VOX Scotland Lived Experience Report for

HMICS Review of Policing and Mental Health

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For further information contact: Paula Fraser, VOX Development Officer on pfraser@mentalhealth.org.uk

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[Please note CAPS Advocacy Response PDF sent as separate attachment]

HMICS: Review of Policing and Mental Health

VOX Scotland Lived Experience Report

Who we are:

Voices of Experience (VOX) Scotland is a national membership-led charity run *by* people with lived experience, *for* people with lived experience of mental ill health. We represent our members' views to Scotland's politicians, health professionals and other bodies to try to ensure the laws and services provided reflect our members' needs and interests.

VOX welcomes the HMICS's Review of Mental Health and Policing and appreciates the desire to listen to and learn from people with lived experience (PWLE) on this important issue. We hope the experiences, views and recommendations of PWLE within this report will be reflected in the review and help to positively influence change, within policing, in the wider mental health system and beyond.

Who we engaged with:

During February and March 2023, we reached out to VOX individual and group members, as well as people with lived experience through other organisations. We did this in various ways to engage with them on their experiences of interactions with the police in relation to mental health. We were able to engage with people in different geographical areas, but with a particular focus on Tayside and Edinburgh to tie in with the divisions the Review is concentrating on with regards to collaborative working[1].

VOX Group Members and Organisations Successfully Engaged with:

- Advocard
- CAPS Advocacy – Lothian Voices[2]
- Edinburgh Crisis Centre (Penumbra)
- Bipolar Scotland
- Dundee Volunteer & Voluntary Action (in association with Wellbeing Works)

Methods for engaging with our members:

While we did reach out to a wider number of group members and organisations, we heard back from some that while PWLE did have experiences of mental health-related interactions with the police, many were reluctant to share their experiences and views on the subject because of how difficult or distressing their experiences had been. This also reflects feedback we received from some individual VOX members who did not take part, as well as group member organisations who participated, explaining lower levels of participation than might be expected.

Due to the emotive subject matter, we were as flexible, supportive, and inclusive as possible in the ways in which we gathered people's views and experiences. PWLE were able to speak on a one-to-one basis in person, by telephone or online about their experiences. They were also able to email their thoughts directly if they preferred. Additionally, VOX staff facilitated group sessions both online and in-person. We also arranged for group member organisations to consult with and provide feedback from individuals in their groups, where this was more appropriate and comfortable for participants. We were careful to make sure participants knew there would not be police or officials taking part in one-to-ones or group sessions. This was reassuring and disinhibiting for many of the participants.

People took part in all the ways described above and while we had several open questions to help facilitate discussion and provide answers in areas of interest to the review, these were not regimented in order or structure, but helped to guide discussion. It was ensured that people participating felt it was a safe and supportive space, that they did not need to share anything they were not comfortable with, and that answers would be anonymised. It was also ensured participants had access to mental health support helpline numbers in case these were needed. The questions we used reflected the objectives we had set out for our involvement in the review.

[1] Due to fewer connections in the Ayrshire area, we were less able to make this division a focus, though we did have contributions from members located in Ayrshire.

[2] Please note CAPS Advocacy – Lothian Voices members' full response PDF has been sent alongside this report.

Objectives our questions were based on:

- To engage VOX members on their views and experiences of interactions with Police Scotland, both positive and negative.
- To enable our members to share and reflect on the impact those interactions had on them and any consequences.
- To enable our members to think about what could have been done better, in experiences where improvements were needed.
- To facilitate members' reflections and views on *who* (not necessarily police) might have been best placed to respond to their needs (how and when also significant – i.e. opportunities missed) or any improvements that might be made to collaborative working between agencies/within communities.
- To create a safe place for people to share their viewpoints - engagement will be person-centred, accessible, flexible and inclusive.

