

Cabinet Secretary for Justice and Home Affairs  
Rùnaire a' Chaibneit airson Ceartas agus Cùisean na  
Dùthcha

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Dear Convener

Thank you for the opportunity to respond to the evidence you heard on Wednesday 15th of November on the issue of policing and mental health.

The Scottish Government's Vision for Justice in Scotland sets out that justice services must be person-centred and trauma-informed. From a human rights and wellbeing perspective, we are working to better direct vulnerable people to the appropriate services and to alleviate the amount of time spent by frontline policing and those in police custody centres supporting people in distress.

The Scottish Government published its new Mental Health and Wellbeing Strategy jointly with COSLA in June, followed by the Strategy's first joint Delivery Plan and Workforce Action Plan in November. These seek to create real and lasting change in the country's mental health, with a whole systems approach that has a renewed focus on prevention and early intervention. The Delivery Plan sets out a number of actions to improve the support available to people in mental health distress and crisis, and those who care for them, and to take action to respond to the recommendations of Her Majesty's Inspectorate of Constabulary in Scotland's (HMICS) thematic review of Policing and Mental Health, and the subsequent Police Scotland actions on mental health.

Before addressing the specific questions in your letter, we would like to offer some general context. We fully recognise the impact of mental health-related incidents on policing, and we are grateful to officers for all they do to support those who are in distress or suffering from mental ill health. The Scottish Government is committed to understanding and addressing the potential impact of mental health demand on Police Scotland resources. This includes the time officers may need to spend with patients in mental health distress at A&E departments and how those patients can be safely handed over to clinicians. Our officials have therefore been working with health and justice partners for some time to identify ways

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that both improve the service for patients and ensure that resources are deployed in the most effective way possible.

### **Provision of mental health support**

Through the Mental Health Unscheduled Care Network, we are working with partners, including Police Scotland, to support Police Officers with presentations where a person is experiencing distress or a mental health crisis and may need specialist intervention. This work aims to reduce the need for Police Officers to respond to mental health incidents by directing people to more appropriate care settings.

Police Scotland have been key partners in the development of the Enhanced Mental Health (EMH) Pathway. It provides routes to care for those in distress or need mental health support who contact Scottish Ambulance Service (SAS) or Police Scotland. The Scottish Government has invested over £6 million since 2020-21 to support this initiative. The Pathway ensures that all relevant callers to Police Scotland and the SAS can be passed safely to a Mental Health Hub to receive timely access to mental health triage and support from mental health clinicians. It is also contributing to alleviating demand on emergency responders.

As at 21 November, Police Scotland reported that 497 police officers and police staff within C3 Division were trained in the use of the pathway. This equates to approx. 30% of total number of staff and officers to be trained with an anticipated completion date for the entire C3 workforce of Spring 2024. Use of the pathway has increased because of this training exercise with 43 referrals to the Hub in week 1 of training (w/e 10 September 2023), reaching 80 referrals to the Hub in week 11 of training (w/e 19 November 2023). We anticipate that referrals will continue to increase as the number of staff trained also increases.

Each Health Board is also providing consistent access to a mental health clinician, accessible to police officers, 24 hours a day, 7 days a week for those who require urgent specialist mental health assessment or urgent referral to local mental health services. The aim is to support officers working in local divisions when they are presented with a person experiencing distress or a mental health crisis and may need specialist intervention. NHS Lanarkshire report achieving significant results using this approach. In 2021, it reported an 8% reduction of mental health assessments in A&E since 2020 despite a 13% increase in A&E attendances in the same period, and in 2022 they noted a 73% reduction in police conveyances to A&E for mental health presentations since 2019. We are working with all Health Boards and Police Scotland to increase and awareness use of this resource.

As discussed at the Committee session, the Distress Brief Intervention (DBI) Programme provides up to two weeks of personalised, compassionate support to people who present to Police Scotland and other frontline services in emotional distress but who do not require emergency clinical intervention. Police Scotland have been key national and local partners in the development and implementation of the DBI programme.

The DBI programme has also worked with the SAS and Police Scotland to introduce national pathways to DBI via their call handling centres. This initiative enables call handling staff to make referrals to DBI instead of sending officers out in response to calls, thus saving key police resources. As at November 2023, DBI was live locally in 24 of the 31 Health and

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Social Care Partnership (HSCP) areas. Discussions are at various stages with the remaining HSCP areas which are not yet live, with a view to rolling out the programme nationally by March 2024. At the end of October 2023, over 52,000 people have been referred to DBI since the programme started in 2017. There are currently around 1,600 referrals per month, and this is continuing to grow incrementally, with around 9% of referrals from Police Scotland. Independent evaluation has shown that DBI is an effective model in supporting people in distress.

Action 15 of the Scottish Government's Mental Health Strategy 2017-2027 outlined the 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. As of 1 April 2022 there were 958.9 WTE mental health posts recruited as a result of Action 15 funding. In recognition of the pressures facing services conveying individuals to A&E settings for mental health assessment and treatment, the total figure includes the recruitment of 179.2 WTE additional mental health workers within A&E settings and 35.6 WTE posts in Police Custody suites.

Action 15 funding also supported the expansion of SAS's triage car service. The triage car service allows paramedics to work jointly with mental health professionals to improve decision making regarding onward care and treatment needs. Police Scotland can refer individuals to this service. Early findings suggests that the service reduces demand on emergency services by reducing the need to convey individuals to A&E for treatment. Further evaluation activity is planned to assess care outcomes, obtain user experience insights and to determine whether it has reduced impacts on wider services.

