



**REPORT TO: POLICE AND FIRE AND RESCUE SERVICES COMMITTEE ON
16 NOVEMBER 2023**

**SUBJECT: THEMATIC REPORT: MENTAL HEALTH IN THE COMMUNITY –
IMPACT ON POLICING**

**BY: CHIEF INSPECTOR DARREN BRUCE, NORTH EAST DIVISION,
POLICE SCOTLAND**

1. REASON FOR REPORT

- 1.1 To inform the Committee on mental health challenges in the community and the impact on policing.
- 1.2 This report is submitted to Committee in terms of Section III (J) (4) of the Council's Scheme of Administration relating to the monitoring of delivery of the Police and Fire & Rescue Services in Moray.

2. RECOMMENDATION

- 2.1 **It is recommended that the Police and Fire & Rescue Services Committee scrutinise and note the information contained within this report.**

3. CURRENT SITUATION – MENTAL HEALTH DEMAND

- 3.1 It is recognised within policing nationally that mental health calls are creating an increasing demand on front line resources and that a multi-agency, partnership based approach represents an effective strategy for addressing and reducing the burden on Police resources whilst seeking to ensure those in mental health crisis are provided with access to suitable support and resources in a timely and efficient manner.
- 3.2 The need for access to appropriate mental health support is illustrated by the increasing demand, seen across the whole of the North East Division in the number of STORM calls responded to where a mental health concern is identified (i.e. those STORM calls written off with a mental health related Disposal Code). This has risen from **998** in 2017 to a peak **2176** in 2022 representing an increase of approximately 120% over that time frame. The rise has been largely linear with the exception of 2020 where demand was

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reduced. Despite efficiencies in policing being realised through innovation such the introduction digital technologies, we know that implications of this increasing mental health demand include less time for our Operational Officers to focus on the investigation of crimes reported to the Police by the public.

- 3.3 Across the same period the total number of STORM calls has also increased from 111,135 in 2017 to 120,868 in 2022. That represents an **increase of circa 10%** between those years and clearly indicates the increasing and disproportionate demand placed on policing by mental health related calls. Whilst these figures relate to the Division as a whole it is not unreasonable to expect they reflect the situation seen within each of the individual Local Command Areas including those covering Moray.
- 3.4 Within that review period the year with peak overall demand, as measured by the number of STORM, calls was 2018. That year there were 138,093 recorded incidents in North East Division. This is greater demand than the most recent complete year (2022). In 2018, there were 1701 mental health related calls, which is lower than the increased number seen in 2022. This supports the position that the frequency of mental health related calls is increasing almost independently of the general demand on Police resources.
- 3.5 During the period 2019 to 2020, COVID-19 impacted on policing practices leading to a reduced number of persons coming into Police Custody Suites (Kittybrewster in the City, Fraserburgh in Aberdeenshire and Elgin in Moray). In 2021, practices were permanently altered driven by the Criminal Justice Act 2016, which meant there was a greater 'presumption towards liberty' afforded to suspects and accused persons which in turn, reduced numbers being presented at Custody Suites across the North East Division, including Elgin. Therefore, a fair comparison is only achievable using data from 2021 onwards. Since 2021 the proportion of individuals presenting at our custody suites with self-identified mental health issues has increased slightly from 40% to 42%. For clarity, these are not people who are in mental health crisis but are people who have identified previous or ongoing mental health issues when questioned as part of their welfare screening. This robust welfare screening process informs custody welfare provision by trained Custody Officers and on site NHS Nurses. Provision escalates in line with the assessed risks including self-harm or suicide. Welfare support can be significant and can include a 'Constant Supervision' which requires an Officer to oversee that person at all times.
- 3.6 It is worth recognising that Kittybrewster in Aberdeen remains the primary custody facility in North East Division and by virtue of its location it will receive custodies from across Aberdeen City and a large proportion of Aberdeenshire – although only infrequently will it receive Moray custodies. As such it is the largest source of available data regarding custodies in the Division. It is however reasonable to interpret this increase in reported mental health challenges as being independent of an individual's place of residence; as such it is also reasonable to consider that this increase is reflected in this region too.

- 3.7 A further indication of the impact mental health calls have on Police resources can be found in the comparative number of incidents attended which result in the recording of a crime. In general terms between 16-18% of all STORM calls responded to by Police in North East Division will result in a crime report being created. It is undeniable that communities all benefit from policing resource to prevent and detect crime, as well as playing a key role in building community cohesion. However, this support and proactivity has become more challenging as a consequence of mental health demand increases.
- 3.8 To add further context to the figures reported above at 3.7, over the period 2017 to 2022 **only between 2.1 and 3.2% of Mental Health calls resulted in a person being charged with an offence or crime.** Figures from 2022 show 2.4% of calls with a mental health element result in a crime being recorded. This is positive in demonstrating that Police Officers across all command areas within A-Division are not unnecessarily criminalising those who are in crisis but it also illustrates the volume of incidents attended where the support and involvement of other agencies, more suited to addressing mental health crises may be more appropriate.

