



SCOTTISH POLICE FEDERATION

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Criminal Justice Committee
The Scottish Parliament
Edinburgh
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Ref: DT/LS

12 January 2024

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Dear Audrey

With reference to the evidence session at the Criminal Justice Committee held on the 15th November 2023, and specifically the HMICS report on its thematic review of Policing Mental Health in Scotland, the Scottish Police Federation (SPF) welcome the opportunity to provide further comment on the issues raised, and the recommendations contained within the report.

Police officers deal with mental health issues in a variety of settings and circumstances. They are largely untrained to recognise mental health conditions and doing so is not necessarily their first priority in incidents where chaos and violence are the most obvious factors in the events they deal with. Yet the police is often the service of first and last resort and increasingly the only service available 24/7 when someone is suffering a mental health episode.

It has been reported that Police Scotland receives approximately 20000 calls per month relating to 'mental health'. The impact of this demand on the ability of the service is significant, and it is the view of the SPF that this area of business, and the current model is the single biggest inhibitor in the ability of the service to deliver policing, and the policing priorities of our communities.

The impact on the health of our staff, their ability to manage and effectively deal with their workloads, the negative perceptions of the police as a result and the lack of ability to carry out proactive policing in our communities are directly related to the time spent dealing with non-police matter in the health space.

There is also clear evidence of challenges with the recruitment and retention of police officers, all at a time when we are in the middle of a recruitment freeze, a training embargo and a top line establishment figure of 1000 police officers less than 1 year ago.

In general, the SPF fully supports the views and recommendations of the HMICS Thematic Review of Policing Mental Health in Scotland, we acknowledge that we were interviewed as part of the review and genuinely welcome the detail within the report which highlights the challenges faced by police officers across Scotland in trying to deliver policing.

Whilst perhaps out with the scope of expertise of some of the interviewees in this review, we believe it is essential that the joint responsibility of Police Scotland and the Scottish Police Authority in ensuring that officers receive necessary, suitable and sufficient training to allow them to carry out the initial response to deal with people suffering from mental health crisis as is statutorily required under the Health and Safety at Work Act 1974 is met.

Currently there is a lack of a cohesive approach to ensure training is suitable, sufficient, and uniform to ensure a national standard to policing mental health issues in Scotland. At the moment, the situation exists where police officers are making decisions largely based on instinct, or a 'best guess' as to the correct course of action. This is clearly unacceptable from a policing perspective, but also has the real potential to be detrimental to the member of the public regarding the initial situation, but also their longer-term care.

The SPF fully recognise and understands the concerns expressed by the HMICS surrounding the lack of suitable and sufficient face to face training. An over reliance on online training, which was introduced solely as a cost cutting measure does not enhance the learning and understanding of operational officers and supervisors who face these policing issues on a day-to-day basis. We are regularly told by members that online training is seen as no more than a 'tick box' exercise with insufficient time or removal from front line duties provided to undertake this type of training. It should also be noted that police officers are extremely resourceful in developing strategies to 'complete' these online courses whilst undertaking other duties, perceived as more of a priority to them. Clearly this further dilutes the potential impact of this type of training delivery.

We feel greater emphasis must be given to the lack of suitable and sufficient risk assessments, as is required from a competent employer (Police Scotland) to identify the suitable control measures to manage this area of business safely. This is not only a problem for policing mental health matters but a systemic failure across Police Scotland with a general disregard or ignorance of its collective responsibilities under the Management of Health and Safety Regulations 1999.

We feel in general that the Health and Safety responsibilities of Police Scotland, and the understanding of the respondents in this vital area of business could have been more developed.

The review framework could have taken a far more strident stance surrounding a number of these core areas, concerns which are routinely encountered by our members, who advise that partner organisations fail to take cognisance of their responsibilities in this area.

This has a particular impact when dealing with individuals who have consumed alcohol and will not be dealt with by health professional until the effects have worn off, placing a huge resourcing demand on Police Scotland.

The review suggests that the majority of operational officers feel the vast majority of their duty time is spent managing these issues. We agree with this statement and acknowledge the scale of the issues reported.

We believe that consideration is being given to try and quantify the scale of the demand from this area of work and acknowledge this maybe further directed as a result of the joint agency report. What is not in doubt is that the impact is significant.

As stated, we largely agree with the contents of this review. We would offer additional observations around the key findings identified.

WHOLE SYSTEM APPROACH

In respect of point 3 (page 8) we agree absolutely with the comments but would highlight that there is no perception of officers and staff in Police Scotland filling gaps and performing the role of the NHS, this is an absolute reality. This needs to change as like the Police Service the NHS is a 24/7 organisation that needs to take more responsibility in receiving and dealing with individuals suffering from a Mental Health condition. This also has to be done even when, or despite, that individual suffering from alcohol or drugs misuse or being in a state of intoxication. As it is in most occasions, substance abuse is either a cause or a trigger of that individual's condition and the amount of police time wasted on dealing with occasions like this has to stop and the appropriate partner agency has to step up to deal with this vulnerable individual.

LEADERSHIP AND VISION

Our view is that point 2 (Page 8) in this section sums up the challenges facing police offices in Scotland more than any other in the entire report. Police officers and staff across Scotland need to understand their role, the role of other agencies and have confidence that the decisions they make, whilst being subject to scrutiny, can allow the police service to discharge some of the risk to allow us to ensure that the right care is provided for the individual being dealt with.

The ability of Police Scotland and its staff to deliver 'policing' whilst the current situation exists is detrimental not only to the communities of Scotland, but to the officers and staff trying to deliver policing in our country.