Participation Methods **Geographical Areas**

Participation Method	Number of participants	Geographical Area Participants Live in	Number of participants
Group & individual **in-person** sessions	23	Tayside	17
Group & individual **online/telephone** sessions	11	Edinburgh and Lothian	12
Written/emailed responses	6	Highlands	2
		Ayrshire	2
		Forth Valley	2
		Greater Glasgow & Clyde	4
		Undisclosed	1
Total number of participants	**40**	**Total number of participants**	**40**

Our Findings

Introduction

Participants in this review told us about a wide range of experiences and reflections. There were many experiences that people described as *"traumatising"* and having had a long-term impact, raising concerns about attitude and behaviour, but also recommendations for change, to avoid those experiences and consequences in the future. As mentioned earlier, it is worth bearing in mind that there were more potential contributors who reported feeling too distressed by their experiences to share them in this review. However, there were also participant accounts given which demonstrated very good practice (generally involving officers who behaved in an empathetic, calm and measured manner), which made difficult situations as positive as possible, and averted more serious negative impacts for the individuals.

Among many of the participants there was a common understanding of, and sympathy with, police officers, who it was felt often find themselves being *"the default service",* dealing with a high number of time-consuming mental health-related situations, with little training or support, and many constraints due to the law, and psychiatric or police supervisory orders. Participants were also clear about the need for other services and support to be in place consistently to help avoid crisis situations and police interactions where possible. Understandably, those who had had the most difficult and negative experiences with police officers, where they felt different attitudes and actions could have and should have been demonstrated, found it more difficult to have sympathy with those officers involved. However, all participants agreed on the fundamental need for more intensive, frequent and better-quality training for police officers in the subject of mental health (including from a lived experience perspective) and other related areas, which is one of several recommendations arising from themes explored herein. All quotes contained in the report are from participants in their own words, providing as much context as possible to give an accurate and full account of people's experiences and views.

Positive impact/elements of police interactions

Several people spoke about experiences with the police where the attitude and actions of officers had either had a positive impact on the person or had reduced the negative impact of the situation. PWLE described instances (their own words) where police officers had been:

- Calm
- Reasonable
- Empathetic
- Kind
- Friendly
- Understanding
- Giving people time to answer the door with reassurances
- Taking their time to explain clearly why they were there
- Keen to listen and believe
- Non-judgemental
- Aware of and respectful of people's rights and dignity
- Aware of possibility of previous trauma and fear of police involvement
- Showing they care about mental health and the wellbeing of the person
- Supportive
- Helpful
- Gentle in manner, speech and physically
- Polite
- Aware of services and organisations to signpost or refer people to
- Displaying positive, open, non-threatening body language
- Checking in with people subsequently or giving a way to contact them
- Often the only professional who does arrive when you need help

The attitudes and actions above were described by participants as having a significant bearing on:

- How they felt during the interaction
- How they then responded to and engaged with officers

- Their mental health during and following the interaction
- Their respect for and understanding of the police and their duties
- How they felt on seeing or interacting with police in the future

The positive attitudes and actions helped those participants to feel *"safe and comforted", "reassured", "relieved" "cared for(ish)"* or less *"agitated" or "distressed"*. They helped people feel they were *"being treated like a human being".* Participants said this made them more likely to *"feel calmer"* themselves, and be "*able to talk, listen"*, and *"respond to officers more positively"*. It was reported that these more positive experiences enabled people to feel less fear and concern when seeing or interacting with police subsequently.

However, it was clear that for some there had also been other negative involvement with the police, which had a damaging impact which either eclipsed the more positive experiences completely or at least made people distrustful and wary of police encounters, unsure which type of attitude or behaviour they would experience. Participants recognised that the resulting mistrust and fear would make any further contact with the police immediately distressing, heightening the stress and likelihood of

"I've had so many negative experiences with the police that I now have a phobia of them. The bullying tactics gave me a panic attack and now I am so scared of the police – whenever I see them in the street, or police cars, or helicopters it panics me so much."
[Participant]

"I wouldn't disclose as much on phone or text helplines because I'm scared of police coming and being involved based on past experiences."
[Participant]

"The outcome was completely dependent on the approach taken by individual officers who attended. As a result, we became reluctant to call for help and would only do so when we were completely out of options." [Participant]

Many participants described police officers as behaving *"cordially"* or *"politely"* under the circumstances, and it was often understood by people with lived experience that *"police were simply doing their duty as required by the mental health act with no choice but to act under the authority of mental health professionals".* On these occasions it was often the case that police had explained this explicitly to the person. While often people disagreed on the need for a welfare check or hospital psychiatric assessment, where empathy was displayed and a straightforward explanation was given during the interaction, participants expressed how this was helpful in establishing a more positive relationship between the person and the police officers, and a better outcome.

