WRITTEN SUBMISSION
Criminal Justice Committee 16 September 2026
POLICE SCOTLAND – Policing and Mental Health

Overview

Chief Constable Jo Farrell outlined her vision for policing at her first meeting of the Scottish Police Authority Board in November 2023. During that meeting Chief Constable Farrell was clear on her position with regards to the policing of mental health and the need to *"redefine our responsibilities"*.

It is clear from the evidence available, and provided previously to this Committee, that policing's role has grown beyond what is best for vulnerable people, what is intended in legislation and what is financially and operationally sustainable for a service which must primarily fulfil its core role of administering justice through responding to crime and disorder and supporting victims.

As reported in previous submissions to the Committee, Police Scotland established a Mental health Taskforce and since 2024, Police Scotland has, along with Scottish Police Authority, engaged with the Scottish Government, COSLA, health colleagues, academia and the third sector to reset the parameters of policing's contribution to a whole system approach for matters of vulnerability and mental health.

To date, the measures put in place (described below) have had a modest impact on a systemic crisis which continues to call for a step change in our collective response.

During the 2025/26 financial year, Police Scotland received 234,952 mental health-related calls, representing 18.2% of all calls received.

There were 173,377 mental health-related deployments, this totals 775,326 policing hours with the average time taken to deal with a mental health-related concern for a person incident being 5.34 hours which equates to 481 FT officers per year costing over £34 million. Mental health-related deployments represent 22.5% of all policing deployments. Of these, 146,863 were non-crime deployments, accounting for 25.1% of all non-crime deployments.

Police Scotland continues to have a role in addressing vulnerability whether associated with criminality, or where there is an immediate threat to life or risk of serious harm, or involvement of a person under 18 years of age where safeguarding concerns exist.

However, in the absence of other factors, such as those described above mental ill health or distress is not a policing matter. In such cases police attendance is an inappropriate response and risks stigmatising or criminalising those who need other professional care and diverts police staff from responding to matters uniquely requiring the skills and expertise of policing.

There will remain occasions when within non-crime mental health-related incidents police attendance is appropriate, such as missing persons, where the focus is on ensuring vulnerable people get the help they need and deserve, through a trauma-informed approach but also ensuring that providing health and aftercare to people where there is no policing purpose does not interfere with the core purpose of policing, to prevent and investigate crime and keep our communities safe.

Responsibility for providing care, welfare, treatment and ongoing support of individuals in distress should rest with the appropriate health, social care or partner agency. Mental health crisis are primarily health matters and should, wherever possible receive a health or community led response. This aligns with Scottish Government's Scotland's Mental Health and Wellbeing: Strategy and Multi-Agency Partnership Approach to Distress: Framework for Collaboration.

Key Updates Since Last Committee

Mental Health Pathway (MHP)

The MHP is a collaboration between PS and NHS 24 whereby individuals contact Police via Contact, Command & Control (C3) Division who are experiencing a mental health crisis or distress can be referred to the NHS 24 Mental Health Hub (MHH) following a robust assessment to ensure any risk is identified and appropriately managed.

Since the last Committee further developments have been put in place to enable C3 staff to transfer calls into the NHS 24 111 public queue with

appropriate safeguarding messaging. Further, in August, following extensive engagement, a process is now in place where a call is received regarding mental health distress but a policing response is not appropriate, an offer of referral to NHS24 is still made but where an individual declines that referral staff will provide information on support from other agencies and end the call.

Since being established, over 15,000 calls have been transferred to NHS 24 (3,690 so far this year).

A public communications campaign was identified as one of the collaborative commitments. As an initial step, the Scottish Government sought to undertake research to better understand why members of the public contact the police during a mental health crisis, rather than accessing alternative support services. While the timeframe for completion of this work remains unclear, the potential value of this campaign remains significant, particularly in helping to raise awareness within communities about the most appropriate sources of support and guidance.

Mental Health Index (MHI)

MHI provides officers with contact details for Mental Health Clinicians in their area, who can offer advice and arrange the most appropriate response for the person in crisis or distress. Quality assurance by the Mental Health Task Force highlights significant variations in response across Health Boards.

Some areas offer telephony assessment and agree onward care; whereas others are encouraged to attend Emergency Departments. Disparity in the prioritisation of physical health over mental health and levels of intoxication can result in officers remaining in health settings for extended periods.

Police Scotland continues to engage with relevant partners to highlight the variations in service in order to share learning and best practice.

Distress Brief Intervention (DBI)

DBI remains an established pathway for people experiencing distress who would benefit from timely, person-centred support. Providing an

important alternative where emergency police involvement is not necessary or no longer required. Police Scotland has DBI pathways in 11 of the 13 local policing divisions. Roads Policing, a specialist division also have access to DBI.

