

Meeting	Authority Meeting
Date	25 November 2020
Location	Video Conference
Title of Paper	Mental Health Demand
Presented By	DCC Will Kerr, Local Policing
Recommendation to Members	For Discussion
Appendix Attached	Yes Appendix A – Mental Health Demand Ongoing work

PURPOSE

The purpose of this paper is to provide Scottish Police Authority (SPA) with an overview of the challenges currently faced in Police Scotland's (PS) strategic planning as we support members of our community in mental health crisis/distress, including shortcomings in the assessment of demand, and to seek the support of SPA to engage Public Health Scotland (PHS) and Scottish Government (SG) to explore solutions.

Members are invited to discuss the content of this paper.

1. BACKGROUND

Mental Health is said to affect 1 in 4 of us at some point in our lives and at any one time approximately 1 in 6 have a mental health problem. It has been estimated that the total cost of mental illness in Scotland amounts to £10.7m per annum.¹

The vision for the SG's National Mental Health Strategy 2017-2027 is "a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma."

SG published on 8th October 2020 the Coronavirus (COVID-19) mental health - transition and recovery plan which outlines key findings from the Scottish Mental Health Research Advisory Group. The findings are indicating a deterioration in population mental health with contributing factors being; living with loneliness, social isolation, social networks, job security, friendships and economic instability.

PS's Mental Health Governance Group (MHGG), chaired by ACC Ritchie, was recently convened and will provide strategic oversight across a variety of business areas and divisions. The MHGG has directed that a Mental Health Working Group (MHWG) is formed to assess one of the key challenges facing mental health professionals: the assessment of demand.

2. FURTHER DETAIL ON THE REPORT TOPIC

2.1 Demand on Policing from Mental Health Related Incidents

Previous attempts to evidence the demand placed upon PS due to mental health incidents have been anecdotal, unsystematic and ultimately inconclusive despite significant work from various business areas. These attempts have been thwarted by numerous obstacles involving IT systems, recording systems and a dependency upon interpretation of an incident.

There are some aspects of mental health related demand which are easier to quantify than others. For example, it is reasonable to assume the time spent by officers engaged in supporting an individual in crisis is measurable through STORM, however the

¹ (PHS Strategic Plan; "Together We Can".)

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aspects which are not as readily quantifiable are the subsequent actions taken by local policing in the form of multi-agency meetings, direct measures etc.

It is envisioned that the MHWG will identify mechanisms to measure this; such as a 24/48 hour time-in-motion snapshot.

The Chief Constable announced 6 personal commitments to his officers with Commitment Number 4 clearly stating; "I will implement new initiatives to support your wellbeing and our understanding of mental health issues".

In support of this commitment, PS are represented at numerous governance groups with SG, health partners, emergency services and 3rd sector agencies; namely Reform Collaboration Group (RCG), Health and Justice Collaboration Improvement Board, Distress Brief Intervention (DBI) Programme Board, National Suicide Prevention Leadership Group (NSPLG) and Distress Intervention Group.

Work underway in the RCG (three blue light services Chief Officers) to conduct a strategy refresh and develop a Collaborative Operating Model will assist with this work.

Mental health is proposed as one of the priority themes.

The RCG will be taking a User Design approach, tracing the experiences and interactions through 'customer journey' mapping which will include the experiences of not only users of our services but our staff experiences too. This will aim to help identify elements in policy, process and practice to improve the end to end experience and sustainability of demand. The workshops will be convened tri-service and also include some key partners such as PHS, Improvement Service, Health Improvement Scotland.

Incidents involving persons in mental health crisis and/or in distress occur and impact throughout all business areas including Contact Command & Control Division (C3), Criminal Justice Services Division (CJSD), Public Protection Unit (PPU), Professional Standards Division (PSD) and local policing. The complexities of the challenge mean that to date there has been no coherent countrywide assessment conducted to establish the actual demand on PS.

There are a number of anecdotal indicators which must be considered and these include:

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- Officers report that Community Psychiatric Nurses (CPNs) generally do not assess distressed people when they have deemed them to be under the influence of alcohol and/or drugs resulting in officers being unnecessarily abstracted from their duties.
- Interrogation of the National Custody System reveals that 40% of persons coming into police custody disclose mental health challenges (56% of females) and 32% (41% of females) disclose previous suicide or self-harm attempts.

Mental Health places significant demand on all public services and it is likely that an accurate assessment of demand on Policing will require a holistic view to be taken – incorporating wider sectoral partners.