Participants also talked about experiences where the police expressed their own frustration at being under order from psychiatrists or their own supervisors to take someone for a psychiatric assessment. Participants told us that often *"officers were better at assessing risk"* and could see the person was stable and could be left without interference. In these circumstances some participants felt again that police were *"carrying out duties to the best of their ability"*, but that *"the system and power of psychiatrists was imbalanced in favour of complete risk-aversion".*

> *"They were good and sympathetic, it's not them making the decision usually to take you in – it's supervisors. There's no protocol. It's similar elsewhere – people on the ground are generally good but higher up the chain they are more worried about risk and insurance and there is a lot of stigma."* [Participant]

A particular positive highlighted was in relation to a rural police force, where a participant explained the deeper understanding they felt officers had of their situation, previous traumas, and needs. It was felt that this knowledge, and the sense of community in the area meant that police officers worked in a trusted and friendly way with individuals, and that they worked collaboratively and effectively with other services and organisations.

Enthusiastic collaborative working, awareness of local services and support, and empathetic positive attitudes were also highlighted in relation to experiences

interacting with Edinburgh police officers attending the Edinburgh Crisis Centre. A clear positive identified in building up this relationship was the proactive community and third sector engagement officers undertook from the local police station. This is also something which several other participants separately identified as a way for the police to improve trust, knowledge, and partnerships – the regular presence of community police at local and third sector events, integrated joint boards, coffee mornings and drop-in centres were suggested. This was with the clear proviso that officers should be plain-clothed, informal, and friendly, to be more approachable, equal to those around them, and avoid triggering people with traumas or fears about the police. Some participants also mentioned that this sort of engagement used to happen in their respective areas, but that it had reduced or stopped either due to funding/resources in community policing or as a legacy from covid restrictions.

Negative impact/elements of police interactions

The majority of people with lived experience who contributed told us about the negative impact of experiences with the police relating to mental health. For some, police involvement in and of itself may already have felt unfair or unwarranted in the circumstances before whatever approach was taken by the police (for example police contact due to stigma-related reporting by neighbours, or a welfare check asked for by well-meaning friends or family when a person was in fact well). And for others, who may have been feeling unwell, or were in a mental health crisis, attitudes and actions of officers had a profound impact on the person, who was already in a very vulnerable position. This was also the case for those who had experienced caring for a loved one with mental health issues, and those who had experiences with the police while grieving the loss of a family member who had completed suicide.

PWLE described instances (their own words) where police officers had been:

- Uncaring
- Mocking and bullying
- Showing a lack of compassion
- Intrusive
- Stigmatising, making unfounded assumptions

- Heavy-handed
- Using handcuffs unnecessarily
- Intimidating
- Patronising
- Dismissive – not taking reports or complaints made seriously
- Aggressive
- More physical than necessary
- Judgemental
- Treating someone who is unwell like a criminal
- Authoritative
- Not listening (to the person or their loved ones)
- Not communicating effectively with colleagues (causing repeated questions)
- Not aware of people's rights, the use of advance statements or safeplans
- Not aware of mental health conditions or autism and other neurodiverse conditions and how they may affect people's behaviour and experiences
- Coming into people's homes without warning
- Breaking down people's doors unnecessarily (without waiting for answer/without trying other methods, and also had left them in an unsafe home thereafter, as it is difficult and expensive to get it fixed – no-one wants to take responsibility for the damage)

Participants told us about the negative impact experiences, attitudes and actions such as those described above had on them (their own words):

- Felt let down
- Felt unsafe during the interaction
- Felt dismissed and a low priority
- Felt unsafe in my own home afterwards
- I was pushed to attempt suicide
- Felt isolated and that I didn't matter
- Felt desperate
- Felt frustrated

