CJ/S7/26/5/2

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Criminal Justice Committee
Wednesday 16 September 2026
5th Meeting, 2026 (Session 7)

Policing

Today's evidence sessions provide an opportunity to question two panels of witnesses on non-criminal demands on police time and inter-agency work in this area:

- Panel 1: Frontline Policing and Non-Criminal Demands – Police Scotland and the Scottish Police Authority
- Panel 2: Health Response and Inter-agency Support – HM Inspectorate of Constabulary in Scotland and NHS Scotland National Distress Brief Intervention (DBI) Programme Manager

Background on policing

Since 1 April 2013, Scotland has had a single national police force – Police Scotland. This is as a result of reforms provided for in the Police and Fire Reform (Scotland) Act 2012 ("the 2012 Act").

Police Scotland is comprised of 13 local policing divisions. A Chief Superintendent is in charge of each local division. Local policing divisions are supported by national specialist divisions:

- The Specialist Crime Division provides investigative and intelligence functions. It focusses on matters such as major crime investigation, public protection, organised crime and counter terrorism.
- The Operational Support Division provides specialist support functions such as roads policing, firearms, public order, air support, marine policing, dogs and the mounted branch.
- The Contact, Command and Control (C3) Division handles calls from the public. It has Area Control Rooms at several locations across the country.

Published information on police officer numbers provides figures up to 30 June 2026. At that point, Police Scotland had 16,402 full-time equivalent police officers. This figure does not include civilian support staff. The data provided includes a graph showing how police officer numbers have changed since 2007:

- there was a significant increase in the number of police officers during 2008 and early 2009, from just over 16,200 officers March 2008 to almost 17,300 in June 2009

- numbers thereafter fluctuated up to 2021 – mostly between 17,200 and 17,400, with a peak of just under 17,500 in March 2013

- by the end of 2021 a more sustained fall in numbers had started, falling to just over 16,200 by June 2024

- whilst numbers have continued to fluctuate since then, they have recovered to over 16,400.

In relation to police resources and officer numbers, a best value audit of policing (published by Audit Scotland and HM Inspectorate of Constabulary in Scotland in January 2026) commented that:

> "There is no evidence that the finance-based police officer establishment number of 16,500 officers is the right number to deliver effective policing for the future. Police Scotland must set out a clear plan for its future workforce in terms of the numbers and skills required to deliver its strategic outcomes, which is aligned to its medium-term financial planning scenarios." (page 5)

As an indication of some of the work of Police Scotland, Recorded Crime in Scotland 2025-26 highlights as key points that "between 2024-25 and 2025-26:

- Crimes recorded by the police in Scotland increased by 5%, from 299,111 to 315,357. This is the highest level since 2014-15, though remains down 49% from its peak in 1991.

- Non-sexual crimes of violence increased by 6%, from 71,170 to 75,601. Common assault (up 6%) makes up the clear majority (83%) of all Non-sexual crimes of violence recorded in 2025-26.

- Sexual crimes increased by 10%, from 14,892 to 16,430. These crimes are now at the highest level seen since 1971, the first year for which comparable groups are available.

- Crimes of dishonesty increased by 6%, from 110,913 to 118,040. This is the highest level since 2014-15, though remains down 73% from the peak in 1991.

- Damage and reckless behaviour crimes decreased by 1%, from 38,738 to 38,166. The recording of these crimes is at the lowest level seen since 1976.

- Crimes against society increased by 6% from 63,398 to 67,120. Most of these crimes relate to Crimes against public justice (44%) or Drug possession (30%).

- Offences[1] recorded by the police in Scotland collectively increased by 9%, from 175,979 to 192,276. This included increases in Antisocial offences (up

[1] Note that for statistical purposes a distinction is drawn between "crimes" and "offences", with "crimes" representing the more serious criminal conduct.

> 7%) and Road traffic offences (up 11%), whilst Miscellaneous offences decreased by 1%."

Scottish Police Authority

The Scottish Police Authority (SPA) is a public body constituted by the 2012 Act. The SPA Board is made up of up to 15 members who are appointed by the Scottish Ministers.

It is the primary governance body for policing in Scotland. Its responsibilities include:

- promotion of the policing principles (as set out in section 32 of the 2012 Act) and continuous improvement in the policing of Scotland,
- preparation of a strategic policing plan (involving the Chief Constable),
- provision of appropriate resources for Police Scotland (e.g. providing the Chief Constable with a budget to spend, buildings and equipment, as well as being directly responsible for the provision of forensic services to the police),
- holding the Chief Constable to account for carrying out the responsibilities of the post (including the proper use of resources).

