Official Report
Aithisg Oifigeil

DRAFT

Criminal Justice Committee

Comataidh a' Cheartais Eucoirich

Wednesday 16 September 2026

Session 7

The Scottish Parliament
Pàrlamaid na h-Alba

Wednesday 16 September 2026

CONTENTS

	Col.
DECISIONS ON TAKING BUSINESS IN PRIVATE	1
DEPUTY CONVENER	2
FRONT-LINE POLICING AND NON-CRIMINAL DEMANDS	3
INTERAGENCY RESPONSES TO PEOPLE IN DISTRESS	33

CRIMINAL JUSTICE COMMITTEE
5th Meeting 2026, Session 7

CONVENER

*David Linden (Glasgow Baillieston and Shettleston) (SNP)

DEPUTY CONVENER

*Ben Macpherson (Edinburgh North Eastern and Leith) (SNP)

COMMITTEE MEMBERS

*Amanda Bland (Central Scotland and Lothians West) (Reform)
*Maggie Chapman (North East Scotland) (Green)
*Stephen Kerr (Mid Scotland and Fife) (Con)
*Marie McNair (Clydebank and Milngavie) (SNP)
*Pauline McNeill (Glasgow) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Chief Superintendent Derek Cree (Police Scotland)
Alasdair Hay (Scottish Police Authority)
Brian McInulty (HM Inspectorate of Constabulary in Scotland)
Kevin O'Neill (Distress Brief Intervention Scotland)
Assistant Chief Constable Catriona Paton (Police Scotland)

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

Criminal Justice Committee

Wednesday 16 September 2026

[The Convener opened the meeting at 09:02]

Decisions on Taking Business in Private

The Convener (David Linden): Good morning, and welcome to the fifth meeting in session 7 of the Criminal Justice Committee. I have received no apologies for today's meeting.

Agenda item 1 is decisions on taking business in private. I propose that the committee takes agenda items 5 and 6 in private and that the committee considers its work programme in private at future meetings. Do members agree?

Members *indicated agreement*.

Deputy Convener

09:03

The Convener: Agenda item 2 is consideration of our choice of deputy convener. The Parliament has agreed that the deputy convener will be a member of the Scottish National Party. As I have been elected as convener, the position of deputy convener is vacant. I understand that Ben Macpherson is being proposed. Do members agree that Ben Macpherson should be our deputy convener?

Members *indicated agreement*.

The Convener: Ben, I congratulate you on your new role as deputy convener. I look forward to working with you, after our many years of knowing each other. Do you want to say a few words?

Ben Macpherson (Edinburgh North Eastern and Leith) (SNP): Thank you, convener and colleagues. I look forward to being the deputy convener and supporting you all in our work together. Having been a member of the Justice Committee and the Justice Sub-Committee on Policing in session 5 and the Criminal Justice Committee in session 6, I look forward to looking back, as well as working together to move forward, to support, improve and scrutinise the criminal justice system and the Scottish Fire and Rescue Service.

The Convener: Thank you, Ben. We are particularly glad to have a former minister on the committee to ensure that ministers who appear before us do not get a particularly easy ride. We will be looking to you for some tips on that.

Front-line Policing and Non-criminal Demands

09:04

The Convener: Agenda item 3 is on front-line policing and non-criminal demands, which is part of our series of scene-setting evidence sessions for the new committee. We have two panels of witnesses, which are intended to explore the operational and strategic challenges that are associated with non-criminal demands on policing.

I warmly welcome our first panel of witnesses: Derek Cree, chief superintendent, Police Scotland; Catriona Paton, assistant chief constable for policing together, Police Scotland; and Alasdair Hay, chair, Scottish Police Authority.

I will kick us off with the first question, which I direct to the ACC. Will you tell those of us who are new to the Parliament how it came to pass that Police Scotland spends more than 775,000 policing hours, an average of 5.3 hours per incident and about £34 million of the policing budget on mental health incidents? How did we end up in this situation?

Assistant Chief Constable Catriona Paton (Police Scotland): Thank you for your question, which I will come on to, but, first, for the benefit of the new members, I will say a couple of things to set the scene on my role in policing, which is in the policing together portfolio.

I have been in policing for 37 years. In many ways, the answer in relation to our mental health response links to the changing dynamics across society more broadly. I highlight that, when the chief constable came into post in 2023, her first commitment was that policing needed to redefine its responsibilities as they relate to mental health, in terms of both how we respond to mental health calls and how long we remain—because the challenge is that, at times, although we should be there in the first instance, we remain longer than necessary. She was clear on that commitment right from the outset.

I emphasise that it is really important for us not to lose sight of the practical progress that we have made, which I am sure we will get a chance to explore through some of your questions, when I will touch on specifics. We are required to have the patience and perseverance to see that work through, anchored in a number of areas.

You are absolutely right that the work that we have done over the past three years—Pauline McNeill will know that this is my third time at the committee speaking to this—has had a modest impact. You have just highlighted some of the figures, and we had just under 60,000 concern for person calls last year, which, as you will see from our written submission, is a significant drain on officers and in terms of the number of officer hours that are spent in that area. As I said, the impact of our work has been modest.

It matters that we get this right for the public, because people in mental health distress, or after their crisis is over, need community-led care or compassionate clinical support. They do not need to be criminally condemned, they do not need the police and they certainly do not need custody or convictions.

It is also important that we get this right for the police—this comes back to your question—because, although our purpose might be to improve safety and wellbeing, our core role is to prevent and detect crime, protect life, maintain order and bring offenders to justice. It is not to remain with people who are in mental health distress or crisis when we could be using that time to support victims.

How did we get into this position? As I have laid out, our purpose is to improve safety and wellbeing, and we have a core role. Ultimately, however, policing is a service that is available. It is not always the appropriate service, but we are available, and, in a time of need, who do people turn to? They turn to the police. In many ways, that is positive, but it has become a challenge because of what we have ended up doing. That is why, back in 2023, the chief constable was clear that we needed to reset our priorities and to say that we need to be the appropriate service. Delivering trauma-informed support to people in mental health distress or crisis requires other services with a health-led or community-led approach. Policing still has a role in that, but the response has to be broader than that, which is why we have been working in partnership over the past years.

The Convener: That was very helpful. You touched on mental health, and I want to drill down into alcohol abuse. In a previous life, when I was a member of the United Kingdom Parliament, I undertook an exercise with Police Scotland in which we went out into Glasgow city centre of an evening. I was shocked and appalled at the number of officers who had to go to Stobhill and other hospitals to, in essence, babysit people who had had too much to drink. Please talk to me about substance misuse and how that contributes to what is, essentially, the babysitting that your officers are having to do at hospitals.

Assistant Chief Constable Paton: We are not taking people to hospital because they have had too much to drink. Officers will assess whether the person who they are interacting with might need other appropriate health and care.

One example of substance misuse is that it can be a driver of mental health distress or a cause of challenge. Of course, the police will encounter individuals who routinely have, say, alcohol or drugs in their system; that is a societal issue, which is why our organisation works very closely with Public Health Scotland. Indeed, we co-locate with Public Health Scotland in our Scottish prevention hub to support our ability to tackle some of the root causes that manifest themselves in the behaviours that you have described. Our officers and staff are coming into contact with people who are not just under the influence of alcohol but are, as a result, behaving in a way that gives officers an additional concern about what they might need, and they will want to look at how they can support that person and ensure that they stay safe.

The Convener: I have another question either for you, Assistant Chief Constable Paton, or for Chief Superintendent Cree. I was struck to read in the summary section of your written submission to the committee your comment that

"we have been unable to generate the momentum and pace of system change required".

Why is that? What does that mean?

Assistant Chief Constable Paton: I referred earlier to the chief constable's commitment to having, all the way through our organisation, the patience and perseverance to do everything in our gift, and also to work in collaboration across the board.

The Convener: Who is not working with you? Can you give us an example? Who is the block?

Assistant Chief Constable Paton: With regard to the pace of change, I would highlight the Scottish Institute of Policing Research's report on the transfer of care, which was published last November. It found that crisis response teams, one of which is the police, cannot compensate for insufficient community mental health capacity. Where such follow-on services are unavailable, the benefits of crisis response teams are often short-lived, and that can result in repeat demand.

From my perspective, I think that we need to change from the current reactive model that we have across society to a preventative model. There need to be opportunities for people to be connected to services at community level that can then be escalated, when necessary, to a clinical setting, avoiding the involvement of the police if there is no criminality or immediate risk of harm or if children are not involved.

We have some good examples of that. In your own research, you will have probably come across the nook; since it opened its premises in Glasgow and, more recently, in Aberdeen, 9,000 people have gone through its front doors. It has been really positive, and it shows that people are actually seeking that sort of support, with 96 per cent saying that there has been an improvement in their circumstances.

All of those opportunities for community-led and health-led clinical support will enable us to start to shift from a system that, up to this point, has been based on a reactive model towards one that is based on a preventative model. The question is: how do we take an upstream approach to this? The framework for collaboration is designed to get our partners to take that sort of approach and to support our moves in that direction.

The Convener: I want to direct a question to Mr Hay. Mr Hay, are you familiar with the right care, right person framework that exists in England?

Alasdair Hay (Scottish Police Authority): That depends on what you mean by familiar. I am familiar with it, but I would not be able to comment hugely on the detail of it.

The Convener: It might be a question for Assistant Chief Constable Paton, then, but my understanding is that it is a national partnership that was born out of a pilot in, I think, Northumberland. Does that model work? The Scottish Ambulance Service, for example, is telling us, "The police just want to dump this on us," and I am sure that you would push back on that and say that that is not the approach that you are taking. However, silo working is the age-old problem in Scotland's public services. Should we look at the right care, right person model?

09:15

Assistant Chief Constable Paton: I have a couple of points. You did not mean it this way, but I dispel any notion that we would dump a problem on to somebody else. Right from the outset, I will say that our approach is very much to deal with individuals who need help and support in a trauma-informed way.

At Police Scotland, we are absolutely aligned with the principle of providing the right care at the right time. We sent staff from our mental health task force down to England to look at the model, see its benefits and consider what we can take from it and bring to our approach here in Scotland. We have prioritised safety over speed here. We want to readdress and reset our parameters but do so in a collaborative way so that any gap in service provision is not significant. We are reducing that gap so that the person in crisis still has an alternative. That is why we have collaborated to develop an alternative pathway.

The principle is absolutely right care, right person, right time, but what does that look like in practice? In the past three years, we have taken a

progressive approach to tackling the different opportunities that we face along the journey of someone who is in mental health distress or crisis, bringing our partners with us and developing alternatives for that care, rather than making a definitive decision. However, the practicalities of that can come at a cost when it comes to the support that that individual gets.

The Convener: That is helpful. I suspect that my colleague Ms Chapman might touch on some of the issues around decision making and risk.

Maggie Chapman (North East Scotland) (Green): Good morning. To follow up the convener, we are grappling with this question: are we using the police effectively to deal with failures that are upstream in the system?

You have alluded to the issue, Assistant Chief Constable. The more starkly you can put it, the more we can press forward with a different approach.

Assistant Chief Constable Paton: It goes back to the point that I made right at the outset about policing being available 24/7. People culturally understand that the police will be there in their time of need. We become available rather than appropriate. With the best of intentions, we step in to provide support and help people, but we now recognise that the impact of that is cumulative. By default, rather than design, it means that the service provides responses to issues that should be much more community led or health led rather than police led.

I want to emphasise that this is not only about policing demand. That is relevant because we need to do our core role, which is to protect victims and deter crime. However, it is really important that we take the right approach, because police involvement in such situations can be very stigmatising. If we are taking a trauma-informed approach, we should not be doing that.

The best example that I can draw a parallel with is our approach to missing children and care-experienced children, for example, where we used to send police officers. That further stigmatised the presence of a uniform, which is why we brought into play our not at home protocol. We had become the service that came and responded, but our presence was not relevant. We have found that that protocol being in place has reduced stigma, reduced the number of care-experienced children going missing and led to positive outcomes.