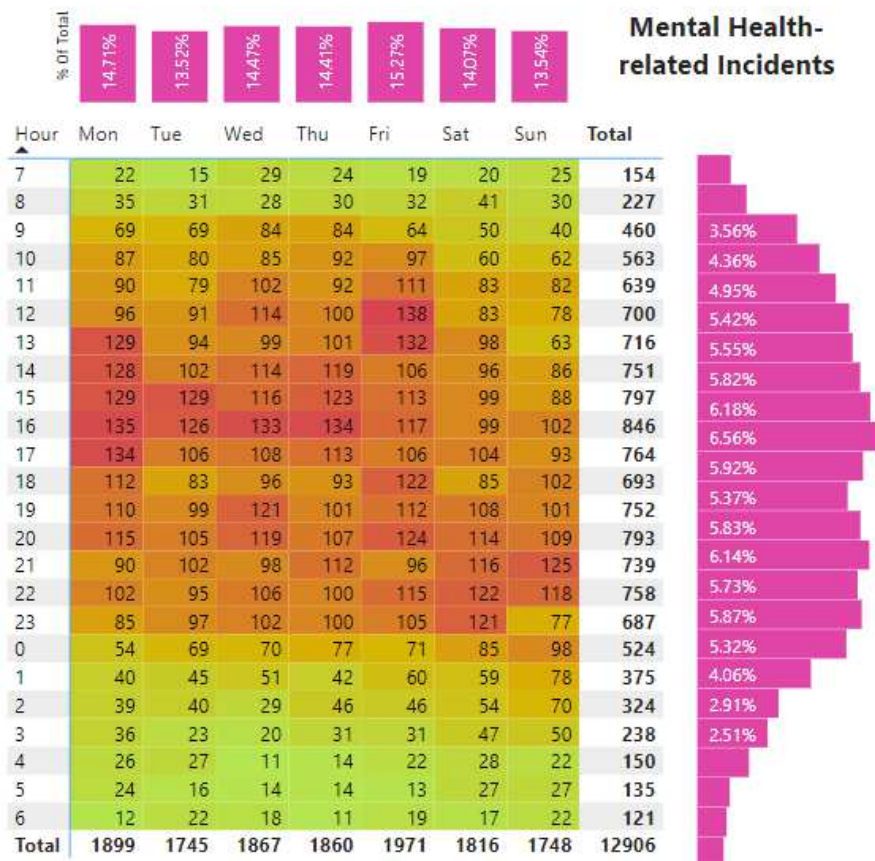
4. Work Impacting on Mental Health Related Demand

- 4.1 The Scottish Government's Mental Health Strategy 2017-2027 'Community Mental Health and Wellbeing Project' included an Action 15 which was to increase the workforce to give access to dedicated mental health professionals to all GP Practices, Police custody suites and prisons. To that end a financial commitment was made to increase investment to allow local authority areas/health and social care partnerships to implement measures designed to provide an 'ask once, get help fast' service. In Aberdeenshire (primarily North Shire) this took the form of the Crisis Intervention Team (CIT) in Aberdeen City it saw third sector agency Penumbra commissioned to provide their WELL Service. In Moray the funds were directed differently and put towards financing Distress Brief Intervention (DBI).
- 4.2 The WELL Service (Aberdeen City) are trained staff, counsellors and peers, some of whom will have lived experience of mental health struggles and the associated challenges giving them an intimate perspective on the struggles their service users are likely to experience. The CIT (Aberdeenshire) are a team which includes fully qualified and trained mental health professionals, social workers and health care support workers. Their roles see them closely affiliated with the Custody suites in Aberdeen and Fraserburgh where they can readily identify and assess individuals highlighted to them as having potential mental health concerns. Referral into either of these services are intended to facilitate the provision of appropriate additional supports to provide assistance with mental health and wellbeing. This would either be in the form of short term assistance from the services themselves or by securing referrals to more appropriate services. Unfortunately the lack of supplementary services in Moray such as WELL or the CIT means rapid or

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immediate referral of individuals in crisis is not currently possible. This maintains a burden on Operational Policing.

- 4.3 The services commissioned in other areas of the Grampian region represent an opportunity to reduce the burden and demand created by mental health calls on frontline officers and equips our staff with additional resources which can be drawn upon immediately when faced with a non-criminal situation of a person in mental health crisis. This is not presently available in Moray.
- 4.4 There are undoubted challenges faced by these services as they often do not have the resource to provide 24/7 cover. This would undoubtedly also be the case in Moray but Police Scotland has access to data which can be used to inform periods of peak demand via which Services can tailor the delivery of their available resource. If Moray were to implement a more acute mental health support service than is currently offered by DBI then Police would be in a position to assist with identifying an appropriate profile. The Heat map, below, specifically for the Moray Local Command Area, illustrates how this might look with Monday – Thursday during office hours representing the peak frequency of mental health calls where Police are contacted.