- Led to escalation of the situation – more self-harm because of the wrong approach during police contact
- Felt frightened
- Felt humiliated and degraded
- Felt traumatised (particularly the case for those who had already had traumatic experiences with police, and were scared seeing them in any circumstances now)
- Made the bereavement and process of coming to terms with the suicide of a loved one much more traumatic and difficult
- It made my mental health much worse
- It made me distrust and fear the police

What Can be Done Better – Common Themes

(i) Empathy, Understanding, and Calm Clear Communication

Participants repeatedly brought up the need for police officers to have empathetic attitudes and a calm demeanor, which are then displayed in the way they communicate and act in a situation. Participants who gave examples of positive interactions were clear about the difference empathy and a calm demeanor exhibited by police made to their experience and outcomes.

"It was actually the same police who came twice – they get to know you and your diagnosis. They were particularly calm and that had an influence on me because if they had been throwing their weight around it wouldn't have been nice. That made a difference. It's half the battle if you know they are on your side." [Participant]

"When police are being helpful and treating you like an equal human being then you have constructive conversations which make things go so much more smoothly." [Participant]

Knowledge and understanding in the police of mental health issues and the services and organisations that could be signposted to also helped to make interactions more positive, along with the care, empathy, and clear calm communication demonstrated. Participants expressed gratitude for the help and compassion of the police officers involved in these situations.

"(During a mental health crisis prior to diagnosis) one officer took my arm and bent it behind my back to stop me throwing a chair again but they did this very gently and spoke quite calmly, asking me to sit down. The officer sat down with me and spoke to me for half an hour to bring me out of the episode. They gave me an incident number and said to check in with them the following week. I did that and spoke to them for 15 minutes. The officer was the one who suggested speaking to mental health services. That was the springboard for contact with the mental health team and getting a diagnosis." [Participant]

"During the worst point I had ever been at in my mental health…the police found me and took me into protective custody. The police officers were great – they went above and beyond. I was quite moved by the care that was given. The level of professionalism."
[Participant]

"It's important to recognise when the police are asking someone who is having mental health difficulties to go to hospital with them, the response is not really the police's response but that of a psychiatrist or superior. Usually, they do explain that, but it would be helpful to resolve some of the issues involved if that was always recognised and explained up front."
[Participant]

"There were several officers who took a completely different approach, treated him with respect, spoke to him calmly and gently, explaining what they were doing and often would be able to calm the situation and our son would comply with instructions calmly even if they were arresting him." [Participant]

Participants told us about the experiences where empathy, understanding and communication were **not** demonstrated, and the huge negative impact this had on them. The lack of transparency and respect for the person as an equal were brought up as factors which made situations spiral downward.

"I took a manic episode and was dancing around the flat with music on. The neighbour below didn't know me well and called the police. I wasn't under the influence, just on my medication. The police arrived and said I needed to come with them. I asked why but they wouldn't say, just that 'it was in my best interests'. I said I wouldn't come if they didn't tell me why. They ended up taking me physically. They didn't read me my rights and I had no idea what it was about – there was no explanation – I was confused. They didn't try to diffuse the situation. It has caused me a lot of stress and anxiety." [Participant]

"It was not compassionate policing, and they didn't explain what was happening or why they were there. That was traumatic again and was on my mind all the time afterwards – you feel as if they could be coming to get you all the time – makes you paranoid about it happening again." [Participant]

"When people are in a mental health crisis, they may well act in way that is not nice or is even aggressive, but police shouldn't react with anger – the person is in anguish and pain. They need empathy and understanding." [Participant]

"I was not given information in a compassionate or timely manner – I didn't know my family member had left a note until two weeks after them dying by suicide and even then, it was withheld. There was no liaison officer, so we had to chase up to get belongings which impacted our mental health. We were also asked repeatedly whether we wanted triggering items to do with the suicide and despite saying no each time, these were delivered to us." *[Participant]*

Participants did feel that recruitment processes and training are key in ensuring a consistent empathetic approach is taken by police but also had concerns that empathy is something more innate to a person, and those who did not have it may not be able to learn or develop it. However, some participants expressed the view that assessing capacity for empathy somehow during the recruitment process could be a positive step. They also expressed the importance of officers having background knowledge and understanding of mental health, including from the perspectives of people with lived experience, which it was felt could increase empathy and understanding. Participants spoke about the importance of officers receiving training in how to approach and treat people and being aware of possible trauma. It was highlighted that police officers should know about people's rights and understand and promote the use of advance statements, safeplans and other tools.

