

1. All minutes, including draft and final versions.

1.1 **Mental Health Distress and Policing - Partnership Delivery Group – meeting minutes - Wednesday 19 June 2024**

**Mental Health Distress and Policing
Partnership Delivery Group**

Wednesday 19 June 2024
2-3.30 pm
MS Team

Attendees

- Scottish Government – (REDACTED)
 - Police Scotland – (REDACTED)
 - British Transport Police - (REDACTED)
 - COSLA - (REDACTED)
 - Voluntary Health Scotland – (REDACTED)
 - VOX Scotland – Paula Fraser (REDACTED)
-

Action Log

The group reviewed the action items from the previous meeting, confirming the completion of tasks and updating the status of ongoing actions.

Framework development

Scottish Government officials provided an overview of the framework and an update on next steps and the publication timeline, advising that the document will be shared with partners for wider consultation in late July and that publication is expected in Autumn of 2024. The group then discussed the content of the guidance and provided feedback on the current draft. The importance of adhering to best practices and more directive/prescriptive approach was stressed. The session concluded with agreement on an action for all members to provide any final written feedback by 21 June.

Good practice examples

The importance of highlighting key elements of successful strategies and models that have already been adopted was discussed and how that would be reflected in the guidance framework alongside more practical steps that could be taken to help services on the ground. The importance of highlighting specific case studies where practices led to notable improvements in efficiency, quality, and collaboration were considered. Police Scotland provided an overview of a resource which sets out local provision and have agreed to share this at the next PDG meeting for further consideration of how this can be extended to local partners.

Police Scotland data update

The group discussed and recognised the importance of establishing a robust data set to effectively monitor and evidence the impact of the ongoing work to improve the transfer of care. Police Scotland advised that work on finalising the mental health dashboard is underway.

Evaluation of community-based provision

The group discussed the concept of an alternative/additional space as an opportunity to improve the care provided to individuals. The evaluation explored the feasibility of implementing community spaces as an alternate to people being conveyed to an Accident & Emergency when in crisis. Safe spaces would help people navigate the mental health system as well as connect to local services and not replace clinical mental health interventions. The session concluded with agreeing an action for Scottish Government officials to further discuss the mental health pathway with Voluntary Health Scotland officials.

Action plan

Scottish Government officials provided an overview of the action plan, which will set out a plan of action beyond the duration of the PfG Commitment. The action plan seeks to set out overarching long terms ambitions through actions to provide individuals with the confidence and assurance that safeguards are in place to ensure they receive the right support from the right service at the right time. Officials advised that the aim to share a first draft of the action plan at the next PDG.

Stakeholder engagement

The group reviewed the current list of stakeholders to ensure effective communication and collaboration with all relevant parties. The importance of identifying and categorizing stakeholders based on their influence and interest in the project was emphasised to tailor engagement strategies appropriately. Various methods to enhance stakeholder engagement, such as email and regular update meetings were explored. Group members agreed to feedback any comments on the list of stakeholders by 21 June.

Responsive research proposal

Scottish Government officials provided an overview of the research, funded by Scottish Policy Authority, to explore international good practices. The research will examine and highlight best practices across various countries and regions. The aim is for the research findings' to be integrated into current workstreams, acknowledging that each NHS board will set their own objectives and methods of working depending on the area and what will be beneficial for that community.

1.2 Mental Health Distress and Policing Partnership Delivery Group - meeting minutes - Wednesday 17 July 2024

**Mental Health Distress and Policing
Partnership Delivery Group
Note of meeting
Wednesday 17 July 2024**

2-3.30 pm
MS Team

Attendees:

Scottish Government: (REDACTED)

Police Scotland: (REDACTED)

BTP: (REDACTED)

Voluntary Health Scotland: (REDACTED)

Scottish Ambulance Service: (REDACTED)

Scottish Police Authority: (REDACTED)

Apologies:

(REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the Chair

2. Action Log

(REDACTED) provided an overview of progress and confirmed closed actions as well as those to be taken forward.

3. Update from Police Scotland on HMICS actions underway

(REDACTED) provided an update on actions being undertaken by Police Scotland in response to HMICS recommendations on mental health and policing. (REDACTED) noted that a progress update is scheduled for discussion with the Authority's Policing and Performance Committee September meeting
ACTION: working draft of progress update to be circulated for next meeting of PDG on 21 August.

