

His Majesty's Inspectorate for Constabulary in Scotland's Review of Policing Mental Health in Scotland

Response by Lothian Voices (CAPS)
March 2023

The comments below represent responses, gathered from **CAPS collective advocacy group 'Lothian Voices'** and other people involved in CAPS' collective advocacy who **identify as having lived experience of mental health issues**.

CAPS Lothian Voices collective advocacy group look forward to seeing how their voice will be included in the final review and are keen to continue to feed into any further consultation. You can contact us at molly@capsadvocacy.org

Summary

This document highlights key themes raised by the Lothian Voices group. The first theme is *positive interactions*, where people told their stories of engaging with the police that felt positive to them. Secondly, the group raised the topic of *signposting*, as they felt the police could have a greater role in signposting people to other organisations providing those other organisations could actually help. The next key theme we have highlighted was *trust*, as we found that members of Lothian Voices struggled to trust police institutions. One of the reasons for this was the fear of *racism*. *Welfare checks* was raised as an area where people felt police could develop by improving their communication before visiting someone. People also raised that police often are not open and helpful when *asking about mental wellbeing*, so this was another topic we included. *Mental health and neurodiversity awareness* was raised on the back of this, as people felt that police officers should be given more training on this. Developing on this, we include a section on *what could be done differently*, raising ideas should as having trauma-informed police practice. Finally, we conclude by raising the groups suggestion that *lived experience learning* where police officers could learn from those with lived experience of mental health issues would be beneficial for both police and the people they work with.

Positive Interactions

Some members of the group had had positive interactions with police officers, feeling that they had helped when they needed them. Being *kind, empathetic and non-judgemental* was very important in these interactions.

For example, one group member had to call the police because of an abusive situation, and they said:

“[The police officers] were very nice, they believed me. I showed them some proof, and they were very kind and not judgemental. [...] When I talked to [the police], they were very nice and helped me get through.”

Another member of the group had a positive interaction with a police office when they were volunteering:

“4 weeks ago, a community policewoman came [to a community project] and helped wash the dishes.”

One member also recounted how the police treated them well when they were ill.

“The police were very kind to me when they took me up to the Royal Ed.”

The group also acknowledged how *busy* and overstretched the police can be.

Signposting

A key area that people felt that police officers could help with more was *signposting people to other services*. A member of the group explained they had found themselves in a situation where they didn't know who to contact and so had contacted the police, who were unable to help. They

felt the police could have signposted them to a relevant mental health service. *Social workers not being available at all hours* was also seen as a reason why the police might be contacted despite not being the right person for the situation.

“I would be nice if the police could direct me to [a mental health service], it’s not their job to ask how you feel emotionally and take care of people’s mental health, but it would be nice if there was a number they could direct you to that deals with mental health.”

However, even when police officers were able to signpost people to other services, these *services might not currently be open or be able to help you* because of other factors.

“[The service the police directed me to] was closed on Sundays.”

“[Police officers should] signpost. There’s the crisis centre, but it’s not always that useful. If you’ve ingested drugs or alcohol, they won’t touch you. There needs to be somewhere else.”

Waiting

When contacting the police, some members of the group found that *waiting for the police to call or visit could be anxiety inducing*, particularly if this was linked to their existing mental health issues.

“I was waiting for [police officers] to come and visit, and it took them quite some time. When you’re in a crisis, it can take so long to get through. There was a lot of waiting, a lot of waiting time, which can be quite stressful. [...] It was not very helpful for someone with mental health issues already.”

“Police involvement can cause pain for people who think too much.”

Trust

A common theme in the discussions Lothian Voices were having was about trust. Many members of the group felt that they *could not trust the policing system* and so *avoiding interacting with police* where possible, even in situations where they felt they probably should contact the police.

“You probably do want to go to the police, but you don’t have any confidence.”

“There are a lot of things I’d have grounds to go to [the police] for, but I don’t have faith in them, I don’t have faith in the system. In my own personal lived experience, I could have used [the police], but I don’t have faith in them. It should be possible to create a positive narrative so you feel able to approach them. It takes courage to enter into a process and stand up for yourself.”

One reason that people found it difficult to trust police officers and the policing system was due to *political or media statements* they had heard. An example was when politicians said prejudiced things about people with lived experience of mental health issues and the justice system. Negative media reporting was more commonly cited as a reason for people feeling unable to trust the police:

“There’s a culture within organisations, from a media perspective, the police aren’t really reassuring.”

People also felt that police processes were not very transparent or easy to navigate, which was a barrier to contacting them:

“I’m not sure about the procedures, when people are having mental health difficulties. I guess it’s about transparency.”

One member of the group also explained how they felt they would have to *justify themselves* to the police and *fight to be listened to*:

“Think of how it feels in a space where I have to prove myself in order to be listened to [...] Why would anyone want to go through with that? It puts people off going through stuff like that. [...] I have refrained from engaging with [the police] because of that.”

Having to interact with male police officers can be hard for women, particularly if they have had previous traumatic experiences with men. When talking about being questioned by the police, one female member of the group explained how they felt they would have felt less intimidated if a female police officer had been present.

“[Police] presence is scary enough. Stress levels are too high. [...] There were just two policemen, if it had been two women or one woman, it might have felt different.”

The group had a discussion about whether the *police holding information about someone*, such as their diagnosis or their triggers, would be helpful or not in interactions between the police and people with mental health issues. The quotes below show two people with *different feelings* about this idea:

“It would be useful for the police if they knew anything about you, my bank has info on my disabilities to make their interactions with me to make my life easier. Positives and negative, if they know that something can be triggering for a person, they may know to avoid that. I have given [the police] information in the past, but it doesn't seem to stick.”