We need to get to the same point with mental health and distress. I mentioned to a previous criminal justice committee that success comes, for example, when the public know to call 111 or to seek alternative pathways and not to phone the police if there is not an immediate threat to life, significant danger or criminality.

Maggie Chapman: Would you like us to reach a situation in which the police are not, for instance, the people who carry through welfare checks? Is that very clearly your position?

Assistant Chief Constable Paton: There has to be real, clear evidence. Every day, officers make assessments about risk, but where there is no evidence of an immediate threat to life, significant harm, ongoing criminality or a child under 18 with safeguarding and vulnerability issues, policing should not be the first point of call.

Maggie Chapman: The Scottish framework talks about a police response being used

"only … when … appropriate and necessary."

Are officers empowered to make those decisions about what is "appropriate and necessary", and how do you monitor and assess that?

Assistant Chief Constable Paton: That is a really good question, and we have grappled with it in this committee previously. The short answer is yes. Officers have not only the power but the responsibility. However, translating that into practice is challenging, because it is difficult to walk away from a person in their time of need. We have, therefore, done a lot of work to emphasise our policy position.

His Majesty's Inspectorate of Constabulary in Scotland's inspection was clear about our being able to articulate that more easily because, when we are dealing with aspects of mental health distress, it is really difficult. It is not definitive—it can be expressed in a whole range of ways—and, of course, our police officers cannot make any sort of medical assessment of that individual. However, we have been clear on our policy, the guidance that supports it and some of the work that we have done.

All of that has been accumulated into an operating procedure, which is out for consultation at the moment. We are giving our staff those anchor points and the opportunity to understand that they are doing everything that we have asked them to do, in the way that we asked them to do it, so it is okay then for them to transfer that care into being community and/or health led. We are continuing to develop the confidence of our staff because, to go back to the point that I mentioned, it is also about culture, not just the practicalities of a process. It is about a culture that says, that is best for the individual and for policing, so that we can go back and continue to support the victims of crime and maintain order.

Maggie Chapman: Given what you have said, it sounds as though you have in place the right

supports for and empowerment of your officers, but how do you ensure that people who are experiencing mental distress are not automatically subjected to a police response that may do more damage to them in the long term? How do your officers make those assessments?

Assistant Chief Constable Paton: When a situation comes to police attention, our first opportunity is through our C3—contact, command and control—division. Within that, we have done extensive work in training and guidance to our staff—again, in partnership with NHS 24—so that, at that point, through the risk assessment that I spoke about, if there is not a policing purpose, we are able to refer that person into the mental health pathway. Since the introduction of that, roughly 15,000 calls have been transferred—calls that we would have gone to.

However, to go back to two things that I mentioned—resetting our role when it comes to how we respond and whether we remain—there will be some occasions on which C3 will make an assessment that it is still right for police to attend. At that point, our officers may go to a call, whether that is from a mental health caller or otherwise. However, if, when they attend, they recognise that there is a challenge for individuals who are in mental health distress or crisis, they have access to mental health clinicians. Through the mental health index, they can now connect to a mental health clinician in their area and talk through what they are dealing with and what would be the best option for that individual—a referral and/or to be taken to hospital.

The challenge that we have is the consistency of that practice across the country.

Maggie Chapman: I suppose that there is also the consistency of whether a service is there to be used. To move on to that very clear identification of a culture of risk aversion that the HMICS report identified, does that risk-averse system inadvertently take choice away from police officers? If there is not a hospital place or community mental health support, how does the police officer make the decision whether to stay or walk away?

Assistant Chief Constable Paton: That is part of the work that we have been doing, as I said, on the policy and the guidance. Our position is that we will not remain if there is no longer a policing purpose. Officers have body-worn video now, and are able to explain to the person that they are leaving them with family or a friend, or whatever the circumstances are—it can be a whole range of circumstances. We are empowering them with the confidence to say that there is no longer a policing purpose and therefore it is no longer relevant for police to remain there. Of course, when it comes to taking someone to accident and emergency, we do not have the powers to detain someone from their home and take them to hospital. If anyone goes from private premises, they go voluntarily.

We are building knowledge and confidence within our staff so that they can say, “We have done what we need to do, there is no longer a threat and we can step away.” The chief constable made it clear in March that we are coming to the end of the line in terms of the various touchpoints that allow us to be connected and the work that we are doing to ensure that the person is getting the response and support that they need, which means that policing do not need to remain. To go back to a point that I know you made, if we stay with someone in mental health crisis for 5.34 hours because of a concern for that person, that is 5.34 hours that we are not spending with someone who is a victim of a crime or who needs protecting.

Maggie Chapman: I have a final question for Alasdair Hay about the consistency of that assessment across the country. Given the desire to reduce the amount of time that officers spend on that, does the SPA have the required evidence to make an assessment about consistency across the country and to know where the gaps are? Where has that culture shift been effective and where has it not been? How do you grapple with the data that you have to hand?

Alasdair Hay: The first thing that I want to say on behalf of the SPA is that we recognise the people at the heart of that question. It takes a whole system to support people who may be at one of the most vulnerable points in their lives. They may be in mental distress or in mental health crisis or, as the convener said earlier, may be impaired because of the abuse of substances such as alcohol, but there is always a person at the centre.

We fully recognise something that is recognised by all services and partners, which is that those who are in distress and crisis are not currently receiving, or accessing, the right services at the right time and in the right way. There is substantial academic evidence to suggest that. Our policing performance committee scrutinises direct indicators such as how police officers are being deployed and how much time is being taken up in doing that, then tries to get behind the data to get useful information about why that is happening—why are officers being tied up for 5.3 hours dealing with mental health crisis?

We have a collective understanding of where the challenges are and, as you suggest, part of that is because of cultural issues. Another challenge comes from being risk averse, which absolutely comes from a good place.

Maggie Chapman: I recognise that.

Alasdair Hay: Police officers are absolutely programmed to help people, but there is a significant opportunity cost to having police officers tied up in doing that when they are not necessarily the right people to help an individual. As the ACC said, Police Scotland should be focusing on preventing crime, maintaining public order, protecting life and property and bringing offenders to justice, but the challenge is that 481 full-time-equivalent officers are tied up in supporting people who are in mental health crisis when those officers may not be the most appropriate people to do that.

We are leaning into the academic research and the data. It takes a whole system and there is recognition from key partners. There is good evidence about what works well, but if we are really going to help people we need to scale that up and do it at pace.

Maggie Chapman: You do not have to provide it now, but if you have information about the postcode lottery or postcode inconsistency, it would be useful for that to be sent to us.

09:30

The Convener: I ask that that be sent to the committee, as Ms Chapman has asked for it.

Assistant Chief Constable Paton: Could I come in there, convener?

The Convener: I will move on, because a number of questions need to be answered, and then we will come back to it, if we can.

Pauline McNeill (Glasgow) (Lab): I will continue that line of questioning, so I am sure that you will get a chance to answer.

The backdrop to my lines of questioning is twofold. First, I am trying to understand how many police officers are actually available for front-line duties. Given what you have mentioned so far, and all the other issues pertaining to attendance at court, do you agree that it is time to start talking about the number of police officers who are available for front-line duties, rather than the overall police numbers that we always talk about?

Assistant Chief Constable Paton: My position is that it is not just about the numbers. Although numbers are important because they give us an indication as to resource levels and availability, how we use the resources is more important. That takes me back to my original point, which is that, first and foremost, our police officers and staff need to be in the communities doing their core roles. I do not need to repeat that, because I know that you know what I mean by that. For me, that is the most important thing.

You asked about resource levels. We consider resource levels day by day, week by week and month by month, depending on what we know about routine and expected demand versus spontaneous matters and, at times, as you will have seen this year, the significant impact of pre-planned events such as protests or sporting events—a whole host of things. Through our resource deployment unit, we continuously consider the resources that are available to us, which is why we continue to want to ensure that the resources that we do have and are available are not responding to issues that should not be police led. We have done work that I highlighted to the committee in relation to that.

Pauline McNeill: You agree that the resource that is available to you is more important than what we have heard about for a few years now, which is the top police numbers—the 16,000 or 17,000 police officers in total. Is that fair? What is important is the number of available police officers.

Assistant Chief Constable Paton: I agree, personally, but it depends. The ask around our numbers is an ask that comes into our organisation. Of course, resource levels matter to us. I have been in policing for 37 years, and resource levels have fluctuated at various stages. The most important thing is whether the resources that we have are sufficient to meet the increasing demand and the complexity of demand that comes with our core role first and foremost.

Pauline McNeill: Are you able to give us any data on the officers who are genuinely available for front-line work in communities once you strip out officers who are dealing with mental health cases or attending court? Is that data available across the country?

Assistant Chief Constable Paton: If I was sitting in a local area command—I used to be a divisional commander—I would be able to see the resource availability every day. A lot of demand that comes into policing has no crime linked to it, but that is not just issues relating to mental health distress. A good example is missing persons cases. There is no crime linked to such cases, but it is still right that police attend to such cases as part of our core role. Every day, our divisional commanders have access to information on the resources that they have available to them.

Pauline McNeill: Could the committee get some insight into that? That is what the committee is interested in, and that is why I made the point that it is not about the overall numbers. Although I am a sinner because I will have said, “We need 17,000 police officers,” I realise now that we need to know the number of officers who are available for front-line policing duties. Is there anything that you could

share with the committee to give us a snapshot of what that looks like?

Assistant Chief Constable Paton: The Scottish Police Authority scrutiny committee—our people committee—considers whether we have people with the right skills, and we consider that as part of our workforce planning. It is not just about the numbers. It is about the skills and the specialisms that we have available to us to meet the demand.

It is important to say that, of course, resource levels give us an indication and they need to match demand levels, but you are right that it is about how we use the resources. We use those resources on a daily basis, not just in our communities but online—

Pauline McNeill: Sorry, but that is not what I am asking about. The committee is interested in the situation once we strip out non-policing duties. You know what the chief constable told our predecessor committee in March, because you have referred to it. She said:

> "I have reached the conclusion that we will … do something quite significant about our level of response, because our priority cannot be to care for those who find themselves in vulnerable positions."—[*Official Report, Criminal Justice Committee*, 4 March 2026; c 4-5.]

I took that to be the chief constable putting her neck on the line and saying that we need officers out of those roles and on the front line. I know that you cannot tell us today, but I am trying to ascertain what the picture is when you take out those other duties. Mental health is the biggest issue, but there are also issues such as court, the number of officers who are off sick and the pressure that officers are under. I am aware, through the work of the Association of Scottish Police Superintendents and the Scottish Police Federation, that the pressures are taking people out of the job. Do you see what I mean? That is what I am interested in.

Assistant Chief Constable Paton: One hundred per cent. We have that information and, as I say, we use it every day to understand the demand that is coming in to C3 and our deployments. There is also the unseen demand. A lot of work goes on in the background, particularly on public protection, cyber, countering state threat and a range of other requirements in meeting our core role. Your point is right, and I agree on how we are using our resources.

Pauline McNeill: It would be great if we could get an insight into that, as I am trying to understand it. Are there any duties or jobs that are not done because of policing pressures?

Assistant Chief Constable Paton: The reality is that we have a finite resource. There are things that we would want to spend more time on and things that we would want to respond to more swiftly. We see response levels across the board. That is not only directly linked to mental health; it is directly linked to the needs of broader society that ultimately impact on policing, whether that relates to violence against women and girls or online activities. There is a policing purpose in all of those, so we should still be attending to them. However, if the demand goes up, our resource levels need to match that so that—to go back to the original point—rather than being a service that continues to react, we can become a service that is in the preventative space because we have our officers and staff where we need them.