- 4.5 Whilst it is recognised that the commissioning of services such as WELL and the CIT have financial ramifications for the local authority (HSCP) the immediate benefits to policing and the wider community from them is tangible. CIT, WELL and analogous services are able to provide rapid/immediate assistance and support in cases where mental health issues are in evidence.

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This can yield immediate benefit in that it can reduce the time Police resources have to dedicate to these types of incident. Further benefit is likely to be derived in terms of a reduction in the frequency with which individuals come to Police attention. The percentage of Police attended incidents where mental health is a concern that actually result in a crime being recorded is very small. Therefore any intervention which reduces this demand on Police is welcome. Any reduction in demand on Police due to mental health issues will naturally see a related increase in resource availability for other issues affecting our communities.

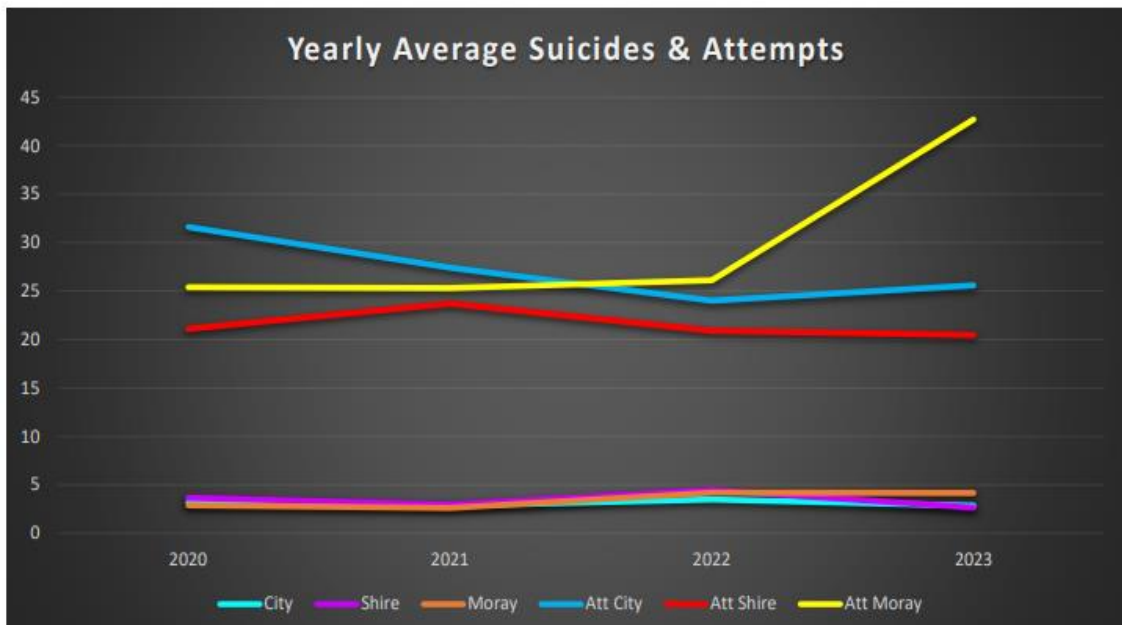
- 4.6 In common with Aberdeen City the third sector organisation Penumbra also administer Distress Brief Intervention (DBI) in Moray. DBI is another means of providing support to people in acute distress where it is clear that Police are not the most appropriate agency to assist but it does not provide the same immediate and acute response that mechanisms such as WELL or CIT do. DBI was piloted in Aberdeen between 2016 and 2021 and since then has been adopted on a longer term basis and rolled out across Scotland. DBI is a two level approach and training for this mechanism is available to Police Officers based in Moray. To date 31 Officers in Moray have been trained in the use of this tool which affords them the ability to make referrals to the service. Unfortunately of that number several have since left Police Scotland or moved into roles which preclude them from utilising their training. This has been discussed with Penumbra and there are plans in progress to revisit DBI training in Moray so as to bolster numbers and increase uptake of that service.
- 4.7 DBI referrals are a two stage process. Level 1 partners are front line workers in agencies including Police Scotland, Primary Care, Mental Health Pathways (MHP), the Scottish Ambulance Service and the Emergency Department, including Psychiatric Liaison. The Level 1 partners are provided with specific training to provide a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.
- 4.8 A referral to Level 2 will trigger a 14 day supportive intervention, focusing on self-management of distress, community based problem solving, developing distress management tools and signposting to community, non-Police assets and relevant agencies. Having armed an individual with the tools to manage distress it becomes more likely they will implement these skills, this in turn is likely to see a reduction in demand on Police resources.
- 4.9 From the data available, within the Moray area there were 25 and 5 DBI referrals for 2021 and 2022 respectively. So far in 2023, there have only been 3 referrals. In contrast, the number of Police initiated referrals to the DBI service in Aberdeen City since it was instituted stands at 348. The challenges previously described with training Police Officers in Moray in the use of DBI is believed to be one of factors in this figure and to that end our Partnerships business area are exploring opportunities to uplift and update the numbers trained and to refresh the messaging about what the DBI service can provide. There remains confidence that the third sector partner, Penumbra, have

capacity to deal with the associated increase in referrals if this training deficit can be addressed.