4. Data update from Police Scotland

(REDACTED) set out the work of police Scotland in establishing an agreed dataset which will provide a baseline for policing mental health demand in the community. Police Scotland are reviewing and assuring data accuracy before sharing more widely. (REDACTED) highlighted the recent data quoted by the Chief Constable at the SPA Board and reinforced the importance of coming to an agreed dataset before further data are used in that way. There is concern about how other parts of the system could receive these data from Police Scotland, with an agreed approach between partners needed before any further data are communicated.

5. Framework for Collaboration

(REDACTED) provided an update on the Framework for Collaboration, setting out some minor changes that have to be made before the document goes out for a 4-week stakeholder engagement period at the end of July.

6. Action plan

(REDACTED) set out the work that has taken place on the development of the action plan and shared the most current version with members to show the direction and feel of the document. The population of mental health led activity is well advance. (REDACTED) highlighted that a number of actions are already being reported through preexisting reporting structures and therefore the action

plan will sign post to those rather than repeating what has already been set out elsewhere.

The next step is to capture in detail Police Scotland activity, including actions coming from Police Scotland Strategic Oversight Board (SOB). There was discussion about the importance of picking up on the HMICS recommendations and that the value of this document will be in its ability to identify gaps in activity that should take place.

(REDACTED) stressed that this action plan is an opportunity to pick up on known or emerging gaps in the commitments already made or published, and a chance to consolidate our approach going forward.

(REDACTED) reinforced the need for the action plan to be actioned focused, setting out practical steps about what the changes we are seeking mean for mitigating the difficult day to day situations for officers, mental health professionals and social care professionals on the ground. His request to members was that this document needs to be brave in its ambition; it has the potential to deliver real and significant systems change and all partners need to push the boundaries a little to do that.

7. Partner Updates

(REDACTED) provided an update on presentation delivered to the Mental Health Unscheduled Care Network on this work. The expectation is that further input will be received once the framework is circulated as part of the stakeholder engagement exercise.

(REDACTED) Also updated on the work of the Psychiatric Emergency Plan (PEP) Review Working Group. (REDACTED)

8. Key Risks and Issues

No key issues or risks were noted.

9. Summary of actions and decisions

As set out in action log.

10. Next Meeting

21 August, 2-3.30 pm by Teams

1.3 Mental Health Distress and Policing Partnership Delivery Group - meeting minutes - Wednesday 17 July 2024 – revised version

Mental Health Distress and Policing Partnership Delivery Group

Note of meeting

Wednesday 17 July 2024

2-3.30 pm

MS Team

Attendees:

Scottish Government: (REDACTED)

Police Scotland: (REDACTED)

BTP: (REDACTED)

Voluntary Health Scotland: (REDACTED)
Scottish Ambulance Service: (REDACTED)
Scottish Police Authority: (REDACTED)

Apologies:
(REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the Chair.

2. Action Log

(REDACTED) provided an overview of progress and confirmed closed actions as well as those to be taken forward.

3. Update from Police Scotland on HMICS actions underway

(REDACTED) provided an update on actions being undertaken by Police Scotland in response to HMICS recommendations on mental health and policing. (REDACTED) noted that a progress update is scheduled for discussion with the Authority's Policing and Performance Committee September meeting.

ACTION: working draft of progress update to be circulated for next meeting of PDG on 21 August.

4. Data update from Police Scotland

(REDACTED) set out the work of police Scotland in establishing an agreed dataset which will provide a baseline for policing mental health demand in the community. Police Scotland are reviewing and assuring data accuracy before sharing more widely. (REDACTED) highlighted the recent data quoted by the Chief Constable at the SPA Board and reinforced the importance of coming to an agreed dataset before further data are used in that way. There is concern about how other parts of the system could receive these data from Police Scotland, with an agreed approach between partners needed before any further data are communicated.

5. Framework for Collaboration

(REDACTED) provided an update on the Framework for Collaboration, setting out some minor changes that have to be made before the document goes out for a 4-week stakeholder engagement period at the end of July.