"I was recently given a medical alert card by a trauma therapist – I wonder if police are aware of these existing and to look out for them. It explains I may be distressed because of previous trauma – please approach me like this or that. It gives a brief description of PTSD. I want police officers to be aware of it. For me it would give a bit of credibility to what I'm going through. Most of the time they don't really ask as it's not their area of speciality." [Participant]

"Police officers should have trauma-informed training and they should also ensure every police officer has proper training about mental health difficulties, from a lived experience perspective too, how to approach people and so they understand how and why someone might behave in certain ways." [Participant]

There was recognition among participants that police may be apprehensive or not know the best thing to do in certain situations related to mental health, due to lack of training

or experience, and this may influence police officers' behaviour and the resulting experience.

> *"That would go a long way if they were more friendly and empathetic and that sort of thing. They can be scared as well – 'am I going to make this person worse/ what should I do in this situation', knowing they also have to follow the law."* [Participant]

> *"Knowledge of advance statements, what they're for is very important for the police. And need to be promoted by them and more widely – build up a culture understanding rights in mental health and using advance statements as something helpful to inform and calm down any situations."* [Participant]

(ii) Stigma, Judgement and Unhelpful Assumptions

Participants talked about stigma and judgement they have experienced from the police. They also spoke about experiences where the police dismissed what they were saying, or did not believe them, during interactions where someone else had called the police and also, when they had called to report a crime themselves. Participants felt they were being treated like a criminal when they had done nothing wrong, and had in fact been the victim of crime in some instances. Participants felt the treatment they received was due to stigma and prejudice based on their mental health condition, or their neurodiversity, or sometimes inaccurate assumptions made about alcohol or substance use.

It was felt that lack of knowledge and understanding of symptoms and behaviours associated with mental health conditions and neurodiverse conditions and an ignorance around addiction issues were important factors. Empathy again came up as a significant element lacking in some of the outlined experiences and something which

training (especially from a lived experience perspective) could help to improve, thus reducing assumptions, misconceptions, stigma, prejudice and discrimination.

"I was not taken seriously by the police. I felt my complaint was minimised and the investigation wasn't carried out properly. Not being protected by the police and being treated as an offender rather than a victim of aggression caused anxiety and depression. I told the police 'this really mentally breaks me', told them about the impact on my mental health but they didn't do anything differently." *[Participant]*

*"I attempted suicide following harassment by police. They were watching me, stopping me, and searching my house under false pretenses. They stopped and breathalised me 5 times when I had never driven after drinking. And when I was arrested for breach of the peace, they tried to charge me with assault which was thrown out. I was taken to hospital that time because I had an injury to my hand, and the police were outside while I was being attended to. I heard an officer say 'I'm still here with this b*****d.' "* [Participant]

"I have autism and mental health difficulties, and during lockdown kids started vandalising the flats I lived in. It escalated into abusing me and breaking my bike. They were even calling me 'a paedophile' which sent shivers down my spine, and all my neighbours heard it. It went on for months and the housing and police wouldn't do anything about it despite my complaints… It got so bad I ended up staying outside all day as I felt safer, even though it was winter. Police were mostly very dismissive, and I don't think they understood my conditions or my behaviour due to atypical thinking. I only had one officer who took it seriously and called it a hate crime. I was so relieved as the situation had made me feel there was no reason to go on. But I never saw him again, and it went back to another who dismissed my experiences again. I felt she kind of reinforced that I was 'bad' and didn't fit in, which is a daily struggle with my condition. It was only when I got involved with a local autism service that I was helped to make a complaint about the police, which was upheld." *[Participant]*

Some participants reported that being detained or having a worse extended experience was only averted when a third party (friend/neighbour/family member) arrived or stepped in, where their words were believed and listened to. In contrast to this, others talked about how the knowledge and wishes of family members were ignored in addition to the individual's and that sometimes family members and carers were also judged by police.