- 4.10 Currently the Moray Community Safety Partnership is assembling a Task and Finish Group which aims to gain the support of those delivering Mental Health services, to help address some of the complex situations described within this briefing. It is respectfully requested that this board endorses this proposal.

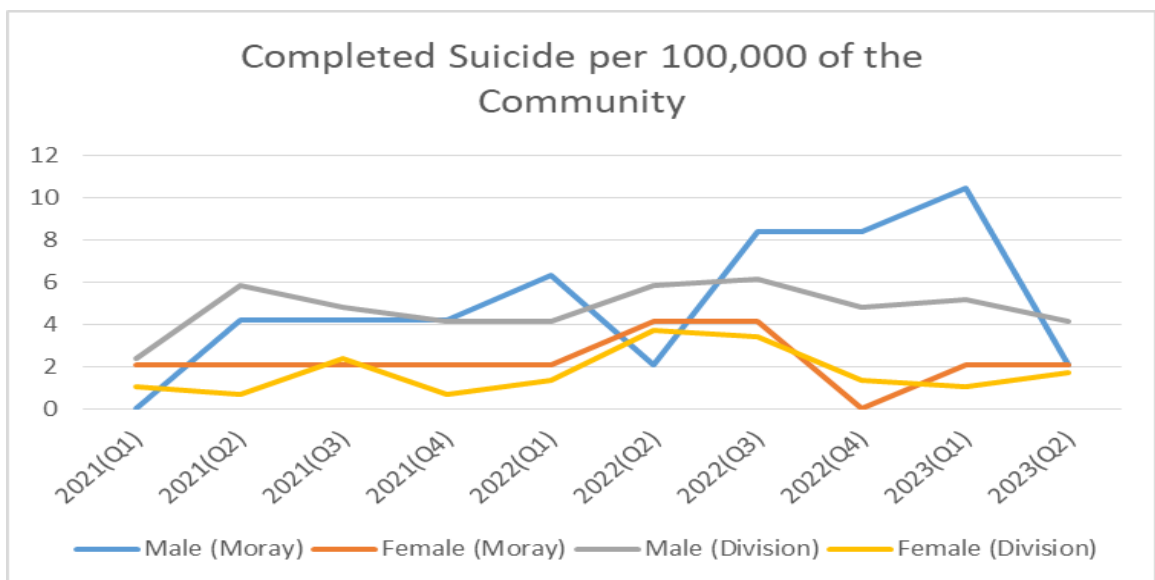
5. CURRENT SITUATION - SUICIDE

- 5.1 Suicide rates vary across the division but it is clear, irrespective of geography that poor mental health is a significant factor. In many, but by no means all, of the recorded completed suicides that is the case. In addition, those instances where there is no recorded mental health diagnosis there are often lifestyle factors or adverse life events in evidence which could be reasonably presumed to precipitate an emotional collapse leading to a degree of acute mental health crisis. The figure below illustrates the most up-to-date information regarding total attempted and completed suicides across all areas of the North East Division. As can be clearly seen the trajectory of attempted suicide in Moray varies significantly from other divisional command areas.



- 5.2 In the Moray Local Command Areas there have been completed suicides recorded in respect of 6 males and 2 females since the start of the year (1 January 2023 to 30 June 2023). Additionally there have been 82 recorded attempted suicides. Of the completed suicides 3 (all male) occurred in Elgin, 2 (both male) occurred in Buckie/Keith with individual female deaths being recorded in Lossiemouth/Fochabers and Forres/Speyside which was also the location of the final male death. It can be clearly seen that this is an issue which affects communities all across Moray. The numbers of attempted suicides are similarly distributed across the whole region.