“I like it, but I'm not sure at the same time. When stuff starts getting legal, and information starts flying around. Things might start getting used against you to discredit you if you have mental health issues. It's tricky. You want to feel like they're on your side, but they're on the side of the law. I'm not sure what else to say.”

Racism

The group identified fear of racism as an added barrier to engaging with the police. It was felt that *institutional racism and a history of problematic rhetoric and behaviour towards people of colour* fostered additional distrust and disengagement with the police from people of colour.

“[My] earliest [police interaction] was from childhood. There was a very racist lady at the bottom of the road, she used to tell us that our faces were covered with shit. We used to play at to bottom of the street, and she was always threatening to call the police. And she did. We were sitting on the wall outside our house, and [the police] told us to go home. [It was] unclear what kind of “go home” they meant. I was afraid we had done something wrong, so I didn’t want my brother and his friend to tell my parents. The friend did, and my parents and his parents were really angry at the police.”

“Part of the reason I don’t trust the police is the institutionalised racism. The statistics in relation to being an ethnic minority when it comes to being stopped, being charged etc.”

Welfare Checks

Several members participating in the discussions felt that welfare checks could be handled better. The group felt that *communication around welfare checks needs to improve*. For example, giving people a phone call and time to respond could avoid unnecessary welfare checks.

“[Police officers] could also have phoned when they were enroute [to do a welfare check].”

“[After a meeting with the DWP where the worker had been stigmatising and upset me] the police called 10 min later for a welfare check. My partner told them everything was fine, but they wanted to come around to see. The DWP person had said I was suicidal. I wasn’t at home, and the police had kicked my door in. The police were brilliant, and they were really angry at the DWP. Because it wasn’t my fault, the police didn’t charge me for emergency repair, but I needed a new door. [...] For 6 weeks, I couldn’t get through the door.”

“Doorstepping people is really frightening. [The police] would phone and ask me to call them (which I would have done after getting advice and gone in voluntarily) instead they just turned up minutes later. And then turned up uniformed unannounced. This was completely unnecessary and disproportionate. It is very hard for someone experiencing mental health needs or who is neurodivergent to advocate for themselves under this type of stress. If phone calling, they should give people a clear indication (no deception) of what their call is about and if they are going to appear on the doorstep they should let you know this and when.”

Asking About Mental Wellbeing

When people in the group had been asked by police about their mental wellbeing, *it was either done in a leading way or without a satisfactory follow-up reaction*. Asking questions about mental health in such ways makes it harder to be open about mental health issues, as it may feel like officers will not be understanding.

“I was trying to figure out bus rerouting. I thought I’d ask a police officer. They only info they gave me was to walk about a mile to the next stop. I was going into sensory overload, not coping with the change very well. They asked if I was okay, I said no, and they just walked off. By that point, I wasn’t doing very well, I tried to find a taxi. I couldn’t find one, so I had to walk all the way, which made me feel physically very bad.”

“In custody [police officers] asked about mental health/suicide in such a leading way -“you haven’t got any suicidal thoughts?” It felt like they wanted me to say no and that I was fine. I think how I look / my name that they assumed I wouldn’t have a mental health condition, so would share their minimising. [...] I can see why many people wouldn’t want to say yes in such a vulnerable position. I would add that they were not disrespectful and arranged a female officer to search me proportionately. I can’t say if disclosing mental health needs influenced this. I don’t think so.”

Mental Health and Neurodiversity Awareness

The group discussed that police would benefit from training to improve their *understanding of mental health issues and neurodiversity*. They felt that a lack of awareness from police officers meant that behaviour arising from mental health issues or neurodiversity was treated with suspicion and as a problem, which *reinforced stigma and could harm that person’s interests*.

“[I believe] there should be absolutely no involvement of police in mental health care or the criminalisation of distress. E.g. charging people for being a nuisance if suicidal.”

“[During my arrest I did not think there was a good] process for someone autistic (and other neurodivergence). You feel compelled to answer questions and being compulsively honest is not in your interests (even when you know this, it’s so hard). Avoiding eye contact makes you suspicious. At no point was this asked about.”

What Could Be Done Differently

Building on some of the suggestions the group have mentioned above, there were some key things that people felt could improve police interactions with people with lived experience of mental health. *Better communication* was highlighted. People wanted the police to truly listen to the person they were speaking to. They also wanted police interactions to be *trauma-informed and empathetic*.

As all-male response teams can also in some situations be intimidating, it was also suggested that having *more female police officers* would be good.

“When things are escalating, there’s something about listening to the other person in order to not escalate things further.”

“[I think that police officers should] validate what the person is feeling, rather than immediately trying to jump to solutions.”

A thread running through the conversation was that Lothian Voices would like to see police develop a deeper *understanding of mental health issues*. It was also suggested that having *other services working together with the police* would be a good idea, as although this is supposed to happen currently, no members of Lothian Voices had seen any evidence of this in practice.

“Sounds like there should be a service between the mental health and police. We’re conditioned to think that if we have issues, you call the police. There should, in this day and age, be something else, not sure what it is though.”

“If people with psychosis, if they’re not in in-patients, if they think they are going to do something, [I think there should be] a confidential place outside of the police that they can go and talk about that without fear of being charged. Sometimes I worry that I would do something because of my emotional mental state, so it would be good to have a place to talk in order to prevent anything from happening.”

Lived Experience Learning

During the discussion, it was suggested that educating police officers from a *lived experience perspective* would be useful for enabling them to engage with people with mental health issues in an *empathetic way*.

“I made a book [about my lived experience of mental health issues] and I gave one to the police officer. He told my partner later that he had read the book, and that he had used what he had learned from the book to help de-escalate a situation with someone with bipolar.”

“I think the police could benefit from the workshops that CAPS offer.”