> *"A neighbour came to the door to check on me and I said, 'the same thing's happening again' and I was asking the police to get away from me, and it was only the presence of my neighbour – a third party – saying 'she's fine, don't think you need to be here' that helped."* [Participant]

> *"Watching these situations unfold was completely stressful for us and was made worse when officers would not listen to us, who knew our son best. We were also sometimes given unsolicited advice about our son, such as officers (and call handlers) questioning why we were still allowing him to live at home and suggesting we should put him out."* [Participant]

(iii) Impact of handcuff use, physicality and police visibility

Participants discussed the negative impact of certain features of their experiences. Many participants talked about the use of handcuffs when they thought it was unnecessary and sometimes uncomfortable. They also spoke about the humiliation and lasting stigma of being seen by neighbours with handcuffs on, with uniformed police officers and being put into marked police vans. Some participants had also had experiences where police officers had physically pushed or restrained them (or their family member), which was considered uncalled for by those involved, and frightening or painful experiences for the individuals, which they felt did not need to be handled in this way and in some cases escalated the situation. Participants also described aggressive and bullying-type behaviour as outlined below.

"There was a smell of gas in my house, so I phoned the gas board and my friend. My friend, unbeknownst to me called the police too. The police marched in, pushed me back, with the paramedics behind them and I landed on the couch. I asked them to leave then the paramedics grabbed me. I had my advance statement in my hands, and I told them what it was. The police officer took my advance statement and tore it into two in front of me. It made me have a panic attack. When my Dad arrived and saw what they had done, he was very angry and taped my statement back together. I ended up back in hospital for six months. It made my mental health so much worse. And I'm very scared of police now. They need to understand the impact of their actions and also that someone may already have a fear of them from previous traumas, which is true in my case from my childhood." [Participant]

"They cuffed me in my flat and I said they were really tight, but he said, 'you'll just have to put up with it." [Participant]

"While I have been happy with the way police have behaved before in the street, I would say that at home there have been occasions when some officers have put me in handcuffs and into the back of a police van. I haven't seen the need for it, it's humiliating and not a good look for the neighbours to see me like that. I don't know but get the impression it's protocol to do that even if someone is complying. They act on the assumption that if you have a mental health issue you might be unpredictable." [Participant]

"Some officers came in completely heavy handed, acting aggressively and sometimes being more physical than necessary. For example pushing him if he tried to stand up. Every time this approach was taken he would become defensive, verbally aggressive and inevitably would be charged. Some of the charges were quite frankly ridiculous and exaggerated from what we witnessed." [Participant]

(iv) Treatment in Police Custody – Dignity, Rights and Medication

Participants shared experiences of being detained in police custody, and the way in which they were treated during that time. PWLE explained how even during a mental health crisis they did not have ready access to their medications and they felt they were denied their rights and dignity by officers. PWLE also spoke about the impact of charges and resulting criminal records when it has been their word against the word of the police officers.

"When I was taken to a police cell on a breach of the peace charge, I told them I needed my medications which were very important and which they definitely knew about. The next day they still hadn't sorted my meds and I had to bring it up again. It included my sleeping pills and when they finally did give me them, they decided half an hour later to come and interview me, knowing I'd be sleepy." [Participant]

"Access to your medication, especially with mental health conditions is so important and the police should understand that." [Participant]

"I had resisted coming with the police because I was unwell and also, I didn't understand why they were there or what they were doing. I was trying to get them off me, but I didn't hurt anyone but got arrested for assault which wasn't right. When I got taken to the station in a police van I was put in a cell for two days – the courts were closed for Christmas and Boxing Day. They took my clothes from me, and I was only in a vest top even though it was winter. I was cold but they didn't give me any other clothes. I had bruises all over me and a swollen ankle, and the doctor came to examine me. I don't know how they happened.