6. Action plan

(REDACTED) set out the work that has taken place on the development of the action plan and shared the most current version with members to show the direction and feel of the document. The population of mental health led activity is well advance. (REDACTED) highlighted that a number of actions are already being reported through preexisting reporting structures and therefore the action plan will sign post to those rather than repeating what has already been set out elsewhere.

The next step is to capture in detail Police Scotland activity, including actions coming from Police Scotland Strategic Oversight Board (SOB). There was discussion about the importance of picking up on the HMICS recommendations

and that the value of this document will be in its ability to identify gaps in activity that should take place.

(REDACTED) stressed that this action plan is an opportunity to pick up on known or emerging gaps in the commitments already made or published, and a chance to consolidate our approach going forward.

(REDACTED) reinforced the need for the action plan to be actioned focused, setting out practical steps about what the changes we are seeking mean for mitigating the difficult day to day situations for officers, mental health professionals and social care professionals on the ground. His request to members was that this document needs to be brave in its ambition; it has the potential to deliver real and significant systems change and all partners need to push the boundaries a little to do that.

7. Partner Updates

(REDACTED) provided an update on presentation delivered to the Mental Health Unscheduled Care Network on this work. The expectation is that further input will be received once the framework is circulated as part of the stakeholder engagement exercise.

(REDACTED) Also updated on the work of the Psychiatric Emergency Plan (PEP) Review Working Group. (REDACTED).

8. Key Risks and Issues

No key issues or risks were noted.

9. Summary of actions and decisions

As set out in action log.

10. Next Meeting

21 August, 2-3.30 pm by Teams

1.4 Mental Health Distress and Policing Partnership Delivery Group - Note of meeting - Wednesday 21 August 2024

**Mental Health Distress and Policing
Partnership Delivery Group
Note of meeting
Wednesday 21 August 2024
12 – 13.30 pm
MS Team**

Attendees:

(REDACTED) – Scottish Police Authority
(REDACTED) – Scottish Government Police Division
(REDACTED) - Scottish Government Mental Health Division
(REDACTED) – Scottish Government Mental Health Division
(REDACTED) - Scottish Government Police Division
(REDACTED) – Principal Medical Officer, Mental Health
(REDACTED) – Police Scotland, Policing Together
(REDACTED) – Police Scotland, Local Policing

(REDACTED) – British Transport Police
(REDACTED) – Voluntary Health Scotland (representing (REDACTED))
(REDACTED) – Scottish Ambulance Service
(REDACTED) – Scottish Ambulance Service
(REDACTED) – Scottish Police Authority
(REDACTED) – NHS24 (representing (REDACTED))
(REDACTED) - COSLA
(REDACTED) - SAMH
(REDACTED) – VOX Scotland

Apologies:
(REDACTED)

11. Welcome and Introductions

Welcome and opening remarks were provided by the Chair.

12. Action Log

(REDACTED) provided an overview of progress and confirmed closed actions as well as those to be taken forward.

13. Update on Framework for Collaboration

(REDACTED) provided an update on the Framework for Collaboration, noting the stakeholder engagement period will run for 6 weeks, from 1 August to 20 September. (REDACTED) added that COSLA has progressed with further engagement on the Framework with Elected Members. (REDACTED) emphasised that members are encouraged to share the framework with colleagues and wider stakeholders' networks to extend reach and strengthen feedback.

14. Update from Police Scotland on HMICS actions underway

(REDACTED) provided an update, noting that an options paper will be considered at the next Strategic Oversight Board (SOB) meeting in relation to police workforce training. The paper lays out how PS will deliver person-centred, trauma informed training. (REDACTED) noted that this presents an opportunity to collate lessons across different workforces and also to align delivery of the training.

(REDACTED) stressed that long standing ask that Police Scotland provide access to its interim Vulnerable Persons Database for British Transport Police colleagues in Scotland, as referenced in HMICS recommendation 13.

ACTIONS:

- Police Scotland (REDACTED) to set up discussion with COSLA (REDACTED) regarding training across workforce in line with HMICS Recommendations.
- Police Scotland ((REDACTED)) to progress BTP access to interim Vulnerable Persons Database(REDACTED).

15. Internal working group and Data update

(REDACTED) updated the group on work underway within Police Scotland on data capture to refine the mental health dashboard.