Pauline McNeill: Derek Cree or Alasdair Hay might want to answer this next question. I quoted the chief constable. I took her to mean that a slightly different approach would be taken. I suppose that this is the line of questioning that Maggie Chapman alluded to. We were told by HMICS that officers live in fear of prosecution if they do not act—that is the space that we are in. The chief constable alluded to the fact that you have changed your approach because you cannot sustain that. Has anything changed since she said that in March?

Assistant Chief Constable Paton: Yes. We have developed very clearly the policy and the guidance on our transfer of care, and the approach that we are taking is going through formal consultation. Officers will start their training specifically in relation to that element in October. That is the key and definitive progress that has been made since I was at the committee in February and since the chief constable made that comment in March.

Pauline McNeill: There will be training in October—so nothing has happened between then and now.

Assistant Chief Constable Paton: There was the pilot on the transfer of care and the evaluation of that. You mentioned the fear—that is a real experience for our officers and staff. We have been engaging with the Crown, the Police Investigation and Review Commissioner and others to set out the approach that we are taking and why—it is so that we continue to give our officers and staff the best opportunity to step away. You have rightly highlighted that the issue has an impact on the wellbeing of our officers and staff, and the chief constable has been equally clear that a thriving workforce is her priority.

Pauline McNeill: Ultimately, the police should do the job that they are employed to do, which is to be on the front line for communities, fighting crime.

Assistant Chief Constable Paton: Absolutely.

Alasdair Hay: I will quickly add a point, although it is perhaps more appropriate to Pauline McNeill's earlier question. One key thing that the authority is encouraging and working with Police Scotland to develop is a strategic workforce plan, to understand what the policing needs are, what impacts on those policing needs and how that feeds into the training and welfare needs of officers. That is very near completion, and it will be an ongoing piece of work for the strategic workforce plan to feed into Police Scotland's resource ask.

I always go back to the point that, when someone is in a mental health crisis, people in the whole system need to look at that. Policing will play a part, but it is playing too big a part at the moment. The chief constable wants to pivot that by strengthening policing for our communities. There is no doubt about that, because it allows the core duties of Police Scotland to be addressed better and in the way that the public rightly expect.

To highlight some of the benefits, if Police Scotland can pivot in the way that the chief constable wants, free up resource and understand where that resource is being used through the strategic workforce plan, it can invest in community investigation hubs and improve community policing, which would include two dedicated and known officers for each multimember ward. That would also increase visibility through the response policing element. There is a lot that is interconnected, and the strategic workforce plan is key to that, but we should never forget that it is always about meeting people's needs.

Stephen Kerr (Mid Scotland and Fife) (Con): That is all pie in the sky, is it not, Mr Hay?

Alasdair Hay: It is a worthy ambition. I have had—

Stephen Kerr: But we are not making any progress towards any of that, as things stand.

Alasdair Hay: With respect, the model has been piloted and rolled out across five local policing divisions, and we are monitoring the progress and intended benefits. I have had a conversation on the issue with the Scottish Police Federation, which is absolutely in touch with what is happening on the ground and what is impacting front-line officers.

Stephen Kerr: The federation is in touch, and I will tell you what it says.

Alasdair Hay: Can I just tell you what the federation has said to me?

Stephen Kerr: No. I am going to ask another question. I want to keep this going.

Alasdair Hay: Okay.

Stephen Kerr: The federation says that 50 to 80 per cent of the resources that are deployed on shifts are tied up almost immediately in non-core policing activities. The SPA has allowed that to happen. Why?

Alasdair Hay: That is why we are having this conversation today and hence—

Stephen Kerr: It has been going on for years.

Alasdair Hay: That is why we have the strong focus on the issue at the moment. There is a recognition that, if we can get the whole system to work collectively to support people and can pivot the use of the 481 officers who I mentioned earlier towards the policing for our communities model, it will succeed. What—

Stephen Kerr: I have heard all that—you have said it a couple of times now. However, the reality is that you are not speaking plain English. The plain English response to all this is that the national health service needs to step up, do more of its function and let the police get on with their role. As the SPA chair, it is your job to ensure that the police have the resources to be able to do that.

Alasdair Hay: I am absolutely focused on making sure that Police Scotland plays its part in the collective public service here in Scotland, and that it focuses predominantly on its statutory duties and what the public expect of it.

Stephen Kerr: Is that a yes?

Alasdair Hay: A yes to what?

Stephen Kerr: That it is your responsibility to ensure that the police have the resources.

Alasdair Hay: I will always advocate for that for policing. I will ensure that we have the evidence to support that, and that we play a full part not just in advocating for Police Scotland but in holding it to account for the best use of those resources.

09:45

Stephen Kerr: That is exactly the role of the SPA, but it is a role that I feel the SPA does not fulfil well. This is not the first time you have heard me say that, although it is the first time I have said it in public. The SPA's performance to date in those areas is evidenced by the performance that the police have delivered.

Assistant chief constable, you wrote—

Alasdair Hay: Could I make—

Stephen Kerr: Of course you can.

Alasdair Hay: I do not want to get into a defensive position about that, and I value your commentary, but if you look at what HMICS and Audit Scotland have said, you will see that the

evidence suggests that the Scottish Police Authority has been an effective oversight body. The challenge comes from the complexity and the ever-increasing pace of change, and we have to reflect on our approaches to ensure that we continue being as effective as we possibly can.

Stephen Kerr: I have a different position, as do many others who observe the SPA's performance.

Assistant chief constable, you recently wrote, in an interesting document that was addressed to all your colleagues:

"Justice in action first requires that truth is told, not just thought or believed but spoken."

That is a bold statement and it is an interesting document. I wish we had more time to talk about it. If that is the case and you really believe that—and I do not doubt that you do—why are you not able to be more precise in the language that you are using today to talk about the problems that Police Scotland has because of the demands placed on the police by mental health calls?

How many mental health calls did you get last year?

Assistant Chief Constable Paton: More than 170,000 calls and 140,000 deployments.

Stephen Kerr: There is huge demand on the police but, in relation to your statement, you said in your evidence to us today and in your answer to Pauline McNeill that it is not just about numbers. It is about numbers, is it not? You are running shifts across Scotland right now that are below any kind of recognisable safety level.

Assistant Chief Constable Paton: No, we are not.

Stephen Kerr: Are you sure about that?

Assistant Chief Constable Paton: The whole point of our resource deployment unit, or RDU, is to ensure that we have resources based on the demand that we anticipate and the levels that we have. Policing is an emergency service that responds spontaneously and is not just based on an average. Our resource levels—

Stephen Kerr: Just answer my questions, though. Are you sure that you are not running shifts across Scotland that are below a recognisable level of safety for the officers involved in those front-line duties?

Assistant Chief Constable Paton: The role of our supervisors, supported by the RDU, is to ensure that we have the resource levels to deal with risk. If there is risk, as a national service we have an opportunity to surge that resource.

I want to touch on your point on the truth about use of resources.

Stephen Kerr: Yes. I am trying to get you to tell us what is really happening. We all have meetings with bodies representing police officers, and with officers themselves, so we already know the answer to that question. I am asking you to live up to the statement that you made in the document I am holding and to tell us exactly what is happening. You are regularly running Police Scotland shifts where you do not have adequate numbers of officers available for front-line duties, which means officers are not working at what could be described as safe levels.

Assistant Chief Constable Paton: It is important to set the truth in context, and the context of what I am saying is that we have resource levels that are designed to match the risk that we are facing or that we anticipate. Do we have enough resources to deal with every element of demand as we would want to? We have never had those in my 37 years in policing.

I go back to what I said earlier about the police being there for the public in their time of need. That is why I go back to the important truth about how we use those resources. We want precision, focus and understanding so that we have the greatest opportunity to make an impact in carrying out our core role.

I go back, too, to what the chief constable said about not finding ourselves responding to, or remaining in, situations where there is no longer a policing purpose. That is the first thing.

To go back to your comments about the letter, it was designed and sent specifically to relate to—

Stephen Kerr: Which letter? This one of yours?

Assistant Chief Constable Paton: The letter that you referred to. It was linked to community tension, misinformation and the challenges that our officers and staff can experience.

I return to my point that truth needs to be based on and set in the context of the evidence that is available. We have worked hard to have our resource numbers and dashboards in place so that we can make informed decisions that are based on facts and information, which will allow us to then consider how we use our resources.

Stephen Kerr: All that I am asking is for you to acknowledge that there is a shortage. I do not think that I am asking for much—this is actually the same question that Pauline McNeill asked. At any given moment in time, shifts in various parts of Scotland will be staffed below the safety levels because you do not have enough front-line officers. That is all that I am asking about; I am trying to be helpful.

Assistant Chief Constable Paton: I understand. If you are asking whether we want

more resources, the answer is that we of course want more resources, because then we would be able—

Stephen Kerr: But do you have shortages on shifts just now?

Assistant Chief Constable Paton: Risk-based decisions will be made. I cannot tell you right now—

Stephen Kerr: You do not know. Can you find out for us, then, whether there are shifts happening in Scotland that do not have adequate numbers of front-line officers—

Assistant Chief Constable Paton: Where we deploy our resources involves hour-by-hour, day-by-day and week-by-week assessment. I return to my point that the role of a supervisor, with the support of our resource deployment unit, is to ensure that we have the resources that we need from a safety and risk perspective—

Stephen Kerr: I understand the theory and the policy, but I want to know what the practice and delivery are, and you have not been able to tell me that. Because we do not have time, would you consider writing to us to let us know what the position is? You must have the data. The police have all kinds of performance measurements and dashboards; you have said so, and I do not doubt any of that. You will know what the readouts are of those dashboards and performance indicators. All that I am asking, so that we can do our work in order to be supportive of policing in Scotland, is for you to tell us where the shortfalls are and how frequently you run shifts that are staffed below the safety level.

Assistant Chief Constable Paton: Part of the work that Mr Hay has already alluded to is to ensure that we have officers in our communities. We want to be able to have officers who are dedicated to—

Stephen Kerr: Will you be able to give us that information?

Assistant Chief Constable Paton: We can absolutely give you the information on policing for our communities.

Stephen Kerr: All right.

The Convener: Thank you, assistant chief constable. Mr Kerr, I will move on and come back to you if time allows.

Stephen Kerr: Yes; I have a few more questions.

The Convener: I will hand over to Ms Bland.

Amanda Bland (Central Scotland and Lothians West) (Reform): My question is for Chief Superintendent Cree. Your submission stated:

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

That is a huge figure—when I read that, I think, "Wow, what an impact." Let us cut to the chase: what needs to happen to make a positive change?

Chief Superintendent Derek Cree (Police Scotland): The chief constable has been clear that the level of demand is unsustainable for us to be able to carry on. We have taken significant steps, which can be broken down into two aspects. A lot of our work just now is reactive. As we have already touched on, we are keen to avoid the right care, right person model, because we do not think that it has a trauma-informed approach. We are keen to put the person who is in distress or having a crisis at the centre and to make sure that they are treated in an appropriate manner.

We have also taken several approaches to reduce the level of demand, many of which have already been commented on, such as the mental health task force and the work that has been done with HMICS. We have taken steps, even since the last time that the chief constable gave evidence to the Parliament. For example, in relation to the mental health pathway, we have moved away from what would previously have been called a warm transfer, which is when we relied on somebody in NHS 24's mental health hub to take the call and be there live to try to pass it over. We are now able to put the mental health hub into the queue and pass the call over to try to reduce demand and free up our officers—

Amanda Bland: Is that working?

Chief Superintendent Cree: It is all working now and in place; a lot of it became live in June and some in August. Our submission to the committee touched on how that has moved forward with regard to declined support, which we have put in place—

Amanda Bland: If I were to ask front-line police officers, would they say, "Yep, it is definitely working"?

Chief Superintendent Cree: No. I do not think that they will feel the effect as yet. We are extensively tied in with the Scottish Police Federation and the Association of Scottish Police Superintendents on that.

You will see from the figures that there has been a minimal effect; I think that it has decreased by 2 per cent. The best that can be said is that we have flattened the curve with the amount of work that we are doing. We have taken part in a number of governance groups and partnership delivery groups—

Amanda Bland: What would a front-line police officer tell me?

