotland (along with most other UK police forces) is in a situation where the impact of mental health demand is limiting its effectiveness and efficiency in performing its traditional role - that of keeping the peace and preventing and detecting crime. Police Scotland is filling gaps in the health and social care system in Scotland, and there appears to be consensus in the benefit of establishing a whole-system review of mental health in Scotland (as recommended by Lady Eilish Angiolini). Since such a complex and far-reaching review requires political and institutional will and support, organisations such as Police Scotland must ensure they provide the best possible support to the public in the short term, within the current system.

I do not consider it sustainable for Police Scotland to continue without an agreed and published mental health strategy, nor do I consider it reasonable to wait for the conclusions of the whole-system review.

- Police Scotland needs to establish its strategic position on mental health in Scotland and ensure its officers and staff dealing with people experiencing poor mental health understand that position and have the appropriate training.
- The Scottish Government and the Convention of Scottish Local Authorities (COSLA) have recently published Scotland's Mental Health and Wellbeing Strategy. Police Scotland must now develop, implement and communicate its own strategy clearly articulating its role and purpose in this sphere. This will allow it to progress the recommendations and areas for development highlighted in this report - these should flow from, and be aligned to, its own mental health strategy, once developed.
- Once a review of the whole system has taken place, Police Scotland should review its strategy, to ensure its role within the whole system is clearly defined, taking account of its relationship with partner agencies, including any future bodies (for example, a National Care Service).

I am grateful to everyone who has taken time to meet our team and contribute to this review. I am particularly grateful to Voices of Experience (VOX) Scotland, for providing an invaluable insight into the lived experience of people with poor mental health. Those voices demonstrate how, despite the best efforts of police officers, police involvement can have a detrimental impact on the wellbeing of those experiencing a mental health crisis.

I would also like to acknowledge the significant contribution of the members of our advisory panel, who have helped, supported and guided my review team throughout this review. Their wide representation and expertise highlights the need for many statutory and non-statutory bodies to work together to improve outcomes for people experiencing poor mental health. I believe that Police Scotland should retain the services of the panel to deliver this report's recommendations and to develop its mental health strategy.

This inspection leaves me in no doubt that addressing the needs of anyone experiencing poor mental health must be at the heart of the service provided by Police Scotland and partners.

Craig Naylor
His Majesty's Chief Inspector of Constabulary
October 2023

Key findings

Whole system approach

- Mental health is a multifaceted issue that requires an effective whole-system partnership response.

- There has been a significant increase in demand associated with mental health for Police Scotland and partner organisations over the last five years. It is now more prevalent than ever across all incidents; it is a daily occurrence and places significant demand on front line services.

- There is a perception among some officers and staff in Police Scotland that the police are filling gaps and performing the role of the NHS, and that there is a need for clarity in relation to each agency's role within the whole system.

Leadership and vision

- Police Scotland does not currently have a strategy for the provision of mental health-related policing services.

- The role of Police Scotland in dealing with mental health needs to be clearly defined and articulated to officers and staff across the organisation, as well as partner agencies and the public.

- There is a strategic commitment and drive by the organisation to work with partners in addressing public health and wellbeing across Scotland.

- There is a need for clear guidance and training for officers and staff on the police role in mental health, i.e. - what officers should and should not be doing.

- There is a perception among officers that senior leaders focus on safe outcomes, seeking to minimise every possible threat, risk and harm. This is normally achieved by police officers remaining with the person in crisis until they are either accepted into the care of the NHS or a family member. This approach to organisational and reputational risk results in a lack of focus on reflection and opportunities for improvement, often to the detriment of the individual concerned.

- This apparent culture of risk aversion (driven by senior leaders and reinforced in the operational arena) results in officers being fearful in their mental health incident-related decision making. This is compounded by the potential of an investigation by the Police Investigations & Review Commissioner (PIRC).

- The reported experience of some officers and staff indicates that senior leaders within the service do not fully understand the challenges associated with mental health-related incidents and that mental health is not given the level of attention it requires.

- At an operational level, sergeants manage the risk associated with mental health-related incidents. Concerns have been expressed in particular about temporary sergeants being asked to manage high levels of risk with little or no training.

- Supervisors in the Contact Command and Control (C3) are supportive to service advisors. This is particularly helpful when service advisors are trying to determine whether or not a call is mental health-related and whether it requires a police response.

- At a local level, there are many examples of local policing officers working innovatively and effectively with partners to deliver better outcomes for people experiencing poor mental health.

- There is a need for better strategic oversight and co-ordination of the different initiatives and approaches being adopted across Scotland.

- The SPA is aware of the increasing and complex nature of mental health demand in Scotland.

- Police Scotland is unable to clearly articulate the scale and nature of the demand from mental health to the SPA and other stakeholders.

Delivery

- The officers and staff we spoke to highlighted a gap in training relating to policing mental health. Officers and staff rely on their experience when dealing with mental health-related incidents and there is a need for appropriate training to be provided if officers and staff are to be expected to continue to deal with mental health-related calls to the extent they currently are.

- While there are online training packages relating to mental health on Moodle (the online training system used by Police Scotland), there was little awareness of these packages among the officers and staff we spoke to, and those who had completed them did not find them to be effective.

- The lack of training provided to the police, and a culture of risk aversion, creates demand for partner organisations in relation to mental health. Much of this relates to people who at the time of the incident are not unwell, but are experiencing some kind of distress, some of whom may be managed with community intervention/non-clinical support in the community.

- Police Scotland officers and staff have varying opinions and levels of understanding regarding the role of the police in mental health; in particular, when to signpost and when to refer onwards to a more appropriate agency.

- There is a lack of available data to provide assurance about whether or not police powers used under the Mental Health (Care and Treatment) (Scotland) Act 2003 disproportionally impact on under-represented groups.

- There is a need for consistency of approach on the use and recording of place of safety orders across Scotland.

- The level of demand associated with mental health is affecting the ability of officers to deal with other parts of their workload.

- Police Scotland has taken steps to better understand the demand associated with policing mental health, but more work is needed and until demand is fully understood it cannot be addressed.

- Demand is passed to Police Scotland from partner agencies towards the end of the working day and working week. Officers and staff believe that partner agencies should make provision to avoid this, as the time of day or week should not be a key consideration as to which agency can best address the needs of a person experiencing poor mental health.

- The relationships between police officers and staff, and NHS staff at an operational level can be challenging, with handover processes at accident and emergency departments being highlighted as a particular area where significant improvement is required.

- There is a lack of consistency about the role of the police, as articulated in the local Psychiatric Emergency Plans (PEP),[3] across different health board areas.

- Adult concern referrals from the police are very good, but the challenge appears to be that other agencies may not have the capacity to deal with them.

- Partner agencies we engaged with were very positive about the collaborative working arrangements with Police Scotland.

- Scottish Government has established a mental health unscheduled care network that brings together experts and practitioners, and hosts events sharing good practice. Police Scotland is a key partner in this.

- Information sharing with other agencies needs to improve, otherwise this can be a barrier to effective partnership working.

- Police carrying out welfare checks for other agencies could be detrimental for people experiencing poor mental health and may lead to escalation and the criminalisation of people who are unwell.

[3] PEPs are recommended by the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice as a means to help manage the detention of a patient and aspects of multi-agency working.

- The Enhanced Mental Health Pathway (EMHP) is effective in getting the right support for people who need it. Phase 1 worked particularly well, although there were issues with a lack of awareness and caller consent. Phase 2 was less effective, although there is scope to increase the number of referrals by improving the referral model.

- The Police Scotland Demand and Productivity Unit (DPU) is engaged with Scottish Ambulance Service (SAS) and Public Health Scotland in better understanding demand across the whole system, although we are aware that there are information sharing protocols that need to be addressed before this can be progressed.

Outcomes

- Police officer involvement in dealing with a person who is experiencing poor mental health can be detrimental to that person's health.

- Stakeholders described the compassion with which officers respond to people in distress, despite the clear difficulties outlined.

- Officers entering the organisation have expectations that are often not aligned to the reality of the job, as the majority of their time is spent dealing with mental health and vulnerability.

- Policing mental health is adversely impacting on job satisfaction among officers and staff.

Recommendations

Recommendation 1

Scottish Government should commission a strategic review of the whole system relating to mental health, involving a range of scrutiny bodies.

Recommendation 2

With the support and engagement of the advisory panel, Police Scotland should develop and publish a mental health strategy (and delivery plan) that clearly articulates its purpose and vision in dealing with mental health-related incidents and allows the recommendations and areas for development highlighted in this review to be progressed.

Recommendation 3

Police Scotland should establish and implement internal governance arrangements to achieve its mental health strategy and delivery plan, once published.

Recommendation 4

Police Scotland and the SPA should develop, and report on, a performance management framework setting out how it will police mental health in Scotland.

Recommendation 5

Police Scotland should provide clear guidance and effective training for officers and staff, in line with its mental health strategy, to help address the culture of risk aversion evident in the policing of mental health-related incidents and to improve outcomes for people experiencing poor mental health.

Recommendation 6

Police Scotland should engage with partner agencies to re-establish collaborative leadership training to help develop leaders across the whole system, in line with the Scottish Government mental health and wellbeing strategy.

Recommendation 7

Police Scotland should conduct a full training needs analysis for policing mental health, reflecting its published strategy, to include (but not necessarily limited to) all public-facing roles across the service.

Recommendation 8

Police Scotland should monitor and report on the impact of the use of its powers, under the Mental Health (Care and Treatment) (Scotland) Act 2003, on under-represented groups.

Recommendation 9

Police Scotland should review the use and recording of place of safety orders across the organisation to achieve consistency of approach and ensure that reporting of this is included in performance reports to the SPA.

Recommendation 10

Police Scotland and the SPA should take steps to establish a clear demand picture for policing mental health.

Recommendation 11

Police Scotland should, in conjunction with relevant partner organisations, review all Psychiatric Emergency Plans across Scotland and ensure that the police role in dealing with mental health is appropriate, supportive, patient-centred and aligned to Police Scotland's mental health strategy, once established.

Recommendation 12

Police Scotland should ensure consistency of approach across all local policing divisional senior management teams on the oversight of local Psychiatric Emergency Plans.

Recommendation 13

Police Scotland should take steps to provide ready access to, and encourage the use of, its interim Vulnerable Persons Database by British Transport Police colleagues in Scotland.

Recommendation 14

Police Scotland and the SPA should put in place measures to monitor progress on the development and implementation of the mental health strategy and the recommendations and areas for development outlined in this review, including recommendations from the VOX lived experience report.

Areas for development

We have identified several areas for development across key processes. They are designed to improve policing services in Scotland and are directed primarily at Police Scotland. We expect these will be included in the improvement plan for policing mental health in Scotland.

Section	Area for Development	Number
Leadership and Vision	Police Scotland must reconsider Recommendation 5 from the HMICS Training and Development Review Phase 1, regarding supervisors being properly trained before performing the role, and align this to the recommendations and areas for development highlighted in this review.	1
Leadership and Vision	Police Scotland should ensure there is strategic oversight and co-ordination of the different mental health initiatives and approaches being adopted across Scotland to ensure they are aligned to the mental health strategy.	2
Delivery	Officers and staff should be aware of their local arrangements as set out in the Psychiatric Emergency Plan for their area.	3
Delivery	Police Scotland should revisit the area for development highlighted in the HMICS Strategic Workforce Planning assurance review that highlighted the need for the SPA and Police Scotland to commit to further development of the demand forecasting approach to support medium to longer-term planning and decision making.	4
Delivery	Police Scotland should provide Distress Brief Intervention training to all operational officers and staff.	5
Delivery	Police Scotland should take steps to re-establish formal protocols with the wide range of non-statutory agencies involved in improving outcomes for people experiencing poor mental health.	6
Delivery	Police Scotland should benchmark with other police services to identify areas where good practice has led to better outcomes for people experiencing poor mental health, and establish if this can be implemented in Scotland.	7
Delivery	Police Scotland should consider the progress made through the Right Care Right Person approach developed by Humberside Police, specifically in relation to: improving handovers at hospital accident and emergency departments; reviewing missing person protocols with the NHS, and dealing with concern for person calls.	8
Outcomes	In the development of its mental health strategy and improvement plan, Police Scotland should embed a process to better understand the lived experiences of people who have experienced poor mental health and have been in contact with the police.	9
Outcomes	Police Scotland should review its recruitment and selection materials to ensure people considering a career in policing better understand the nature of the role they will be asked to perform.	10

Background and context

1. In recent times, there has been significant interest in the mental health-related demand being placed on the police throughout the UK and the impact this is having on demand for police time, which is subsequently preventing them from performing the more traditional, core roles of preventing and detecting crime and antisocial behaviour.

2. The impact has also been felt by police officers and staff, and those with whom the police engage during a mental health-related incident. We have heard many officers and staff who feel this increase has led to them becoming deskilled and demoralised.

3. In Scotland, these increasing demands and concerns are not new or unexpected to Police Scotland. The expected increase was identified as likely by the organisation in its 2026, Serving a Changing Scotland strategy, when it noted, *'The demand from missing and vulnerable people will rise from already significant levels'*. It went on to state, *'this demand often comes at a time when resources are under pressure and other service providers are unavailable'*. The strategy stated the most common marker on the interim vulnerable person's database (iVPD) system was mental health, accounting for around 157 incidents per day (57,000 mental health incidents recorded on the database in a year).

4. The Scottish Health Survey 2019 estimated that around one in four people was affected by poor mental health per year in Scotland. The Scottish Government Mental Health Strategy 2017-2027 estimated that only one in three people who would benefit from mental health treatment currently receive it, and people with mental health needs experience longer waits in 'out of hours' services than people with physical health needs. The strategy also recognised that justice agencies were commonly dealing with situations where the main issues were mental health and distress (where no offence, or only a minor offence, had been committed).

