

## REPORT TO COMMUNITIES' SERVICES COMMITTEE – 7 SEPTEMBER 2023

### POLICE SCOTLAND - THEMATIC REPORT: MENTAL HEALTH IN THE COMMUNITY – IMPACT ON POLICING

#### 1 Executive Summary/Recommendations

1.1 To advise members regarding mental health challenges in the community and the impact on policing.

1.2 **The Committee is recommended to:**

**Note the attached report which seeks to update the Committee regarding the nature and extent of mental health challenges in the community and the impact on policing.**

#### 2 Decision Making Route

2.1 The performance monitoring report will provide a regular opportunity for elected members to maintain scrutiny of significant police activities, in order to achieve good outcomes for the residents of Aberdeenshire. This report has not already been considered by this or any other committee.

#### 3 Discussion

3.1 In terms of the Police and Fire Reform (Scotland) Act 2012, it is worth noting the respective powers and duties that are relevant to the Committee's consideration of police matters.

The Chief Constable is responsible for:

- policing of Scotland and must account to the Scottish Police Authority
- ensuring adequate arrangements are in place for the policing of each local authority area
- designating a constable as Divisional Commander after consultation with the local authority

The Divisional Commander is responsible for:

- involving the local authority in setting of priorities and objectives for policing of its area
- providing to the local authority information it may reasonably require
- preparing and submitting a local police plan to their local authority for approval and, if approved, publishing the local police plan
- preparing and submitting replacement plan to the local authority for approval following a review (local police plans must be reviewed at least once every 3 years)

The local authority may:

- monitor and provide feedback to the Divisional Commander on policing of its area

- specify policing measures it wishes the Divisional Commander to include in a local policing plan

3.2 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and their comments are incorporated within the report and are satisfied that the report complies with the Scheme of Governance and relevant legislation.

## 4. Discussion

### Mental Health Related Demand Impacts On Policing

- 4.1 It is recognised within policing nationally that mental health calls are creating an increasing demand on front line resources and that a multi-agency, partnership based approach represents an effective strategy for addressing and reducing the impact on Police resources whilst seeking to ensure those in mental health crisis are provided with access to suitable support and resources in a timely and efficient manner.
- 4.2 The need for access to appropriate mental health support is illustrated by the increasing demand, seen across North East Division in the number of STORM calls responded to where a mental health concern is identified (i.e. those STORM calls written off with a mental health related Disposal Code). This has risen from **998** in 2017 to a peak **2176** in 2022 representing an increase of approximately 120% over that time frame. The rise has been largely linear with the exception of 2020 where demand was reduced. Despite efficiencies in Policing being released through innovation such the introduction digital technologies, we know that impacts include less time for our operational Officers to focus on the investigation of crimes reported to the Police.
- 4.3 Across the same period the total number of STORM calls has also increased from 111,135 in 2017 to 120,868 in 2022. This represents an **increase of less than 10%** between those years and clearly indicates the increasing and disproportionate demand placed on policing by mental health related calls. While these figures relate to the Division as a whole it is not unreasonable to expect they reflect the situation seen within each of the individual Local Command Areas including those covering Aberdeenshire.
- 4.4 Within that review period the year with peak overall demand, as measured by the number of STORM calls, was 2018. That year there were 138,093 recorded incidents in North East Division which is greater than the total demand faced in 2022. That same year, 2018, there were 1701 mental health related calls, which is lower than the figure seen in 2022. This supports the position that the frequency of mental health related calls is increasing almost independently of the general demand on Police resources.
- 4.5 During the period 2019 to 2020, COVID impacted on policing practices leading to a reduced number of persons coming into Police Custody Suites (Kittybrewster in the City, Fraserburgh in Aberdeenshire and Elgin in Moray).

Additionally, in 2021, practices were permanently altered driven by the Criminal Justice Act 2016, which meant there was a greater 'presumption of liberty' afforded to suspects and accused persons, in turn, reducing numbers being presented at Kittybrewster Custody Suite. Therefore, a fair comparison is only achievable using data from 2021 onwards. Since 2021 the proportion of individuals presenting at Kittybrewster Custody Suite with self-identified mental health issues has increased slightly from 40% to 42%. For clarity, these are not people who are in mental health crisis but are people who have identified previous or ongoing mental health issues when questioned as part of their welfare screening. It is worth recognising that Kittybrewster is the primary custody facility in North East Division and by virtue of its location it will receive custodies from across Aberdeen City and a large proportion of Aberdeenshire. This robust welfare screening process informs custody welfare provision by trained Custody Officers and on site NHS Nurses. Provision escalates in line with the assessed risks including self-harm or suicide. Welfare support can be significant and can include a 'Constant Supervision' which requires an Officer to oversee that person at all times.