Chief Superintendent Cree: They would be looking for the demand to be reduced as quickly as possible, or for it to be broken into two different aspects.

The best support, which I am trying to give to officers who are on the front line, is support to deal with the incidents that they have to attend. For example, we are moving ahead with a needs assessment to allow them to free up time and return to their core duties more quickly.

Amanda Bland: You are trying to support them with that, but if we had three front-line-duty police officers on the panel what would they say to me? I am trying to understand the reality of their day-to-day situation.

Chief Superintendent Cree: It would depend where they are in the country and what provision is offered to them. We have almost exhausted many of our options. I do not know whether we will go on to talk about the joint commission that has been set up with the chief executives of the NHS.

Officers have a range of provisions available to them, including distress brief intervention and the mental health index. Some areas have good provision, such as the nook that we spoke about, and there is Woodland View, in Ayrshire, which is brilliant.

Amanda Bland: I ask because, recently, I phoned the police and I waited for 25 minutes on the line. I needed help. The police said to me that a police officer would come out in four days' time. I said, "I don't understand what you are talking about." They said, "We just don't have police officers." Because I made a fuss, two police officers turned up. They said, "You were number 40 out of 41 incidents in the area. There are four of us on duty, and we double up." They sat and criticised Police Scotland. I have never heard that from members of the police force.

I think that is a sign that the situation has reached absolute crisis point. They took an opportunity to tell me how bad it was, which is why I am telling you. As a victim of a crime, I felt sorry for the police officers. They did their best and were professional—I have no criticism of them—but they said, "We do not have the capacity." When I asked about the 25 minutes that I had to wait, they said, "You're lucky—it normally takes an hour."

You might know that I used to be a police officer, and that was such a dramatic change, because I know for a fact that I would never have had a conversation such as that with a member of the public, but that is how the officers felt at that moment. There needs to be a reality check between what we hear in committee and what is happening on the ground. I think that Pauline McNeill was trying to understand the reality of it, because the reality can be painful.

Nobody has mentioned section 32 of the Police and Fire Reform (Scotland) Act 2012, which requires policing to have regard to the prevention of harm and the promotion of wellbeing. Is that the core legislation that has caused the crisis?

Assistant Chief Constable Paton: At the previous committee meeting, I mentioned that our purpose is to improve safety and wellbeing, which comes from that legislation. However, I go back to the point that I made to Stephen Kerr about the context. The legislation is clear that our role is to improve safety and wellbeing, but that is applied through the lens of our role. Our role is to do the things that we have described, which, as a former police officer, you will know are: preventing and detecting crime, maintaining order, protecting life and bringing offenders to justice.

If we take that out of context, safety and wellbeing are two massive issues. Although they are two small words, they are multifaceted. That becomes relevant for policing because of our role. The 2012 act is clear on what the role of policing is. That is why the chief has been clear about the need to reset the parameters.

First and foremost, we need to carry out our core role and have the resources to do it. Because we have more data available to us, we are able to have conversations and say what is and what is not within our role.

10:00

Amanda Bland: But is this piece of legislation inhibiting you? That is what I am getting at. Is that the problem?

Assistant Chief Constable Paton: From my point of view, the answer is no. I am really clear on what our role has been.

Amanda Bland: I do not think that a lot of other people in your organisation would agree with that.

Assistant Chief Constable Paton: Yes, and that might be an individual view.

Amanda Bland: So, is it the executive team who have said that this is a good piece of legislation and it does not need to be repealed or looked at, while the rank and file feel very differently about that?

Assistant Chief Constable Paton: There are two parts to that. First, what do people feel about the legislation? Secondly, is it a barrier or is it the cause of our finding ourselves in this position? That, at a practical level, brings me back to what I said earlier about availability. As the finite

resources across all of the public sector and broader society have become a challenge, the police, as an organisation, have become more available. However, the impact of the good intent that Mr Hay mentioned—that is, the culture of trying to help people in their time of need—is such that we have stepped into a space that we should not be in.

Amanda Bland: But you do not have the resources—

Assistant Chief Constable Paton: That is right.

Amanda Bland: And I agree. In that case, at what point does Police Scotland say, "Enough is enough", draw a line and say, "This is how it's going to be"?

Assistant Chief Constable Paton: The chief constable has said as much, and that is why Derek Cree highlighted the issue of transfer of care. However, I go back to my earlier point. Such a shift in culture and society will take time, and there are people in need at the moment. I would not want us to lose sight of the fact that there are still people in mental health distress or crisis.

Amanda Bland: But is it a matter of culture and society, or is the public sector failing to provide its own services, and you are having to prop it up, because everybody thinks, "Well, the police will just turn up"?

Assistant Chief Constable Paton: Policing is at the end of the queue when it comes to the reality of the behaviours that are expressed by individuals in society. At the start of the session, we mentioned substance misuse, or challenges in that respect, and how they relate to some of the societal issues that we are seeing play out, day in, day out.

It is why, more broadly, we as a country need to look at an approach that begins way upstream with prevention. What we experience are the behaviours, but it is what drives those behaviours that really matters.

Amanda Bland: Yes, our witnesses have talked about that in some detail.

Chief Superintendent Cree, can you talk me through body-worn cameras? Does everybody have them?

Chief Superintendent Cree: Yes, they have now been rolled out across Scotland. That has obviously required significant investment, but, as well as the officer safety and evidential benefits that they bring, we are looking to utilise them to try to reduce the demand on us in dealing with mental health matters. As has been said, it is unsustainable for us to keep dealing with that demand, although we still need to do so to ensure, for example, that individuals are getting the support that they need. We are ensuring that our partners are stepping up in that respect, too; indeed, that is what we are pushing just now.

A lot of this is about trying, first of all, to reduce demand on the officers on the front line. We would like the calls to go to the right agency in the first place instead of to the police, and I think that that is all about the education and communications piece that we are asking our partners to engage with. Although we have put a number of measures in place at our command and control centres, calls do load up there—indeed, you have said that you found it difficult to get through—and we want to ensure that calls for core policing duties come through and can be dealt with as and when, while the other calls are directed elsewhere.

Amanda Bland: What timescales are we looking at with regard to our seeing the impact of real change? When is this change going to happen? When will the next police officer I meet on the street be able to say—

Chief Superintendent Cree: Well, I would say that it is not going to happen immediately. I am hoping that they will feel the difference in the next three to six months.

We tried to do this through engagement with partners, but we have now pushed on what you might call the next level and are taking those measures that the chief discussed at a previous evidence session. The first aspect is the mental health pathway, by which we are seeking to reduce and redirect the calls that are coming in. We should see a significant increase in the number of calls dealt with in that way, and we need to ensure that we turn that into felt experience for our front-line officers. Thereafter, we have to equip them properly, because those provisions are not in place across the board just now.

I hope that, with the joint commission that we have in place, we can get more equity of provision of services across the various local health boards and local authorities, so that it does not matter whether somebody is in Aberdeen or Ayrshire and they will have the same opportunity to return to their core duties.

Amanda Bland: Thank you.

The Convener: I know that Ms Bland is a tenacious MSP and that she will hold your feet to the fire on that timeline of three to six months. I have no doubt that she will want to follow that up in future.

I will now hand over to my colleague Mr Macpherson.

Ben Macpherson: I want to follow up some of the questions that colleagues have asked.

However, first of all, I want to thank you, and any front-line officers who are listening, for all that you do in communities to meet the various strains of demand. I know from my constituency work how challenging it is and how much time is taken up by non-criminal demands. That has been made clear today, and those of us who represent constituencies and regions in this Parliament know that things are really challenging out there.

ACC Paton, you mentioned the update that you gave in February 2026, but a lot of this goes back to February 2025, when the distress framework for collaboration—that multi-agency partnership approach—was agreed along with the collaborative commitments plan. Thinking about all the issues that others around the committee table have probed you on, which you have helpfully addressed, I wonder how we can help you to find solutions.

Obviously, our job is to hold to account not only services such as yours but the Government. I note that the health and social care budget for 2026-27 is nearly £22 billion, that the local government budget is nearly £12 billion and that the justice system as a whole is getting £4 billion. If we can utilise some of the resource in those other portfolios to reduce the demands on you, we will get better utilisation and productivity from our police service on the ground and, I hope, fewer officers feeling the way that my colleague has described.

If there is anything that you have not been able to say about how we can help you and those in your organisation to press for solutions, please tell us now. How can we press other agencies, other services and other ministers in this place?

Assistant Chief Constable Paton: First of all, thank you for your thanks and your acknowledgement of the work that officers and staff are doing, day in and day out, in really challenging circumstances.

You are right. When I gave evidence back in January 2025, we were just launching the framework for collaboration and I spoke very optimistically about the real collaborative approach that had been taken and the progress that I was hoping I would see the following year. As members might remember, I set my own deadline—foolishly, in some ways—and, the following year, I made it really clear that progress had not happened at the expected scale and pace. Again, all the principles behind the framework—communication, capability and capacity, data, transfer of care and strengthening of local provision—are important, and they form the space that we need to be in to drive forward whole-system change and the shift towards being much more upstream with early intervention.

I gave that evidence and update in February. Here I am, just seven months later, and the question is what has changed and/or happened? The challenge—this is why the chief constable made it really clear that enough was enough, as it were, in her March comment—was that, despite having all the partners and commitments in place, we did not have a definitive plan, with timelines attached, in each of those areas so that we could say, “We know what we have, and here’s the timeline for building this and reducing the variations”—that is, the variations that Derek Cree has talked about.

Looking at what is available is part of the work that we are doing with NHS board chief executives through the joint commission. Of course, this is about not just health but community-led interventions, and, in that respect, my ask of the committee would be twofold. First, we must continue to ensure that the principles that we need to change the system take effect in a practical way, at scale and at pace. That is where the support needs to be. Secondly, policing must continue to be resourced at a level that enables us to do the job that the community want us to do. Of course, our job is not just about dealing with criminality; it links with so many other areas. Ultimately, we want to build relationships with our communities, because everything that we do is built on the public having trust in us.

My ask is that partners are very clear that that is a priority, that there is joint ownership and that the funding is in place. Irrespective of whether that funding is for community-led interventions or for the NHS, the system should be designed to ensure that the person in distress or crisis gets the support that they need at the right time. That will reduce demand on policing, allowing officers to focus on protecting victims and preventing crime.

Ben Macpherson: You said that it is not just about health, but what more do we need from the NHS at the board level, noting, of course, the changes that are proposed in the programme for government? We are likely to be going through a period of significant change. What do you need from other partners? Their resources are more significant than yours. Do not get me wrong: the demands that are placed on them are high, but if we, as a nation, are serious about investing to save, enabling the police service to deliver at its fullest capacity and reducing demand that, in effect, it does not want and should not have, we need to do these things together.

Assistant Chief Constable Paton: Absolutely. I am grateful for those reflections. I guess that I could go all the way back to the Christie commission and make the point that, if we were designing services right now to tackle the issue, we would not design them as they are at the

moment. That is because the police often encounter people at a time when other services are not available. It goes back to the point that we made at the outset: we would ask that the services that support people experiencing mental health distress and crisis be available 24/7, in the same way as policing is, because people go into crisis 24/7. When that happens, opportunities exist—I say this as a former negotiator—to de-escalate a situation if you are able to connect with an individual and have the time and space to listen to them in that moment. There is an opportunity to look at that provision across the country.

Ben Macpherson: When you say that, as convincingly as you just did, to NHS boards, what is their response?

Assistant Chief Constable Paton: There are a couple of points to note in relation to mental health distress and crisis, which are issues that we have explored with some of my health colleagues. They would say that much of the provision is available through A and E, but that is not the right place for somebody in mental health distress. Only 20 per cent of those who present require clinical admission. We have to cater for the other 80 per cent. We must have alternative places for people to go where they can receive support 24/7 from trained staff who can listen and offer advice, whether that is, for example, Scottish Action for Mental Health's nook, Hope Point or the Beacon. We need services that can provide an environment in which alcohol or drugs can leave a person's system, allowing an assessment to be made. We do not have that provision across the country.