5. These challenges are not limited to Scotland. The HMICFRS 2018 report on Policing and Mental Health highlighted issues with the broader mental health system in England and Wales that result in the police 'picking up the pieces'. This report found that this was placing an intolerable burden on officers and staff, as well as letting down those with mental health issues. These findings resonate with themes highlighted to us during our scrutiny consultation and during previous inspections.

Methodology

6. We interviewed officers and staff from across Police Scotland, representatives of the SPA, staff associations, trade unions, partner organisations and other key stakeholders, mostly remotely using Microsoft Teams.

7. We set up small, virtual focus groups and interviewed officers and staff based in the north, west and east command areas of Police Scotland. One division from each command area was identified to gain an appreciation of the issues in contrasting parts of the organisation, as follows:

   - East - Edinburgh Division (E Division)
   - West - Ayrshire Division (U Division)
   - North - Tayside Division (D Division)

8. We issued a self-evaluation to Police Scotland and, on completion, the team reviewed an extensive range of relevant documentation, including policies, procedures, performance and management information, strategies, plans and training course materials.

9. During our review we were assisted by VOX Scotland, a national membership-led charity run by people with lived experience of mental ill health. VOX Scotland assisted our review team in learning about the lived experiences of people who have experienced poor mental health and who have interacted with Police Scotland. We have used quotes from these people to bring to life issues highlighted throughout the report. All the quotes are from participants in their own words, providing as much context as possible to give an accurate and full account of people's experiences and views.

10. At an early stage in our review, we set up an advisory panel to provide help, support and guidance to the review team. The panel has representation from the following organisations:

- Scottish Institute for Policing Research
- Mental Health Directorate, Scottish Government
- Mental Health Workforce (digital and primary care), Scottish Government
- Mental Welfare Commission for Scotland
- Healthcare Improvement Scotland
- Care Inspectorate
- Penumbra
- Includem
- VOX Scotland
- Forensic Network
- National Independent Strategic Advisory Group
- See Me
- Sacro

11. The panel had two functions. To provide:

- advice and support to the HMICS inspection team throughout the review; and
- a mechanism for testing proposals and findings, and ensure they were consistent with the best available knowledge and expertise.

Whole system approach

12. Whilst our review focused on Police Scotland, the strongest and most consistent theme emerging from our review was that mental health is a cross cutting issue that is clearly not only an issue for policing. Lady Elish Angiolini highlighted this in her 2020 Independent Review of Police Complaints Handling, Investigations and Misconduct. Lady Elish made a total of 81 recommendations in her review, 2 of which are of particular relevance to this review:

    Recommendation (71): As soon as it is reasonable and feasible to do so, HMICS, along with the appropriate health inspection or audit body, should conduct a review of the efficiency and effectiveness of the whole-system approach to mental health.

    Recommendation (72): NHS accident and emergency facilities should be designed to be able to deal safely with mental health care and acute crises.

13. HMICS does not have the powers to inspect any organisations other than Police Scotland and the SPA, therefore a review of the whole system in Scotland should be taken forward at governmental level.

14. Scottish Government and the COSLA have recently published an improving mental health and wellbeing strategy to improve the mental health and wellbeing of people across Scotland. This strategy further highlights the need for a 'whole-system, whole-person' approach and the need for partner agencies to work together and remove barriers faced by people from marginalised groups when accessing services. The strategy makes reference to police officers being part of the 'wider mental wellbeing workforce' but does not clearly define the role of the police as part of the whole system.

15. The new strategy details outcomes the strategy aims to achieve, as follows:

- Improved overall mental wellbeing and reduced inequalities.
- Improved quality of life for people with mental health conditions, free from stigma and discrimination.
- Improved knowledge and understanding of mental health and wellbeing, and how to access appropriate support.
- Better equipped communities to support people's mental health and wellbeing, and provide opportunities to connect with others.
- More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
- Increased availability of timely, effective support, care and treatment that promotes and supports people's mental health and wellbeing, meeting individual needs.
- Better informed policy, support, care and treatment, shaped by people with lived experience, and practitioners, with a focus on quality and recovery.
- Better access to and use of evidence and data in policy and practice.
- A diverse, skilled, supported and sustainable workforce across all sectors.

16. To achieve these outcomes, the strategy has three key areas of focus:

Promote positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;

Prevent mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and

Provide mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

17. Throughout our review, we consistently heard that there appeared to be regular and significant increase in demand for Police Scotland in the evening and ahead of the weekend, when the other services that would normally provide mental health support are closed and unavailable. There is a perception among some Police Scotland officers and staff that the police are filling gaps in providing out of hours support and performing the role of the NHS, and that there is a need for a more suitable agency to provide the most suitable mental health support. Intoxication is often an issue that can impact on the person experiencing poor mental health and this can impact on police officers waiting with people to be clinically assessed. This further highlights the need for safer, more dignified and equipped environments where people can be safeguarded awaiting sobriety and mental health assessment.

18. HMICS believes that mental health is a health and social care issue and as such should be managed primarily by Scotland's health and social care services, and that people should be supported and treated to prevent them from acting in a manner that could be harmful to themselves or others. While this inspection is not about the wider Scottish mental health system, we heard from a wide range of people, including officers and staff, those with lived experience, Police Scotland's partner agencies, academics and mental health experts, and many of those people believed that the mental health system in Scotland continues to require development to ensure that every person who requires mental health support receives the appropriate care, when and where they need it. People experiencing poor mental health routinely come to the attention of the police, either because of their behaviour or via reports from others, and this can result in their poor health becoming criminalised, creating stigma and creating further concerns for the person in crisis.

19. HMICS supports Lady Elish's recommendation, highlighted above, regarding the need for a wider and more strategic review of the whole-system approach to mental health. This was also widely supported by many partner agencies we engaged with during this review and by the advisory panel.

Recommendation 1

Scottish Government should commission a strategic review of the whole system relating to mental health, involving a range of scrutiny bodies.

Leadership and vision

20. Police Scotland cannot wait until a review of the whole system is undertaken before developing and implementing its own mental health strategy. We believe the current situation is unsustainable. Police involvement in mental health-related incidents should not be to the detriment of those in crisis, its officers, staff or the wider needs of Scottish localities and communities. Officers should not routinely be performing the core duties of other organisations, such as performing wellbeing/welfare checks or sitting in hospital waiting rooms for lengthy periods of time: in so doing, those same officers cannot be in communities throughout Scotland dealing with issues of local concern.

21. Police Scotland must now develop and implement a mental health strategy and seek to understand its legal and moral position and role within the whole system, working with partners to deal with mental health. Once a whole-system review has been conducted, the strategy should be revised as necessary.

22. As part of the self-evaluation, Police Scotland gave us a draft mental health and suicide prevention strategy, which we now understand has been overtaken by a new mental wellbeing strategy. This, however, remains under development, has not yet been formally implemented by Police Scotland and has not been provided to HMICS. The earlier draft strategy, provided to us by Police Scotland, set out an intention to work with partners and embed a whole-system approach, to:

    - Safeguard people experiencing mental health crisis and/or distress, protecting them from harm while ensuring they receive the right response from the most appropriate service at the right time, every time, and at the first time of asking.
    - Endeavour to eradicate and challenge stigma and discrimination related to mental health and suicide.
    - Ensure its staff are properly equipped with the skills and confidence to understand the mental health needs of the people in its communities and themselves.

- Co-ordinate police activity to ensure strategic direction and the role of Police Scotland is maintained.
- Support the development of a collaborative prevention learning process which will explore people's journeys, highlighting adverse incidents, focusing on prevention to improve outcomes in the future.
- Work collectively across boundaries and professions to deliver a preventative approach to mental health.
- Ensure staff constantly provide the appropriate support to vulnerable members of our community.

23. The ambition expressed in the early draft strategy to reshape the whole system is admirable, but we believe that this ambition may have inhibited practical delivery of the strategy. In developing their new strategy, Police Scotland should prioritise clearly defining its role within the current system. This should then be reviewed in light of the findings of the whole-system review.

24. The draft strategy further notes that *'Protecting vulnerable people is a priority for Police Scotland'* and that *'Scotland is constantly evolving and changing, but the purpose of policing and the commitment to protecting vulnerable people remains a priority for Police Scotland'*.

25. Police Scotland's commitment to a public health approach to policing is evident in its decision to train and equip all operational officers with intra-nasal naloxone kits. Naloxone is an emergency first aid treatment for use in a potentially life-threatening overdose situation.

26. We welcome Police Scotland's commitment to a public health approach to policing as it develops its mental wellbeing strategy. This supports the ambition set out in the joint strategy for policing, to create fit-for-purpose services to improve community wellbeing.

Purpose of policing

27. An underlying theme throughout our review has been defining the purpose and role of the police in mental health. In our interviews with officers and staff, we found a lack of a clear understanding of the purpose of Police Scotland in policing mental health, and it was not clearly articulated in any of the documentation submitted to us as part of the self-evaluation.

28. In considering Police Scotland, it may be helpful to reflect on the legislation that brought the organisation into being. The Police and Fire Reform (Scotland) Act 2012 outlines Police Scotland's policing principles in Section 32 of the Act:

    (a) that the main purpose of policing is to improve the safety and wellbeing of persons, localities and communities in Scotland, and

    (b) that the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which—

        (i) is accessible to, and engaged with, local communities, and

        (ii) promotes measures to prevent crime, harm and disorder.

29. In his foreword in the Police Scotland Annual Policing Plan 2022/2023, the Chief Constable states that,

    'Policing is so often the service of first and last resort; the service first on the scene; the service which responds to crisis and criticality. It is the challenge of all in public service to give people the help they need in a timely and sustainable manner. Policing will never step back from those in crisis where they have nowhere else to turn'.

30. In the absence of a clear strategic intention, this statement provides an indication of Police Scotland's purpose in policing mental health in Scotland and was echoed by a number of officers and staff during our interviews.

Confusion around role

31. While the Annual Policing Plan sets out Police Scotland's priorities regarding the greatest threats to people and communities, during our interviews and focus groups, it became apparent that, in the absence of a clearly articulated position on mental health, there is much confusion.

32. Most officers and staff interviewed held one of two opinions. The significant majority believed that Police Scotland should limit its acceptance and attendance of calls to life-threatening or high-risk matters, while acknowledging there would always be circumstances requiring calls to be accepted and officers deployed even when those conditions were not met. They further noted that when a call for assistance was accepted by Police Scotland and officers deployed, officers should be deployed to primarily calm, contain and safeguard the situation and eventually hand the person over to mental health professionals within a reasonable time frame, in the clear expectation that the person involved would receive the appropriate care and treatment needed in the short, medium and long-term.

33. The alternative view, held by a minority of officers and staff we spoke to, was that Police Scotland should continue to 'fill the gaps' in Scotland's mental health system, even at the expense of Police Scotland not being able to perform core police functions. It should be noted that this latter view was commonly held without a corresponding solution to the concerns about the impact of this demand, highlighted in this inspection.

"They were good and sympathetic, it's not them making the decision usually to take you in - it's supervisors. There's no protocol. It's similar elsewhere - people on the ground are generally good but higher up the chain they are more worried about risk and insurance and there is a lot of stigma." [VOX Scotland participant]

34. While Police Scotland's policing priorities are set out with a requirement to improve the wellbeing of people, places and communities, the duties of the constable as laid out in Section 20, of the Police and Fire Reform (Scotland) Act 2013 are somewhat different and could be considered as the core or traditional functions of the police:

Section 20 constables: general duties

(1) It is the duty of a constable:

(a) to prevent and detect crime,

(b) to maintain order,

(c) to protect life and property,

(d) to take such lawful measures, and make such reports to the appropriate prosecutor, as may be needed to bring offenders with all due speed to justice,

(e) where required, to serve and execute a warrant, citation or deliverance issued, or process duly endorsed, by a Lord Commissioner of Justiciary, in relation to criminal proceedings, and (f) to attend court to give evidence.

Section 10 Constable's Declaration

"I, do solemnly, sincerely and truly declare and affirm that I will faithfully discharge the duties of the office of constable with fairness, integrity, diligence and impartiality, and that I will uphold fundamental human rights and accord equal respect to all people, according to law."

35. While the duties and oath of police officers in Scotland are set out as above, we commonly heard from officers and staff that there was simply no time to perform preventative duties such as general community patrols or proactive work due to the increase in demand being placed on them in policing mental health. Most said that a single mental health-related call could engage two officers and a vehicle for a full shift.As well as limiting their ability to perform other duties, the increased mental health demand placed great pressures on officers and staff in managing their workloads and was often demoralising. We heard that, routinely, it was not unusual for at least half of the deployable frontline uniformed officers to be engaged in mental health-related calls.

Wellbeing

36. The lawful requirement to work collaboratively with others to carry out the wellbeing improvement policing principle in Scotland is unique among police forces in the UK. The policy memorandum that accompanied the Police and Fire Reform (Scotland) Bill noted that those principles, 'reflect(ed) the reality of their broad roles and the excellent work the services now carry out supporting and promoting community safety and wellbeing; through, for example, community safety initiatives and collaboration with health, education, and local authorities focused on prevention and early intervention in order to improve outcomes.'

37. The policy memorandum goes on to outline that 'Section 32 of the Bill sets out the policing principles which provide that the main purpose of policing is to improve safety and wellbeing in Scotland by working in collaboration with others in ways which are accessible to and engaged with communities, promoting measures to prevent crime, harm and disorder. Scottish Ministers and the Scottish Police Authority will be required to have regard to the policing principles when developing the strategic priorities and plans for the service, as will the Chief Constable when directing constables. In this way the policing principles will underpin the core of the work of the new police service.