- 5.3 Of note is the fact in Moray the number of female attempted suicides far exceed those of males (41/24). This is a phenomenon that is also seen in Aberdeenshire but not in Aberdeen City – where the numbers of males and females attempting suicide are broadly the same. Why this should be the case is unclear but it may in part indicate that females are generally more open to discuss their concerns with professionals than males but it also indicates a risk that males in crisis are going unnoticed until the point they successfully complete suicide. A caveat to these figures is that it does not differentiate between discrete suicide attempts or repeated attempts by a given individual.
- 5.4 Data collated since 2020/21 shows the frequency of deaths by suicide across the Moray Local Command Area and compares it against the Division as a whole. The frequency remains variable, in general terms (highlighted by the pronounced peaks at Q1 and Q3 of 2022 and Q1 of 2023) males in Moray have been more likely to attempt or complete suicide than their counterparts in the wider North East Division area. The picture for the female population of Moray is less pronounced but the graph below illustrates that with the exception of Q4 of 2022 they are generally as, or more likely to attempt and/or complete suicide than those who reside elsewhere in the Division. The reasons for the significant peaks in the male cases are not clear but they are very pronounced.
- 5.5 What is evident from the data is that since the most recent peak periods referenced (Q3 2022 for females and Q1 2023 for males) the general trend indicates that rates for death by suicide in Moray are reducing for males whilst following a marked reduction in the female population after Q3 of 2022 the frequency of female suicides has again crept up to the point it exceeds the rate in the wider division. It is the case that the data indicates an increasing trend for female suicide – with higher numbers in Moray than elsewhere in the North East - whilst the rate of death by suicide in males across all areas is generally trending downward. Again, given the myriad factors which can contribute to an individual experiencing suicidal thoughts identifying a comprehensive explanation for these observations is not currently possible.



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The overall picture does illustrate how volatile the true situation in respect of death by suicide truly is and reinforces the need for a continued vigilance and effective multi-agency suicide prevention strategies across Moray and the wider Division. It also illustrates that whilst effective suicide prevention strategies are devised and implemented this is likely to remain an area of significant demand on Police resources.

6. Suicide Prevention Strategies

- 6.1 In terms of action to reduce the frequency of suicide both in Moray and across the legacy Grampian area, Police Scotland are working closely with partners in the Local Authorities, NHSG, Public Health Scotland, SFRS and SAMH, all of whom are key members of the Suicide Prevention Strategic Group.
- 6.2 Until 2022, the regional response to Suicide Prevention was guided by the North East Suicide Prevention Lead Group (NESPLG). The work of this group helped identify and inform key strategic priorities which will now be progressed under the leadership of a new Strategic Group.
- 6.3 In Aberdeen City, Police Scotland led the Suicide Prevention Project operating within local Community Planning structures. This group developed data, from a range of sources, indicative of 'at risk' demographics. The multi-agency Project Team developed and delivered several 'Tests of Change'. This included provision of localised educational and training material, designed to highlight the factors which might lead to suicide and strategies to address them, and delivering these towards at risk demographics. The work undertaken in this respect and the learning generated has and will continue to assist and inform suicide prevention strategies across Moray and the wider division.
- 6.4 There are a number of factors which have been identified as contributing to suicide/attempted suicide. Some, like addiction, which has a strong relationship with poor mental health, are of a type which is likely to see an individual come to adverse Police attention prior to a suicide attempt.
- 6.5 In those cases it is important that Police Officers are aware of the resources available to them and the person in crisis. All such cases who come to Police attention will be brought to the attention of partner agencies via Vulnerable Persons Database entry referrals. This represents an established route by which to instigate the provision of support to those in our community who may be at risk of suicide.
- 6.6 Other recognised contributory factors are less likely to directly involve Police interaction. Several such societal factors like financial hardship, relationship difficulties, bereavement, unemployment and homelessness are such that direct Police intervention is less likely. The work of the NESPLG has been a driver to ensure some of the 'touchpoints' relating to these factors, are informed and upskilled to intervene.

7. CURRENT SITUATION - MISSING PERSONS

- 7.1 Missing persons create a substantial demand on divisional resources. Information provided by Police Scotland's DPU indicates that the average resource commitment to a Medium Risk missing person enquiry is 182 hours where there is a mental health element involved. The data set used to determine the average resource commitment is limited and relates to another policing Division with a largely urban environment and without rural specific challenges such as increased travelling times.
- 7.2 In year 2021/2022 North East Division dealt with 874 missing person reports of which approximately 25% had a significant mental health element. That percentage remained more or less static in 2022/23 when the total number of missing people dealt with increased by more than 15% to 1007. Of that number approximately 12% of reports originated in Moray both in 2021/22 and 2022/23. This however does not capture the whole picture in terms of mental health impact on missing individuals resident in that local authority area. In 2021/22 of the 25 missing persons recorded in Moray where there was a recorded mental health element 15 of them (60%) were absconders from Ward 4 at Dr Gray's Hospital (DGH). In 2022/23 that relative figure had increased to 88% (21/24 cases where mental health concerns featured). The 2022/23 figure was a noticeable increase over the previous year (2020/2021) although the reason for that is unclear.
- 7.3 Within the first five months of 2023 there were 40 missing person reports generated involving individuals who absconded from RCH in Aberdeen City, approximately 2 per week. Of those individuals who went missing (where a missing person report was created) from RCH in year 2022/23, 47% of them (54) were found to have absconded during periods where they had been permitted leave from the ward by staff. This includes for things such as smoking breaks and whilst specific numbers for DGH are not currently available it would be a reasonable presumption that this happens there too. Given the staff interaction already in evidence prior to leave from the wards being granted there appears to have been opportunities to pre-empt any absconding behaviour or minimise the impact of same. Simple approaches such as ensuring patients are in possession of mobile phones, asking them directly about their intentions or even accommodating longer periods off ward (where it is in the judgement of health professionals clinically safe to do so) might be effective in securing reciprocal cooperation from the patients involved and reducing the frequency of incidents where missing person reports are necessary. Extrapolating these observations to DGH is likely to yield a similar benefit.
- 7.4 Joint work is being undertaken by Police Scotland and RCH during 2022/2023 and beyond focused on reducing the demand on local policing assets whilst servicing the requirement to assist the hospital. In time it is anticipated that ongoing identification of individuals who are frequently reported missing with subsequent discussion and management strategies being developed will yield resource benefits both to partners and Police. Given the fact individuals reported missing are frequently found at their home address or the address of