Ben Macpherson: It is not consistent.

In relation to those places being secure, I know, from my constituency work in Edinburgh, of officers who have to stay on site because other members of the public sector do not feel safe without an officer there. How do we deal with that?

Assistant Chief Constable Paton: That is part of the work that we continue to support with NHS board chief executives, alongside the work that Derek Cree described in relation to the transfer of care. We are saying that, where it is safe to do so and there is no longer a policing purpose, it is not a trauma-informed approach to have uniformed officers sitting with an individual in any setting when they no longer need to be there.

The Convener: Finally, I hand over to my colleague Ms McNair.

Marie McNair (Clydebank and Milngavie) (SNP): I really appreciate the witnesses' time this morning. The session has been very informative.

I will raise an issue that you have touched on: the impact on the workforce. The role of the police officer has changed over the years, but what evidence do you have of the effect that non-criminal demand has on officer wellbeing, morale and job satisfaction?

10:15

Assistant Chief Constable Paton: There are a couple of things that I would like to say, and I am grateful for the committee's focus on our staff. The chief constable has been clear about the importance of having a thriving workforce, and we have a very specific portfolio area that is about improving wellbeing and welfare.

I have some figures that might give you an understanding of that. With regard to suicide intervention, for example, our officers have in the past year attended 657 suicides and, according to our data on vulnerable persons, they have engaged with just under 4,000 people in relation to attempted suicide. Obviously, there is a lot more that we deal with when it comes to vulnerable people and suicide.

I mention suicide because the available research shows that those who are directly impacted by suicide—which can include our officers and staff—have a 15 per cent increased lifetime risk in that respect. Therefore, we, as an organisation, have a real responsibility to ensure that we have support measures in place, and we are absolutely committed to providing our staff with a range of options for dealing with trauma risk. The approach is called trauma risk management—or TRiM—and it allows us to understand levels of trauma. We also have an employee assistance programme, which has allowed staff to access more than 2,000 counselling sessions and more than 7,000 clinical support sessions.

We also have specialist interventions to support our staff, such as eye movement desensitisation and reprocessing, or EMDR, and cognitive behavioural therapy, and intensive trauma therapy is provided by Phoenix Trauma Solutions, which gives staff with complex needs opportunities for residential support. We have training from Lifelines Scotland, and we also have what you might call a mental health MOT.

It is all about resilience. We are, as I have said, trying to get upstream to identify any wellbeing needs early on, and particularly in certain roles. I have mentioned some already, but I am thinking of those tackling cybercrime, our negotiators and others who are likely to have to deal with trauma much more often. We are also aligned with the rest of the public sector in having a trauma-informed plan.

We are doing all that we can, as an organisation, to understand this, but the sad fact is that our officers are encountering trauma as a matter of routine. Have we got sufficient support in place,

and is it having a positive impact? I can give you the figures for the impact that it is having, but I hope that what I have said will give you a degree of reassurance that we are absolutely committed to this and to having a thriving workforce.

Alasdair, do you want to come in, too?

Alasdair Hay: We have lots of indicators telling us that Police Scotland is an organisation that is under stress. When I talk about "the organisation", what we should really be thinking about is the people in the organisation. You cannot deny the lived experience that people have been telling MSPs, me, their representative bodies and the chief constable about. We see absence rates increasing, we are seeing a challenge around re-rostered rest days, and we are seeing an increase in the number of police officers and staff who are moving into more modified roles within Police Scotland. As the ACC has just described, a lot is being done to focus on those areas and to ensure the workforce's wellbeing. Indeed, wellbeing has been a real focus for the SPA's people committee this year.

However, part of the theme of today's discussion has, I think, been about whether Police Scotland has sufficient resource and whether it is focusing its resource on the right things. I must stress again that this is about people, and there is no doubt that, if 481 full-time-equivalent officers are being deployed across the year to support those in mental health distress—something that they will always play a part in—that is putting pressure on the organisation. We are trying to use all the data and information available to understand that, but, as an organisation, we absolutely must move much more towards our vision for 2030, implement the plan to deliver that and focus on policing for our communities.

Ultimately, what will really help police officers, if we get that right, is having a better work-life balance and being able to take time off without constantly being recalled because of the increasing demand on policing that comes from challenges within the whole justice system. All the evidence shows that people who get the right work-life balance are far more likely to be part of a thriving workforce, so we have a strong focus on that.

Marie McNair: Some officers have told me about being called in on what should have been an annual leave day to attend court. It is good to see that the supports are in place, because you cannot care for others if you do not look after yourself.

Is non-criminal demand affecting your recruitment and retention levels? You commented on the impact on your sickness levels. I know of folk who have left the police because the job was not what they had signed up for. Is there proper training for crisis support? I note from your earlier briefing that 2,000 officers out of a total of 16,000 have had specialist training. Is it likely that the training will be rolled out on a phased basis?

Assistant Chief Constable Paton: Are you asking about the specialist training?

Marie McNair: Yes.

Assistant Chief Constable Paton: Is that the figure for counselling? What figure are you quoting?

Marie McNair: The one about mental health training.

Assistant Chief Constable Paton: That is the mental health training for our officers and staff on the front line. That takes me back to the question about the level of non-crime demand and its impact on recruitment and retention. We do a lot of work to understand that, and our work on recruitment shows us that policing is still a popular option, which is good to see. You are right to say that we also consider what retention looks like and whether we are seeing patterns.

We have spoken today about a lot of the data that sits on our mental health dashboard, but we also have a culture dashboard, which is important in letting us know whether we are a welcoming and inclusive organisation that people want to remain part of. If someone thinks they came into policing to do X but ends up doing Y, that could have an impact. We are really alive to understanding whether that is having an effect, which it does not at the moment. However, that does not mean that people do not experience frustration when they are focusing on doing good in one area while a challenge or need somewhere else still has to be addressed.

The data does not suggest that that is having an impact on recruitment and retention. I personally visited every local policing division last year, and the single most important topic that was discussed was what our policing of mental health looks like. I have spoken openly about all the things that I think need to happen so that we can move at scale and pace, but it is also important that we continue to identify the indicators of progress, because hope is really important. If there is a negative narrative about policing not having enough resources or if there are comments about its being in crisis, that, in itself, can have an impact on officers and staff who turn up every day trying to do the very best that they can.

We have laid out what sort of non-police provision is needed across the country 24/7 and what that should look like in the future, but we can also articulate the progress that has been made and some of the work that will be done. It goes back to the point about culture and system change

requiring patience and perseverance. When do I want all those changes? Tomorrow. Realistically, when will they happen? We are holding the line and continuing our collective and consistent commitment to answering that.

The Convener: Before I allow you to go, assistant chief constable, I have a question about culture. This is moving more into the criminal space, but, as you referenced earlier, we are increasingly seeing challenges related to protests. In the city of Glasgow and elsewhere, I am increasingly seeing protests taking place with folks wearing balaclavas and masks. Do the police have the powers that they require to deal with that issue? It must cause particular difficulties for policing.

Assistant Chief Constable Paton: We have powers to deal with it.

The Convener: Are they adequate?

Assistant Chief Constable Paton: You will have seen another protest at the weekend. Thankfully, we did not see the level of follow-through that we have seen with some other protests that have rightly caused concern—those were the reason for some of the letters that I have sent to community members. We have the powers. We know that the broader question of face coverings is being considered by our colleagues across England and Wales, and we are watching that with interest.

As things stand, we feel that we have the powers that are needed, but, as an organisation, we continue to adapt to the challenging ways in which criminality or other elements of risk present themselves. I assure you that we would be the first to say it if we needed more to help us. However, under our section 60 powers on public order, we can respond if we feel that there is a need to do so in those moments.

The Convener: The Scottish Police Federation does not think that you have enough powers. Is it wrong?

Assistant Chief Constable Paton: It thinks that we do not have powers?

The Convener: That is my understanding.

Assistant Chief Constable Paton: It would be wrong, then, because we do have powers.

The Convener: So, you think that the police absolutely have enough powers to deal with the issue. My question, then, is this. Why do I routinely see, on Buchanan Street and in other parts of Glasgow, masked gangs congregating and being allowed to continue wearing masks and terrifying people in the city? If you have the powers, why are you not doing more to deal with that issue?

Assistant Chief Constable Paton: The powers are linked to elements of public order, and particularly to protests. If you are asking a broader question about individuals wearing face coverings, then, no, we do not have powers related to that. An individual can choose whether they want to cover their face, whether that is for religious reasons and whether it is with a scarf or a balaclava—that is different.

It goes back to the point that our focus, as an organisation, is to police in a way that puts people at the centre, which is a human rights approach. Therefore, we continue to consider what is in the best interests of individuals in the context of rising community tension and community concern. We continue to understand that and then make determinations as to whether we need to use additional powers, particularly in relation to the policing of protests.

The Convener: You can rest assured that I will come back to that issue, assistant chief constable.

I will end by saying a very sincere thank you to you and your fellow officers for the work that you do, day in and day out. We have heard about the immense challenges that you face in picking up work that, frankly, is not police related. There have been some robust questions this morning, as is right—that is our job as parliamentarians, and we will not apologise for it. However, please, as you leave here, know that you have our thanks for the work that you do to protect our constituents and communities every day. It is much appreciated.

I suspend the meeting for three minutes, to allow a brief comfort break.

10:28

Meeting suspended.

10:35

On resuming—

Interagency Responses to People in Distress

The Convener: We come to agenda item 4, which is consideration of health and interagency responses to people in distress. I am delighted that we have with us in room, Brian McInulty, assistant inspector of constabulary at HM Inspectorate of Constabulary in Scotland. Joining us online is Kevin O'Neill, programme manager for the Distress Brief Intervention Scotland programme board. Mr O'Neill, you are also very welcome.

We will get started with some questions, and to kick us off, I will hand over to my colleague Marie McNair.

Marie McNair: Good morning. I am interested in how we work with charities in consultation with regard to distress brief intervention. To what extent have mental health charities and third sector organisations been involved in developing the DBI programme?

Kevin O'Neill (Distress Brief Intervention Scotland): Thanks for inviting me to give evidence on our work on the distress brief intervention programme.

It is an excellent question. I will explain the delivery of the DBI programme so that colleagues understand. A distress brief intervention has two key components. Level 1 is delivered by our front-line services, including police, NHS 24, the Scottish Ambulance Service and mental health assessment teams. Wherever a person presents, those services are able to provide a compassionate response, ease the person's distress and then, with confidence, refer them on to DBI level 2 support, with the promise of support in two to four hours.

We have 11 third sector organisations across Scotland who are collaborating and working with us to deliver that level 2 support. We really value the experience and expertise that third sector organisations have in delivering person-centred support at the heart of local communities, immersed in their local communities.

That means that those third sector organisations contact the person in distress who has been referred. We have now supported more than 120,000 people across Scotland. They contact the person who is in distress within 24 hours, and through training and a toolkit that has been developed by the University of Glasgow, they deliver problem solving and person-centred distress planning with that person over a period of around 14 days. That enables the person to alleviate their immediate distress and to feel more able to manage their future distress well into the future.

Marie McNair: Thanks for that, Kevin. Have organisations given feedback that they have noticed any gaps in the current service provision?

Kevin O'Neill: Distress brief intervention is a very inclusive model. We have very high inclusion criteria, and very low exclusion criteria, so very few individuals are excluded. A very small number of individuals that come to DBI—less than 1 per cent—have been referred on numerous occasions, often by a range of different organisations and agencies. Recognising that across the country, and sometimes organisationally and in the local community, can be a challenge. How to support a person who is the most frequent attender across a broad range of services can be a challenge.