38. Many officers told us that they felt that most of the focus from senior leaders was on achieving a safe outcome, removing every possible threat, risk and harm rather than having more realistic and pragmatic training, policies and guidance. Achieving a safe outcome would normally require remaining with the person in crisis until their crisis level sufficiently diminishes, or they are accepted into the care of the NHS or a family member. But even then, police officers and staff may never achieve sufficient expertise to render them the best persons to assist those in mental health crisis. Indeed, we heard from mental health professionals (highlighted later in this report), who stated very clearly that this risk-averse approach - managing organisational and reputational risk with insufficient focus on reflection and opportunities for improvement - was not always in the best interests of the person concerned.

39. We found that, in the absence of a clear strategy, guidance or training, Police Scotland's role in 'the improve wellbeing' policing principle above is causing confusion and frustration among its officers and staff of all ranks and grades across Scotland. We also found that, in many circumstances, while police attendance to those in mental health crisis was better than nothing at all, the attendance of other partners might allow for a more informed response and better outcomes for the person experiencing poor mental health.

Development of a strategy

40. We would expect that any strategy Police Scotland implements should aim to ensure the best response is provided to those experiencing poor mental health. As noted elsewhere in this report, almost no one we spoke to thought that Police Scotland was the most appropriate organisation to manage mental health in the community. The legal options and skills of officers and staff, even after training, are limited when compared to other partners.

41. 'Keeping People Safe' is the focus of Police Scotland, with a commitment to improve the safety and wellbeing of people, places and communities. During our review, we heard from officers, staff, partner agencies and, most importantly, from those with lived experience, that Police Scotland appears to go above and beyond its lawful obligation in trying to keep people safe.

42. It is unclear how long the draft Police Scotland mental health and suicide prevention strategy has been in development, but it seems to have been in progress for at least the last 12-18 months. We found limited evidence of collaborative engagement or consultation in its development. We would expect to see consultation and engagement with:

- statutory and non-statutory partner organisations;
- Police Scotland's own officers and staff;
- trade unions and staff associations;
- academics and experts in mental health;
- communities, those with relevant lived experience, and those who support them.

43. While the draft sets out a clear and welcomed intention to work with partners to achieve a better outcome for Scotland, it is unclear how better outcomes would be achieved without a whole-system approach to mental health being articulated, agreed and implemented in Scotland. While it is acknowledged that developing a whole-system approach to mental health in Scotland would be complex and challenging, we believe that this is necessary as the current system has become fragmented. This, in turn, has led to police officers carrying out roles and undertaking action to mitigate gaps elsewhere in the system to which they are not, and realistically never will be, best suited. We believe this is to the detriment of:

- wider society (in reducing the time officers and staff can focus on duties to which their skills are better suited);
- the person experiencing poor mental health and their family and carers (as police officers are not the most skilled nor expert in managing mental health, and their legal powers are very limited); and
- Police Scotland's officers and staff (in terms of the stress of trying to keep people safe in a fragmented system and in limiting their ability to respond to the wider needs of local communities).

44. Police Scotland should be clear on its legal and moral responsibilities, as set in law and taking into consideration the expectations of the public. As part of the wider whole-system approach to mental health, the organisation must define its purpose, vision and strategy for mental health. Once the strategic position is set, officers and staff should be trained in a manner that develops their understanding of, and engagement with, that position.

45. Our review team found the involvement of the advisory panel to be invaluable throughout our review. The support, challenge and insight from a broad range of people with high levels of experience of mental health added much value to this important work. As the review progressed, it became more and more apparent to the review team that there would be great benefit in extending the remit of the advisory panel to assist Police Scotland in developing and implementing their strategy and improvement plan. The role of the advisory panel highlighted the importance of a collaborative approach to help improve outcomes for people who are experiencing poor mental health.

Recommendation 2

With the support and engagement of the advisory panel, Police Scotland should develop and publish a mental health strategy (and delivery plan) that clearly articulates its purpose and vision in dealing with mental health-related incidents and allows the recommendations and areas for development highlighted in this review to be progressed.

Governance

46. Police Scotland has a system of internal governance for mental health with two primary meetings, the Mental Health Governance Group and the Mental Health Working Group. These are chaired by an assistant chief constable (ACC) and a superintendent respectively.

47. The ACC for Partnerships, Prevention and Community Wellbeing (PPCW) Division has overall responsibility for mental health, yet the actual delivery of policing services occurs in local policing divisions, which other ACCs have responsibility over. The multifaceted nature of mental health means that other members of the executive also have specific responsibilities for other elements of policing mental health.

48. We found that, despite the unprecedented levels of demand, Police Scotland has only dedicated a single police officer of inspector rank within PPCW Division, supported by a small team of officers and staff for mental health. Above that single inspector, all officers and staff (in the managerial/oversight chain) have mental health as part of wider, and sometimes very diverse, portfolio of responsibilities.

49. Our review found that Police Scotland does not fully understand the demand associated with mental health. Officers and staff told us that they do not believe senior officers fully understand the risks and complexities of accepting and managing mental health-related incidents.

50. While there will always be incidents where police attendance is necessary, attendance at mental health-related incidents as a result of the person in distress or crisis not having received the health or social support they require elsewhere, should be minimised.

- This reduces the scope for routine and core police activity such as proactive and preventative policing.
- As we have heard from those with lived experience, it will often not be the best solution for the person experiencing poor mental health.
- This change in role in society is causing dissatisfaction, disillusionment and de-skilling of officers.
- A lack of mental health training or development compounds the issue, particularly when officers and staff feel that other agencies or bodies are better placed to prevent mental health-related issues from becoming a crisis.
- When there is a mental health crisis and police intervention is necessary, many officers and staff we spoke to felt let down by health colleagues, either remaining in accident and emergency departments for long periods unnecessarily, or told that neither ambulances or mental health practitioners were able to attend a mental health incident for many hours due to under-resourcing.

51. Having taken a person in crisis to hospital for assessment, some officers also expressed the belief that they were deliberately being provided an unprioritised service so they could remain in the hospital and provide a visible deterrent to disorder or other issues while there. Were this found to be the case, this would not be an appropriate means of securing security at hospital accident and emergency departments. The waiting time and hand over procedures in health settings are discussed further in the delivery section of this report.

52. As highlighted earlier, an increase in mental health demand was forecast in the Police Scotland 2026 Serving a Changing Scotland strategy. We learned during interviews, and in the information provided by Police Scotland as part of the self-evaluation, that despite this forecasted change in demand occurring, Police Scotland has failed to define its strategic position or implement an effective system of national and local governance. We heard that mental health-related governance arrangements appear weak and unfocused, and many officers and staff we spoke to believe mental health lacks the priority that they would expect, given the level of demand being experienced by them.

53. Given the significant, complex and high-risk issues associated with policing mental health for Police Scotland, we would expect robust governance arrangements to be in place to implement the organisational strategy, once published.

54. We expect the SPA to review the effectiveness of the governance arrangements relating to policing mental health, once the strategy has been designed and implemented.

Recommendation 3

Police Scotland should establish and implement internal governance arrangements to achieve its mental health strategy and delivery plan, once published.

55. During our review, we found that there is a lack of performance management information on policing mental health in Scotland. The organisation does not appear to have meaningful data that provides an insight as to how effectively the service is delivering mental health-related policing services. We consistently heard from people interviewed that this was a difficult area of policing to assess in terms of performance.

56. Performance reports that are used internally in the organisation, and those that are submitted to the SPA, focus primarily on crime trends. The reports do, however, contain quantitative references to 'concern for person' incidents and missing persons in relation to demand levels. The number of arrested persons who have declared mental health is also recorded. As highlighted earlier in this report, the DPU has made progress in better understanding mental health demand, although this only provides an overview and does not assess how effectively services are being delivered. Police Scotland must develop qualitative data to better understand the impact of their officers and staff in policing mental health.

57. The SPA receives performance reports from Police Scotland and these are scrutinised at the Policing Performance Committee. As described above, the performance information relating to mental health available to the SPA is very limited. During our review we heard from members of the SPA that, as Police Scotland is currently unable to accurately articulate the demand, risks and consequences of policing mental health, it is limited in the data it currently presents to the SPA. We consider that - without the right data - the SPA cannot effectively hold Police Scotland to account.

Recommendation 4

Police Scotland and the SPA should develop, and report on, a performance management framework setting out how it will police mental health in Scotland.

Operational decision making

58. At an operational level, we heard from sergeants and inspectors who are making critical decisions about whether or not their officers should attend or remain with people who are in distress, or who are experiencing poor mental health. We also heard from supervisors who are making critical decisions in the control room. We heard that, in the control room, supervisors are supportive to service advisors and that this is particularly helpful when trying to determine whether or not a call is mental health-related and whether it requires a police response. These day-to-day operational decisions are, we heard, often made using officers' experience, as opposed to following guidance or training provided for policing mental health.

59. We commonly heard that such decisions are made in the knowledge that, should there be an adverse outcome to the mental health-related incident, the decision will be independently investigated by the PIRC.

The PIRC can investigate:

- Incidents involving the police, directed by the Crown Office and Procurator Fiscal Service (COPFS).
- Serious incidents involving the police, including serious injury of a person in custody, the death or serious injury of a person following contact with the police, or the use of firearms by police officers.
- Relevant police matters that the PIRC considers would be in the public interest.

60. At the end of an investigation, the PIRC can recommend improvements to the way the police operate and deliver services to the public in Scotland.

61. This level of scrutiny is not replicated in other public bodies and our interpretation is that this leads to risk aversion in the decision making by officers and by their supervisors. Officers and staff also told us that their decision making was influenced by the fact that they did not want any harm to come to the person with whom they were dealing.

62. We heard examples of temporary sergeants making such decisions, having received no supervisory training whatsoever before taking on this additional responsibility. In our 2020 HMICS Thematic Inspection of Police Scotland Training and Development - Phase 1 we highlighted the importance of officers and staff who are taking on supervisory roles being properly trained beforehand. The following recommendation, from this review, should be revisited by Police Scotland.

Recommendation 5 - Police Scotland should ensure that all officers and staff are provided with appropriate leadership training prior to undertaking a supervisory role.

63. We believe that Police Scotland should ensure officers and staff being asked to make such critical decisions are properly trained prior to taking on supervisory responsibility. We have highlighted further recommendations relating to training under the delivery section of this report, including the need to consider continuous professional development for all officers and staff on policing mental health.

Area for development 1

Police Scotland must reconsider Recommendation 5 from the HMICS Training and Development Review Phase 1, regarding supervisors being properly trained before performing the role, and align this to the recommendations and areas for development highlighted in this review.

Oversight of mental health initiatives

64. Of the many initiatives in Scotland focused on the effective triaging of mental health, most appear to accept that Police Scotland should intervene simply when requested, when other, more appropriate, public services are unavailable or are experiencing high levels of demand. There was strong feeling among officers and staff that Police Scotland must work better with its partners to establish effective and fair collaborative arrangements for mental health. Clear boundaries and interagency expectations should be defined and met. These should be designed with the person experiencing poor mental health at the centre, and boundaries and interagency expectations clearly defined.

65. During our review, we found there are a number of joint or internal initiatives in place for triaging and management of mental health-related calls, be that from the public or partners. Many of these appeared effective, while others were relatively unknown or developing. There are many different innovative and effective initiatives in place in different parts of Scotland. At a national level we heard about the positive impact of the Distress Brief Intervention (DBI) scheme and the Enhanced Mental Health Pathway (EMHP).

66. At a more local level, generally very locally delivered, we heard about a wide range of initiatives, including: the mental health triage scheme in Lanarkshire; a mental health car in Tayside; the development of a mental health toolkit in Forth Valley; a funded police officer at the Royal Edinburgh Hospital (aims to reduce demand and manage incidents at the hospital); and a Harm Reduction Hub in Ayrshire.

67. More details of the initiatives we considered can be found in the delivery section of this report.

68. We also observed the Police Scotland partnership superintendents forum and this appears to be a good internal forum to share ideas and good practice. That said, there seems to be limited co-ordination or strategic oversight of the various initiatives that are in place across Scotland. Once the organisational strategy has been published, such oversight should seek to ensure that local initiatives are aligned to the strategy and effective practice is implemented nationally.

Area for development 2

Police Scotland should ensure there is strategic oversight and co-ordination of the different mental health initiatives and approaches being adopted across Scotland to ensure they are aligned to the mental health strategy.

69. In recognition of the challenges associated with policing mental health, the SPA held a conference focused on mental health, vulnerability and policing in December 2022. This seminar was very well attended by a wide selection of people with an interest in improving the service provided to people experiencing poor mental health, including police officers, staff, subject matter experts and academics. Its speakers and attendees articulated a common understanding that the mental health system in Scotland was fragmented and contained gaps, and that the police often found themselves dealing with people who had not been provided with appropriate support from other agencies. While police involvement may lead to lives being saved and harm reduced, it was also highlighted that it may have led others to feel stigmatised and, in some cases, to their ill health being criminalised.

"While I have been happy with the way police have behaved before in the street, I would say that at home there have been occasions when some officers have put me in handcuffs and into the back of a police van. I haven't seen the need for it, it's humiliating and not a good look for the neighbours to see me like that. I don't know but get the impression it's protocol to do that even if someone is complying. They act on the assumption that if you have a mental health issue you might be unpredictable." [VOX Scotland participant]

70. The SPA recognises that mental health demand has increased across all services and that the demand causes dissatisfaction in staff. The SPA also recognises that the collaborative partnerships for mental health are insufficient and ineffective.