4.6 A further indication of the impact mental health calls have on Police resources can be found in the comparative number of incidents attended which result in the recording of a crime. In general terms between 16-18% of all STORM calls responded to by Police in North East Division will result in a crime report being created. It is undeniable that communities all benefit from Policing resource to prevent and detect crime, as well as playing a key role in building community cohesion. However, this support and proactivity has become more challenging as a consequence of Mental Health demand increases.

4.7 In contrast, over the period 2017 to 2022 only between 2.1 and 3.2% of Mental Health calls resulted in a person being charged with an offence or crime. Figures from 2022 show 2.4% of calls with a mental health element result in a crime being recorded. This is positive in demonstrating that Police Officers in A Division are not unnecessarily criminalising those who are in crisis but it also illustrates the volume of incidents attended where the support and involvement of other agencies, more suited to addressing mental health crises may be more appropriate.

### **Reducing Mental Health Related Demand Impacts On Policing**

4.8 The Scottish Government's Mental Health Strategy 2017-2027 included an Action 15 which was to increase the workforce to give access to dedicated mental health professionals to all GP Practices, Police custody suites and prisons. To that end a financial commitment was made to increase investment to allow local authority areas/health and social care partnerships to implement measures designed to provide an, 'ask once, get help fast' service. To address the Scottish Governments Action 15 aim in Aberdeenshire (primarily North Shire) the Crisis Intervention Team (CIT) was implemented by the Aberdeenshire Health and Social Care Partnership.

- 4.9 The CIT includes fully qualified and trained mental health professionals and Social Workers who are based within Fraserburgh Police Office. Their role saw them closely affiliated with the Fraserburgh Custody suite where they could readily identify and assess individuals highlighted to them as having potential mental health concerns. These referrals are intended to facilitate the provision of appropriate services to provide assistance with mental health and wellbeing. This would either be in the form of short term assistance from the CIT itself or by securing referrals to more appropriate services. Additionally, referrals to the CIT can come from frontline Police officers who may be 'on scene' with an individual in crisis. When available the CIT will attend, at scene, to assist Police Officers manage down an individual's mental health crisis.
- 4.10 The CIT as a group, are experienced in dealing with people in mental health crisis and have direct access to a network of relevant support agencies which they can bring to bear in the interest of alleviating distress and securing support. The ability for Police to refer into the service directly from the field presents an opportunity to use an alternative to custody for those individuals who are experiencing mental health distress, have come to the adverse attention of Police Scotland in the community and who would otherwise be conveyed to the Custody Suite at Fraserburgh or Kittybrewster.
- 4.11 This also represents an opportunity to reduce the impact and demand created by mental health calls on frontline Officers and equips our staff with an additional resource which can be drawn upon when faced with a non-criminal situation of a person in mental health crisis. There is however a challenge in that the CIT service, which has strived to provide a seven day per week service, is facing a reduction in funding, which brings with it, a reduction in capacity to the point the service may only be able to operate four or five days per week (mainly weekdays) and during office hours. Currently whilst it is the case that Monday to Friday, 9 to 5 captures a good proportion of likely demand there is still a significant number of calls occurring from 1700 hours onwards. The heat map below, specifically for North Aberdeenshire for the period 2017 to 2022, illustrates this.