I had no facilities to wash in there. After two days, when I asked, they gave me a cup of water to wash with in the corner. I asked if I could have my change of clothes my friend had brought in to wear for my court appearance. They didn't let me change into the clothes, saying 'there's no time for that', and made me dress in my dirty hoodie I'd been wearing when I was detained.

I felt I couldn't fight the charges because it was the police's word against mine. Getting a criminal record when I didn't do anything wrong has had a huge impact on me. Four years it's been and will finally be spent this Christmas day. I've been bipolar for 40 years and never before was in trouble with the police. It's had terrible repercussions for me – I've put a blind up on the window so I can hear if someone tried to get in and I slept with a personal alarm under my pillow for months and would be up a lot during the night checking the door. " [Participant]

(v) A&E/hospital waiting and Time Spent by Police

As mentioned in the introduction, many participants expressed had sympathy with the police and their situation as *"the service that can't say 'no'"* or *"the default service".* PWLE talked about the long waits in A&E or other hospital settings when in crisis, and the knock-on impact that had on police time.

"I've had many long stints of having police sit with me in A and E, normally in a room which is helpful so you're not with everyone. I don't really try to talk to them because I know I will have to do it all again when I get seen by hospital staff." [Participant]

"My impression is that the police are used to dealing with this sort of issue, requests from mental health care professionals to bring someone in for an assessment. They don't seen unfamiliar or uncomfortable with the routine." [Participant]

"I think that they (police officers) are not mental health practitioners so I do feel for the police – they don't have the training or the knowledge and of course they probably feel resentful or apprehensive when their time is spent on mental health cases rather than other work. Mental health should be part of their training but also other things need to happen in the system to stop police having to pick up the pieces." [Participant]

"I have sympathy with the police. They are called out so often and have a difficult time, especially when they are not trained in it and have so many other demands on them too." [Participant]

"They are used as a default service – only service who can't say 'no'! They're the final stop whereas as it stands the NHS and council can say 'no'." [Participant]

"There have been so many suicide attempts at one particular bridge. The police are picking up the vast majority of it. They're not mental health professionals or experts. They're there to protect people and detect crime but they are used as 'babysitters' a lot of the time." [Participant]

Participants felt that some of the time spent by police as described could be avoided if proper services and support were consistently in place to help people avoid crisis.

(vi) Alternatives/Avoiding Crises and Police Involvement

Almost every PWLE who contributed voiced their frustrations with wider health and social work and social care system failings and inadequacies which they believe result in so many mental health crisis situations. While most participants thought that police would need to be involved in some cases involving mental health, most participants also thought that there were ways to avoid many mental health crisis situations and/or have different people and ways of dealing with them when they do occur.

Alternatives for Dealing with Crisis Situations:

- Mental Health Ambulances with specially trained workers
- Plain clothed police officers specially trained in mental health
- 24 hour drop in centres in every locality with trained staff/peer workers and no referrals needed
- Community Mental Health Teams expanded and resourced to include out of hours crisis service in every locality
- Availability of mental health ward beds in hospital for people when needed

Ways to Avoid Many Crisis Situations:

- More investment, not cuts in mental health services and support
- Better resourced (including workforce) Community Mental Health Teams where people can maintain wellness with consistent regular CPN contact
- Better resourced primary health care so people can see trusted GPs regularly
- Non-referral based local community drop in centres (possibly with peer workers) where people can meet, communicate and have meaningful activity to keep them well
- More access to psychological therapies and interventions
- Consistent funding for third sector groups and advocacy
- More responsibility taken by other services for checking on people's welfare – social work, housing for example
- Promotion of people's rights and advance statements
- Wider programmes of training on mental health, trauma, suicide prevention & stigma for all public services, the education sector and wider society

(vii) Accountability – Bodycams

PWLE talked about the need for accountability in the police, with particular reference to experiences where people did not feel they were fairly treated or had their rights respected. Participants spoke about the use of body-worn cameras as a useful tool to help demonstrate what happened in any given situation and also as a reminder to officers of their responsibilities.