Delivery

Training

71. A lack of effective training for policing mental health was highlighted in almost every interview and focus group we conducted during our review. The need for officers to have the correct skills and attributes (such as empathy and appropriate communication skills) to deal with mental health incidents was highlighted through VOX Scotland's engagement with people who have lived experience. We heard that officers and staff rely primarily on their own experience when dealing with mental health-related calls and there is a need for effective training to be provided if officers and staff are to be expected to continue to do so.

72. Police Scotland told us that mental health training begins during the 12 week initial probationer training course. The topic of policing mental health is delivered to new officers at various points throughout the course content, including classroom and practical exercises. Beyond the initial probationer training, while some products are available, the training landscape for mental health is unclear and some officers reported they were unaware of how to access any training products at all.

73. Many staff report that competing demands present a challenge in scheduling time to do any training. Some admitted to doing the absolute minimum to complete the online training packages, without paying them as much regard as they should. Those officers and staff who had completed mental health online training did not find it to be effective in preparing them to deal with the range of incidents they face, and the consensus was that they have neither the time nor head space to practically introduce online training into daily business.

74. The training that is available appears disjointed, with some training packages that incorporate vulnerability and adversity containing no reference to mental health issues or legislation that could influence risk assessments or early and effective intervention. The Suicide Prevention Guide that supports the Scottish Government Suicide Prevention Strategy and Action Plan has a particular focus on first responders, including communication skills and tactics; however, many officers and staff were unaware of its existence.

75. The majority of those interviewed say they would prefer face to face instructor-led training as it gives students more focus and allows complex topics to be explained and discussed with colleagues in a training environment. Training delivered by people with relevant knowledge and experience, and informed by people with relevant lived experience, would add more value when risk assessing and therefore provide a better service to the public.

76. Further training opportunities are on the horizon with the national rollout of DBI which is an innovative approach and has been positively received across the four pilot areas. It is considered a significant step forward for the force in improving the response to those in distress, but our fieldwork showed there is limited knowledge of the service among operational officers and staff.

77. We did hear that the lack of effective training can impact upon the ability of officers and staff to make effective decisions. A common theme was a reluctance to step away from a person who is experiencing poor mental health. Partner agencies described Police Scotland as risk averse in this regard, and highlighted that this can often result in unnecessary demand for other agencies, and can be at odds with the needs of the individual concerned.

78. Training, awareness raising and a clear understanding in DBI and suicide prevention would help officers at an operational level to understand the distinction between someone who is unwell and someone who is in distress, which would ensure consistency and enable that person to receive the right assistance and promote a more informed assessment of risk. Senior leaders should be aware of the strategic approach of the organisation (once the strategy has been implemented) and this should influence their approach to risk.

"Police officers should have trauma-informed training and they should also ensure every police officer has proper training about mental health difficulties, from a lived experience perspective too, how to approach people and so they understand how and why someone might behave in certain ways." [VOX Scotland participant]

Recommendation 5

Police Scotland should provide clear guidance and effective training for officers and staff, in line with its mental health strategy, to help address the culture of risk aversion evident in the policing of mental health-related incidents and to improve outcomes for people experiencing poor mental health.

79. The lack of effective training has caused some frustration with officers and staff, who say they are unaware of their legal position or local pathways for dealing with mental health. This is particularly relevant to individuals who at the time of the incident are not mentally unwell, but who are experiencing some kind of distress, where a failure to effectively signpost such people to the appropriate agency can result in a delay in their receiving the help they need.

80. The existence of PEPs in some areas is reported by staff to provide knowledge and understanding about roles and responsibilities, and allows different perspectives of dealing with mental health. They aim to ensure that all agencies are joined up and that people get the right care at the right time. These aim to reinforce the police role and ensure that those who are acutely ill are not traumatized, nor feel criminalised due to unnecessary police involvement. We did, however, find varying levels of awareness about local PEPs.

"I took a manic episode and was dancing around the flat with music on. The neighbour below didn't know me well and called the police. I wasn't under the influence, just on my medication. The police arrived and said I needed to come with them. I asked why but they wouldn't say, just that 'it was in my best interests'. I said I wouldn't come if they didn't tell me why. They ended up taking me physically. They didn't read me my rights and I had no idea what it was about - there was no explanation - I was confused. They didn't try to diffuse the situation. It has caused me a lot of stress and anxiety." [VOX Scotland participant].

Area for development 3

Officers and staff should be aware of their local arrangements as set out in the Psychiatric Emergency Plan for their area.

81. The absence of corporate guidance and the lack of clarity around the police response to mental health incidents was often raised in discussion by supervisors. They acknowledge that many of their officers are concerned about responding to those experiencing poor mental health and fear they do not know how to help, and are concerned that they may make the situation worse. They also worry about the safety of the person concerned, the safety of their colleagues and themselves, and - given the unpredictable nature of the situation - they also worry about doing the wrong thing and the potential for complaints to be raised against them.[4]

82. Supervisors also agreed that officers are primarily relying on their own personal knowledge and experience to deal with these situations and that they lack effective training to make confident decisions about these matters, and that this can result in risk-averse behaviour (e.g. officers being reluctant to leave people experiencing poor mental health, despite advice from health professionals to do so). In the absence of clear and consistent guidance, supervisors report they feel under-qualified in steering officers, and, when necessary, challenging or escalating concerns with partner agencies.

83. We did hear of effective collaborative leadership training having previously been in place with partner organisations. Many senior officers we spoke to stated there is a need for re-establishing clear, consistent collaborative leadership training to ensure supervisors and leaders within policing and other agencies are properly equipped to direct staff while feeling confident that their actions support Scotland's Mental Health and Wellbeing Strategy and the Police Scotland Mental Health Strategy (once published).

[4] HMICS have subsequently been made aware of the existence of an aide-memoire which was published in 2017, this is not something we were provided with in the self evaluation or document provision and in the course of our fieldwork officers and staff made no reference to knowledge of its existence or evidence of its use.

84. This is supported by recommendation 9.32 from the Scottish Mental Health Law Review. This states that the Scottish Government should, through the mental health strategy:

- Ensure adequate resourcing and multiagency training for detention in the community.
- Work with health and care agencies to develop alternative places of safety for people who are in distress and at risk, and whose needs are not met by in-patient psychiatric care.
- Further develop approaches to recovery.
- Develop person-centred safety planning, including joint crisis planning.

"When police are being helpful and treating you like an equal human being then you have constructive conversations which make things go so much more smoothly." [VOX Scotland participant]

Recommendation 6

Police Scotland should engage with partner agencies to re-establish collaborative leadership training to help develop leaders across the whole system, in line with the Scottish Government mental health and wellbeing strategy.

85. Within Police Scotland, there is currently no national oversight or co-ordination of mental health training, which has resulted in different training products being introduced without any proper quality control to ensure they are accurate, relevant and effective. Importantly, once the organisational strategy has been implemented, Police Scotland must ensure all mental health-related training products are aligned to the strategy.

86. This unco-ordinated approach has resulted in some training products which have duplications, inconsistencies, outdated terminology and, on occasion, direct staff to hyperlinks with English law, which can cause confusion about police powers and legislation.

87. The training gap has caused frustration with officers and staff and has resulted in some of them seeking training from outside agencies. While a learning culture should be encouraged, there is a need to ensure consistency of approach.

88. It is imperative that mental health training is prioritised, accurate, up to date with any legislative changes and aligned to other recognised frameworks such as THRIVE (see Service delivery section below for further details) and the National Decision Model, to ensure consistency in any risk assessment tools.

Recommendation 7

Police Scotland should conduct a full training needs analysis for policing mental health, reflecting its published strategy, to include (but not necessarily limited to) all public-facing roles across the service.

Service delivery

89. In terms of ensuring a proportionate and appropriate policing response, the Police Scotland Contact Assessment Model (CAM) is the means by which Police Scotland manages requests for police assistance made by the public and other agencies. Calls to 999 and 101 are assessed by service advisors, using a risk assessment process known as THRIVE. THRIVE considers the threat, harm, risk, investigative opportunity, and (of particular relevance to this review) the vulnerability and engagement elements required to resolve the issue. This helps Police Scotland to choose the most appropriate policing response, whether it be immediate, prompt, a local policing appointment or other resolution (this may include advice, a crime report taken over the phone or signposting to a more appropriate agency).

90. CAM provides that if the call does not require an immediate or prompt response, it is passed to a specialist team of police officers and staff, known as the resolution team, for further assessment. The resolution team will review the incident and consider the best course of action. This could be the opportunity to make an appointment to speak with a police officer, to record a crime over the phone, or to make a referral to a partner service for specialist support. NHS mental health professionals (who can assist people in distress or experiencing poor mental health) are embedded in the resolution team, as part of the EMHP, which is covered in more detail later in this report.

91. In our 2022 Assurance Review of Police Scotland Contact Assessment Model, we highlighted the importance of ensuring appropriate training and support is provided to service advisors to enable them to better consider investigations, vulnerabilities and engagement within their THRIVE assessments. The need for such continuous investment in the development of service advisors, and other officers and staff working in the control room environment, was also evident during this review.

92. The overall approach of CAM offers a wider range of resolution options based on individual needs and circumstances. It also increases Police Scotland's ability to dispatch police officers to urgent incidents. Once officers are dispatched, given the lack of formal training relating to mental health, we heard that the manner in which they resolve mental health-related incidents would depend upon the officer's individual experience.

93. As highlighted earlier, we heard varying opinions and levels of understanding regarding the role of the police in mental health, in particular, when it is in order to safely disengage from someone who is experiencing poor mental health. The lack of a strategy, clear guidance, effective training and a reliance on officers and staff using their experience to deal with mental health-related incidents has the potential to lead to inconsistencies in the delivery of mental health-related policing services.

94. HMICS considers that equality considerations are critically important in the delivery of all policing services. The 2021 Racial Inequality and Mental Health in Scotland report by the Mental Welfare Commission made the following observation on the use of police powers:

'To date, there has been no exploration of whether there are differences in the way these powers are used across different ethnic groups in Scotland.'

95. There is a lack of available data to provide assurance about whether or not police powers used under the Mental Health (Care and Treatment) (Scotland) Act 2003 disproportionally impact on under-represented groups. Police Scotland must take steps to provide assurance to the public that there is no disproportionate impact on under-represented groups in the use of its powers under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Recommendation 8

Police Scotland should monitor and report on the impact of the use of its powers, under the Mental Health (Care and Treatment) (Scotland) Act 2003, on under-represented groups.

Places of Safety

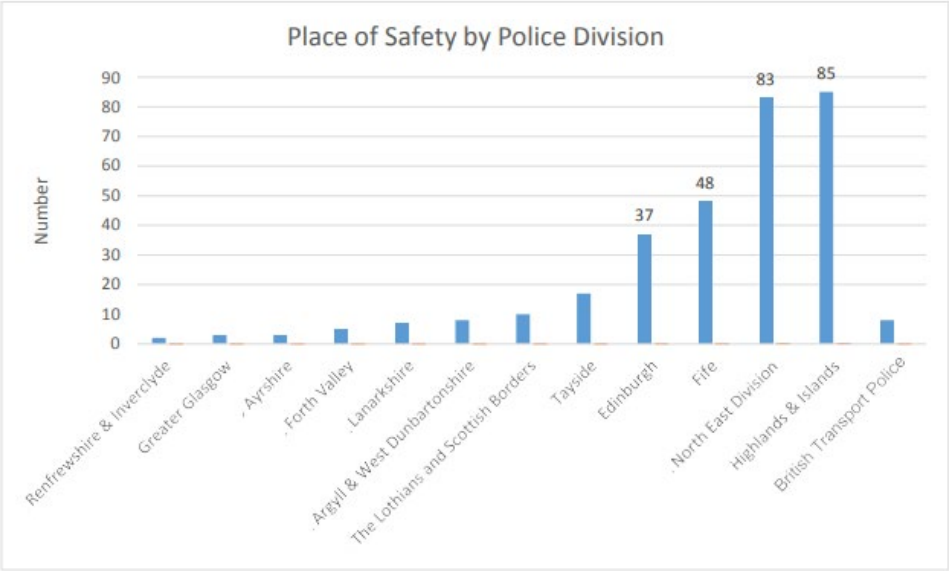
96. A place of safety order is a legal power that allows the police to detain a mentally distressed person for up to 24 hours. The police can use this power under section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003, when they find someone in a public place who they believe may have a mental disorder and be in immediate need of care and treatment. The person can be taken to (and detained in) a place of safety, usually a hospital, where they can be assessed by a medical practitioner. The legislation stipulates that if no place of safety is immediately available, then the person may be taken to a police station and, in such circumstances, the police station would be construed as a place of safety. HMICS would expect that police stations should only be used as a place of safety in exceptional circumstances.

97. The most common place of safety, in practice, is a hospital accident and emergency department. We were informed that the Scottish Government is currently scoping what would be needed to provide alternative safe spaces, including good practice examples currently operating, or those that historically worked well.

98. The 2018 Mental Welfare Commission Place of Safety monitoring report highlighted significant variations in the use of place of safety by police officers across Scotland. The North East Division and the Highlands and Islands Division reported the largest number of incidents in the three-month period from 1 July 2017 to 30 September 2017, an average rate of almost one per day. The disparity in other divisions can be seen in the table below. While we acknowledge this report was published some time ago, it is an issue of concern that was highlighted to our review team, and we heard that this may be a recording issue.

Police Divisions and Police Offices

Figure 1 - Place of safety by police division



99. The report made the following recommendation:

'Police Scotland should examine the reasons for the significant variations in use of Place of Safety across Scotland and take steps to ensure greater consistency and appropriate use of legislation'.

100. Police Scotland should review the use and recording of place of safety orders to ensure consistency of approach across Scotland.

Recommendation 9

Police Scotland should review the use and recording of place of safety orders across the organisation to achieve consistency of approach and ensure that reporting of this is included in performance reports to the SPA.