We have protocols around how our DBI level 2 practitioners raise that with the person's general practitioner and local partners, but it depends on the local organisations then taking a much more multi-agency case-management-type approach to working with that person over a longer period.

Marie McNair: Have the proposed reforms been redesigned as a result of that feedback from the mental health charities?

Kevin O'Neill: Can I ask you what you mean by "proposed reforms", minister?

Marie McNair: Thanks very much for that, but I am not a minister.

Kevin O'Neill: Apologies.

Marie McNair: Have the mental health charities provided feedback on the redesign?

Kevin O'Neill: DBI was first piloted in 2017 in five health and social care partnerships. It was a whole new way of working, informed by the evidence. Since then, it has grown incrementally and has now been implemented across all 31 HSCPs.

At the absolute centre of both the two independent evaluations and the continuous improvement of DBI are the various forums that bring together our third sector organisations. In essence, DBI is heavily informed by those organisations, which bring a wealth of experience on emerging themes, challenges and gaps. They also help us to identify what more we can do at the centre, including through our work with the University of Glasgow, to improve the supportive infrastructure around DBI. That infrastructure enables our third sector organisations to deliver connected, compassionate support and allows people to experience that support.

Marie McNair: That is really helpful. Thank you.

Amanda Bland: Good morning to our witnesses, and thank you for your time today. I have a question for Kevin O'Neill. I have a document in front of me that Police Scotland sent to us, which I will refer to. I would like a better understanding of the DBI pathways. It says:

"Police Scotland has DBI pathways in 11 of the 13 local policing divisions",

and notes that Edinburgh City East and Forth Valley do not have a pathway. Will you explain why that is?

Kevin O'Neill: Yes. When it comes to local pathways, we at the centre have reinforced the importance of having multiple referral pathways to DBI at a local level, because we recognise that people present with different characteristics to different services. For example, referrals from primary care are far more likely to involve women, and individuals are far less likely to be under the influence of alcohol or substances. In contrast, referrals from the police are more evenly split between men and women, and individuals are more likely to be under the influence of alcohol or substances. Therefore, the need to have multiple pathways is really clear.

What local pathways are open is fundamentally dependent on local agreements between the police, the Scottish Ambulance Service and local health and social care partnerships. We have seen positive progress. In 2022-23, 14 of our HSCPs had police referral pathways. This year, that number has risen to 24, and we are heading towards all 31. We are growing incrementally as those pathways become embedded and established.

This goes back to the previous panel discussion that I observed about the need for local partnerships, health boards, HSCPs, the police and the Scottish Ambulance Service to work together to ensure that local pathways are in place. There is an expectation that local pathways, including multiple referral pathways, will be available, but how they are built and implemented incrementally comes down to those local discussions.

Amanda Bland: But is it fair to say that there are gaps?

Kevin O'Neill: That is fair to say at this time.

Amanda Bland: About 2,800 Police Scotland officers are trained as level 1 DBI referrers, but there are about 16,500 full-time officers in Police Scotland. That is a really small number of trained officers at level 1. That is another gap in support. Talk me through how that works.

Kevin O'Neill: Again, it largely relates to the distress brief intervention programme being a new way of working. We have been rolling it out alongside the independent evaluation of DBI, recognising what works well, what else needs to be developed and how it needs to be improved. As I mentioned earlier, it started with five test sites across the corresponding HSCPs in 2017 and has grown incrementally across all 31 HSCPs. At the same time, we have been working really closely with our Police Scotland leads across on DBI to incrementally grow the number of front-line officers who are operating in local communities.

The most recent data that I have is that around 3,000 officers are trained at level 1.

10:45

Amanda Bland: Is it not fair to say that it is a significant gap?

Kevin O'Neill: It is certainly well short of the 16,000 officers.

Amanda Bland: Please explain. If I am a police officer but am not trained in level 1 DBI, how do I refer to level 2? How do I even know how to make that referral?

Kevin O'Neill: Before you are trained and before you can make a referral, strategic discussions take place at health and social care partnership level to ensure that the pathways are open and that the level 2 colleagues in the third sector that I spoke about earlier have the capacity to take referral. When you are trained—

Amanda Bland: Can I make a referral if I am not trained?

Kevin O'Neill: If you are not trained, you cannot make a referral.

Amanda Bland: That means that there is a huge gap.

Kevin O'Neill: We are making progress and working with health and social care partnerships, but there are still gaps.

Amanda Bland: The referral pathways are not open 24/7. Is that right?

Kevin O'Neill: Technically, they are. A person might present in an accident and emergency department or with Police Scotland and many individuals present outwith normal working hours. Following a discussion with front-line colleagues, there will be a decision about a referral then being made to level 2.

Amanda Bland: Is level 2 available 24/7?

Kevin O'Neill: First contact is made within 24 hours of referral at level 2.

Amanda Bland: I do not understand that. You say that contact is made "within 24 hours". If I am

a police officer who is trained at level 1 and I need a level 2, do I have to wait for 24 hours?

Kevin O'Neill: If you are level 1 trained, you will have eased that person's distress, explained what will happen next and promised that person contact within 24 hours.

Amanda Bland: What do I do with that person if they are in crisis? I am not sure if I just do not understand, but I have to ask.

Kevin O'Neill: You would have a sense that that person is able to wait 24 hours to be seen.

Amanda Bland: What if they are not able?

Kevin O'Neill: That goes back to what was said by the previous panel. If you are concerned that a person remains at immediate risk and requires to be seen urgently, that would take you back to the existing pathways that are already in place at local level so that that person can be supported sooner.

Amanda Bland: To clarify, if I am not trained in level 1 DBI and if a person is in crisis, what do I do?

Kevin O'Neill: You would use the existing pathways.

Amanda Bland: Within the community.

Kevin O'Neill: We have something else alongside that. You heard about the enhanced mental health pathway that Police Scotland has with NHS 24. We also have an agreement with contact and control centres at Police Scotland and at the Scottish Ambulance Service that they can make a direct referral to DBI for anyone aged 16 or over across the whole of Scotland. If Police Scotland feels that someone would benefit from an enhanced mental health assessment or support from NHS 24, they can make a referral and NHS 24 can, in turn, refer to DBI. We know that about 9 per cent of all referrals that go from Police Scotland into the NHS 24 enhanced pathway come to DBI.

Amanda Bland: That means that a lot of people are referring in. What is the maximum waiting time?

Kevin O'Neill: There is no waiting time. Everyone receives a call within 24 hours. There is no waiting time for DBI. That is why we are careful about how DBI is implemented at pace and scale. The level 2 support must be in place for the number of folk who are able to refer into DBI and that has grown to the point where we are now taking more than 2,400 referrals per month across the country—that number has doubled in the past two years. I hope you can see the direction of travel as capacity, confidence and skill are growing.

Amanda Bland: Okay. Thank you very much.

The Convener: We move to questions from Maggie Chapman.

Maggie Chapman: Good morning, and thank you for joining us this morning. I, too, have some questions on DBI, and I will turn to Brian McInulty first.

There were some really interesting recommendations in the 2023 HMICS review, particularly around the identification of the culture of risk aversion. I am interested in how you see progress on that in the past three years. Have we moved away from a point where police officers feel that, although there is nothing that they can do, they are the only people who can be there? Have we moved to a point where it is recognised that community provision needs to step into that mental health support space?

Brian McInulty (HM Inspectorate of Constabulary in Scotland): Thank you for the question and for the opportunity to come along this morning. It is quite frightening to realise that three years have passed since our 2023 review. Ms McNeill will remember my giving evidence before—I have already taken part in three evidence sessions since then, as was referenced this morning. That provides an indication of the level of complexity around this matter. The overarching recommendation and finding in our review was that this is a very multifaceted issue. There is now one police service, 14 health boards, 32 local authorities and a multitude of third sector organisations working locally and nationally. When we put all of those together, it is a very complex landscape.

As you said, the review found that there was a strong culture of risk aversion. An advisory panel assisted us with our review, and there was representation on that panel from qualified mental health clinicians. We found quite a gap between the appetite for risk among police officers, who are essentially untrained in dealing with mental health, and that among people who are trained in mental health. To really simplify it, if a police officer is dealing with somebody who is in distress and that person articulates that they want to self-harm, the officer would often take that literally, not knowing anything about the person's medical background, history or condition, and certainly not knowing about the complexities of dealing with somebody who is experiencing poor mental health. That would result in the officer, in good faith, not wanting to leave that person on their own. They would then spend an inordinate amount of time babysitting the person in their home, perhaps encouraging them to go to A and E, and then not wanting to leave them in A and E, because—as we heard quite strongly—if they leave them in A and E and the person then walks out of there, they become a missing person.

There were probably two main drivers of risk aversion across all the people we spoke to. First and foremost, police officers are human beings and they do not want something bad to happen to the person who is sitting in front of them. On a human level, they certainly do not want to walk away and leave that person. Secondly, there is the focus and investigation that would, quite rightly, come from organisations such as the Police Investigations and Review Commissioner if somebody came to harm. There would be a full investigation, which would have a significant impact on the police officers who had been dealing with the incident. That leads to a situation whereby they try to do what they see as the right thing.

We were very ably assisted by Voices of Experience Scotland, so lived experience fed into our review, and that really helped to inform a lot of the recommendations that were made. We heard very strongly that, actually, police officers arriving is the very opposite of what these people need at the time. It is quite traumatic if the police come to your house when you are well; I can only imagine how traumatic it is if you are unwell. You can only just imagine being taken from your house and a police officer sitting beside you in a busy A and E department with a lot of people watching what is going on.

Therefore, there was a lot of risk aversion.

On where we are now, we have been working to help Police Scotland to implement its improvement plan, and guidance and training have been rolled out. DBI is an important part of that, but there is no single quick fix for this complicated issue. There has been a lot of significant progress, but we have not reassessed the situation or done another review. At some point, we might go out and try to measure the impact of the changes that have been made. However, if you are asking for my opinion, I would say that, personally, I think that there is still a strong culture of risk aversion.

I recently spoke to a police officer who, in that conversation, provided an example involving a person who was experiencing poor mental health in a care environment. Due to their ill health, they were regularly assaulting members of the establishment. There had been many case conferences and meetings, but the partners were not able to get to the bottom of the issue and the police were regularly being called to deal with it. Ultimately, the police decided to arrest the person, to escalate matters. That was not taken further by the procurator fiscal, but the partners then realised that they needed to do something. It was only at that point that that happened. In other organisations, there seems to be a culture of waiting for the police to do something and to step into the space.

Maggie Chapman: That example is probably not unfamiliar to members from our casework. We hear that police are called to do a welfare check and that the situation escalates when it should not, because the police should never have been at the door in the first place. There is an issue with the police still being the gateway—I think that DBI suffers from that, too, although maybe “suffers” is not the right word. People still go to the police at the point of crisis.

Within the police and the community and wider support structures, do you see enough conversation about trying to shift that position, so that the police are not the first point of call—and sometimes the only point of call—and are not used as the gateway to mental health services?

Brian McInulty: During our review, we heard a lot of evidence from officers who had a strong perception that demand was being pushed on to them, particularly at 4 or 5 o’clock on a Friday, when other agencies step back and express concern about people who have not engaged with their service during the week. That results in the police having to check on the welfare of those people. Earlier, somebody talked about right care, right person. We pointed to three specific areas of right care, right person where we believe that Police Scotland should make progress and is now doing so. One of them is that Police Scotland should not be doing that type of welfare check, as that is not a police role. That is our view.

Does that answer your question?

Maggie Chapman: It is a big and difficult question about how to shift the culture in society away from seeing the police as the first point of call when a crisis hits.

Brian McInulty: A lot of progress has been made, but there is still a long way to go. I am keen to test how effective the approach is. In the framework for collaboration and the collaborative commitments, we have a document that all agencies have signed up to, which should start to result in a reduction in demand for the police. That is positive. We heard a lot of evidence earlier about the good work that is ongoing to shift the needle in terms of the culture.