In Spring 2020, The Demand and Productivity Unit (DPU) conducted a survey of around 1200 frontline officers to help identify the impact that incidents involving people in mental health crisis and/or suffering distress has on policing demand.

Subsequent to this report, and under the direction of MHGG, Safer Communities are leading the MHWG to consider how best to quantify the demand placed on PS from incidents involving mental health distress. Work is ongoing with the Group which includes representatives from Safer Communities, Corporate Services, CJSD, PPU, DPU and Strategy & Innovation. This group will make recommendations to the December MHGG.

The table below, provided by Analysis and Performance Unit shows a rise in demand linked to “assist member of public/concern for persons calls” during the current Pandemic;

Timeframe	Assist Member of Public/Concern for Person Calls	Percentage of Police Attendance	Percentage of Crime Recorded
23/03/2019 16/05/2019	13,750	88%	3.19%
23/03/2020 16/05/2020	15,460 (12% increase)	91.75%	3.33%

Police officers will never leave a member of the public they find to be in crisis, and the stats above show a 12% increase in “assist member of the public and concern for person calls”. Of note, this period in 2020 covers the ongoing Pandemic when it could have

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been reasonably expected this type of call for assistance would increase.

The biggest demand from mental health incidents comes between 1900hrs and 03.00hrs and this repeats 7 days a week. (Source; PowerBi Demand Productivity Unit dashboard). This may indicate that demand on PS increases as other day based mental health services close. The significant challenge presented to PS is the organisation's appetite to be risk averse, especially for people in distress, often resulting in PS resources continually bridging the gaps created by a lack of out of hours' mental health service provision from NHS, of which our colleagues at NHS are aware.

PS are aware of work ongoing in SG to assist. For example, the Ritchie Review in 2015 on "The Report of the Independent Review of Primary Care Out of Hours Services" and the Redesign of Urgent Care & Out of Hours Programme. Also the *Coronavirus (COVID-19) mental health - transition & recovery plan* published on 8th October 2020.

A recent paper on suicide risk and COVID-19 published in The Lancet on 21 April 2020 by the COVID-19 Suicide Prevention Research Collaboration, including the co-chairs of the NSPLG Academic Advisory Group, draws together the best evidence-based public health responses to mitigating suicide risk associated with the COVID-19 pandemic, making the point that:

'Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups.'

It is anticipated that this projection will impact significantly on demand for policing services relative to "assist member of public/concern for person calls".

PS's capacity to provide a quality service is influenced by the quality of training we provide our officers and staff to deal with occurrences linked to mental health, and also in how we support our officers' own mental health. To support this, Safer Communities have commenced a benchmarking exercise across UK forces to gain a greater understanding of approaches taken to training/supporting staff in respect of mental health incidents and suicide prevention.

Interim results indicate the approach varies greatly across the forces, with some sporadic awareness raising conducted internally whilst some services use National Third Sector agencies to provide

the training. This review is ongoing, the objective being to identify best practice and this will be concluded by end of November 2020.

Police officers continue to deal with non-crime mental health demand with minimal expertise in this complex field. This highlights the need for improved 24 hour 7 days a week service provision led by relevant professionals together with a review of mental health awareness training provided to frontline officers and staff.

The most vulnerable in our society often pass through police custody and this is seen as a critical time and opportunity for multi-agency intervention. An opportunity exists to provide increased and improved access to mental health support within police custody and the following action areas have been identified in CJSs Harm Prevention Strategy:

- Increase access to mental health trained staff in police custody and wider support services;
- Collaborative working with NHS partners, voluntary sector and local policing to keep people with mental health issues that are leading to low level offending out of police custody;
- Develop trauma informed training for all staff to assist in identifying and engaging those experiencing mental ill health, which will deliver the following outcomes.
- Increase in referrals to relevant community based support agencies

2.2 Key Pieces of ongoing Work

Significant work is ongoing between PS and all relevant partners to ensure we cohesively achieve a person centred approach whereby a person in distress and/or suffering poor mental health receives the right service from the right person at the right time, first time.

In turn this will allow officers to return to their policing duties comfortable that the person is being treated appropriately.

At this time, some delivery mechanisms are localised and some are national. This creates variations for PS in our own service delivery. Recognising this and to promote a national approach, the MHGG has been established with the primary objective of co-ordinating the organisations response to mental health related demand.

In line with this, the MHWG has been constituted to make recommendations on how PS can quantify the demand on our service due to mental health crisis and to also provide a mechanism

to measure the effectiveness of interventions. This is expected to report to MHGG in late 2020.