Demand

101. Police Scotland has made good progress in better understanding its overall demand picture. The DPU has been focused on developing methods for measuring demand using time as the primary metric.

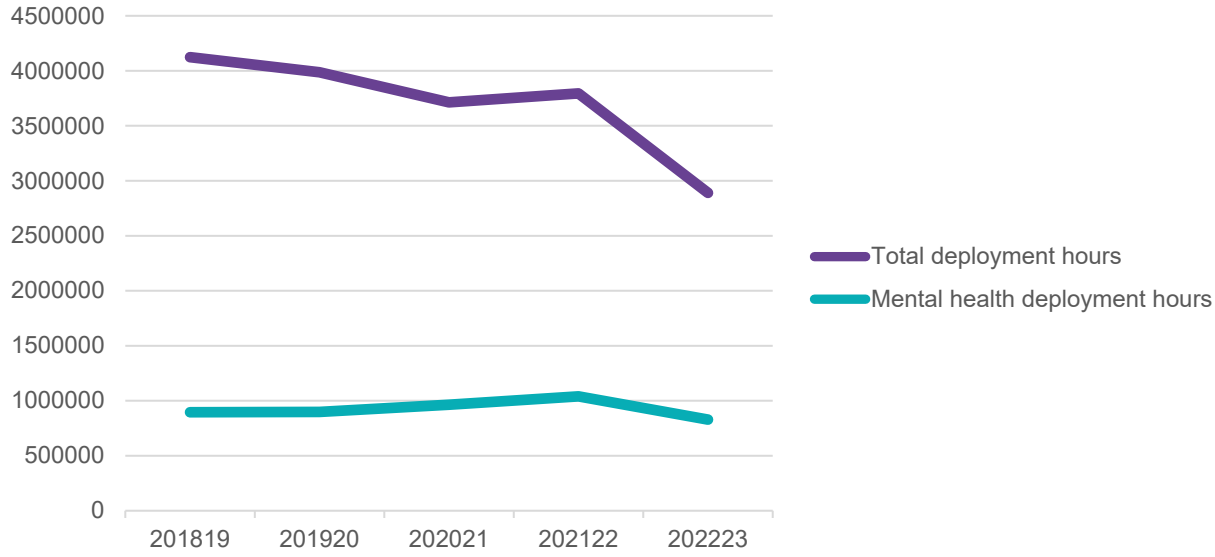
102. The DPU has also been working closely with PPCW Division to develop a mental health dashboard, in an effort to provide insight into the overall mental health demand. DPU dashboards are normally populated with statistical information from various policing systems, such as Missing Persons, Crime, iVPD and the System for Tasking and Operational Resource Management (STORM). While the majority of these data can be defined as having a very high level of accuracy, the DPU informed us that limitations do exist and require alternative methodologies to be developed in order to bridge the reporting gap and provide additional detail. For example, reliability in the effective use of closure codes and incident tags meant that these could not be used alone for this purpose and DPU staff have had to take an alternative approach to create a mental health dashboard.

103. Utilising an array of methods, the DPU was able to extract incidents where academically proven key words linked to mental health are contained within the description of the incident. Although this is the most advanced method currently available, it does impact on reliability.

104. Collectively, PPCW/DPU have tested over 4000 STORM incidents (recorded in 2016-2021), to validate the selection of those key-words. The outcome of testing was positive and resulted in a 90 per cent link to a mental health indication in the incident. There is scope for this to improve as the dashboard develops. The mental health dashboard is currently being piloted in three local policing divisions and we look forward to seeing how this develops.

105. The following graph illustrates total deployment hours and mental health-related deployment hours over the past five financial years. It demonstrates that the total deployment time has been decreasing, while the mental health-related deployment time has remained relatively steady, resulting in a greater per centage of officer time being spent dealing with mental health-related incidents. It is worthy of note that the decrease in total deployment time was through the period of the COVID-19 pandemic.

Figure 2 - Deployment hours graph



106. One of the most significant areas of demand we heard about during our review was the time officers spend at hospital with people experiencing poor mental health, while they await psychiatric assessment. The DPU provided us with a report as part of the self-evaluation, which highlighted work they have undertaken to better understand this demand. In their submission to us, the DPU stated that officers will often be directed to wait at hospital to minimise the risk of the person going missing or coming to further harm. This data is not captured on any systems and so the DPU conducted four abstractions surveys over the previous five year period to help quantify this demand. This work is covered in greater detail later in this report.

107. Analysis has also been carried out on the Missing Persons Database, although this system does not distinguish between people who are, or are not, experiencing poor mental health. This analysis indicates that over 70 per cent of missing person demand from National Health Service (NHS) or Young Persons units is generated by repeat missing persons. While this data is not specific to people experiencing poor mental health, we will be reviewing missing persons as part of our scrutiny plan.

Demand Assessment Model

108. The DPU informed us they do not measure performance; rather, they measure demand trends. The demand from or associated with mental health, however, was not one of the trends measured. The DPU has produced a product referred to as the Demand Assessment Model (DAM), which aims to assist users in understanding the changing nature of demand to better support strategic decision making.

109. Long and short-term trends are identified in each demand area and those trends are displayed via a key. This provides a picture of how the demand within each category is changing over time. In 2020/21 demand was significantly impacted by COVID 19. The use of the long and short trend indicators negates the requirement to compare scores to previous years.

Figure 3 - Demand trends

▲	Significant increase
△	Increase
⟺	Stable
▽	Decrease
▼	Significant decrease

Section	Sub category	Data source	Long term	Short term	Key factors
Protecting vulnerable people	Adult concerns	iVPD	▲	⟺	**Long term:** volume up 60% **Short term:** volume up 1%
	Child concerns	iVPD	▲	△	**Long term:** volume up 36% **Short term:** volume up 4%
	Youth offending	iVPD	▼	△	**Long term:** volume down 25% **Short term:** volume up 10%
	Child sexual abuse & exploitation	Business area	▲	▲	**Long term:** referrals up 97% **Short term:** referrals up 28%
	Drugs concern	iVPD	△	▼	**Long term:** volume up 20% **Short term:** volume down 9%
	Hate crime & concern	iVPD	△	△	**Long term:** volume of concern up 17% volume of marker up 3% **Short term:** volume of concern up 8% volume of marker up 3%
	Domestic abuse	iVPD	△	⟺	**Long term:** volume of concerns up 7% volume of markers up 2% **Short term:** volume of concerns down 2% volume of markers up 4%
	Missing person	NMPDB	▼	△	**Long term (3 years):** demand is down 23% **Short term:** demand is up 2%
	Mental health	iVPD	▲	⟺	**Long term:** volume up 46% **Short term:** volume down 1%
	Human trafficking	iVPD & business area	▲	▲	**Long term:** volume of markers up 158% SCD referrals up 152% **Short term:** volume of up 54% SCD referrals up 25%
	Forced marriage	iVPD	△	▽	**Long term:** volume up 13% **Short term:** volume down 4%
	Honour based abuse	iVPD	▽	▼	**Long term:** volume down 12% **Short term:** volume down 13%

110. Mental health data are also extracted from the iVPD.[5] We heard that understanding the complete demand picture is very difficult, particularly when data is being extracted from separate and unconnected ICT systems.

111. We note that the DPU has been endeavouring to increase its understanding of mental health demand and the impact on the delivery of other policing services, and Police Scotland acknowledges that this understanding is not yet complete. HMICS assesses that until this demand is understood it cannot be effectively addressed.

112. We believe that the strategy should be developed to ensure that sufficient data and information is available to achieve such an understanding and that, in the meantime, the DPU should avoid attempting to reach conclusions that the current data cannot support.

113. Irrespective of the understanding provided by the provision and analysis of the data outlined above, Police Scotland must always ensure that the needs and lived experiences of those who have experienced poor mental health are clearly factored into any conclusions reached, or decisions taken.

114. In our 2022 Review of Strategic Workforce Planning, we highlighted that lack of further investment in the DPU was limiting progress on demand forecasting. If the demand picture for mental health is to be better understood, then the area for development we highlighted in this review (regarding the need for further development of the demand forecasting approach) must be revisited.

Area for development 4

Police Scotland should revisit the area for development highlighted in the HMICS Strategic Workforce Planning assurance review that highlighted the need for the SPA and Police Scotland to commit to further development of the demand forecasting approach to support medium to longer-term planning and decision making.

[5] The interim Vulnerable Persons Database (iVPD) is an incident based database that allows officers from Police Scotland to record concerns that may be a risk to a person's current or future wellbeing. More information can be found here.

Recommendation 10

Police Scotland and the SPA should take steps to establish a clear demand picture for policing mental health.

Partnership working

115. During our inspection, we found evidence of strong links between Police Scotland and a wide range of strategic partners regarding mental health. Partner agencies we engaged with throughout our review were extremely positive about the collaborative working arrangements with Police Scotland, at a local and national level. This positive feedback is reassuring given the cross-cutting nature of mental health. We believe no single agency is able to meet the often complex needs of people experiencing poor mental health. This view was expressed consistently throughout our interviews, focus groups and in our engagement with Police Scotland's partner agencies. The need for effective partnership working and a whole-system approach to mental health was very evident throughout our review.

116. Police Scotland has positively adopted the requirement to work collaboratively in respect of wellbeing, as set out in law. The whole-system review must consider which partner should conduct which role, based on suitability rather than availability. We consider that this may lead to a reduced role for Police Scotland, thereby increasing its ability to deliver the services that best suit its skill sets and expertise. Imbalances in the approach to collaboration increase the strain on Police Scotland, reducing its ability to perform the role that communities and localities rightly expect. Most importantly of all, as we have repeated throughout this report, the person experiencing poor mental health has the right to expect the right assistance from those best qualified to provide it.

Hospital accident and emergency departments

117. A recurring theme throughout our review centered around police involvement at hospital accident and emergency departments. It is unclear if there is any lawful requirement for police officers to remain with a patient under the Mental Health (Care and Treatment) (Scotland) Act (2003).

118. Police Scotland's Standard Operating Procedures: The Mental Health and Place of Safety Standard Operating Procedure for Policing sets out the completion of officer duty when they successfully convey an individual to an accident and emergency department, and includes the following guidance to officers;

- In circumstances where NHS staff request officers to remain with the person until the conclusion of the mental health assessment, their justification for such a request must be recorded on the incident on command and control (STORM system) and within the officer/s notebook / mobile device. Where a supervisor does not agree with the requests made by a health professional, the circumstances should be referred to the divisional mental health lead for review.
- Where the person is admitted to hospital or other health care facility either under terms of the 2003 Act or on a voluntary basis, having been conveyed there by the police, it is the responsibility of the officers involved to ensure the nearest relative is informed of the admission, and thereafter their involvement with the person concludes.
- The guidance describes occasions when an individual is not detained or admitted on a voluntary basis and police remain concerned for the individual. The guidance outlines responsibilities of the officer to convey to safe spaces, notify next of kin, organise multi-agency meetings and risk assess.[6]

119. In the absence of training (and given the culture of risk aversion), realistically, officers and supervisors are unlikely to feel empowered or safe to do this until training and proper risk assessment processes exist. There is a fundamental gap between the aspiration of the standard operating procedure and what happens in reality, that can only be addressed by officers and staff being provided with enhanced training that includes risk assessment.

[6] HMICS have subsequently been made aware of the existence of an aide-memoire, this is not something we were provided with during our review and in the course of our fieldwork officers and staff made no reference to its existence or use.

120. Another important consideration is what police powers the officers waiting with someone at the hospital are using. Police are often taking people to hospital without using their powers under the Mental Health (Care and Treatment) Scotland Act 2003. In so doing, they are effectively depriving people of their liberty without the powers to do so, unless the person concerned agrees to the police staying. The evidence provided to us by people with lived experiences also highlighted concern about the impact (of the police remaining with people for lengthy periods of time) this would have on people experiencing poor mental health.

*"I attempted suicide following harassment by police. They were watching me, stopping me, and searching my house under false pretenses. They stopped and breathalised me 5 times when I had never driven after drinking. And when I was arrested for breach of the peace, they tried to charge me with assault which was thrown out. I was taken to hospital that time because I had an injury to my hand, and the police were outside while I was being attended to. I heard an officer say 'I'm still here with this b*****d." [VOX Scotland participant]*

"It was not compassionate policing, and they didn't explain what was happening or why they were there. That was traumatic again and was on my mind all the time afterwards - you feel as if they could be coming to get you all the time - makes you paranoid about it happening again." [VOX Scotland participant]

121. Despite being a finite public service, we were informed that police officers attending accident and emergency departments with people in mental health crisis, or for a mental health assessment, are not dealt with as a priority by NHS staff. That said, despite the above guidance, we also heard that officers are reluctant to walk away from people who are experiencing poor mental health, which often resulted in their spending lengthy periods of time waiting in accident and emergency departments, rendering them unable to perform their wider policing role on behalf of society. We heard from Police Scotland's partner agencies that they thought it was inappropriate for police officers to be sitting around in accident and emergency departments for many hours, as this was often detrimental to the wellbeing of the individual concerned. HMICS considers that police officers being routinely abstracted from their core policing role in such circumstances can only adversely affect the ability of those same officers to improve the wellbeing of people, places and communities of Scotland.

122. People routinely leave accident and emergency departments before assessment for many reasons, such as:

- the waiting times being untenable to them;
- the period of crisis diminishes over time;
- reduction in the effect of drink and/or drugs they may have taken; or
- the person knowing they would be highly unlikely to receive care or treatment after assessment due to previous visits.

123. Once NHS staff at the hospital realise the person has left, without assessment or treatment, they will often call the police and report the person as missing, which will often result in a high-risk missing person enquiry for the police due to the earlier concerns about the person's mental health.