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known associates partners including those in Aberdeenshire and Moray the benefit will, to a greater or lesser degree be realised across the whole Division. Again there is no reason that such strategies cannot be implemented at DGH in anticipation of yielding a similar benefit. Indeed given the more compact size of the facility in Moray such implementation may be easier and quicker to generate positive results this may be worthy of additional consideration/discussion.

8. Efforts to Reduce Impact of Missing Persons

8.1 The Scottish Government's National Missing Persons Framework (NMPF) for Scotland sets out the following four objectives:

- To introduce preventative measures to reduce the number of episodes of people going missing
- To respond consistently and appropriately to missing person episodes
- To provide the best possible support to missing people and their families
- To protect vulnerable people to reduce the risk of harm

8.2 Achieving these objectives will by extension reduce demand on operational policing resources. North East Division (and Police Scotland more broadly) continue to work on a multi-agency basis towards achieving these objectives across Aberdeen City, Aberdeenshire and Moray. This includes working with NHS, Social Work and Residential Homes, looking for ways to improve and enhance their internal practices.

8.3 In 2022, Police worked in partnership with NHS Grampian on refreshing their 'Responding to Missing People Policy' which focused on reducing the risk of people going missing and mitigating the risk to the people who have gone missing. It set out the roles, responsibilities and actions to be taken by staff in respect of missing persons. It also ensured a collective response delivered on the achievement of the objectives contained within the NMPF. New, clear appendices were included which featured: a flowchart for frontline workers; risk assessment matrix and frameworks; and return home welfare discussions to formulate plans to reduce future episodes.

8.4 This new policy is still being embedded but once established, it should reduce missing episodes, time spent missing and services time on information gathering and whole episodes. This will bring benefit in terms of reduced resource demand to frontline policing.

8.5 On carrying out a more rigorous examination of the data, a number of Missing Persons from RCH were found to have absconded following cigarette breaks which have to be taken out with hospital grounds and of which Staff are aware in advance. Efforts to examine whether there are similar factors in evidence in the case of those who are ultimately reported missing from DGH are in

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train. Given current proposals for changes in the location of acute Mental Health care provision in Moray there may be an opportunity to build in aspects which make future absconding less likely. For example in Aberdeen City there is work ongoing with the Chief Office of HSCP to relocate the smoking area to within hospital grounds in order to try and reduce episodes of patients choosing to absent themselves from hospital.

- 8.6 As mentioned above there is a current program of works proposed for the DGH site will see the acute adult Mental Health provision relocate from Ward 4 at DGH to the Seafeld Community Hospital in Buckie. Plans for this relocation of patients remain under discussion but there is frequent communication on the subject and Police are regular attendees at the project meetings. This level of cooperative working allows us to ensure the relevant Local Policing Team are sighted on timescales and developments it also affords an avenue by which meaningful and productive discussion can be held around the design of the decanted service in the hope of building in measures to assist in reducing the number of patients who abscond and are ultimately reported as missing.
- 8.7 There is currently no reported plan to change Moray's provision of a 'Place of Safety' and this is scheduled to remain at DGH on account of its interdependencies with the accident and emergency department already sited there. There are however potential implications should a patient presented at the 'Place of Safety' be deemed to require admission to a mental health ward. Under current arrangements any person Police take to DGH for a mental health assessment who is subsequently to be admitted to Ward 4 only has to walk a very short distance, within the same building to reach that ward. Relocating the mental health facilities to Buckie introduces questions about patient transfer between the assessing hospital and the unit where the patient is admitted to the mental health ward. There may be implications for Police resourcing unless there is an arrangement/agreement that the Police will not be responsible for this transfer and that Police will not be held at DGH A+E unnecessarily to care take the patient until NHS transport can be arranged.

