

## APPENDIX A

### Aberdeenshire Resident - Subject A

Subject A is a young adult who has a diagnosis of Emotionally Unstable Personality Disorder. They are currently transitioning and have had support from services including Social Work, Criminal Justice Social Work, Community Mental Health, Psychiatric services, Crisis Intervention and Penumbra with varying level of engagement / success.

There have been 189 iVPD's from September 2014 to date but 184 of these have been from 2021 onwards with 29 in 2023; each of these relates to an individual interaction with Police. There is an observed decline in their mental health following the death of their mother in 2020 and they have previously reported being the victim of sexual assaults / familial sexual abuse.

The vulnerabilities bringing Subject A to police attention have been recorded and shared with partners. They relate to concerns about their mental health, self-harming, overdoses, suicidal ideology and attempts, drug consumption. There have been discussed safety plans with Subject B but they are unwilling / unable to follow these and will often respond to being advised that there will be a delay by escalating to self-harm / suicidal comments and actions.

The demand generated by Subject A and the impact to services and the community will depend on the circumstances identified but generally requires Police to attend, assess, support Subject B, on occasion detaining them under the Mental Health Act, on others awaiting for support through NHS 24 / attendance of SAS or taking them to hospital due to a lack of available Ambulances. Some of these concerns have been raised by partners, including NHS 24, but there are currently no other available or suitable options to attend these incidents and so the default position is to request Police. This causes a significant impact to all services who already have stretched resources but the Police are particularly affected.

There have been Multi-agency meetings / Professionals / Case Conferences / IRD's held with partners in relation to identifying a joined up approach for actions with a Trigger Plan has been created to provide the relevant information to Police officers dealing with Subject A. It was also identified that Subject A is not suitable to be detained under the Mental Health act due to his condition and does not meet the point of being an adult at risk.

Whilst Subject A was open to direct access with Unscheduled Care previously, as well as other partners / agencies, their care appears to be mainly through Community Mental Health with support of Penumbra / Gender ID Clinic. It was identified some time ago that Subject A would benefit from Psychotherapy. The referral is in but Subject A has not been in a stable place for this to be effective being identified they would benefit from

This partnership approach is continuing but Subject A appears unable to comply with the advice and support offered or unable to accept that it may not be available at the

exact point he feels in need. As such the work undertaken to date has not significantly reduced the demand on Police resources nor the risk to Subject A and the community.

## **Aberdeenshire Resident - Subject B**

Subject B is a young adult who has been known to services for several years. They appear as the subject of concern on 73 iVPD's, 22 of these between January and June 2023 alone, which have been shared with partners. Their vulnerabilities include Mental Health issues, suicidal ideology including attempted suicide, self-harm, drug & alcohol consumption and as a repeated Missing Person. The number of incidents increased in the approach to and post transitioning from Child to Adult services due to anxiety of loss of support. This adverse reaction is also seen in cases in the City.

Their actions resulted in periods of being detained due to their mental health and there have been several Professionals Meetings / Multi-agency meetings in relation to Subject B. It was identified that their actions were behavioural, exaggerated by poor mental wellbeing rather than an underlying mental illness but that they were at a High Risk of suicide / overdose due to their actions. They have also been violent towards Police and Partners, making threats and placing family members and other members of the community at risk.

Subject B has been open to various services regarding their conditions. Multiagency actions have been unable to reduce the impact on services, Subject B continues to fail to engage in a meaningful manner, with partners, and regularly comes to Police attention.

## **Aberdeenshire Resident - Subject C**

Subject C is a young adult who has Foetal alcohol syndrome, ADHD, learning difficulties and type 1 diabetes, requires an Appropriate Adult and considered vulnerable. They appear on 96 iVPD's in relation to Mental Health, Learning Disability, Suicidal ideology, Self-harm, and as being a Missing Person, which have been shared with the relevant partners. 27 of these are in 2023 alone.

These vulnerabilities have made Subject C susceptible to being the victim of offences and other concerns, including from members of their family. It has also caused outbursts of violence towards others.

Subject C has been the focus of significant work by Partners and they are resident in supported accommodation. Subject C's actions have often resulted in their being out with the control of staff or reported as missing resulting in significant Police involvement and strain on an already stretched service.

Despite there being effective staff in place to manage most elements of her behaviours, levels of aggression can often mean that she is able to leave their supported accommodation generating a Policing response thereafter.