124. The demand on other services (such as accident and emergency departments) where only a very small minority of people taken for assessment will be accepted by the health service, creates a clear paradox for policing in Scotland in that the arrangements available at present through legislation do not align with the services available from health professionals. In the Mental Welfare Commission Place of safety report (2018) it was reported that 79 per cent of individuals taken to a place of safety were not subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 for the period two months before and two months after conveyance.

125. It would appear that the powers, procedures and training that police officers have does not align well with the mental health system in Scotland. Unless there is an immediate threat to life, it is vital that mental health triaging services are used to ensure that individuals receive the right care at the right time. If police officers believe that someone requires a mental health assessment and take that person to an accident and emergency department for that purpose, although data is limited, it seems likely they are not the right people to be making such decisions. Officers know they will be likely to remain with the person until they are safe - and in the care of a friend or family member or some other appropriate person - but they are often forced to resort to the accident and emergency department as that is the only acceptable and available option.

Psychiatric Emergency Plans

126. Each health board in Scotland has a PEP. PEPs belong to the individual NHS health boards and so do not always correlate to Police Scotland divisions (NHS health boards can cross over police divisional boundaries).

127. The PEP is an important way of planning how services respond to people in crisis at a local level. It sets out the roles and responsibilities of those partner agencies (including Police Scotland) who are involved in dealing with psychiatric emergencies.

128. The aim of the PEP is to *'agree on procedures which would manage the transfer and detention process in a manner which minimises distress and disturbance for the patient and ensures as smooth and safe a transition as possible from the site of the emergency to the appropriate treatment setting'*. (Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice, Volume 2, paragraph 58).

129. In a follow-up to its 2016 Place of Safety and 2018 Place of Safety monitoring reports (which highlighted the need for each health board to have a regularly-reviewed PEP), the Mental Welfare Commission carried out a Review of Psychiatric Emergency Plans in Scotland 2020. This report highlighted that, in general, police offer considerable care and professionalism towards often highly distressed individuals, but it also stressed that there should be a clear pathway for patients in crisis, to reduce the reliance on a police response when other services could respond. The review heard from people with lived experience who reported that they can feel criminalised when the police are the principal agency dealing with the crisis.

130. We reviewed a number of PEPs from different health boards across Scotland and found that expectations of the police in different health board areas is not consistent. For example, one PEP refers to a 'local arrangement' whereby the police will remain at the hospital accident and emergency department for one hour to assist with the initial assessment. Other PEPs have local arrangements enabling police to make direct contact with a single point of referral, to avoid the need to go through accident and emergency departments.

131. We recognise that local arrangements can vary, but it is important that the police role in all PEPs aligns to the strategic direction provided by Police Scotland. We also found that some PEPs had not been reviewed as often as recommended by the Mental Welfare Commission (i.e. every five years).

132. During our interviews, we found varying levels of awareness of the PEP among senior officers in local policing divisions. We consider the PEP to be a critically important document that requires careful consideration by local policing divisional senior officers. We also consider that there should be strategic oversight of the police role in all PEPs, to ensure that it is reflective of the Police Scotland strategy, once implemented.

Recommendation 11

Police Scotland should, in conjunction with relevant partner organisations, review all Psychiatric Emergency Plans across Scotland and ensure that the police role in dealing with mental health is appropriate, supportive, patient-centred and aligned to Police Scotland's mental health strategy, once established.

Recommendation 12

Police Scotland should ensure consistency of approach across all local policing divisional senior management teams on the oversight of local Psychiatric Emergency Plans.

Adult support and protection

133. HMICS has been working in collaboration with the Care Inspectorate and Healthcare Improvement Scotland to deliver joint inspections of adult support and protection across Scotland. In May 2022, the joint inspection of adult support and protection interim overview report highlighted emerging key findings from this work. The first phase of this work identified challenges for adults at risk of harm who were experiencing poor mental health and/or substance dependencies who were unable or unwilling to accept protection support, and where their capacity to make informed decisions was difficult to determine. As part of the second phase, the joint inspection team will work through a supported self-evaluation process to explore the impact of early intervention and prevention.

134. The Adult Support and Protection (Scotland) Act 2007 defines adults at risk as those who are aged 16 or over and meet the following three criteria:

Criteria 1 - Is unable to safeguard their own property; rights; welfare; and other interests.

Criteria 2 - Is at risk of harm.

Criteria 3 - Is more vulnerable to harm due to disability; mental disorder; illness; physical or mental infirmity.

135. This definition may include people who are experiencing poor mental health. While it is important to acknowledge that the above criteria are far wider than just mental health, the joint reviews have provided an indication of the effectiveness of Police Scotland's collaborative working arrangements.

136. Among the emerging key messages from this work, it is positive to note that *'nearly all adults at risk of harm experienced improvements to their safety, health, and wellbeing. This was mainly due to the collaborative efforts of social work, health, Police Scotland and provider organisations involved'*.

137. The interim report highlights that Police Scotland officers consistently recognised and responded positively to adult support and protection concerns during initial call attendance, seeking support from health and social work colleagues where appropriate. Ongoing protection work was almost always of a high standard, person-centred and valuable in keeping people safe.

138. Police area control rooms were found to have effectively managed inquiries from the public using a well-established model of risk and needs assessment (THRIVE model). This helped them to accurately determine how they prioritised their responses. Adult support and protection initial call attendance responses were collaborative and positive. Police Scotland divisional concern hubs formed an integral part of public protection screening and triage arrangements. Decisions and onward referrals to partnership duty systems were almost always effectively made.

139. The report did highlight that attendance from professionals at case conferences was not as positive as it could be, particularly from health and Police Scotland representatives. Most case conferences were, however, convened in a timely manner and effectively determined what support needed to be in place to keep adults at risk, safe. Invitations were consistently issued, but more needed done to ensure Police Scotland, health partners and adults themselves attended.

Repeat callers

140. We heard that often people who are experiencing poor mental health will call for police assistance on more than one occasion and we consider that this could be an indication of increased vulnerability. As part of a recent upgrade to the iVPD, a system based automated escalation process was introduced which identifies escalating risk and vulnerability to local divisional concerns hubs for action.

141. As part of the continued EMHP work, we heard that the collaboration of Police Scotland and NHS 24 will seek to develop current work on repeat callers to ensure efficient communication with partners, ensuring support is provided by the most appropriate organisation.

142. The dashboard that the DPU has been working on will also seek to enable officers to identify repeat missing persons within any given location. Training is given to officers on the use of this dashboard, allowing them to identify repeat missing persons in their local area and to take steps to address this persistent risk and demand.

Scottish Government

143. Throughout our review we liaised with colleagues in Scottish Government and it was clear there was strong support for our review. We received invaluable assistance from the Directorate for Mental Health and Wellbeing. Members of our review team attended the Mental Health Unscheduled Care Network, which hosts events to enable good practice to be shared. It was encouraging to see that Police Scotland are key partners in this network.

144. It was apparent during the scoping phase of our review that the Scottish Parliament Criminal Justice Committee is very interested in mental health. We engaged with the convenor of the committee, who is aware of the issues and challenges with the increasing demand associated with mental health. The convenor was very supportive of our review and has undertaken to give more consideration on how best to scrutinise this cross-cutting issue. It was acknowledged this may need to involve other committees, notably Health and Social Justice.

145. Action 15 of the Scottish Government's Mental Health Strategy 2017-2027 outlines a commitment to fund 800 additional mental health workers to ensure increased capacity to deliver support in key locations where people may need help the most, including police custody suites and accident and emergency departments. These additional mental health posts acknowledge the pressures facing services conveying individuals to accident and emergency departments for mental health assessment and treatment. While custody procedures are outwith the scope of this review, we will be interested to see how this support for policing impacts on policing services.

146. In 2017, Scottish Ministers established the Health and Justice Collaboration Improvement Board, which drew together some of the most senior leaders from health, justice and local government. Its purpose was to lead the creation of a much more integrated service response to people whose needs draw upon the work of Scottish Government health and justice services, reflecting that the mutual response to people who suffer mental illness and distress was a significant theme in the board's interests.

147. The Scottish Government will undertake an evaluation of Action 15 and commission case studies to learn lessons that will inform its approach to future policy developments. We welcome this ongoing commitment to contribute to the development of mental health services across Scotland and we look forward to hearing about the impact of this investment on policing.

148. Although Police Scotland does not yet have a clear purpose, vision or strategy for its continued provision of mental health-related policing services, there is a clear and overt commitment by the organisation to work with partners in addressing public health and wellbeing across Scotland.

149. Police Scotland is part of the Scottish Emergency Services National Collaboration group, which was established in 2018 to create opportunities for inter-organisational working to improve health and wellbeing outcomes for the people of Scotland. The group also comprises the SAS and Scottish Fire and Rescue Service (SFRS).

150. A National Suicide Prevention Leadership Group (NSPLG) was established to help drive implementation of the Scottish Government's Scotland's Suicide Prevention Action Plan - Every Life Matters, which set out to further reduce the rate of suicide in Scotland. Police Scotland was represented on this group, until its conclusion, by the chief superintendent from PPCW Division. We heard that Police Scotland was well engaged in this work, participating well and willing to commit resources to assist the work of the group.

Enhanced Mental Health Pathway

151. Included within the Scottish Government Action 15 funding is the development of the EMHP. The EMHP is a collaboration between Police Scotland, NHS 24 and the SAS, a pioneering collaborative project between police and health professionals striving for the most appropriate contact for persons experiencing mental health crisis. The key objective of the EMHP is to improve the response to mental health-related incidents at first point of contact for those in distress, or those who have mental health difficulties, who come into contact with frontline services. This pathway enables emergency calls received by Police Scotland or SAS, where callers are identified as requiring mental health advice, to be directed to a dedicated mental health hub within the NHS 24 111 service. The hub is staffed by mental health practitioners, operates on a 24/7 basis, and is directly accessible by Police Scotland and SAS to refer appropriate callers from their respective control rooms.

152. The aims of the new EMHP are to:

- improve and simplify the care pathway for people experiencing mental illness/distress and poor mental health and wellbeing who present to either SAS or Police Scotland;
- (where possible and clinically acceptable) manage and support the needs of individuals without onward referral to other agencies;
- reduce deployment of frontline Police Scotland and SAS staff (to help people experiencing mental illness/distress and poor mental health and wellbeing who present to either organisation);
- reduce the emergency demand on locality-based emergency services; and
- reduce the number of patients taken to hospital accident and emergency departments via the provision of better support and access to appropriate services.

153. Police Scotland worked with NHS 24 and the SAS to compile a preliminary evaluation of learning from the collaboration. A short-life working group was established in February 2021 to guide this evaluation and in December 2022, Police Scotland commissioned an independent organisation to conduct research with members of the public who had contacted the police about their mental health and wellbeing and had been referred into the EMHP. Early findings indicate that the collaboration has been successful in improving the care pathway for those people experiencing mental illness/mental distress and poor mental wellbeing and presenting to Police Scotland.

154. During our review we heard that the EMHP is effective in getting the right support for people who need it. Phase 1, which involved the creation of the mental health hub, worked particularly well for service users. However, we also heard that, among Police Scotland C3 Division staff, there was a lack of awareness about the benefits the pathway could offer, and this would appear to have impacted upon the number of callers being referred.

155. Phase 2 saw the introduction of five mental health nurse practitioners from NHS 24 into the police control room. These mental health nurses worked alongside a police officer in each of the resolution teams in the Police Scotland C3 control room in Glasgow. The nurses worked in shifts to triage mental health-related incidents. As recognised in the Phase 2 evaluation report, led by Police Scotland, and finalised in June 2023 there is scope to increase the number of referrals by improving the referral model. We heard from officers and staff, and from the mental health nurses that although police officers and staff appreciated having mental health professionals on hand - phase 2 was less effective, due to a lack of capacity of the available mental health nurse practitioners. We also heard that police officers and staff in the control room can be risk averse and will often send police resources to an incident, rather than use the pathway.

156. To assist with the pilot, the DPU created a dashboard to allow for data visualisation of the use of the new mental health nurse pilot.

157. For the purposes of the dashboard, mental health-related incidents were defined as incidents with a mental health-related disposal code, as well as any incidents which had a cited comment related to mental health problems. Only incident comments that contained a word/phrase within these criteria were flagged as being mental health-related and as containing a mental health component. It was acknowledged that this definition is broad and may include incorrect classification and does not imply the strength, or the extent of, a mental health association.

158. The C3 mental health nurse pilot dashboard allowed easy visualisation of volume and category of tagged incidents and how these may change over the course of the pilot. As stated earlier in this report, while there are improvements required in the understanding of demand associated with mental health, dashboards provided to us by the DPU, do appear to demonstrate a reduction in demand over the course of the pilot.