- 4.12 The immediate benefit to policing from the CIT is their ability to provide rapid/immediate assistance and support in cases where mental health issues are in evidence. This can yield immediate benefit in that it can reduce the time Police resources have to dedicate to these types of incident. Further benefit is likely to be derived in terms of a reduction in the frequency with which individuals come to Police attention. The percentage of Police attended incidents where mental health is a concern that actually result in a crime being recorded is very small.
- 4.13 A review of CIT usage, between January 2023 and June 2023, by Police was undertaken. This review concluded there were a number of missed opportunities for Police to call upon the CIT but had not done so. The CIT SPOC is the Fraserburgh Police Inspector who is reviewing this presently with a view to refreshing the internal communication strategy.
- 4.14 A fuller assessment of the effectiveness of the CIT Service is not currently available but there are currently concerns as to its sustainability. The service has already gone from 7 days to 5 days per week with the potential for this to be reduced further to consolidate their resources. The value of the service in terms of the demand it can take off front line policing and most importantly the support it can offer to those in crisis, make the prospect of any further reductions in capacity particularly worrying.
- 4.15 DBI was piloted in Aberdeen between 2016 and 2021 and since then has been adopted on a longer term basis and rolled out across Scotland. DBI is a two level approach and while training for this mechanism is not available to Officers based in Aberdeenshire (unlike their counterparts in Aberdeen and Moray)

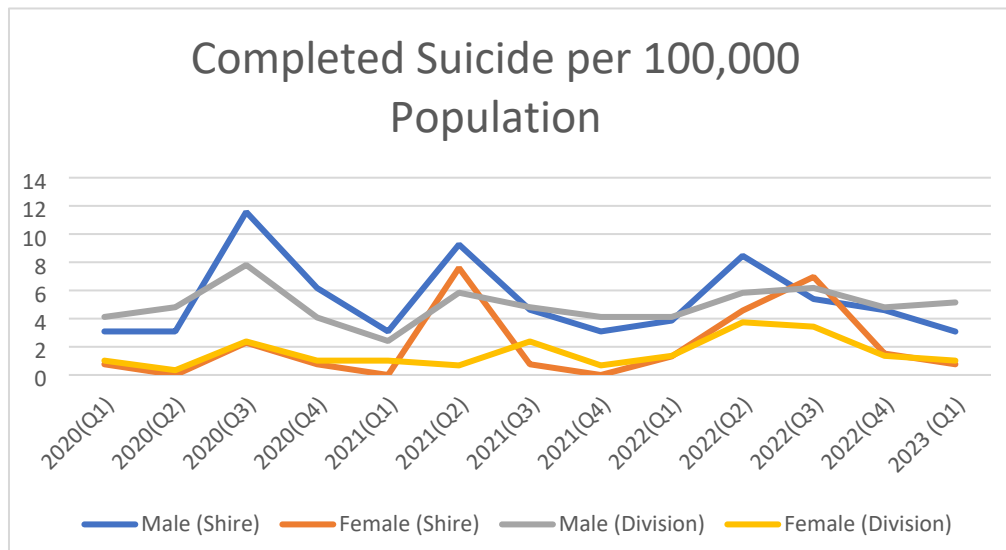
there remains scope for referring Aberdeenshire residents into the service. For example, when Aberdeenshire residents have dealings with trained Officers in the City or on rare occasions where an Officer, previously trained in the use of DBI is relocated to Aberdeenshire. This is agreeable to Penumbra as part of the Aberdeen based DBI service arrangements.

- 4.16 DBI Level 1 partners are front line workers in agencies including Police Scotland, Primary Care, Mental Health Pathways (MHP), the Scottish Ambulance Service and the Emergency Department, including Psychiatric Liaison. The Level 1 partners are provided with specific training to provide a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.
- 4.17 A referral to Level 2 will trigger a 14 day supportive intervention, focusing on self-management of distress, community based problem solving, developing distress management tools and signposting to community, non-Police assets and relevant agencies. Having armed an individual with the tools to manage distress it becomes more likely they will implement these skills, this in turn is likely to see a reduction in demand on Police resources.
- 4.18 In 2023, 19 referrals were made to DBI relating to persons from Aberdeenshire. It is the case that most, if not all of those, arose as a result of Police interactions with residents of Aberdeenshire while they were visiting the City.