The undernoted is an outline of the key pieces of work currently underway, involving a number of PS divisions/specialisms with Appendix A providing a clear and concise breakdown of all work ongoing.

Distress Brief Intervention (DBI) Pilot

The SG's Distress Brief Intervention (DBI) pilot has ensured people receive appropriate support from the right service provider. Officers can refer members of the public to this service in Lanarkshire, the Scottish Borders, Aberdeen and Inverness. This was supported by a training programme for police personnel prior to implementation, PS's costs being met under the SG national DBI programme. 1 in 5 referrals are submitted by police officers and 80% of people referred to DBI by PS fully engaged in the support.

During the ongoing Pandemic, DBI received further funding for nationwide implementation via NHS24 Mental Hub telephone system. Discussions are ongoing to have C3 CAM resolution team officers trained and able to refer callers to this enhanced service.

SG have committed to continue DBI until 2024, when it is expected to be fully embedded by all Scottish Health Boards. The expansion of the service across Scotland will see a need for additional training of officers & staff across the organisation in relation to DBI procedures.

At this time, SG is preparing detailed proposals for the national roll out of DBI. It is expected written proposals will be completed by end of 2020.

Contact Assessment Model

The Contact Assessment Model (CAM) is an enhanced assessment and decision making model which enables incidents to be assessed using the THRIVE assessment criteria – Threat, Harm, Risk, Investigation, Vulnerability and Engagement to identify the most appropriate policing response for the circumstances presented. CAM methodology was successfully rolled out across all Police Scotland command areas during 2019 and the first half of 2020.

The introduction of THRIVE methodology and the enhanced risk and vulnerability training delivered as part of the rollout ensures that our staff at the first point of contact are better placed than ever before to

recognise and respond appropriately to the needs of callers with mental ill health or distress.

Protecting vulnerable people is a priority for Police Scotland and a significant proportion of calls requesting our assistance involve an element of mental ill health and distress. We recognise that people with mental health vulnerabilities may often be better assisted by agencies out with policing, and we continue to work with partner agencies to ensure individuals receive the most appropriate support.

Mental Health Pathway

Supplementing the work of CAM is The Mental Health Pathway which is a collaboration between NHS 24, Police Scotland and the Scottish Ambulance Service.

It has seen the establishment of a dedicated Mental Health Hub within the NHS24 Service Centre. The Hub now operates 24/7 and provides a service for callers to NHS 24 '111' service who would benefit from mental health support to speak directly with an appropriately qualified mental health professional and receive additional access to support and care services as required.

Since August this year all callers from across Scotland who contact Police Scotland on '101' non-emergency and '999' emergency numbers who are suffering mental ill health/distress, subject to appropriate criteria, can now be referred directly by our Service Advisors to the Mental Health Hub to receive the right care at the earliest opportunity. At the time of preparing this update, over 300 individual callers have been successfully referred to the Hub in this way.

This new pathway ensures that all relevant callers to Police Scotland now have timely access to professional mental health triage and support which undoubtedly improves outcomes for these individuals at the time but also beyond this as the Hub is now accessible to them 24/7. The pathway is the first of its kind in Scotland and not only serves to provide the right care at the right time to individuals but also alleviates in some way the increasing demands being placed on local policing.

Analysis of the calls already referred to the hub reveals that:

- Calls are received from all age groups, with individuals as young as 17 and as old as 85 having been referred;

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- Calls are most frequently received from male callers, with 54% of all calls received from males and 46% from females;
- Common themes arising - anxiety, depression, PTSD, bereavement, unemployed, alcoholism;
- A number of repeat callers have been identified who were typically long term users of multiple services, albeit with unresolved issues. Many of whom state their Third sector provisions and support have withdrawn or closed.

However, whilst the pathway allows lower level mental health demand to be re-directed more appropriately into the health arena and onward care services, it is also recognised that a significant proportion of mental health related demand isn't currently suitable for onward referral owing to the complexities of responding effectively to the needs of callers with mental ill health and the associated risk factors. Accordingly, plans are now in place to broaden the scope of referral to all C3 Division ACR and Resolution Team staff, allowing them to make referrals to the Hub. This will allow callers who are initially referred to the ACR for Police attendance to be redirected to the Hub in instances where additional background checks have confirmed the suitability of the caller / circumstances for referral.