Public health collaboration

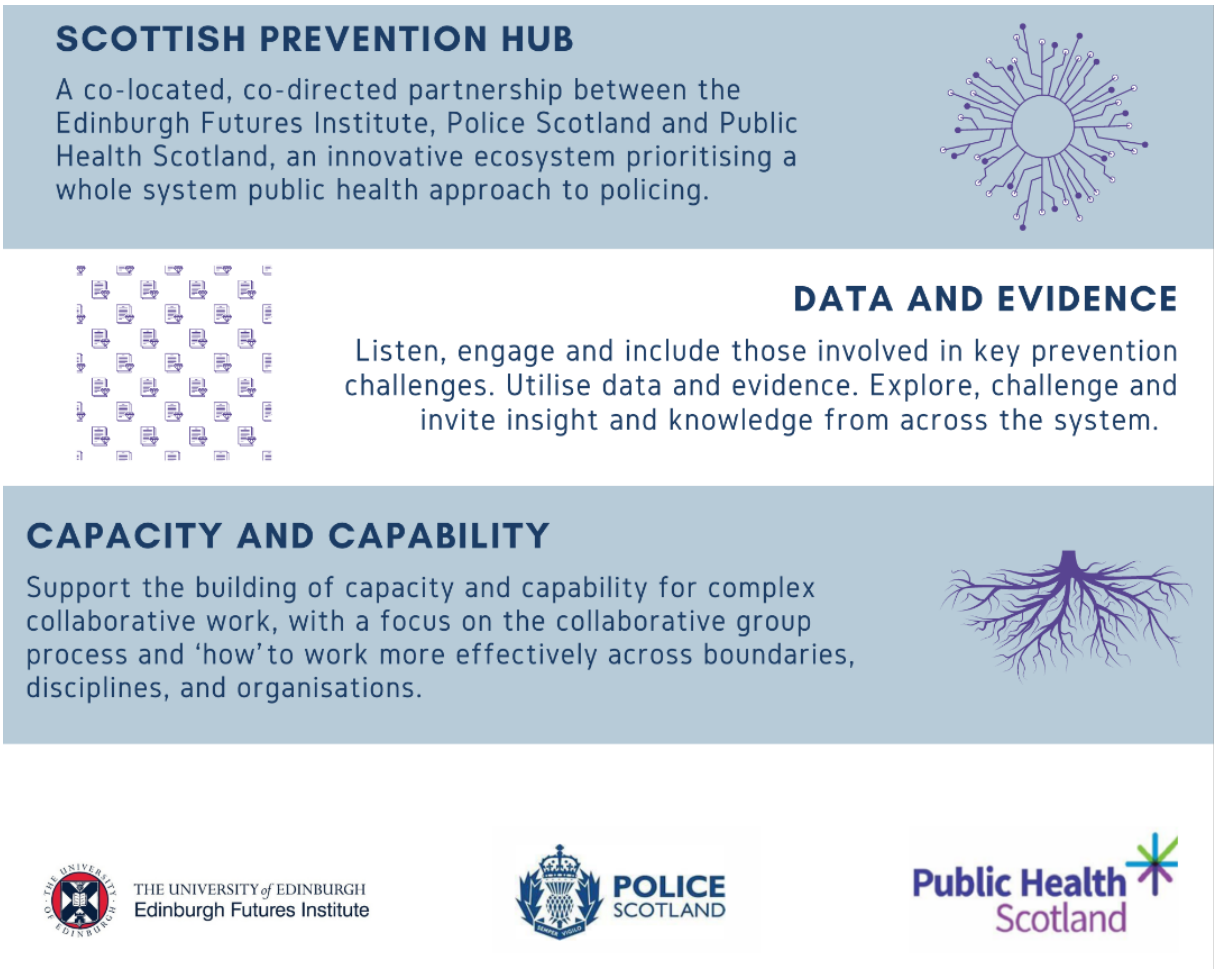
159. PPCW Division formed the Strategic Public Health Collaboration Unit in July 2022. One of its key aims is to continue to enhance and embed an organisation-wide culture shift towards public health approaches in policing, which is underpinned by collaboration with partners across a whole-system approach.

160. Building on the collaboration agreement signed by Police Scotland and Public Health Scotland in 2021, a memorandum of understanding has been developed along with the Edinburgh Futures Institute, established by the University of Edinburgh. Key staff from the three partners are co-located at the Edinburgh Futures Institute, creating a physical hub with a focus on combining data, evidence and expertise, and an emphasis on education and learning.

161. The key goals include:

- establishing a 'prevention hub' at the Edinburgh Futures Institute to formalise the structure of the partnership, agree principles for working and focus efforts on reducing inequalities through actions to improve health and wellbeing;
- developing a sustainable and innovative 'prevention' ecosystem, prioritising a whole-system approach, using evidence-informed action for key prevention challenges; and
- building capacity and capability for complex collaborative work, with a focus on the collaborative group process and 'how' to work more effectively across boundaries, disciplines, and organisations.

Figure 4 - Collaboration for change



British Transport Police Harm Reduction Team

162. The British Transport Police (BTP) polices the railway, underground and most tram networks in Great Britain. In an average week, BTP officers will deal with over 40 potential lifesaving interventions on the rail network. They will detain around 30 people for their own safety under the mental health legislation and deal with over 150 crisis interventions involving individuals in acute emotional distress. During our review, we engaged with BTP to learn about the work it has been doing to manage the risk of people who present as suicidal on the railway. (in 2021/22 there were 270 fatalities, 24 of which occurred in Scotland).

163. In 2021, BTP established a Harm Reduction Team to work with local support services, professionals, individuals and their families to help reduce the risk of people who present as suicidal on the railway. This team manages people who present at the railway frequently: from April 2021 to December 2022, it accepted and managed 220 people. This involved 2,414 meetings with professionals, 971 visits to the individuals concerned, 295 briefing documents and 43 response plans. In 2022/2023 the number of fatalities reduced by 11 per cent.

164. We heard of the excellent working relationship BTP officers and staff have with their colleagues in Police Scotland, across a range of operational activities, but we also learnt that BTP officers in Scotland do not have access to the iVPD. Since people experiencing poor mental health who are dealt with by Police Scotland officers and staff may also be the same people who BTP officers and staff deal with, it is important that BTP officers have access to all available information as quickly as possible. Police Scotland should take steps to allow BTP officers and staff in Scotland to have ready access to the iVPD.

165. BTP should continue to share information with Police Scotland's relevant divisional concern hubs, as this is recognised as good practice to ensure a rounded picture of vulnerability is available whether someone comes to the attention of BTP or Police Scotland. It would also be helpful if BTP officers and staff were encouraged to update iVPD as appropriate, once Police Scotland has taken steps to provide BTP with access to iVPD.

Recommendation 13

Police Scotland should take steps to provide ready access to, and encourage the use of, its interim Vulnerable Persons Database by British Transport Police colleagues in Scotland.

Distress Brief Intervention

166. We heard positive feedback about the DBI programme, launched in 2016. This programme provides frontline services with an additional option to support people who are 16 years and over who are in emotional distress, but do not require an emergency clinical intervention. We heard that DBI provides a quick response that listens and supports using a sensitive, caring and non-judgemental approach focused on individual needs.

167. DBI is a non-clinical intervention, with two interrelated parts. At level 1, trained front-line staff (e.g. health, police, ambulance and primary care staff) help ease the person's distress, providing a compassionate response and, where appropriate, an offer of referral to a DBI level 2 service. Level 2 is provided by commissioned and trained third sector staff. They will contact the person within 24 hours of referral and provide community based problem solving support, wellness and distress management planning, supported connections and signposting.

168. The DBI programme is now being rolled out across Scotland's Health and Social Care Partnerships (HSCPs). National pathways from NHS 24, Police Scotland and SAS to DBI are being incrementally developed. At the time of our review, DBI was in place in 22 of the 31 HSCPs across Scotland.

169. In the spring of 2020, extra support was put in place to help people look after their mental health and wellbeing during and after the coronavirus pandemic. This included a new national pathway to DBI via NHS 24.

- Anyone who calls the NHS 24 Mental Health Hub in emotional distress (from anywhere in Scotland) who does not need emergency clinical intervention and is assessed as appropriate for referral to DBI, can now be referred to the DBI programme for further support.
- NHS 24 can pass on the person's details to the nearest third-sector DBI provider, who will make contact with the person within 24 hours and work with them over a two week period to help them manage their distress.

170. The SAS has also implemented a new pathway to DBI from their ambulance contact centres. Police Scotland has considered a similar approach within C3 Division, however the EMHP is considered the principal means for service centre or control room staff to refer those in mental health distress. C3 Division staff are aware of DBI and are aware that this is one of the options that may be offered by NHS 24 once a EMHP referral is received. We also heard this had not been progressed because of data protection concerns. During our review we heard other agencies, including third sector organisations, expressing concern about data protection and a reluctance by Police Scotland to share information. We would expect Police Scotland to take steps to improve information sharing protocols with other agencies (including third sector organisations), otherwise this can be a barrier to effective partnership working.

171. Bespoke DBI training is provided to frontline services who will be making level 1 referrals, and to third sector bodies who are involved in providing level 2 support, but we found varying levels of awareness of DBI among police officers and staff throughout our review. Members of our review team undertook the level 1 training and found it worthwhile.

172. The programme was evaluated and the Distress Brief Intervention Pilot Programme evaluation: findings report was published in May 2022. Level 1 training was found to increase practitioners' confidence in understanding distress, delivering a compassionate response, making a DBI referral and understanding level 2 support. Most practitioners found it relevant to their role, engaging and enjoyable, and said it had provided them with the knowledge, skills and confidence to provide the level 1 DBI. Level 1 practitioners felt they were more constructive in their response, rather than simply showing compassion. We consider all operational officers and staff should receive this training as part of their initial training.

Area for development 5

Police Scotland should provide Distress Brief Intervention training to all operational officers and staff.

173. Overall, the evaluation found that DBI has been successful in offering support to those in distress, with most individuals receiving a compassionate and practical response that contributed to their ability to manage and to reduce their distress in the short term and, for some, in the longer term. This is particularly encouraging given that the background to the development of DBI was a recognition that current supports did not meet the needs of many people, which could lead them to feel let down, vulnerable or at risk.

174. The offer of contact within 24 hours was strongly welcomed by people being referred to DBI. Individuals tended to report very positive impacts of the level 2 intervention on their ability to self-manage their distress.

175. There is also evidence that DBI may be contributing to prevention of some deaths by suicide - one in ten evaluation participants reported that they may have attempted suicide or continued with suicidal thoughts if DBI had not been offered to them. A key strength of DBI is its flexibility - it can be tailored to the individual and so meets the needs of a wide range of people in distress who present to frontline services with an array of different characteristics, life circumstances and problems.

176. As of January 2023, over 37,000 people have benefitted from being referred to DBI. Police Scotland was responsible for around 9 per cent of the referrals made.

Local partnership working

177. Throughout our review, we heard of many effective local partnerships and initiatives that have been implemented to improve outcomes for people experiencing poor mental health. We commend the work that is being progressed at a local level but, as highlighted earlier would reiterate the importance of local initiatives being aligned to the overarching organisational strategy (once implemented). (Equally, we would not want the implementation of the organisational strategy to hinder local partnerships.)

178. The following local partnerships are examples of the good practice we saw during our review.

Tayside Division - The Neuk Mental Health Crisis Centre

179. The Neuk Centre is a community based, peer led service in Perth. It supports people aged 16 and over who are experiencing distress or a mental health crisis and was developed in response to recommendations made in the report of the Independent Inquiry into Mental Health Services in Tayside, which highlighted significant difficulties for people accessing urgent mental health support.

180. As highlighted earlier in this report, often the only option available to police officers who are dealing with someone who is experiencing poor mental health is to take that person to the hospital accident and emergency department. Officers we spoke to from Tayside Division were very positive about The Neuk, stating that it provides an alternative safe space to take people who are either in distress or experiencing poor mental health.

181. In March 2023, The Neuk was awarded The Chief Constable's Excellence Award for its partnership working with Police Scotland.

Edinburgh City Division Wellbeing Wednesday

182. Wellbeing Wednesday began in October 2022 and provides a safe space for vulnerable people with complex mental health needs, alcohol and drug addictions. The programme targeted individuals frequenting Hunter Square (an open area in in the city centre of Edinburgh) and increased support for their needs while also addressing a rise in anti-social behaviour and criminality.

183. Police from the local policing divisions, assisted by Street Support Edinburgh, spoke to the Hunter Square regulars to find out why they were congregating there. It was quickly established that they felt it was a safe space for them, although they themselves often became victims of crime. They also said they had no other place to go to, resulting in the Nicolson Square Library opening its doors so that they could receive a tailor-made support service for their individual needs.

184. Each Wednesday tackles a different subject, supporting the mental wellbeing of vulnerable people (who may either be homeless or at risk of becoming homeless). Different organisations have volunteered their services (including hairdressers, podiatrists and craftworkers) as well as organisations able to assist with housing benefits, welfare, food, etc. This enables people to receive the support they need while diverting them away from becoming a possible victim of crime.

185. The positive impact it has had on the community and the individuals is clear. Each week, around 30 people (including those who frequented Hunter Square) attend to receive support and are keen for the initiative to continue. Planning is currently underway to look at areas of funding to support this.

Thank you for listening, I was in floods of tears when I came in and now I feel I have support, two follow up appointments, things look better (Female, homelessness accommodation)

I can't believe I have come here and you have helped me with how to use my phone, a GP appointment and I can see mental health in a few weeks, I will be here every week (Male, vulnerably housed).

'It was so nice to get a conversation from someone, usually you feel your just an appointment' (male, long term homelessness and 'revolving door of prison' - (his words))

186. Public services across Scotland are at a critical juncture. The post-pandemic recovery has placed increasing pressure on the resources of all agencies. Police Scotland constitutes one part of a complex, interconnected system requiring co-operation from multiple partners. We have heard throughout our review that demands on police time have increased for mental health. The people experiencing poor mental health often have complex health needs and are supported by a network of services. The role of third sector partners cannot be underestimated in this regard.

187. We engaged with a wide range of third sector agencies throughout our review. We heard of effective local partnership working with Police Scotland. However, we also heard that some third sector agencies do not have the same strategic level engagement with Police Scotland as they had with the legacy service (prior to the creation of Police Scotland). We believe that Police Scotland should take steps to reconnect, at a strategic level, with third sector organisations who are involved in delivering mental health-related services across Scotland.

Area for development 6

Police Scotland should take steps to re-establish formal protocols with the wide range of non-statutory agencies involved in improving outcomes for people experiencing poor mental health.