## **Suicide**

- 4.19 Suicide rates vary across the Division but it is clear, irrespective of geography that mental health is a significant factor. In many, but by no means all, of the recorded completed suicides that is the case. In addition, those instances where there is no recorded mental health diagnosis there are often lifestyle factors or adverse life events in evidence which could be reasonably presumed to precipitate an emotional collapse leading to a degree of acute mental health crisis.
- 4.20 In the two Aberdeenshire Local Command Areas there have been completed suicides recorded in respect of 9 males and 5 females since the start of the year (1 January 2023 to 31 May 2023). Additionally there have been 107 recorded attempted suicides. On reviewing the geographic spread of the completed suicides it appears North Aberdeenshire is more heavily affected with 7 males and 4 females completing suicide compared to 2 males and 1 female in South Aberdeenshire. The numbers of attempted suicides are similarly skewed with 68 attempts in North Aberdeenshire compared to 23 in the South. Of particular note is the fact in both areas female attempted suicides far exceed those of males (52/31 on North 'Shire and 20/11 in South). This may indicate that females are generally more open to discuss their concerns with professionals than males but it also indicates a risk that males in crisis are going unnoticed until the point they complete suicide. A caveat to these figures is that it does not differentiate between discrete suicide attempts or repeated attempts by a given individual.

- 4.21 Data collated since 2020 shows the frequency of deaths by suicide across the Aberdeenshire Local Command Areas and the Division as a whole remain variable. In general terms (highlighted by the pronounced peaks at Q3 of 2020, Q2 of 2021 and Q2 of 2022) males in Aberdeenshire appear more likely to attempt or complete suicide than their counterparts in the wider North East Division area.
- 4.22 Save for pronounced peaks in Q2 of 2021 and Q3 of 2022, the female population of Aberdeenshire are generally as, or less likely to complete suicide than those who reside elsewhere in the Division. The reason for the peaks in both male and female cases are not clear but they are very pronounced.
- 4.23 What is evident from the data is that since the most recent peak periods referenced (Q3 2022 for females and Q2 2022 for males) the general trend indicates that rates for death by suicide in Aberdeenshire are reducing. This is in contrast with the wider divisional picture where the recent rate of male deaths by suicide has increased slightly.



- 4.24 The overall picture illustrates how volatile the true situation in respect of death by suicide truly is and reinforces the need for a continued vigilance and effective multi-agency suicide prevention strategies across Aberdeenshire and the wider Division.

### **Suicide Prevention**

- 4.25 In terms of action to reduce the frequency of suicide both in Aberdeenshire and across the wider Division, Police Scotland are working closely with partners in the Local Authorities, NHSG, Public Health Scotland, SFRS and SAMH, all of whom are key members of the Suicide Prevention Strategic Group.
- 4.26 Until 2022, the regional response to Suicide Prevention was guided by the North East Suicide Prevention Lead Group (NESPLG). The work of this group

helped identify and inform key strategic priorities now being progressed leadership of the new Strategic Group.

- 4.27 Police Scotland remain intimately involved in Suicide Prevention Projects across all three Local Authority areas. These groups develop data, from a range of sources from which efforts are made to identify 'at risk' demographics so that suitable support and intervention can be mounted. The multi-agency team in Aberdeenshire, currently chaired by Vicky Henderson (Aberdeenshire Health and Social Care Partnership) looks to develop and deliver suicide prevention messaging designed to highlight the factors which might lead to suicide and strategies to address them, in support of those at risk demographics.
- 4.28 There are a number of factors which have been identified as contributing to suicide/attempted suicide. Some, like addiction which has a strong relationship with mental health, are of a type which is likely to see an individual come to adverse Police attention prior to a suicide attempt.
- 4.29 In those cases it is important that Police Officers are aware of the resources available to them and the person in crisis. All such cases who come to Police attention will be brought to the attention of partner agencies via Vulnerable Persons Database entry referrals. This represents an established route by which to instigate the provision of support to those in our community who may be at risk of suicide.
- 4.30 Other recognised contributory factors are less likely to directly involve Police interaction. Several such societal factors like financial hardship, relationship difficulties, bereavement, unemployment and homelessness are such that direct Police intervention is less likely. The work of the NESPLG has been a driver to ensure some of the 'touchpoints' relating to these factors, are informed and upskilled to intervene.

### **Missing Persons**

- 4.31 Missing persons create a substantial demand on divisional resources. Information provided by Police Scotland's DPU indicates that the average resource commitment to a Medium Risk missing person enquiry is 182 hours where there is a mental health element involved. The data set used to determine the average resource commitment is limited and relates to another Policing Division with a largely urban environment and without rural specific challenges such as increased travelling times
- 4.32 In year 2021/2022 North East Division dealt with 874 missing person reports of which approximately 23% had a significant mental health element. Of that number approximately 10% of reports originated in Aberdeenshire in 2022/23 the numbers remained similar with a slight decrease to 9% of mental health missing person calls originating in Aberdeenshire. There was no single significant location from which people were reported missing in Aberdeenshire.