In advance of a planned full review of the effectiveness of the Pathway and the existing referral process scheduled to take place in March 2021, approximately six months post implementation, work is also being progressed in tandem with collaboration partners to develop a more sophisticated referral model. This will allow us to safely refer a greater proportion of mental health related callers to more appropriate care services. This work which is currently in the planning phases will consider opportunities to co-locate health practitioners and build an enhanced triage function to resolve and refer specific incidents within the Resolution Teams. Further work will also include reviews of repeat callers in conjunction with Local Policing Divisions, to ensure that the most appropriate measures of ongoing care can be identified and provided.

Strategic governance and oversight in respect of this work is provided by the Mental Health Pathway Strategic Steering Group, comprising senior executive representation from each of the collaboration partners. The team also report internally into the Mental Health Governance Group chaired by ACC Ritchie.

Mental Health Assessment Units (MHAU)

During the COVID 19 Pandemic, SG funding of £3.8 million led to the creation of MHAUs across all NHS Boards with the aim of diverting emergency mental health presentations away from the EDs. There appears to have been significant disparity across Scotland due to geographic limitations. Consistency of approach could reduce frontline demand and ensure individuals receive the right treatment at the right time by the right provider.

Individuals suffering from mental distress/crisis, and who are under the influence of alcohol and/or drugs are often not assessable by mental health professionals. This creates a significant demand on both policing resources and other services. Many individuals are vulnerable, often live alone with limited support networks.

Community Triage

There are numerous variations of Community Triage across Scotland which has been influenced by priorities at NHS Board & Local Authority level. Police officers, who are dealing with a person in mental health crisis and/or distress, require direct access to mental health practitioners who can assess the person potentially by phone in their home ensuring they receive the appropriate support and the demand, in both actual time and also emotionally on police officers, is reduced significantly.

2.3 Summary of Key Actions / Activity for Progression

To progress the priority activities outlined in this report, the support and involvement of the Scottish Police Authority is requested in respect of the following:

- *The work of the MHGG is noted, and discussion with SG and PHS is required, to secure their strategic commitment to the critical work of assessing the demand impact of mental health on PS (and other services).*
- *Representation is made to SG regarding the greater provision and funding for mental health crisis services led by healthcare and in particular:*
 - *Support the expanded provision of community triage across Scotland;*

- *Support the long-term adoption of MHAUs and seek consistency of approach across Scotland;*
- *Support long-term adoption of MHAUs which could provide "Crisis Support Facilities" to treat, support and assess at the relevant time, those individuals presenting under influence of alcohol and/or drugs.*
- *A review is undertaken of mental health training available to PS officers and staff across all business areas, recognising that significant investment may be required in this area to maximise our service delivery by raising awareness of mental health challenges and to reduce the impact on the wellbeing of our officers & staff as a result of dealing with crisis.*
- *Further discussion takes place with key third sector partners to assess what capacity there may be to provide training to PS's personnel to address any identified need.*
- *The future implications of DBI to PS in terms of positively supporting service delivery is recognised. This will necessitate training and there will be an associated cost, which at this time is not known. Therefore, engagement with SG is required to ensure costs to PS are incorporated in national plans for the roll out of DBI.*

3. FINANCIAL IMPLICATIONS

- 3.1 At this time, as per above, it is recognised that there will be financial implications for PS especially in relation to the training requirements for both raising capacity amongst personnel to deal with those in mental health crisis and to also train officers & staff on the revised DBI procedures.

Financial implications will become known when an assessment of personnel training needs has been completed and when SG have further developed detailed plans for the future adoption of DBI.

These costs are unlikely to be met by Safer Communities budget.

- 3.2 At this time, the exact resourcing requirements are not yet identifiable. It is anticipated that a significant proportion of the proposed activity, should it be supported by SPA; can be absorbed by Safer Communities resources.

The notable exception to this will be the implementation of any training programme required for either building capacity in PS's personnel to ensure a quality of service to those who are in mental health crisis/distress and to also accommodate the national roll out of DBI.

4. PERSONNEL IMPLICATIONS

- 4.1 The current level of demand upon PS's officers who are often the first responders at incidents involving people in mental health crisis, distress or suicidal cannot be maintained and could have a detrimental impact, however through collaborative, cohesive and connected tri-service work, personnel in all services will be better able to concentrate on their respective core functions.

5. LEGAL IMPLICATIONS

- 5.1 No legal advice has been sought at this time.

6. REPUTATIONAL IMPLICATIONS

- 6.1 There are reputational implications associated with this paper. Any increase in demand on PS's officers in relation to responding to incidents involving people in our communities in mental health crisis and/or distress may incur reputational implications if this demand increases exponentially.