9. Risk Mitigation and the Vulnerable Persons Database (VPD)

- 9.1 Police Scotland has a duty to ensure following a mental health related call that people (including Missing Persons) are no longer at immediate risk and short term measures are in place. Tactical options include but are not limited to taking advice from services, such as the CIT or WELL Service across City and Shire or DBI in Moray or any additional service which might be identified in future. Furthermore, conveying an individual to Hospital, be that DGH for psychiatric assessment prior to admission to Ward 4 or to RCH or another suitable health care establishment or leaving an individual in the care of a suitable relative or friend.
- 9.2 A VPD entry is completed and ultimately shared with organisations in order that the appropriate follow up is instigated. We know that the sharing process is not instantaneous and we know that in some cases, although persons may

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not be in an acute need of care, in order to help stabilise their situation, care and support is needed to avoid a further incident.

- 9.3 Frequently, there is a requirement to notify partners in advance of a VPD entry reaching its intended recipient. In order that support plans for individuals can be considered at an earlier stage. Often, the most suitable forum to take forward these more immediate joint discussions can be within a multi-agency meeting.
- 9.4 Experience frequently shows us that finding the right person or professionals across the range of partners can be challenging. On occasion these meetings can include several representatives from the same organisation with little previous connectivity even between those same organisations. We know that the requirement to gather data and attend meetings can be challenging for some organisations including Police Scotland. A solution may be to commit to a joint forum, who meet specifically to address the more immediate or complex demands that a small few can create.
- 9.5 Despite this, we know that in most cases, the vulnerability and risk is being managed down for individuals coming to our attention by entering into joint discussions with shared risk and vulnerability management actions.

10. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP))

The Moray Council's responsibilities with regards to the Police and Fire Reform (Scotland) Act 2012 are directly relevant to Corporate Plan and 10 Year Plan.

(b) Policy and Legal

This report is presented to the Moray Police and Fire & Rescue Services Committee within its remit for local scrutiny of the Police. There are no direct legal implications arising from the recommendations of this report. However, we know that there can be a direct impact on the Human Rights of those in our community as a result of risk taking activity by some we all seek to support. There is a body of evidence that indicates the disruption to wider community life caused by some in mental health crisis. There may also be the unintended risk of criminalisation of persons coming to Police attention through mental health crisis.

(c) Financial implications

Increasing mental health demand across services is already likely to have had a significant financial impact. In order to have the right service or partnership better support those coming to Police attention, as a result of non-criminal demand, financial implications are likely.

(d) Risk Implications

Increasing mental health demand across services is already likely to have had a significant financial impact. Increasing Mental Health demand will most likely impact on the time that Officers available to conduct other Policing functions in communities across the North East.

(e) Staffing Implications

There are no identified staffing implications.

(f) Property

Not applicable.

(g) Equalities/Socio Economic Impact

Not applicable.

(h) Consultations

The Local Police Plan, upon which the performance is reporting, was subject to consultation with elected representatives and was heavily influenced by ongoing feedback from local communities within the Moray Council area.

11 Conclusion

- 11.1 This report has identified those sources of demand on Police resources where mental health is likely to be a factor/consideration. It has also illustrated the partnership arrangements, both established and developing which are deployable to support vulnerable individuals who may present in mental health crisis and which in turn may yield a benefit to local policing in terms of reducing the demand on them.
- 11.2 There is a recognised need for effective data gathering, sharing, analysis and interpretation. These remain under ongoing review and development with appropriate approaches to extracting maximum value from the data being explored. In turn this will enable wider and more informed scrutiny across partners and open up opportunities to identify and implement earlier, meaningful interventions.
- 11.3 Even at this early stage it appears that projects in place across Grampian such as the CIT and WELL Service are capable of having a positive effect on reducing the frequency at which individuals are coming to the attention of Police. Whilst continued provision of these services is likely to be linked to an ability to prove there is sufficient demand for it they remain an avenue which the Moray HSCP may wish to explore in more detail and decide if they are an appropriate 'fit' for their needs.

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- 11.4 Risk and vulnerability is being managed by Police Scotland and partners but finding access points to seek assistance can be challenging given the range of organisations and professionals that can work with a person. Given the presumed increasing demand faced by all services, the 'as and when' approach to arranging multi-agency meetings can place variable extra pressures on services when meetings are required.
- 11.5 Analysis of the missing person figures suggest that a relatively small number of individuals are creating a disproportionate level of demand when they repeatedly abscond from DGH. These individuals are likely to originate from areas across the Grampian and Highland regions, and may include Aberdeenshire. Having identified this, and given we are already engaging further with partners at RCH with a view to enhancing their procedures, it is likely to be of value for Police to share learning from that process with partners at DGH.
- 11.6 Whilst this single agency to single agency approach may be right in this instance, demand reduction across a range of partners can only be achieved through collaboration in terms of joint processes and thinking.
- 11.7 Agencies collaborate within groups to examine systems to reduce demand, however, a starting point may be to look at specific individuals and explore the formation or creation of a new group to examine the individuals and reduce mental health demand created by a small few across multiple services.