- 4.33 This however does not capture the whole picture in terms of mental health impact on missing individuals resident in that local authority area. In year 2021/2022, there were 118 individuals reported missing from psychiatric care at Royal Cornhill Hospital (RCH). The figure for year 2022/2023 is identical at 118. These figures make no differentiation over where the patients involved would usually reside and as such will include individuals who are normally resident in all of the local command areas and by extension all of the local authorities which constitute the Division as a whole.
- 4.34 The 2021/22 figure was a noticeable increase over the 71 missing people reported missing the previous year (2020/2021). It remains notable that of the 118 Missing Person reports generated as a result of absconding from RCH that year, 75 of them (63.5%) related to only 24 individual nominals. This clearly identifies a need to address interventions towards a relatively small population of subjects which, were they to be successful, could yield significant benefit in terms of reducing demand on policing resources (see Conclusion).
- 4.35 Another observation from RCH was that in year 2022/23, 47% of missing persons them (54) were found to have absconded during periods where they had been permitted leave from the ward by staff. This includes for things such as smoking breaks or time away from a ward as part of their treatment plan. Given the staff interaction already in evidence prior to leave from the wards being granted there may be an opportunity to pre-empt any absconding behaviour or minimise the impact of same. Simple approaches such as ensuring patients are in possession of mobile phones, asking them directly about their intentions or even accommodating longer periods off ward (where it is in the judgement of Health professionals clinically safe to do so) might be effective in securing reciprocal cooperation from the patients involved and reducing the frequency of incidents where missing person reports are necessary.

### **Reducing Missing Persons**

- 4.36 The Scottish Government's National Missing Persons Framework (NMPF) for Scotland sets out the following four objectives:
- To introduce preventative measures to reduce the number of episodes of people going missing
  - To respond consistently and appropriately to missing person episodes
  - To provide the best possible support to missing people and their families
  - To protect vulnerable people to reduce the risk of harm
- 4.37 Achieving these objectives will by extension reduce demand on operational policing resources. North East Division (and Police Scotland more broadly) continue to work on a multi-agency basis towards achieving these objectives across Aberdeen City, Aberdeenshire and Moray. This includes working with

NHS, Social Work and residential homes, looking for ways to improve and enhance their internal practices.

- 4.38 In 2022, Police worked in partnership with NHS Grampian on refreshing their 'Responding to Missing People Policy' which focused on reducing the risk of people going missing and mitigating the risk to the people who have gone missing. It set out the roles, responsibilities and actions to be taken by staff in respect of missing persons. It also ensured a collective response delivered on the achievement of the objectives contained within the NMPF. New, clear appendices were included which featured: a flowchart for frontline workers; risk assessment matrix and frameworks; and return home welfare discussions to formulate plans to reduce future episodes.
- 4.39 It will be important that the same solutions are considered for any care setting in Aberdeenshire, where people with mental health issues are resident.
- 4.40 This new policy is still being embedded but once established, it should reduce missing episodes, time spent missing and services time on information gathering and whole episodes. This will bring benefit in terms of reduced resource demand to frontline policing.

#### **Risk Mitigation and the Vulnerable Persons Database (VPD)**

- 4.41 Police Scotland has a duty to, and does, ensure that following a mental health related call, people (including Missing Persons) are no longer at immediate risk and short term measures are in place. Tactical options include but are not limited to taking advice from services, such as the CIT, conveying an individual to RCH or another health care establishment or leaving an individual in the care of a suitable relative or friend.
- 4.42 A VPD entry is completed and ultimately shared with organisations in order that the appropriate follow up is instigated. We know that the sharing process is not instantaneous and we know that in some cases, although persons may not be in an acute need of care, in order to help stabilise their situation, care and support is needed to avoid a further incident.
- 4.43 Frequently, there is a requirement to notify partners in advance of a VPD entry reaching its intended recipient. In order that support plans for individuals can be considered at an earlier stage. Often, the most suitable forum to take forward these more immediate joint discussions can be within a multi-agency meeting.
- 4.44 Experience frequently shows us that finding the right person or professionals across the range of partners can be challenging. On occasion these meetings can include several representatives from the same organisation with little previous connectivity even between those same organisations. We know that the requirement to gather data and attend meetings can be challenging for some organisations including Police Scotland.