In Glasgow, only East Renfrewshire (GC) subdivision use DBI whilst the rest of the division utilise Compassionate Distress Response Service (CDRS), an associate programme.

Edinburgh City (E) and Forth Valley (C) are the only remaining divisions without a DBI pathway.

Approximately 2,800 Police Scotland officers are trained as Level 1 DBI referrers, and more than 7,200 Police Scotland referrals have been made since 2017. The number of officers trained is ultimately dependent on the availability, capacity and funding of level 2 providers, within health and social care partnerships.

Framework for Collaboration

The Partnership Delivery group continues to work on the Framework for Collaboration, recognising that reducing unnecessary or inappropriate police involvement cannot be achieved by policing alone. Grounded in commitments covering communication, transfer of care, capacity building, community provisions, and data improvement, this work ensures a shared response to mental health and distress across public services. Rather than withdrawing support at arbitrary points, the service is actively collaborating with partners to understand demand, develop alternative pathways, and test changes locally. While local health and social care provision varies across the country, the shared goal remains achieving greater consistency in the principles, accessibility, and outcomes for individuals requiring support.

Time in Motion Study

A time in motion study of over 1,200 concern for persons incidents during a week in February 2025 and the corresponding week in February 2026 found just over one in four incidents were referred from partners. Overall, there was no policing reason for attendance in almost 70 per cent of those calls. This remained consistent over the 12-month gap despite the

implementation of the various mitigations and safeguards referred to above. Many partner referrals were based not on what was best for the individual, but on the working hours of the service or the partner agency's access to transport. These inappropriate responses escalate distress, delay access to the right care and can expose people to unsuitable environments and reinforce stigma. Police Scotland continues to work with the wider system as we develop and embed a position where policing is far less likely to respond to vulnerability where there is no criminality or immediate risk to life or significant harm.

HMICS

Police Scotland continues to progress its mental health action plan in response to the HMICS recommendations, with several key milestones achieved. Five recommendations have now been formally closed including the publication of the mental health strategy and the establishment of internal governance while the remaining recommendations have been submitted for closure following major updates, such as the launch of the new Mental Health Dashboard, the phased rollout of specialised training, and enhanced real-time recording of mental health powers through the interim Vulnerable Persons Database.

Staff Wellbeing

Strengthening our frontline and ensuring our officers and staff are equipped with the right training is of paramount importance to us. We have undergone a review of our policies, guidance and training surrounding mental health and have created a suite of new training resources designed to develop a culture of risk awareness, rather than risk aversion, whilst enhancing staff confidence and wellbeing. These training products have been developed to support officers when dealing with mental health incidents and ensure individuals in distress or crisis get the right care, from the right person at the right time.

Needs Assessment designed to assess vulnerability and enable officers to make informed decisions to stand down at the earliest opportunity when MHI use and clinical direction is not required.

Powers and Procedures training refresh for officers on the application of the Mental Health (Care and Treatment) (Scotland) Act 2003 including appropriate legal and human-rights consideration.

Transfer of Care tool which will support officers to determine when continued police presence is no longer necessary or proportionate when an individual has been taken voluntarily to a health-based facility and responsibility can appropriately transfer to healthcare.

These products are being incorporated into national learning, with training scheduled to launch in October 2026, followed by engagement with local policing using operational scenarios to support full implementation.

This staged approach to training ensures learning, policy, operational practice and the use of alternative pathways develop together rather than changing one part of the system in isolation.

Police Scotland / NHS Joint Commission

Police Scotland and NHS Board Chief Executives have agreed a Joint Commission to develop a shared vision for a system where people experiencing mental ill-health or vulnerability receive the right support from the right service at the right time and that police officers are not routinely responding to situations which are primarily health or social care needs and reduce unnecessary conveyance to Emergency Departments.

This Commission is seeking to identify a Joint Programme of Change which will identify interventions capable of reducing inappropriate police demand, improve access to timely mental health and distress support, reduce unwarranted variation across Scotland, establish measures and accountability arrangements and deliver tangible improvements.

The progress of this specific piece of work to date has been encouraging.

Summary

Although policing has dedicated significant focus and priority toward working with colleagues to narrow inconsistencies, we have been unable to generate the momentum and pace of system change required and mitigate the immediate pressure which is still resting on policing by default, rather than design.

We welcome Scottish Government's new Programme for Government (2026-2031) and are committed to continue to work in partnership to ensure vulnerable people get the right care, from the right service at the right time.