(REDACTED) reinforced the importance of coming to an agreed dataset (REDACTED). (REDACTED) confirmed that there is an internal working group focused on data capture (REDACTED). (REDACTED).

16. Action plan

(REDACTED) provided a progress update on the development of the action plan, noting that the action plan has been structured around the priorities laid out in the framework for collaboration.

(REDACTED) stressed that the aim of the Framework for Collaboration and the action plan is not about creating demand shift but multi partnership collaboration. (REDACTED), as the focus should be on the process of local ownership leading to joint actions. (REDACTED). (REDACTED) emphasized that this action plan is an opportunity to pick up on known or emerging gaps in the commitments already made or published, and a chance to consolidate our approach going forward.

ACTION: PDG members to provide feedback on the action plan draft by COP 28 August

17. SPA visit – Lanarkshire Community Triage

(REDACTED) provided an update on SPA's visit to Lanarkshire on 13 August. The purpose of the visit was to learn more about how officers are working closely with NHS professionals to deliver a better service for the public while reducing office attendance at hospital emergency departments in Lanarkshire. (REDACTED) added that there are good models available in London and outside the UK and (REDACTED) noted that the team will continue to explore good practice models highlighting how effective collaboration between the police and NHS can lead to better outcomes for everyone.

ACTION: (REDACTED) to share paper on good practice model in London with PDG.

18. Issues for escalation to Strategic Governance Group

(REDACTED) provided an update on the agreed date for the next SGG meeting and welcomed suggestions on issues and stumbling block that requires the Strategic Governance Group's intervention.

ACTION: PDG members to provide feedback (REDACTED)

19. Partner Updates

No further update was raised.

20. Key Risks and Issues

No key issues or risks were noted.

21. Summary of actions and decisions

As set out in action log.

22. Next Meeting

TBC

1.5 Mental Health Distress and Policing Partnership Delivery Group - Note of meeting - Wednesday 24 September 2024



Mental Health Distress and Policing Partnership Delivery Group Note of meeting

Tuesday 24 September 2024

14 – 15.30 pm

MS Team

Attendees:

Scottish Police Authority: (REDACTED)

Scottish Government: (REDACTED)

Police Scotland: (REDACTED)

SAMH: (REDACTED)

SAS: (REDACTED)

Voluntary Health Scotland: (REDACTED)

COSLA: (REDACTED)

Apologies: (REDACTED)

23. Welcome and Introductions

Welcome and opening remarks were provided by the Chair.

24. Action Log

The chair provided an overview of progress and confirmed closed actions as well as those to be taken forward.

25. Update on Framework for Collaboration

(REDACTED) provided an update on the Framework for Collaboration (FfC), noting that the stakeholder engagement period concluded on 20 September and that SG officials were in the process of collating feedback for PDG review. Over 20 responses were submitted to the engagement exercise, which have provided in depth and constructive feedback.

(REDACTED) asked if SG public protection colleagues had fed in to the process and (REDACTED) confirmed a discussion was ongoing.

(REDACTED) confirmed SAS had provided combined feedback on both the FfC and actions.

ACTION: (REDACTED) to provide a summary of feedback themes and actions required at October PDG

26. Update on Strategic Governance Group (SGG) meeting

(REDACTED) gave an update on the first meeting of the SGG, which took place on 10 September. Members of the SGG were updated on progress made in

developing both the FfC and collaborative commitments (REDACTED). (REDACTED). It was agreed that the PDG and core group would reformat the documents to reflect feedback.

(REDACTED)

(REDACTED)

(REDACTED)

ACTION: (REDACTED) to review and update existing strategic governance landscape mapping document, which was previously shared with PDG, as necessary.

27. Action plan development / collaborative commitments

(REDACTED) provided a progress update on the development of collaborative commitments and an overview of each of the key overarching themes. PDG then opened to group discussion on each section of the document to ensure it reflected all relevant activity.

Communications

Members discussed the actions listed under this theme and recognised the importance of building on existing activity (REDACTED)

ACTION: (REDACTED)

ACTION: SAS to provide ongoing feedback to MH colleagues regarding the implementation of the Community Triage Guide.