The issue is a long-standing one. There was a question earlier about the legislation. I have been in and around policing for not far off 40 years, and I believe that the situation has crept in over decades—no single thing has caused it to happen. It is a societal change, clearly. Sadly, many more people are experiencing poor mental health in communities.

11:00

Maggie Chapman: I suppose that the big question that I am grappling with is this. What would it take to make 111 community mental health services and other community, or health, responses always the first point of contact? I know that you cannot answer that—I am not asking you to.

Brian McInulty: I think that it will be a long journey. Somebody mentioned timescales, but I have to say that I do not see this happening in three or six months. That sort of shift is more a longer-term aspiration.

When we spoke to police officers and police staff members as part of our review, we found that one of the reasons for their being attracted to joining the police in the first place was that they wanted to help people. They are very compassionate and empathetic, and they spend time with people. I can give you a good example of that. When we reviewed Police Scotland's contact assessment model, we listened to the telephone calls that were coming in and saw service advisers in the control room spending 30 to 45 minutes on the phone with people who were not reporting any crime but who were clearly experiencing poor mental health. Those service advisers were doing a fantastic job—they were very empathetic and compassionate—but that, to me, is not what their job should be. Their spending so long on the phone with a person would only encourage that person to phone again. Therefore, there needs to be a cruel-to-be-kind approach. Ultimately, we want people who are experiencing poor mental health to get the right support from people who have the proper training and experience to guide them into the right space.

The Convener: Ms Chapman, I know that you have other questions on DBI, and I will come back to them, but, in the interests of time, I will take some other colleagues first.

Stephen Kerr: The points that you have just made are really powerful and highlight what the police service is for, as opposed to how it has evolved. Maggie Chapman is right to ask how we get to the point where the first point of contact is community-based mental health services, not the police.

However, all of this starts, I suppose, with what you described in your story about the half-hour call with someone who is clearly in mental distress. That person will phone back—we know that that will be the nature of the interaction. The problem—it comes across in your work and the report that we are referring to—is the risk aversion because of a sense of fear. The SPA said that the desire to serve and support people comes from a good place, and I get that, but I also think that it comes from a really bad place, which is fear of the consequences of putting the phone down, leaving a person and everything that flows from that.

From your experience as an officer and now as part of HMICS, can you tell us what can be done to change that culture so that police officers feel that they can decide not to take that call, to put the phone down or to say to the person, "We're going to leave you at this point"? What has to happen?

Brian McInulty: It has something to do with the training and guidance that officers get when they come in.

If you will forgive me, I will share another quick example from the review that has stuck with me. It relates to an officer who had been in the operational policing environment for about six months after leaving Tulliallan. They were quite a mature individual who had joined the force after a previous career, and they said to us that, at Tulliallan, they were trained in how to give evidence at court—they learned all their definitions and how to deal with crimes and offences. However, after six months in operational policing, they thought, "I've actually been trained for the wrong job, because nobody's taught me how to deal with vulnerability or how to sit and counsel somebody for hours on end while I'm waiting for another service to come in." Therefore, training and guidance have to incorporate what the role of the police is and what it is not, and how officers can step away from that sort of thing.

Since our report was published, a number of quite encouraging things have happened. For example, we now have a mental health index that lists organisations in each locality that officers can contact. We also have the DBI process, which the review showed to be an excellent way for officers to steer someone towards the right agency and then step away from that situation and go to deal with—

Stephen Kerr: But the demand is still there. They are still spending their time doing that rather than engaging in the core policing activities.

Brian McInulty: The nature of policing is that, when officers are out and about, they will encounter a range of people in the community, including people who are experiencing poor mental health. I do not think that the Scottish public would ever want us to get to the stage where the police just turn their back on people, but the interactions need to be short, with the officers able to point the people in the right direction.

Stephen Kerr: Would the index that you mentioned be useful at 2 o'clock on a Saturday morning?

Brian McInulty: That touches on one of the significant challenges. If there was one thing that

would make a huge difference in this space, it would be all agencies being available 24/7. SAMH's nook facilities were referenced earlier today, and during our review we heard a lot of good things about the neuk facility in Perth. Last night, out of interest, I went online to check its hours and I saw that it is open from 9 o'clock in the morning until 9 o'clock at night, seven days a week, which is actually longer opening hours than was the case when we looked at it during the review.

Generally speaking, people in the community can experience poor mental health at 2 o'clock in the morning, 3 o'clock in the morning—

Stephen Kerr: The midnight hours, as it were.

Brian McInulty: That means that a 24/7 index would be far more helpful for officers.

Stephen Kerr: You said earlier that the issue is multifaceted, and you listed the various health boards, local authorities, charitable organisations and third sector organisations that are involved. That is absolutely correct: there are many moving parts in this. However, from a policing point of view, it is not actually such a complex problem, because the police are still being asked to do things that they are not trained to do. Those interventions do not really fall within their remit; rather, they fall fairly and squarely within the remit of other public organisations. I tried to make that point earlier to the SPA.

The clear position is that the police are absorbing a community-based demand for mental health services that should be met by the NHS. Will you comment on that view?

Brian McInulty: I agree that the police are absorbing a lot of demand that should be met by other agencies, including the NHS.

Stephen Kerr: Good answer.

Brian McInulty: A lot of agencies are involved; there is not one agency that should be dealing with the issue. I believe that, as the ACC mentioned earlier, it is important to view the reference to "well-being" that is in the Police and Fire Reform (Scotland) Act 2012 through the lens of policing.

Stephen Kerr: But that is not how practice has evolved, though, is it?

Brian McInulty: The word seems to have become misinterpreted. The intended meaning should be reinforced.

This is quite sad to say, but another important thing is that there is a fear of the PIRC investigation among a lot of officers. It would be helpful if there were more clarity for officers around what the role of the PIRC is and the important function that it fulfils. There needs to be a realisation that officers may have done the right thing in stepping away from a situation in which something bad was happening.

Stephen Kerr: Individual officers need to feel that they are being supported. Many of them feel that, if they make a judgment call and get it wrong—let us face it, none of us is infallible—it might not only threaten their career but could follow them for the rest of their lives, because there is a stigma that follows a police officer who has faced the consequences that some have faced because what they thought was the right call turned out not to be. That needs to change as well, does it not?

Brian McInulty: The nature of policing is that, sadly, bad things happen. Officers go home after people have lost their lives for a variety of reasons. That has an impact on officers and their families. They need to be properly supported through that, and, if there is an investigation, they need to be properly supported through that, too.

Stephen Kerr: Does that happen? Anecdotally, there are suggestions—stories—that, in fact, police officers feel left alone and pretty vulnerable in that situation. Therefore, in the moment of making a decision, they will take the most risk-averse approach, because they know that they will be safe, but that approach may not be the right one for them, the service or the community that they serve.

Brian McInulty: During our review, we heard about a fear of consequences. We did not explore in any detail the support mechanisms that exist, but I am aware that a lot of support is available for officers, although I am unable to comment on whether that support is being delivered to every officer on every occasion.

Stephen Kerr: Is that something that you, as an inspector, would look at in your work? Anecdotally, many of us will have heard that officers feel that they do not get support, least of all from senior officers.

Brian McInulty: We have recently done a number of reviews of organisational culture and the training and development of officers, and we have made recommendations. The wellbeing of officers is critical—it is such a difficult job. We have made some observations, and the role of first-line managers and their ability to support officers has been a recurring theme. For police officers, those would primarily be sergeants. However, sergeants are very busy now and often do not have time to have those conversations with officers.

Stephen Kerr: We have heard that, too.

Brian McInulty: For me, those wellbeing conversations are really important. We recommended previously that those conversations

should be recorded so that we can see when they are taking place.

Stephen Kerr: There is a certain irony that, although we have focused on the word "well-being" in legislation, and although its meaning seems to have evolved and changed in relation to the police service's responsibility for the wellbeing of individuals in the community at large, not everything that could be done is being done to support the wellness of the front-line officers who are bearing the brunt of all of this.

Brian McInulty: A lot of work is being done by Police Scotland in the wellbeing space. The chief constable is very committed to the wellbeing of all officers and staff, but, at 2 o'clock in the morning on a Saturday, lots of things are happening. If an officer deals with something quite traumatic, are those wellbeing conversations taking place before that officer goes home? I am not sure.

Stephen Kerr: I think—again, this is probably anecdotal—they do not have time. That is understood.

I have one last question.

The Convener: Okay, Mr Kerr.

Stephen Kerr: The review, which is now three years old, made 14 recommendations. My question is very simple, but it might be difficult to answer. What are the marks out of 10 for the implementation of the recommendations by Police Scotland and the Scottish Police Authority and for progress connected to the recommendations?

The Convener: That should be a nice, brief answer, Mr McInulty.

Stephen Kerr: It is just a number out of 10, convener.

Brian McInulty: Do you mean in terms of progress?

Stephen Kerr: Yes. Things that have changed for the better.

Brian McInulty: Six recommendations have been closed off and eight are in progress. My assessment is that there has been significant progress.

Stephen Kerr: Is that 4 out of 10, then?

Brian McInulty: I am not giving a mark.

Stephen Kerr: Oh. That was my question.

Brian McInulty: I was always a hard marker, so I would not—

Stephen Kerr: Is it 2 out of 10, then?

The Convener: You tried, Mr Kerr, and God loves a trier.

I hand over now to Ben Macpherson.

Ben Macpherson: May I also start with you, Mr McInulty? You mentioned earlier the risk of somebody becoming a missing person if they are taken to A and E or another NHS or healthcare facility and not maintained within that facility for an adequate amount of time. When I have spoken to officers here in Edinburgh they have relayed their concern, not just about the person's wellbeing and safety but about the resource deployment in Police Scotland when additional officers and resources have to be sent out to locate somebody who is reported as a missing person. Do you want to say a bit more about that, based on your investigations? It is important for us to hear more about that.

11:15

Brian McInulty: When we did our review, we found that, if officers were to take somebody to an A and E department, there were no protocols with staff there about doing a handover of care. On occasion, people have to wait for quite considerable lengths of time in such departments. During our review, an extreme example of that was a wait of 27 hours for somebody to be assessed by a psychiatrist. Officers stayed with that person and changes of shift took place, with other officers coming to relieve them. That was an extreme example, and the average wait duration is 5.34 hours, but there are examples of it taking whole shifts and longer. During our review, if officers had decided to step away and leave somebody in the A and E department and that person walked out of there, they would have been reported as a missing person. That is an extra demand that opens out a whole range of other resources being brought in to find the person.

We visited Humberside Police and looked at the right care, right person model, which was mentioned earlier. We felt that Police Scotland should really be looking at that in relation to, first, handover protocols at A and E. It is really helpful that officers now wear body cams, because, when they walk into A and E, they can say, "We have brought this person here; they are now in your care", and they can then go away and leave that person. It is appropriate that that should happen and, as we heard earlier, that has now been progressed, which is positive.

Secondly, in line with the right care, right person model, if the person were to walk out of the facility and someone there were to phone the police to report them as a missing person, the position that Humberside Police took at the time was that they were not a missing person. After all, they might just be away home—in which case, the police would take steps to find out whether the person was at home, instead of immediately treating them as a missing person. Again, we pointed Police Scotland

towards that because we think that that is good practice, as opposed to an escalation to somebody being a missing person. They have possibly just decided to get the bus home because they are fed up of waiting in A and E.

A lot of progress is being made on that. We have not reassessed it, but I have seen a lot of documentation about the protocols being put in place, transfer of care and the situation regarding people being reported as missing.

Ben Macpherson: It is very helpful for us to be more aware of that. Convener, perhaps we can follow up on the Humberside model and establish what progress has been made on that here.