Right care right person

188. To assist with our review, members of the review team visited both Humberside Police and the Metropolitan Police to learn about their experiences in policing mental health. Humberside Police has recently implemented a new approach entitled Right Care Right Person. We heard that, before introducing Right Care Right Person, officers were being deployed to a significant number of calls where mental health was a clear factor, for issues such as concerns for people's welfare, mental health incidents or missing persons. They had become concerned that, by attending these incidents, they were not providing the most suitable intervention to vulnerable members of the public who required specialist support, and felt this was putting both the public and their own officers at more risk. It also meant they were not responding to the public in the most effective manner, which affected their ability to attend calls for service that did require a policing response (for example, where a crime had occurred or where there was a risk to life).

189. Humberside Police took the decision to focus more on its core policing duties of preventing and detecting crime, keeping the peace and protecting life and property. Right Care Right Person was implemented over a three-year period and involved Humberside's partners in ambulance, mental health, acute hospitals and social services. These partnerships ensure Right Care Right Person achieves its aim of providing the best care to the public by ensuring the most appropriate response to calls for service, reducing stress on the police and health agencies responding to these requests.

190. Humberside Police adopted a phased approach to the implementation of Right Care Right Person.

Phase 1 - concern for welfare

191. This first phase represented the largest volume of demand, with over 25,000 calls per annum; 11 per cent of the overall demand for Humberside Police and a 25 per cent increase on the previous two years.

192. Of all concern for person calls, 18 per cent were reported to Humberside Police by its partner agencies, with 8 of the top 11 locations coming from NHS or care settings.

193. The objective for the first phase was for partner agencies to conduct their own welfare checks, rather than rely on the police to conduct them. These checks should be conducted by the agency who is already engaged with the individual/family concerned, with an existing legal duty of care.

194. The 2020 Police Scotland joint strategy for policing highlighted a 24 per cent rise in concern for person calls in Scotland over the previous two year period. This is an area of demand where we believe Police Scotland can learn from the approach taken by Humberside Police.

Phase 2 - patients walking out of health care facilities

195. The objective for the second phase was to ensure that mental health patients who have walked out of healthcare facilities and who are absent without leave are not routinely reported to the police as missing persons. Partner agencies must accept their legal duty to locate and return patients, with the police supporting them only if there is a risk to the patient or to others.

Phase 3 - section 136 and voluntary attenders

196. A similar objective for the third phase was to ensure that the police are not routinely called to locate patients who leave unexpectantly from emergency departments of acute hospitals, unless they are deemed to be an immediate threat to themselves or others.

Phase 4 - transportation

197. The fourth phase objective was to ensure that transportation for physical and mental health patients is only carried out by the police in exceptional circumstances, and that police handovers at mental health crisis suites take place within one hour. There should be a timely handover from police to crisis care staff for people detained under the mental health act: the aim is that all handovers take place within one hour and police only stay in exceptional circumstances (for example, where the patient is violent).

198. These processes allow the police to be removed from the situation as quickly as possible. During our review, we heard from people with lived experience that they often feel additional trauma when the police are required to intervene to keep them safe.

199. As well as benefitting the person concerned, the Right Care Right Person approach has seen Humberside Police reduce its overall demand by 7 per cent (April 2022 to October 2022), allowing officers to spend more time dealing with crime and other matters of concern to local communities.

200. The Metropolitan Police provided a similar picture of mental health demand, and of a mental health service in London appearing to fail to support many people in crisis. Following positive recognition of Humberside's approach by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in its PEEL 2021/22 Inspection of Humberside Police, the Metropolitan Police has made public its intention to implement Right Care Right Person throughout its area by September 2023. In a letter sent to leaders of London health and social care providers in May 2023, Commissioner of the Metropolitan Police Service, Sir Mark Rowley, said:

"It is important to stress the urgency of needing to implement Right Care Right Person in London. Every day that we permit the status quo to remain, we are collectively failing patients and are not setting officers up to succeed. In fact, we are failing Londoners twice. We are failing them first by sending police officers, not medical professionals, to those in mental health crisis, and expecting them to do their best in circumstances where they are not the right people to be dealing with a patient. We are failing Londoners a second time by taking large amounts of officer time away from preventing and solving crime as well as dealing properly with victims, in order to fill gaps for others."

201. HMICS recognises the legal framework in Scotland differs from that in England and Wales, especially in that English and Welsh forces do not have the 'improve wellbeing policing principle' that Police Scotland has. This means that some models for policing mental health in England and Wales, such as the Humberside model of Right Care Right Person, may not be suitable to replicate in Scotland. However, we believe there are worthwhile lessons from such programmes that would allow a rebalancing of public sector duties, boundaries and responsibilities to reduce the continued mental health demand on Police Scotland, and improve the service provided to those in need. This would allow officers and staff more time to focus on their core policing duties, leaving better skilled people and organisations to provide the health-related care that many people need on a 24/7 basis in Scotland.

202. While we understand there has been limited evaluation of Right Care Right Person (in particular, its impact on service users) we believe that Police Scotland could learn from its approaches in the following areas: understanding of its legal duty; improved handovers at hospital accident and emergency departments; review of missing person protocols with the NHS; and dealing with concern for person calls.

203. Police Scotland should look at the impact of the various approaches being followed in England and Wales and consider where best practice could be implemented in Scotland, leading to better outcomes for people experiencing poor mental health.

Area for development 7

Police Scotland should benchmark with other police services to identify areas where good practice has led to better outcomes for people experiencing poor mental health, and establish if this can be implemented in Scotland.

Area for development 8

Police Scotland should consider the progress made through the Right Care Right Person approach developed by Humberside Police, specifically in relation to: improving handovers at hospital accident and emergency departments; reviewing missing person protocols with the NHS, and dealing with concern for person calls.

Outcomes

204. Police Scotland reviews the impact of policing services on levels of public confidence and user experience through a regular programme of 'your police' and 'user experience' public consultation surveys. In the Police Scotland Quarter 4 Performance report, covering the period April 2022 to March 2023, overall satisfaction with Police Scotland was recorded at 70 per cent. As part of the self-evaluation return, we were provided with a link to the Police Scotland website page relating to the your police and user experience surveys, but could see no evidence of specific surveys designed to capture lived experience of people with mental health.

205. While the overall satisfaction rating is encouraging, it is important that Police Scotland understands the impact of mental health policing, given the significance of the police role in this area. One important aspect is the impact of police involvement on the person experiencing poor mental health, although it is likely that people experiencing poor mental health or homelessness might be less willing to engage in a police survey compared with to the population as a whole.

206. Using lived experience to understand how to improve service delivery is a very powerful way to improve services and to meet people's needs. We are extremely grateful to VOX Scotland and to all of the people with lived experience who have contributed to our review.

207. VOX Scotland engaged with the following organisations:

- AdvoCard
- Bipolar Scotland
- CAPS Independent Advocay - Lothian Voices
- Dundee Volunteer & Voluntary Action (in association with Wellbeing Works)
- Edinburgh Crisis Centre (Penumbra).

208. A total of 40 participants engaged with our review, poviding a wide range of experiences and reflections. There were many experiences that people described as *“traumatising”* and having had a long-term impact. This raised concerns about attitude and behaviour, but also offered recommendations for change, to avoid such experiences and consequences in future. While there were some potential contributors who reported feeling too distressed by their experiences to share them in this review, there were also accounts of good practice (generally involving officers who had behaved in an empathetic, calm and measured manner), and examples where difficult situations had been made as positive as possible, averting more serious negative impacts for those individuals.

209. Among many of the participants there was a common understanding of, and sympathy with, police officers who, it was felt, often found themselves being “the default service”, dealing with a high number of time-consuming mental health-related situations, with little training or support, and many constraints due to the law, and psychiatric or police supervisory orders. Participants were also clear about the need for other services and support to be in place consistently to help avoid crisis situations and police interactions where possible. Understandably, those who had had the most difficult and negative experiences with police officers, where they felt different attitudes and actions could and should have been demonstrated, found it more difficult to have sympathy with those officers involved. However, all participants agreed on the fundamental need for more intensive, frequent and better-quality training for police officers on mental health (including from a lived experience perspective) and other related areas, which is one of several recommendations arising from this report.

210. The recommendations for Police Scotland arising from the VOX Scotland report relate to:

- Empathy focus in recruitment, initial training, ongoing training and practice (as soon as possible).
- (Clear calm) Communication skills focus in recruitment, training and practice.
- In-depth initial training on mental health and neurodiverse conditions, with time spent focusing on: the lived experience perspective; challenging stigma; and bereavement from suicide support. (Adapted Scottish Mental Health First Aid Training and ASIST) trained officers could then be peer trainers for other officers in their locality, reducing cost and maximising impact.
- Trauma-informed training and practice, and training in unconscious bias.
- Training on human rights; mental health rights; advance statements; safety plans and trauma cards - put into practice.
- Regular updated training for officers throughout their career and a workable programme of support for officers' own mental health.
- Review of when measures such as breaking doors down, handcuffs and restraint are necessary in mental health interactions.
- Consideration of training specialist mental health police officers.
- Review of treatment of people with lived experience when in police cells with regards to medication, clothes and washing access, and dignity afforded.
- Review of how loved ones bereaved by suicide are approached - need for dedicated liaison officers, compassionate responses and effective communication.
- Engagement of police in community in informal ways, attending drop-in centres, third sector groups, coffee mornings and Integration Joint Boards. Building trust, partnership working and understanding of services and supports locally.
- Use of body-worn cameras and accountability for actions.

211. Please refer to the HMICS website to read the full report from VOX Scotland and the full response from CAPS Independent Advocacy - Lothian Voices.

212. As Police Scotland develops its strategy and improvement plan, it should embed a process to learn from people who have experienced poor mental health and who have interacted with the police (for example, by using lived experience panels).

Area for development 9

In the development of its mental health strategy and improvement plan, Police Scotland should embed a process to better understand the lived experiences of people who have experienced poor mental health and have been in contact with the police.

Officer dissatisfaction

213. A consistent theme during our interviews and focus groups with officers was that their experience of the job is not in line with what their expectations were before joining the service. This has also featured in interviews with probationary officers, conducted during our ongoing Organisational Culture Review.

214. During our interviews and focus groups, we heard from many officers that those entering the organisation have expectations of the job that are not being met. The majority of people we spoke to expected to be dealing with crime, disorder and issues of local concern in communities. The experience of those we spoke to was somewhat different, with much of their time being spent dealing with mental health and vulnerability.

215. Many of the officers we spoken to did not necessarily see this as a negative. We did, however, hear from some officers who found this to be frustrating, creating stress because they were not able to deal with their workloads. Policing mental health is adversely impacting on job satisfaction among many officers we spoke to.

216. The issues highlighted to us during our review could lead to retention issues. Should Police Scotland continue to provide mental health-related policing services in the manner and to the extent it currently does, we believe it should take steps to ensure its recruitment advertising is more reflective of the reality of the job. This would serve to attract people with the right qualities and attributes to meet the needs of people experiencing poor mental health.

Area for development 10

Police Scotland should review its recruitment and selection materials to ensure people considering a career in policing better understand the nature of the role they will be asked to perform.

217. Throughout our review we heard from many highly committed police officers and staff members who stated that they had joined the service to help and support people. We have also heard consistently from mental health professionals that police involvement in dealing with a person who is experiencing poor mental health can be detrimental to that person's health.

218. The overriding finding from our review was that mental health is clearly an issue for the whole of society and that to improve outcomes for people experiencing poor mental health, there must be a whole system approach. Police Scotland will undoubtedly have an important role as part of the whole-system, but it must clearly define its role in this regard. We expect Police Scotland to implement an improvement plan to address the recommendations and areas for development outlined in this review, including the recommendations contained within the VOX lived experience report. The SPA should then monitor progress as the improvement plan is developed and implemented.

Recommendation 14

Police Scotland and the SPA should put in place measures to monitor progress on the development and implementation of the mental health strategy and the recommendations and areas for development outlined in this review, including recommendations from the VOX lived experience report.

Appendix 1 - Glossary

ACC	Assistant Chief Constable
BTP	British Transport Police
CAM	Contact Assessment Model
COPFS	Crown Office and Procurator Fiscal Service
COSLA	Convention of Scottish Local Authorities
COVID 19	Coronavirus disease
C3	Contact Command and Control
DAM	Demand Assessment Model
DBI	Distress Brief Intervention
DPU	Demand and Productivity Unit
EMHP	Enhanced Mental Health Pathway
HMICFRS	His Majesty's Inspectorate of Constabulary & Fire and Rescue Services
HMICS	His Majesty's Inspectorate of Constabulary in Scotland
HSCP	Health and Social Care Partnerships
ICT	Information and communications technology
iVPD	interim Vulnerable Persons Database
NHS	National Health Service
NSPLG	National Suicide Prevention Leadership Group
PEP	Psychiatric Emergency Plan
PIRC	Police Investigations and Review Commissioner
PPCW Division	Partnerships, Prevention and Community Wellbeing Division
PPU	Public Protection Unit
SAS	Scottish Ambulance Service
SFRS	Scottish Fire and Rescue Service
SPA	Scottish Police Authority
STORM	Police Scotland command and control system
THRIVE	Threat, harm, risk, investigative opportunity, vulnerability and engagement
VOX Scotland	Voices of Experience Scotland

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About His Majesty's Inspectorate of Constabulary in Scotland

HMICS operates independently of Police Scotland, the Scottish Police Authority and the Scottish Government. Under the Police and Fire Reform (Scotland) Act 2012, our role is to review the state, effectiveness and efficiency of Police Scotland and the Scottish Police Authority. We support improvement in policing by carrying out inspections, making recommendations and highlighting effective practice.

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