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Background Papers: Appendix A – Case Studies

Ref: n/a

Appendix A - Case Studies - Moray

Moray resident Subject A –

Subject A is a young adult who has previously been assessed as having Adjustment Disorder with Emotionally Unstable Personality Disorder traits, ADHD and suffering from Depression and Anxiety. Further discussion with partners identified that, although they were being medicated, no formal diagnosis had been made.

There have been **54** VPD's submitted from February 2019 to date, with most of these being from between June 2022 and January 2023. Many of these appear to be connected to a relationship break-up which caused Subject A distress. Many of these are recorded as Mental Health concerns manifesting as problematic alcohol consumption, Self-harm and Suicidal ideology. These Suicidal incidents relate to Subject C contacting services and associates and advising they have taken an overdose or that they intend to throw themselves in front of a train / off a bridge / into water.

These vulnerabilities were recorded and brought to partners through sharing VPD's.

The impact on Police and other services and to the wider community were dependent on the concern being identified and appropriately dealt with. Many of these related to calls to NHS or Police regarding alcohol/self-harm/suicidal concerns and resulted in Subject A being seen, assessed at scene, detained under the Mental Health Act and conveyed for further assessment at Dr Grays. They have subsequently engaged in violent and disorderly behaviour towards those attempting to assist them and as a consequence they have been charged and reported accordingly for criminal behaviour where this may have been avoidable.

Subject A was discussed at Moray's Interagency Vulnerable Adults meetings on a couple of occasions where it was recognised that they had support available to them. Subject A did, at times, engage with this but also continued in their actions whereby they repeatedly place themselves and others at risk.

An Anticipatory Care Plan was written and a Trigger Plan created identifying appropriate Police action moving forward.

Subject A was the subject of an Adult IRD where it was identified that they did not meet the 3 point test for vulnerability and was not suitable to fall under the support of Adult Support & Protection procedures. It was similarly confirmed that Subject A had no formal diagnosis of a mental health disorder. They were fully aware of their actions and retained the capacity to choose not to engage in these challenging behaviours but continued to do them in any case.

Due to their continued actions they were removed from a previous supported accommodation and have been charged on several occasions, breaching Bail and thereafter being remanded due to their actions. This has resulted in them falling under Criminal Justice Social Work, being relocated to another accommodation more suitable to their needs and behaviours.

It remains to be seen what the Criminal Justice outcome is for this person and it is arguable that criminalisation of this person may not be the right outcome. Since March 2023 they have only come to Police attention on one further occasion and it could be concluded that the expertise within Criminal Justice Social work department has helped secure the support required to reduce demand in this instance.

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Moray resident Subject B –

Subject B is known to Police in relation to Alcohol Consumption, Mental Health issues, suicidal ideology and has been relationships with others who have similar conditions. Subject B has been identified as being at high risk of being the victim of violence or abusive. They appear on 37 VPD's, 11 in 2023, which have been shared with partners.

Their consumption of alcohol appears to compound their other conditions resulting in a risk to them and their children, who have been placed in Kinship care. There have been a significant number of calls to Police, including from partner agencies, regarding their welfare and expressing general concerns following contact with the individual. When traced Subject B is regularly found to be under the influence, voicing suicidal thoughts and struggling to safeguard themselves although not to the point of meeting the 3 point test. These concerns are well established and it is often the case that Police are not the agency best equipped to assist with them.

Subject B's ongoing actions continue to place significant strain on Police and other partner's resources and there may be merit in exploring more creative solutions from agencies better placed to provide meaningful and effective support and assistance. The right out of hours support and structures are not in place to directly support the individual or Policing resources in dealing with this person.

Moray resident Subject C –

Subject C is the subject of concern on 32 VPD's, which have been shared with relevant partners, each of which is indicative of an individual interaction with Police. They have generally been in relation to mental health issues, self-harm, suicidal ideology and suicide attempts, alcohol and drugs consumption. The suicidal ideology has resulted in several incidents this year where they have attended at bridges and other locations and been found to be in a position placing themselves, the Police Officers attending, and other members of the community at risk.

The most recent of these involved 19 Police units, including Officers at scene, search Officers and specialists including negotiators as well as Officers involved in road management due to a major arterial route being closed for over 6 hours. This further caused other members of the community to have to be rerouted several hours down B roads. On this occasion Subject C was safely removed from the bridge and was detained under the Mental Health Act and conveyed to hospital by Police. On arrival at hospital Police were required to remain in attendance for several more hours before an assessment was undertaken.

This has caused a significant impact on stretched services and disruption to the wider community. In addition to the disruption caused, the significant Police resource dedicated to this particular incident was of course not therefore available to the wider public of Moray.