Non-criminal demands on police time

The HM Inspectorate of the Constabulary in Scotland (HMICS) Thematic review of policing mental health in Scotland (October 2023) raised concerns that:

> "the impact of mental health demand is limiting [Police Scotland's] effectiveness and efficiency in performing its traditional role - that of keeping the peace and preventing and detecting crime. Police Scotland is filling gaps in the health and social care system in Scotland, and there appears to be consensus in the benefit of establishing a whole-system review of mental health in Scotland." (page 5)

Most officers HMICS spoke to as part of this review believed that the demand to support vulnerable people (particularly those experiencing poor mental health) had "become the most significant aspect of their work". (See further detail on the HMICS review below.)

The 2025/26 Quarter 4 SPA Performance Report shows that there were 234,944 mental health related incidents reported to Police Scotland in 2025/26 (page 18). In each of the quarterly performance reports, mental health related incidents made up around 18% of all incidents reported to Police Scotland.

The use of police resources in responding to unmet mental health need was also one of the pressures highlighted by the Chief Constable of Police Scotland, in her evidence to the Session 6 Criminal Justice Committee on 4 March 2026:

> "Given the context of this year's budget and spending review, and given my patience in that space since 2023, I have reached the conclusion that we will have to do something quite significant about our level of response, because our priority cannot be to care for those who find themselves in vulnerable positions. Our response must relate to preventing and detecting crime and bringing criminals to justice." (cols 4-5)

Healthcare Improvement Scotland provided a written submission to the Committee on 8 September that stated:

> "Through our joint inspection work in police custody centres and prisons, we have consistently found that many people who come into contact with the justice system have complex and multiple needs. Mental ill health frequently coexists with substance use issues, physical health conditions, trauma, neurodevelopmental conditions, homelessness and other social vulnerabilities.
>
> Our inspection findings highlight the importance of effective partnership working between health, social care and justice services. Better outcomes are associated with clear care pathways, effective information sharing, coordinated care planning and continuity of support across organisational boundaries, particularly for individuals with complex and recurring needs."

This issue was considered by the Session 6 Criminal Justice Committee it its inquiry into policing and mental health (which additionally looked at support for the mental health and wellbeing of police officers and staff). The Committee's 2026 legacy report noted its ongoing concerns in relation to the role of the police:

> "there have been concerns about the nature of the role the police are undertaking to support individuals with mental health challenges. It is still the case that too many officer hours are taken up looking after people who should be being passed over to other public sector bodies." (page 20)

HMICS Review and response

The key findings of the HMICS Thematic review of policing mental health in Scotland are set out on pages 8 to 12 of the report, including the need for "an effective whole-system partnership response". Other issues highlighted include:

- the lack of strategy for the provision of mental health-related policing services
- the need for clarity on the role of Police Scotland
- the need for guidance and training for officers and staff
- a culture of risk aversion meaning that police officers remain "with the person in crisis until they are either accepted into the care of the NHS or a family member"

- demand being passed to Police Scotland from partner agencies towards the end of the working day and working week

- challenging relationships between police and NHS staff (particularly in respect of handover processes at A&E departments)

- the need for improved information sharing with other agencies

- the impact on police officers' job satisfaction and "expectations that are often not aligned to the reality of the job, as the majority of their time is spent dealing with mental health and vulnerability".

The review made 14 recommendations (see pages 13 and 14), including:

- Recommendation 1: Scottish Government should commission a strategic review of the whole system relating to mental health, involving a range of scrutiny bodies.

- Recommendation 2: With the support and engagement of the advisory panel, Police Scotland should develop and publish a mental health strategy (and delivery plan) that clearly articulates its purpose and vision in dealing with mental health-related incidents and allows the recommendations and areas for development highlighted in this review to be progressed.

- Recommendation 5: Police Scotland should provide clear guidance and effective training for officers and staff, in line with its mental health strategy, to help address the culture of risk aversion evident in the policing of mental health-related incidents and to improve outcomes for people experiencing poor mental health.

- Recommendation 6: Police Scotland should engage with partner agencies to re-establish collaborative leadership training to help develop leaders across the whole system, in line with the Scottish Government mental health and wellbeing strategy.

A 5 January 2024 letter to the session 6 Justice Committee from then Cabinet Secretary for Justice and Home Affairs, stated: "Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a working group to develop and take forward activity relating to all the recommendations made". It outlines what the working group were taking forward in 2024, including developing guidance and hosting workshops to develop protocols for A&E handovers.