## 5. Conclusion

- 5.1 This report has identified those sources of demand on Police resources where mental health is likely to be a factor/consideration. It has also illustrated the partnership arrangements, both established and developing which are deployable to support vulnerable individuals who may present in mental health crisis and which in turn may yield a benefit to local policing in terms of reducing the demand on them.
- 5.2 There is a recognised need for effective data gathering, sharing, analysis and interpretation. These remain under ongoing review and development with appropriate approaches to extracting maximum value from the data being explored. In turn this will enable wider and more informed scrutiny across partners and open up opportunities to identify and implement earlier, meaningful interventions.
- 5.3 Even at this early stage it appears that projects such as the CIT and DBI are capable of having a positive effect on reducing the frequency at which individuals are coming to the attention of Police and other partners, although continued provision of the CIT service is likely to be linked to an ability to prove there is sufficient demand for it. If that can be addressed and the service secured it should translate into a resource benefit for local policing across Aberdeenshire – particularly across the north of the region.
- 5.4 Risk and vulnerability is being managed by Police Scotland and partners but finding access points to seek assistance can be challenging given the range of organisations and professionals that can work with a person. Given the presumed increasing demand faced by all services, the ‘as and when’ approach to arranging multi-agency meetings can place variable extra pressures on services when meetings are required. A solution may be to agree a process, through which, partner agencies can quickly navigate towards the right informed ‘decision makers’.
- 5.5 Agencies already collaborate within groups to examine systems to reduce demand, however, a starting point may be to look at specific individuals and explore the formation or creation of a new group to examine the individuals and reduce mental health demand created by a small few across multiple services.
- 5.6 This is further supported by analysis of the missing person figures that suggest that a relatively small number of individuals are creating a disproportionate level of demand when they repeatedly abscond from RCH. These individuals are likely to originate from areas across the Grampian region, including Aberdeenshire. Having identified this, we are already engaging further with partners at RCH with a view to enhancing their procedures further and bringing those more in line with those adopted by the wider NHSG estate. Learning from RCH, it is reasonable to presume that preventative solutions are relevant to all care settings.

## 6 Council Priorities, Implications and Risk

- 6.1 This report helps deliver on Our People (Education, Health & Wellbeing) and Our Environment (Resilient Communities).

| <b>Pillar</b>   | <b>Priority</b>                 |
|-----------------|---------------------------------|
| Our People      | Education<br>Health & Wellbeing |
| Our Environment | Resilient Communities           |
| Our Economy     |                                 |

Underpinning the Priorities are a number of key principles. They are: right people, right places, right time; responsible finances; climate and sustainability; Community Planning Partnership Local Outcome Improvement Plans; human rights and public protection; tackling poverty and inequalities; digital infrastructure and economy.

- 6.2 This report helps deliver on the LOIP Priorities Connected and Cohesive Communities and Health & Wellbeing.

- 6.3 The table below shows whether risks and implications apply if the recommendation(s) is (are) agreed.

| <b>Subject</b>                                   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Financial  |            |           | <b>x</b>   |
| Staffing   |            |           | <b>x</b>   |
| Equalities and Fairer Duty Scotland              |            |           | <b>x</b>   |
| Children and Young People's Rights and Wellbeing |            |           | <b>x</b>   |
| Climate Change and Sustainability                |            |           | <b>x</b>   |
| Health and Wellbeing                             |            |           | <b>x</b>   |
| Town Centre First                                |            |           | <b>x</b>   |

- 6.4 The Integrated Impact Assessment tool is an internal tool for Aberdeenshire Council officers to use to support with decisions being made by the Council. It has been designed on Sharepoint and can only be accessed by individuals with Council email addresses. Police Scotland, as an external partner, have their own Impact Assessing process and have utilised that when writing this report.

6.5 The Committee is monitoring the performance of Police Scotland as required under the Police and Fire Reform (Scotland) Act 2012. It links to the Corporate Risk of Working with Other Organisations.

Report prepared by:  
Chief Inspector Darren Bruce, Police Scotland

Date 16/08/2023

**List of Appendices** – Appendix A – Case Studies