Following on from that, Mr O'Neill, you spoke earlier in response to my colleague Amanda Bland—excuse me if I misquote you; I do not intend to—about there still being gaps, when she referred to the Forth Valley and Edinburgh areas still not being provided for in the way that is being recommended and progressed elsewhere. Are the gaps due to a resource issue or, because there is so much reliance on third sector partnership, are they due to capacity reasons? Should NHS boards be taking a more national approach? How do we get to a position where full service provision is in place as soon as possible for the benefit of the individuals whom we serve and the demands that are placed on our police service?

Kevin O'Neill: On the report that Mr McInulty referred to, I would say that we are on the right trajectory and making progress. As I said, since that report was published, we have moved from having live police pathways in 14 health and social care partnerships to having them in 24 partnerships. We have done a lot of work on that, including having Police Scotland speak at our national gatherings and conferences to reinforce the importance and benefits of police pathways locally. Referrals from Police Scotland have increased from 758 in 2022-23 to 2,085 last year.

I go back to the discussion about the fear of doing the wrong thing preventing people from doing the right thing. We need a broader incremental approach to build confidence, to remove the fear that some people sense and to deliver and implement the training. Regardless of the resource that we have, local implementation requires local partners to come together respectfully to develop the integrated working that DBI involves.

It is important to say that we are not suggesting that the route to DBI is through the police. Some 10 per cent of referrals that come to DBI come through the police, which means that 90 per cent do not. It is about having an ask once, get help fast approach, which I think Mr McInulty referred to. There will be people who present to the police appropriately, for whatever reason, and who are also in distress. DBI is about ensuring that compassion is at the heart of the response, and that front-line officers, in their role and day-to-day duties, feel confident in their skills and able to make a direct referral to DBI. That removes the need for officers to sit for hours in the accident and emergency department, which our front-line colleagues told us was the case prior to DBI as it was the only alternative.

Officers know that they can refer to DBI via their hand-held system, through robust information governance and sharing arrangements; that there is a promise of support within 24 hours; and that the approach has been developed by the University of Glasgow with a robust evidence base, which gives them the confidence to do it. They also know that, having done that, people are less likely to come back to them—that is the evidence that they have shared with us. Ultimately, it is about making sure that, wherever someone presents, our compassionate services respond in the quickest and most efficient way possible, knowing that it will be effective.

Ben Macpherson: All that is understood and considered. The committee is determined to seek solutions and help to progress improvements so that we can fill the gaps that you talked about. I note the progress that has been made, but how do we get to a position in which all 31 partnerships are involved? How do we have a complete picture, or as near a complete picture as is practicable, as soon as possible?

Kevin O'Neill: Our strategy up to this point in the DBI central team has been to use our evidence, update our terms of reference for local implementation groups, restate the importance of having police involvement and reinforce the various elements. However, ultimately, it requires health and social care partnerships and health boards to recognise the importance of putting resource into these effective cross-sectoral approaches to working.

When police refer directly to DBI, that reduces the burden not only on police but on other parts of the health and social care system, because people do not then have to go back to their GP or be seen in emergency departments. It is about our health and social care partnerships and health boards understanding the importance of the expectation that DBI should be implemented and sustained. We need a broader push towards encouraging that and towards ensuring, as far as possible, that Police Scotland pathways are seen as a key part of that.

Ben Macpherson: Thank you.

The Convener: Thank you, Mr Macpherson. I call Pauline McNeill.

Pauline McNeill: Good morning. To be honest, I am finding it quite complicated to follow the system. I acknowledge the progress that has been made, but I am struggling to understand how this is all going to work so I will try to simplify it for myself, if you do not mind.

I want to focus on the out-of-hours service. As Brian McInulty has said repeatedly—and my lines of questioning have always focused on this—the police are the main service that works 24/7. The fact that some of the interconnected agencies do not work 24/7 is, for me, the primary problem, so I want to talk about the protocols.

I want to start with you, Brian. I acknowledge all the progress that has been made and all the work that has gone in—I do not want to underplay any of that—but there is a real urgency to get this sorted, because of the policing issue. We do not have enough officers on the front line, and we are losing officers from the job—Marie McNair is quite right about that. Indeed, I have had the same testimony from officers who think that the job is too hard, and I would say that this is almost an emergency. Should there be a definitive date by which these protocols should, in most cases, be the established practice?

Brian McInulty: It would be very difficult to put a date on that. I think that everybody will agree that the most important measure of success here is ensuring that people in our communities who are experiencing poor mental health are getting the right support, and it would concern me that, if we were to draw a line in the sand and say, "On this date, Police Scotland is not going to do X, Y and Z", those people would be left with nobody.

Pauline McNeill: I was not thinking of that at all. You said that there were handover protocols. The problem, in my view, is that health and social care partnerships can easily walk away, while the police cannot. I just do not think that they are motivated or whatever, but this is their responsibility, not the police's—that is clear. Surely, with these protocols that you have talked about, you would not be leaving the person, because you would be saying, "We've done our job; we've gone to the distressed person's house; we've taken them and now we're handing them to you." Why can you not have a definitive, or more definite, date so that you can say to others, "Right—on this date, we'll be doing our bit, and you'll be doing yours"?

Brian McInulty: I go back to the point that has already been made about a whole-system approach. This is a collaborative effort, and everybody needs to be engaged in it. I do not think that we should be saying, "We're doing this. What are you doing?" It needs to be a collective effort.

Pauline McNeill: But are you satisfied with the situation, then? We had a witness who was the head of mental health services for all the health boards—I cannot remember the doctor's name—but, to be honest, I have to say that there was no indication from them that there would be any changes to working patterns to mirror the police's 24/7 service. When someone is in distress out of hours, it is the police who pick it up, and I have not heard a single confirmation that that gap is going to be filled by anyone other than the police.

Brian McInulty: It is encouraging that the chief constable has escalated this issue and is sitting down with all the health board chief execs. I just think that it is very difficult to put a date on this, but it is really important that the matter is progressed as a priority.

I come back to a point that was made earlier. The strategic workforce plan and resource levels have been mentioned, but—and I realise that this is a very unscientific approach—if you were to go into any sergeant's room in Scotland and ask them, "How many officers do you need today to police your area?", they would be able to give you that number. Of course, that could be upset by a missing persons call, or somebody in distress, and, before you knew it, your resource levels would be starting to go down.

11:30

Forgive me if I am stepping out of my lane here, but I think there might be merit in the committee visiting a control room to get an understanding of how it works in practice, to hear the calls coming in, to look at the resources across the country and to get that experience. When I was a police officer, I used to do that with local elected members to give them an appreciation of what was happening in their area. It might be helpful for the committee to get that experience. It is not for me to invite you to the control room, but I am sure that Police Scotland would accommodate it.

Pauline McNeill: I have already asked. [*Laughter*.]

There is not much more that I want to ask. The chief constable has been brave, I will say that, and I think that that is out of necessity. She is looking out for Police Scotland and her officers by pushing that.

However, I do have one argument about the civilianisation of some jobs that I think are police jobs. Last year, jobs involving investigatory work were advertised. I think that that is police work.

The reason I mentioned that is, could you civilianise some of that role? It has been described as "babysitting" people because you want to ensure that they are okay, that they do not run off and that they are handed over. Should someone else take that on, other than the police? If civilians

can do investigatory work, maybe there is a role for civilians to do some of that work, too. What is the silver bullet, if there is one, that could move this on?

Brian McInulty: Unfortunately, my assessment is that there is no silver bullet. It is positive to start looking at who else can do it, because it should not be police officers.

Earlier, Amanda Bland told a story about when she phoned the police. If you are ever in a situation where you need to do that, you want them to be responsive. You want to see the police in your local community. People tell us that regularly. People do not want the police to be sitting in somebody's house, waiting on a relative or a mental health service to arrive. Police officers do not want that, either. A lot of officers talk about the impact that that has on their morale, because they feel as though they have not done their job.

Although I do not think that there is a silver bullet, unfortunately, it is important to say that significant progress has been made during the past three years. I would never underestimate the level of complexity around this or how long it has taken to get us to this point. The issue has crept in over decades, so it might be that it is going to take some time to shift it, but if we can roll out and properly resource the protocols that are coming in, such as the transfer of care and the DBI—which is a very positive example of something that is available—that would be another small step forward.

The Convener: I intend to bring the session to a close by 11.40, and I promised Maggie Chapman that I would transfer some of the balance of my time to her so that she could ask a couple of very brief questions on DBI.

Before I do that, I have a question for Mr O'Neill. I understand that DBI is not currently available to people under the age of 16, but there is some suggestion that that might be looked at. In as brief but informative an answer as possible, can you tell me what the picture is there, and where we might move to?

Kevin O'Neill: Yes, you are quite right. An independent evaluation was undertaken to consider DBI for those aged under 16, particularly those in secondary 3 at school—those who are 14 to 16 years of age—which was published back in November last year.

It demonstrated promising outcomes and promising practice, but it also came with a number of areas for consideration and possible development, and across the DBI community, including with our Scottish Government policy leads and the University of Glasgow who led that work, we are in the process of considering the areas for development, with a view to considering how those are best taken forward.

The Convener: Okay, that was very helpful. I am keen to follow that up, because, based on my constituency caseload, it would be quite pertinent to include the age cohort that you identified—those in around S3 or S4.

I will hand over a bit of my time to Ms Chapman—maybe three or four minutes—for some final questions on DBI.

Maggie Chapman: Thanks very much, convener. I really appreciate that.

Kevin O'Neill, thank you for your contribution. You have already answered one of my questions when you spoke about the evidence that DBI changes outcomes over the longer term, not just in the moment of crisis. That is really helpful. However, are we seeing DBI become a genuinely community-based alternative to crisis intervention, or is it primarily being used once a person has already entered the emergency system?

Kevin O'Neill: It is absolutely seen as an early intervention. It is about preventing problems from escalating, and we can see that in the evidence. I would be confident in saying that DBI sits very much within that early intervention area.

Maggie Chapman: Okay. If it is about early intervention, surely the aim is to intervene before a crisis occurs. However, DBI referrals happen only at the point of crisis. How do you see early intervention working if the referral happens at the point of crisis?

Kevin O'Neill: Yes, you are right. I think that others have said that DBI is only one part of the solution. Despite all the work that is going on, people find themselves getting to a point of distress. For example, we know that more than a third of those who come to DBI experience suicidal ideation. Many have relationship difficulties, employment issues, money worries and experiences of loneliness. Therefore, it is about empowering our front-line services to enable them to respond more efficiently and effectively, wherever a person presents, by connecting them to an early-intervention service that promises to offers support within 24 hours.

I absolutely agree with you. This must also be seen within a broader framework of preventative work on how we prevent individuals from experiencing distress in the first place. A lot of this is related to wider issues, such as deprivation. We know, for instance, that a significant number of individuals who come to DBI are from our more deprived communities.

Maggie Chapman: I come to my final, very brief, question. We know that some communities

are less likely to seek certain types of support. Are you seeing that replicated in DBI? Are certain communities or groups not accessing DBI? Do you collect data on that?

Kevin O'Neill: Yes, we absolutely do. We collect a wealth of robust data through Public Health Scotland, which includes equality and diversity monitoring. The data shows that equality and diversity groups are represented, and we monitor that very closely to consider how we can make improvements.

Maggie Chapman: It would be interesting to explore that further. We know that DBI can work in certain situations but that it is not a panacea. However, if some communities are self-excluding, what are we doing to ensure that that support is available? If you could provide us with some of that information, or point us to where to look, that would be really helpful. Thank you.

The Convener: Mr O'Neill and Mr McInulty, thank you for the evidence and the time that you have given to us this morning. That has been very helpful as part of our scene-setting process for the new session 7 committee. Mr O'Neill, as I understand it, you are joining us from Shetland. If you cannot be in the epicentre of the universe that is Shettleston, Shetland is probably the next best place to be.

11:38

Meeting continued in private until 12:38.

Official Report
Room T2.20
Scottish Parliament
Edinburgh
EH99 1SP

Email: official.report@parliament.scot
Telephone: 0131 348 5447

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
Pàrlamaid na h-Alba