An update was received on 30 August 2024 which set out information on two "initial outputs" that were expected from the work of the working group – "a Framework for Collaboration and a cross sector owned Action Plan". A further update on 17 February 2025 advised that both of these had been published:

- Mental health - distress framework for collaboration: multi-agency partnership approach

This states (at page 21):

"Police officers are often the first point of contact during a crisis in the community or at home, and they play a vital role in supporting communities, individuals in distress/crisis, and victims of crime. At times their attendance at mental health incidents can be vital. While Police Scotland have a specific duty to improve the safety and well-being of persons, they should only be deployed when a policing response is appropriate and necessary.

The Mental Health Unscheduled Care Network [see more information on this on the Scottish Government's webpage] has been working on providing police officers with access to effective and efficient transfer of care, allowing individuals in distress to get the right care, in the right place, at the right time".

- Mental Health Partnership Delivery Group: collaborative commitments plan

  This outlines 19 specific actions, most of which were to be undertaken in 2025 and 2026, including:

  - We will develop and deliver an effective handover process for transfer of care in emergency/clinical settings.
  - We will improve Mental Health awareness and training internally within Police Scotland for national consistency.
  - We will launch the Mental Health Data Dashboard.

Distress brief intervention

The Scottish Government Distress Brief Intervention (DBI) Programme was launched in 2016 to improve the response to people presenting in distress. It aims to:

> "provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress improving experience and outcomes for those experiencing distress and those providing support".

DBI is currently available for those aged 16 and over but the University of Glasgow are currently exploring whether expansion to under 16s may be appropriate.
It has two levels:

- Level 1 – trained frontline staff (including police and healthcare workers) help ease the person's distress and where appropriate offer a referral to a level 2 service.
- Level 2 – commissioned and trained third sector staff contact the person within 24 hours of referral to "provide community-based problem solving support, wellness and distress management planning, supported connections and signposting"

There are currently 11 Level 2 providers:

- LifeLink
- Change Mental Health
- Penumbra
- Scottish Action for Mental Health
- Orkney Blide Trust
- Mind Your Head Shetland
- Glasgow Association for Mental Health
- Recovery Across Mental Health
- Falkirk and District Association for Mental Health
- The Neuk (Anchor House)
- The Beacon (Hillcrest Futures)

A national programme board oversees delivery of the programme with local Implementation Groups or Boards in each of Scotland's 31 Health and Social Care Partnerships to "ensure that key stakeholders are involved and that local DBI provision is embedded and connected with, and respectful of, related and complimentary programmes".

DBI was discussed across the 3 panels of witnesses the session 6 Criminal Justice Committee took evidence from on 18 February 2026. Stephen Gallagher (NHS Scotland) described this as "a key facet of the support that we can give to people who appear to be in distress" and stated that it had reached 100,000 referrals. Deputy Chief Inspector Paton was also positive about DBI, stating "The evidence shows that when people are referred into that system, we reduce repeat calls and we reduce escalation, which is important progress". David Threadgold (Scottish Police Federation) stated:

> "They are a really positive thing. However, it has been mentioned that 2,000 police officers are trained in level 1—where the challenge is initially highlighted and the member of the public will get support for 14 days. However, we have many more thousands of operational police officers, so if the model that Police Scotland wants to use means that only 2,000 officers are trained and we cannot extend the training, those who are trained will feel increased pressure because they are the only ones who can be diverted to those calls. It is progress for sure, but it is by no means the panacea".

The letter from the Cabinet Secretary for Justice to the Committee on 24 August 2026 states that DBI services:

> "continue to provide an important early intervention and support mechanism for individuals experiencing distress. Referrals can be made by Police Scotland locally and through the NHS 24 Mental Health Hub, with more than 2,600 police officers and staff now trained as DBI referrers. This approach has strengthened the ability of frontline staff to connect individuals with timely support and has contributed to wider efforts to reduce repeat crisis presentations".

The written submission the Committee received from Healthcare Improvement Scotland on 8 September 2026 states:

> "While our inspections have not specifically assessed the effectiveness of Distress Brief Intervention (DBI) or other diversion programmes, our evidence supports the value of early intervention, timely access to healthcare and referral pathways that enable individuals to access the most appropriate support at the earliest opportunity".

Enhanced Mental Health Pathway

The Enhanced Mental Health Pathway allows emergency calls to be directed to the NHS 24 Mental Health Hub. The 24 August letter from the Cabinet Secretary states that "it is estimated that over 76,000 policing hours have been redeployed to core policing duties" since this was developed in 2020.

In the session 6 Criminal Justice Committee's evidence sessions on 18 February 2026, Stephen Gallagher (NHS Scotland) stated that:

> "Around 300 to 350 calls per month go from Police Scotland contact centres to the hub, through which a range of services can be accessed. I should also say that, under the programme for government for 2025-26, we have a commitment to expand the offer of the mental health hub to allow direct access to psychological interventions, and we hope that that will allow another 1,700 interventions per year". (The Cabinet Secretary's 24 August letter confirmed this expansion).