Until operational officers, who mainly deal with this type of incident, have the confidence that their decisions will be supported by senior managers, and that they have an increased knowledge and understanding of the role of the PIRC, the Crown and faith that a risk positive decision will not end up with them being the subject of misconduct proceedings, nothing will change in this area of our business.

The impact on operational sergeants is particularly acute. The lack of training or framework to allow evidenced based operational decisions that both, ensure the safety

of the public, but also allow for the continued delivery of policing is absolutely preventative and must be addressed if we are to change the way we currently police in Scotland.

At points 10 and 11 (page 9), we note reference is made to areas of local innovation and the need for better strategic oversight. We agree wholeheartedly with these points. A national police force should be able to deliver a national approach to this area of business. Until we achieve this, I suspect little can, or will change in the way police officers deal with the risks associated.

DELIVERY

In respect of point 1 (Page 10), our view is that we cannot continue to deal with mental health related calls to the extent we currently are. As has been articulated, we need to have a clearly defined role of what the expectation of the police is, the appropriate training and support from partners to allow the entire public sector to work collegiately to provide the best care for our citizens.

Under no circumstances are we saying that the police should not attend to members of the public who need emergency assistance.

The challenge is clearly what happens when that member of the public clearly requires the assistance of a mental health professional, or the care provided by the wider health service.

Our view is that police officers should carry out the functions of the police as defined and that as highlighted in the report, that consistency of approach is essential.

That said, the report clearly highlights a lack of training or understanding of how to deal with members of the public suffering from mental health crisis. The SPF would agree with this position, our view is that officers should never have to rely on their instinct as opposed to their training when dealing with people in this area of business.

It should not be the function of the police service to deliver aid to mental health patients when it is the job of other agencies to do so.

Unless there is to be an absolute change in the legislative role of police officers, we believe that we should concentrate on what we are trained to do, and what we deliver very well for Scotland.

Our expectations regarding the health and safety responsibilities of the service are documented earlier in this report.

The comments at points 9 and 10 (page 11) are particularly accurate and sum up the general perception from police officers that we have become the 'default agency', the one that 'can't say no' and the one that is left dealing with the capacity challenges across the wider public sector in Scotland. These are well rehearsed soundbites, but please do not underestimate the impact on our ability to deliver policing because of them.

OUTCOMES

Points 3 and 4 (page 12) are particularly important. The testimony provided by officers to the SPF suggests that the impact of the current 'model' on policing mental health has a significant impact not only on our ability to deliver policing, but on the health of our officers.

Mental health calls mean that no other aspect of an officer's workload can be dealt with for that period of time.

The build up and backlog of work leads to pressure from supervisors, pressure on the individual officers for being unable to carry out enquiries and an inevitable reduction in the service being provided to the public.

We should also not underestimate the impact on the health of our colleagues due to these circumstances, which are almost entirely out of their control. Evidence from Police Scotland shows increased levels of absence, in our opinion these two areas will be inextricably linked.

In respect of the Recommendations highlighted in the view, the SPF broadly agrees with them and would provide the following comments: -

The SPF agree with the need for a whole system review of the current arrangements. Individual agency thinking, and by extension the implementation of individual ideas or policies will achieve little.

The SPF supports a short, strict timescale for this work. We must harness the momentum that we believe exists in this area to demonstrate meaningful change to the working practices of police officers, their process and procedures and the confidence they have in their decision making in this area of business.

In response to the valid points raised by Dr Arun Chopra, there is clearly a disconnect between Police Scotland and their Health Care partners. The significant challenges would appear to be: -

- a lack of suitably trained psychiatric practitioners,
- a lack of a coordinated strategy to fast-track people in need of support to appropriate places of safety, and
- a lack of appropriate places of safety which should not include police custody suites.

In relation to training, cognisance must be taken of the resourcing pressures already experienced by Police Scotland for mandatory training for officer safety, first aid and driver training. Also, currently nearly 10% of frontline officers are on long term sick leave, with a further 15% on restricted duties.

The current legislative arrangements stem from a policing era long gone – where every community had a local constable who reported to their local police station. Such luxuries no longer exist.

Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 powers remain valid, with the ability to detain people for up to 24 hours in a place of safety. This was designed to enable suitably qualified psychiatric practitioners to assess such individuals found in a public place. Its implementation is simply not a recurring enough reality in 2024 Policing, where these clinicians are simply not available.

Repeatedly, SPF has raised concerns relative to individuals found in a non-public place, and the lack of power to detain under the Mental Health Act. We note the comments of the Justice Secretary in her response to the Committee that her view is not the lack of 'power' to detain under this legislation, but the lack of accessing suitable qualified social work, or medical personal and the lack of having somewhere suitable to take them.

Should there be insufficient change to current policing practices, we would not rule out the potential for the establishment of legislation to allow the police to force entry to premises to deal with people who are believed to be in distress to address this issue.

In conclusion, it is the view of the SPF that the current model for the 'policing' of mental health is the single biggest inhibitor in our ability to deliver policing in Scotland.

We are encouraged by the content of the HMICS report, and by some of the comments made by the Justice Secretary in her submission to this Committee on 5th January 2024. The SPF have been raising exactly the type of issues highlighted for many years now. The impact on our staff, our ability to deliver every possible aspect of policing has, we believe, significantly impacted the public perception of Police Scotland and the service we are all striving so hard to provide.

We believe there is now some genuine momentum around addressing the issues raised, and we look forward to playing our part in addressing them.

To achieve success, we must of course have strategy. In our view, that success can only be measured by changes to the working practices, process and procedures adopted and used by operational officers and staff across the Police Scotland estate.

I can assure you that on behalf of every police officer in Scotland, we seek to change the current model to allow us to provide the service to the public that we are trained for, and experts at delivering.

Yours sincerely



DAVID THREADGOLD
Chair