7. SOCIAL IMPLICATIONS

- 7.1 This will not only bring improved co-ordination, collaboration, and co-operation to the National response by tri-service agencies and PHS, it will also cascade into the lives of the most vulnerable in our communities providing them with the right service by the right provider at the right time, first time with the potential of influencing family members, friends and the wider community.

8. COMMUNITY IMPACT

- 8.1 Service delivery to local communities could be compromised with a failure to introduce cohesive tri-service working with Health colleagues taking the lead.

9. EQUALITIES IMPLICATIONS

- 9.1 Failure by any of the tri-service agencies, PHS or SG to engage in this proposed interagency connected and collaborative working could impact negatively on the mental health of the people within the communities we serve, resulting in increased demand on all of our respective resources. Ultimately, these vulnerable people in our society will suffer as their mental health crisis will increase as they will not be receiving appropriate support from the most appropriate agency.
- 9.2 PS believes that the findings of the Christie Commission on the Future Delivery of Public Services are highly relevant to mental health provisions and building community cohesion. Bringing the Christie Commission principles fully to bear on people in mental health crisis, distress and/or suicidal and community cohesion will require all of Scotland's public service providers (statutory and voluntary) to continue to pursue the Christie Commission's principles of;
- *prioritising public services which prevent negative outcomes;*
 - *prioritising preventative spend; and*
 - *working more closely in partnership to improve outcomes.*

10. ENVIRONMENT IMPLICATIONS

- 10.1 There are no environment implications.

RECOMMENDATIONS

Members are invited to discuss the content of this paper.

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APPENDIX A – Ongoing Work

The following are key areas of work ongoing within Safer Communities:

- Contribute to DBI programme and maintain key infrastructures in line with programme objectives.
- Work with DBI Programme Board to include Police Scotland in telephony referrals to NHS24 Mental Health hub.
- Implement Scottish Government's test of change to support families bereaved by suicide.
- Work with Corporate Communications on national campaigns and operations to raise awareness of current and key issues and specialist strategies.
- Work with Criminal Justice Services Division (CJSD), and C3 division to consider innovative methods of monitoring the demand mental health incidents have on Police Scotland.
- Contribute to Public Health Scotland's updated awareness training package relative to Suicide Prevention.
- Support NHS Information Services Division and COPFS in relation to providing data to ScotSID from Police Sudden Death reports.
- Support Scottish Government's National Suicide Prevention Awareness Leadership Group to establish trends/patterns relative to suicides.
- Work with Mental Welfare Commission to ensure Place of Safety 1(POS1) forms are submitted according to regulations.
- Work with Public Protection and Information Assurance to establish the management of, and roles and responsibilities relative to POS1 forms.
- Support divisional Harm Prevention leads regarding reviews of local Psychiatric Emergency Plans (PEPS).
- Encourage development, ongoing monitoring and evaluation of Community Triage services and maintain national overview of existing services.
- Work with partners locally/nationally to establish (where funds and resources are available) suitably equipped safe places for individuals who cannot be assessed due to intoxication or because waiting times at hospitals are too lengthy.
- Annually review the Mental Health and Place of Safety SOP.
- Work with people with Lived Experience to create an awareness training video for probationary officers which can be rolled out to all relevant courses.
- Contribute to the Scottish Government's Review of Mental Health Law.
- Contribute to Scottish Government's review of legislation for "recalled patients".
- Work with NHS boards evaluating various Mental Health assessment units set-up during COVID-19 considering the best practices.

In addition, the following are some of the key areas of work being undertaken predominantly by other Police Scotland divisions/departments:

- Contact Assessment Model – Mental Health Pathways Hub.
- Demand and Productivity Unit Mental Health Demand Survey to operational officers.
- CJSD – Harm Reduction Strategy 2020-2023 created and implemented to enhance the level of care and support afforded to people coming into custody.
- Various divisions involved in Community triage models/Mental Health hubs.
- Ayrshire developed Multi Agency Response Plan to potential Suicide Clusters.
- Various divisions exploring with partners, the viability of safe place provision (crisis centre) e.g. to support people experiencing mental health crises, where hospital admission is not required but an immediate response is imperative.

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- People and Development; The Health and Wellbeing Team are responsible for delivering health and wellbeing initiatives through the provision of the TRiM Model, the Employee Assistance Program (EAP), Occupational Health services and the Your Wellbeing Matters programme. Working in conjunction with Senior Management Teams, People and Development and key stakeholders, strive to develop a health and wellbeing portfolio that meets the needs of officers/staff within PSOS/SPA.
- Covid-19 has seen additional Scottish Government allocate an additional £3.8 million in funding for mental health provision across Scotland, including the creation of mental health assessment units.

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