David Threadgold (Scottish Prison Federation) raised concerns about initiatives in this area being "predicated on there being police involvement in the first place". He stated that "The time element involved and the lack of risk-positive decision making that would allow health services to take those calls on at the very start are so prohibitive for our ability to deliver policing".

Deputy Chief Inspector Paton addressed this concern in her evidence:

> "I understand that the frustration may be that policing should not even be called in the first place. If we take the mental health pathway as an example, we see that more than 15,000 calls that police would have attended are now being diverted to NHS 24. That equates to 76,000 staff hours. True success in the mental health pathway will be when we do not have any calls to divert, because people will know to call 111 and not 101. There is more to be done on that."

Mental health index/ Community triage

This is a digital index available to all police officers with 24/7 contact details for relevant clinicians to offer advice on the correct course of action when an officer is

dealing with a person who is experiencing distress. This has been available in all divisions of Police Scotland since September 2024.

This is seeking to alleviate some of the pressures on Police Scotland identified in the HMICPS review as resulting from lack of availability of other services at the time the person is in need:

> "Throughout our review, we consistently heard that there appeared to be regular and significant increase in demand for Police Scotland in the evening and ahead of the weekend, when the other services that would normally provide mental health support are closed and unavailable. There is a perception among some Police Scotland officers and staff that the police are filling gaps in providing out of hours support and performing the role of the NHS, and that there is a need for a more suitable agency to provide the most suitable mental health support". (para 17)

The Scottish Police Authority Mental Health Distress Framework for Collaboration Progress Report of 16 September 2025 stated: "From a policing perspective local officers are reporting the positive impact that the index is having on their ability to respond to individuals in distress or crisis and ensure they access the right support at the earliest opportunity".

In her evidence on 18 February 2026 to the session 6 Criminal Justice Committee, Assistant Chief Constable Paton stated that some improvements were needed to the index:

> "There is inconsistency across the country: in some areas, staff always get access to a clinician and an assessment and are able to step away; in other areas, they are being told to take the person to A and E. We are highlighting that inconsistency with partners. Next week, I will be at the partnership delivery group. We need to see consistency of practice. I was heartened to hear the director for mental health mention that they would review the community triage mental health index to see where it is working and what will need to be done. We need to see consistency across the country". (col 62)

A&E handover

The session 6 Criminal Justice Committee was told at its 18 February 2026 evidence sessions about a pilot at the Royal Infirmary of Edinburgh's A&E department "on how the guidance for police officers can be operationalised and how the handover to clinical staff can be documented and explained". Dr Robby Steel (NHS Scotland) stated:

> "That work is about giving police officers the ability to structure why it is not appropriate for them to continue to stay with a person and why it is appropriate for them to hand them over to the clinical staff, and to ensure that the rationale behind that is well documented. It is about ensuring that the clinical staff are aware that the patient has been handed over and that the

> police are leaving. The pilot has the potential to improve that interface. The process will never be perfect, but the pilot has the potential to improve it. I happen to know the people who have been involved in the pilot in Lothian, and it is very promising, so there are reasons to be optimistic."

Session 7 Scottish Government update

The 24 August letter from the Cabinet Secretary for Justice to the Committee outlines some of the steps being taken to address police involvement in health-related incidents. The letter noted that:

> "While some progress has been made, including a 1% reduction in mental health-related incidents between 2023-24 and 2024-25, such incidents continue to account for a growing proportion of police demand, demonstrating the need for a whole-system response. The demand on police time remains heavily influenced by wider social challenges including trauma, addiction, homelessness and poverty. As a result, mental health-related demand is increasingly recognised as a broader public service issue requiring integrated action across health, social care, justice and other sectors to improve outcomes and reduce pressure on emergency services."

The letter highlighted several of the existing interventions (set out earlier in the paper), and indicated some future areas of work, including:

> "the Chief Constable and NHS Board Chief Executives have agreed to prepare a jointly owned NHS Scotland and Police Scotland strategic paper, which seeks to develop a whole system approach to better support mental health, distress and vulnerability".

> "The Scottish Government is also working closely with the Scottish Ambulance Service, NHS 24 and wider partners to deliver manifesto commitments designed to improve access to mental health support and reduce pressure on emergency services. This includes expanding 24/7 mental health support through the rollout of Mental Health Triage Cars, more formally known as Mental Health Paramedic Response Units, across Scotland. These specialist resources are intended to reduce demands on police attendance".

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Date: 09/09/2026