### **HMICS Thematic Review of Policing Mental Health in Scotland**

We will turn now to the HMICS review published on 18 October. We welcomed the publication of this extensive report, and recognise the need to address the challenges faced by policing identified within. We consider that the best way Scottish Government can respond to the recommendation of a review of the whole system relating to mental health, is through national leadership and direction. The vision and actions set out in the SG Mental Health and Wellbeing Strategy Delivery Plan, the Workforce Action Plan and the suicide prevention action plan provide a robust platform for a wide range of activity with an action focus and Scottish Government will ensure that we drive forward this work in partnership with local clinical leaders, social care and policing. These actions will also seek to address many of the issues set out in Audit Scotland's review into Adult Mental Health. Audit Scotland's report reflected positively on our Mental Health & Wellbeing Strategy stating that it is "*a positive and promising development. It recognises the importance of a whole system approach to supporting mental health and wellbeing and provides a foundation for better joint working*".

Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a working group to develop and take forward activity relating to all the recommendations made. Our officials have discussed with SPA and Police Scotland the ways in which Scottish Government can provide leadership and add value and continue to improve how we are addressing the issues currently experienced by frontline officers and alleviate demands placed on them, while improving support for those experiencing emotional distress and mental ill health.

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Our officials will therefore be taking forward the following during the course of 2024:

- In collaboration with justice, health, social care partners and those with lived experience, develop **Scottish Government** guidance to help articulate the behaviours, principles and culture to support services to work together to provide the most appropriate help to those experiencing mental ill health or emotional distress.
- Work with partners to host workshops to develop protocols for A&E handover. In addition, we will **facilitate meetings/ events to enable the sharing of good practice, establishing local partnerships to facilitate information exchange.**
- In response to the specific ask around a review of **Psychiatric Emergency Plans**, we intend to seek agreement from partners represented on the Mental Health Unscheduled Care Network that the Network facilitates a national review of Psychiatric Emergency Plans to address HMICS recommendations 11 and 12.
- The **Scottish Government Mental Health Unscheduled Care Network** provides an existing reporting structure and a forum for partners, including Health Boards and Police Scotland, to progress improvements that ensure that those in need of urgent or unplanned mental health care receive support quickly and, wherever possible, closer to home. The Network meet monthly and **will facilitate progress on the HMICS recommendations** that require input from mental health unscheduled and urgent care leads.
- By taking forward the work identified above, we will be in a position to will develop a **mental health and policing action plan** which will set out measurable actions and as far as possible accompanying timescales.

The development of robust data will be a primary driver for evidencing progress and demonstrating impact across the system. The **establishment of a data dashboard by Police Scotland** will provide partners with the data needed to help us to understand mental health demand in terms of hours spent dealing with mental health distress call outs in the community, and understanding the impact interventions currently in place is having on reducing that demand.

We consider this the right approach to building on the systems review already undertaken which informed the development of the Mental Health strategy. It is imperative that we move forward from the review and strategy phase into taking meaningful action to make the difference which we fully understand is needed. It is therefore right that we ensure we focus on actions that provide the right support for those who are vulnerable and ensure our mental health provision supports those it is designed to care for. We will be appraised of developments and progress on these actions and would be happy to provide updates to the committee as appropriate.

### **Scoping work to provide alternative safe spaces**

Addressing your enquiry around identification of alternative places of safety. Police Scotland (and others) have emphasised the need for alternatives to the legal place of safety which is most commonly A&E departments. The Scottish Government is currently scoping what would be needed to provide alternative safe spaces, including good practice examples

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currently operating, or those that have historically worked well. However, it should be noted by the Committee that this is complex. It will require consideration of estates within proximity to A&E settings, geographical variation in demand, safe staffing, ability to accommodate various ages, presentations and demographics and the need for individuals to consent to stay in an informal safe space for monitoring and assessment. We anticipate the findings from the scoping activity will be available in summer 2024.

### **Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003.**

In response to your question regarding Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003, in June 2023 the Scottish Government published its response to the Scottish Mental Health Law Review, which reviewed the mental health and incapacity legislative framework in light of international developments in human rights. The final report made over 200 recommendations for changes to the law and policy and practice, including specific recommendations to improve support provided in emergency situations. These proposals include changes to reduce the impact of crises through the provision of alternative places of safety for those in distress and at risk, the development of better approaches to recovery and more person-centred safety planning, including joint crisis planning.

We have now committed to establishing a Mental Health and Capacity Reform Programme. This will look at how we can update and modernise our mental health and capacity legislation to better reflect international human rights standards. We plan to take an incremental and staged approach to reforming the legislative framework. An initial focus will be on scoping options for the reform of the Adults With Incapacity (Scotland) Act 2000, however, we will also be considering what changes need to be made to the 2003 Act to improve the way it operates and ensure it better reflects international human rights standards. This will take place alongside improvements that do not require legislative change including actions to better embed human rights-based approaches into policy and practice and governance reforms to strengthen scrutiny and accountability for human rights across the system. However, the Committee may wish to note the Scottish Mental Health Law Review concluded:

*‘Our sense was that changing the legislation to allow the police access to distressed people in private places was not the main priority. Powers already exist to do this, subject to the authorisation of a sheriff or JP (sections 292 and 293). Extending section 297 to allow the police to enter a private dwelling to seize someone in advance of any medical evaluation raises significant civil liberties issues. The main practical concerns of the police appeared to be less about the power but the difficulty in accessing medical and social work support in an emergency and having somewhere suitable to take the person.’*

However, it is worth noting the Review also touched on similar issues to those described in the HMICS report such collaboration between Police Scotland and Health and Social Care partners, time spent and A&E Departments and Psychiatric Emergency Plans. Actions to address these issues are outlined above.

We trust that the overview we have provided of activity currently underway and planned action during 2024 set out our commitment to progressing this important issue. We can provide an update on activity and progress made at an appropriate juncture for the Committee during 2024.

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Yours sincerely



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