Improved transfer of care

(REDACTED)

ACTION: (REDACTED)

Timely Crisis Response

(REDACTED)

ACTION: (REDACTED) to provide suggested wording

Building Capacity and Capability

PDG discussed the actions under this theme and (REDACTED) highlighted that Education and Training Advisory Group has been established, chaired by NHS Education for Scotland (NES). (REDACTED). The PDG discussed the importance of avoiding duplication of this work. (REDACTED)

ACTION: (REDACTED) to provide suggested wording

Data, evidence, benchmarking, and improvement

(REDACTED) gave an overview of the actions and ongoing work under this theme. (REDACTED)

(REDACTED)

ACTION: COSLA will review the Action Plan to ensure they are the correct lead for actions and will provide feedback.

ACTION: Police Scotland to provide further update on data at next PDG

28. Next Steps

The Chair thanked the group for their contributions and confirmed that the focus for the next meeting will be:

- FfC feedback
- Finalised collaborative commitments

1.6 Mental Health Distress and Policing Partnership Delivery Group - Note of meeting – Tuesday 22 October 2024



Mental Health Distress and Policing Partnership Delivery Group Note of meeting

Tuesday 22 October 2024

2-3.30 pm

Web Ex meeting

Attendees:

Scottish Police Authority: (REDACTED)
Scottish Government (SG): (REDACTED)
Police Scotland: (REDACTED)
(REDACTED) (NHS24)
(REDACTED) (MHUCN)
(REDACTED) (BTP)
SAMH: (REDACTED)
Voluntary Health Scotland: (REDACTED)
COSLA: (REDACTED)

Apologies: (REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the Chair.

The Chair provided an overview of progress within the action log and confirmed closed actions as well as those to be taken forward. Action log is provided along with record of the meeting.

2. Update on Framework for Collaboration

(REDACTED) provided an overview of the feedback received during the 6-week stakeholder engagement exercise, which took place from 1 August to 20 September. Key themes from the feedback focused on the important role of preventative measures, many stakeholders acknowledged that the document already reflects the theme of prevention well (REDACTED)

(REDACTED)

ACTION:

- **SG** - (REDACTED)
- **SG** – slides from presentation to be sent to members.
- **SG** - Share updated version of FfC, with reflected feedback in advance of next PDG.
- **SG** – Clean copy of FfC to be sent to PS in advance of SOB

3. Revisions to Collaborative Commitments

The Chair set out the progress made on the Collaborative Commitments document since the last meeting. She thanked members for their input at that meeting and the value that brought to bringing the document to the stage it is currently at. The Chair set out that while stylistic drafting changes may still be required following the document going through required governance processes, the commitments in the document are at a final stage. (REDACTED) The Chair sought the endorsement of PDG members in relation to the commitments.

(REDACTED)

Withstanding members who have governance processes to following in early November, members were content to submit their endorsement in principle, with the Chair highlighting further drafts will be circulated if there are any further significant changes made.

- **All members** – notify the Chair of full endorsement of commitments.
- **SG** – Clean copy of Commitments for Collaboration document to be sent to PS in advance of SOB.

4. Aligned communications approach

(REDACTED) spoke about PDG partners working together to promote the work they are undertaking in a co-ordinated, joined up approach. (REDACTED)

PDG members were broadly supportive. (REDACTED). (REDACTED) spoke about national messaging being locally distributed and therefore PDG members will need to work with local partners to ensure messaging is effectively localised. (REDACTED) spoke about the importance of joining up communications activity in advance of the FfC and Collaborative Commitments document being published. There also needs to be thought given over the distribution channels available to ensure the documents are sent to stakeholders upon publication.

ACTION:

- **PDG members** to provide their communications plans for mental health support in the community.
- (REDACTED) **PDG members** to take the plans and conduct a cross over analysis.
- (REDACTED) **PDG members** to discuss communications activity for publication of documents and set out proposed approach at next PDG meeting.

5. Updated timeline

(REDACTED) provided an overview of the timeline leading up to publication of the FfC and Collaborative Commitments document, highlighting the governance and clearance processes and associated timescales. (REDACTED) asked to members to consider the timeline and highlight any clearance processes required of specific members that have not already been mapped in the timeline.

ACTION

- (REDACTED) to share timeline with PDG members for consideration of specific organisational clearance processes and in advance of Police Scotland Strategic Oversight Board.
- **All members** – Notify (REDACTED) of any internal governance processes for clearance that should be mapped on timeline.