"People are scared to have police involvement because of what may happen – the power imbalance is huge. They have the authority and power and there seems no way to level that really. It has been really daunting in the past. There are huge issues with control – feels like the control is taken away from you and you won't be allowed to make decisions anymore." [Participant]

"I believe bodycams should be used – the police here are 5 years behind other police forces. These should be widespread by now. I think it would make police think twice before they do something or treat someone a certain way and it gives more power back to the individuals, instead of it being your word against the power of the police's word." [Participant]

"I'm in favour of bodycams – recording, giving transparency. It would be safer and makes police more accountable." [Participant]

"I definitely think bodycams are the way forward. It would help with accountability and fairness to people involved. I hope it would be one way of having some responsibility taken for actions and consequences for people with mental health conditions in particular." [Participant]

Recommendations

Within Police Scotland:

- **Empathy** focus in recruitment, initial training, ongoing training & practice ASAP
- **(Clear Calm) Communication skills** focus in recruitment, training and practice
- **In-depth initial training on mental health conditions** and neurodiverse conditions, with time spent focusing on the **lived experience perspective**, challenging stigma, and bereavement from suicide support. (Adapted Scottish Mental Health First Aid Training and ASIST) Trained officers could then be peer-trainers for other officers in their locality, reducing cost and maximising impact
- **Trauma**-informed training and practice, and training in unconscious bias
- **Training** on human rights, mental health rights, and advance statements, safeplans, Trauma cards – put into practice
- **Regular updated training** for officers throughout career and a workable programme of **support for officers' own mental health**
- Review of when measures such as **breaking doors down, handcuffs and restraint** are necessary with regards to mental health interactions
- Consideration of training **specialist mental health police officers**
- Review of treatment of people with lived experience when in **police cells** with regards to **medication, clothes and washing access and dignity** afforded
- Review of how loved ones **bereaved by suicide** are approached – need for dedicated liaison officers, compassionate responses, effective communication
- **Engagement of police in community** in informal ways, attending drop in centres, third sector groups, coffee mornings, Integration Joint Boards. Building trust, partnership-working and understanding of services and supports locally
- Use of **body-worn cameras and accountability for actions**

"Having a mental health response from police or an ambulance would improve the situation – sending in the specially trained people rather than just paramedics or police officers without those skills and training. That would be better." [Participant]

*"A subdivision of police officers who turn up with **compassion and empathy** and don't get annoyed spending time dealing with mental health situations."* [Participant]

Recommendations

In the wider public services:

- Investment, recruitment and training in mental health ambulances with specialist mental health staff for crises
- Investment and expansion of Community Mental Health Out of Hours crisis teams
- Resources & workforce to allow Community Mental Health Teams to provide consistent ongoing CPNs to help keep people well (not 'you're too well')
- Investment in primary care, particularly in areas of deprivation to allow PWLE to see their trusted GP regularly to help keep them well
- Funding and workforce to provide psychological therapies and interventions, including for trauma
- Investment in mental health ward so beds are available when people need them
- Responsibility within social work, housing and other services to check on the welfare of people under their care, and not just refer to the police
- 24-hour local drop-in centres where no referral is needed and people can go in a crisis for help from trained staff/peer workers
- Non-referral based local community drop-in centres (with peer workers) where people can meet, communicate and have meaningful activity to keep them well
- Promotion of people's rights in mental health and advance statements
- Wider programmes of training on mental health, trauma, suicide prevention & stigma for all public services, the education sector and wider society
- Consistent support of third sector organisations and advocacy for PWLE
- Investment, not cuts in mental health budgets

"People are under the radar and completely missed – the suicide rate is so high because of that. Need consistent help from community mental health teams, or GPs and support groups/drop-in centres to stop it getting to that stage, and stop for the most part, the police being called." [Participant]

"In theory 24 hour crisis or wellbeing centres are helpful – but they need to be local, and accessible without referral and the funding and staff to make it work. I am lucky that I have my CPN who tries to arrange for face-to-face appointments which make it much

easier for me to talk – not so stilted as on the phone. And so if something is nearby you and welcomed people and aware of how to be, have a cup of tea, it would de-escalate or avoid a lot of situations." [Participant]

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