6. A.O.B

(REDACTED) spoke to the work of the partnership workshops on unscheduled care that took place during late 2023 and early 2024. (REDACTED)

ACTION

- (REDACTED).
- (REDACTED)

7. Next Steps

The Chair thanked the group for their contributions and confirmed that the next PDG meeting will take place on

Tuesday 26 November.

1.7 Mental Health and Policing - Partnership Delivery Group (PDG) – meeting minutes - Tuesday 29 January 2025

Mental Health and Policing Partnership Delivery Group (PDG)

Note of meeting

Tuesday 29 January 2025

14:00 – 15:30

Microsoft Teams meeting

Attendees:

Scottish Police Authority (SPA): (REDACTED)

Scottish Government (SG): (REDACTED)

Police Scotland (PS): (REDACTED)

Voluntary Health Scotland (VHS): (REDACTED)
VOX Scotland (VOX)(REDACTED)
Scottish Ambulance Service (SAS): (REDACTED)
SAMH: (REDACTED)

Apologies:
(REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the Chair. Apologies were noted.

2. Update on design and publication timeline

The Chair invited (REDACTED) to provide an update on the design and publication timeline of the Framework for Collaboration and the Partnership Delivery Group Collaborative Commitments documents. (REDACTED) confirmed the 12th February 2025 for publication (REDACTED). (REDACTED) confirmed no further contribution is required from stakeholders to either document prior to publication, and no significant changes to the substance of either documents has been made since stakeholders last viewed. SG to share final proof of documents with PDG prior to publication.

The discussion concluded by PDG members agreeing that the coming year is focussed on implementation and delivery of the collaborative commitments and establishment of local forums.

ACTION:

- (REDACTED) to share final proof of documents with PDG prior to publication.

3. Communications Plan update and action planning

The Chair invited (REDACTED) to provide an overview of the communications plan shared with the group as a supporting paper.

(REDACTED) flagged it is a two pronged approach, firstly for the day of launch, and secondly, the long term communications plan to ensure there is a lasting impact at each level of each organisation which forms part of the PDG Collaborative Commitments.

(REDACTED)

Members agreed they will work with their internal communications teams to plan social media communications and internal newsletters, and will a plan to positively react to SG communications on launch day. The Chair referenced the importance of PDG membership in reaching the organisations on the ground. (REDACTED) will liaise with internal SG comms team to draft social media lines for members to use.

(REDACTED) explained the material within the comms plan is designed to support organisations with their tailored communications for both internal and external audiences.

(REDACTED)

The Chair highlighted that it is important to ensure comms are tailored to different audiences across different organisations as some will be more targeted, and some more on the periphery of work. (REDACTED) requested that members notify The Chair, and SG leads of communications plans for launch day for awareness.

(REDACTED).

(REDACTED)

ACTION:

- (REDACTED) to liaise with internal SG comms team to draft social media in conjunction with press release.
- **PS** to tie in with **SAS** to explore joint comms between PS, SAS and NHS24.
- **All PDG members** to notify SG leads of communication plans for launch day.

4. Next steps and implementation proposals

The Chair provided a paper to facilitate discussion about how PDG can approach (REDACTED)

(REDACTED)

(REDACTED) The next PDG meeting in February will be an in person meeting, which will provide the opportunity to discuss capacity and secretariat of groups in more detail.

(REDACTED)

Action:

- **PDG members** to provide (REDACTED) with an update on Collaborative Commitments. (REDACTED).

5. Update from PSoS Mental Health Working Group

In response to the second recommendation in the HMICS Report, PS have prepared a document to support the Mental Health Framework and Commitments. (REDACTED)

(REDACTED).

(REDACTED)

ACTION:

- **PS** to link up on transfer of care and share documents with SAS.
- Further consideration of communication to take place through Collaborative Commitments sitting under thematic theme of communication.

6. Development of Performance Framework and Baselines

(REDACTED)

ACTION:

(REDACTED)

7. Partner Updates

(REDACTED)
(REDACTED).

8. A.O.B

No AOB was raised.

9. Date of next meeting

The Chair thanked the group for their contributions and confirmed that the next PDG meeting will take place in person 25th February 2025, 10:00 – 13:30, at Pacific Quay.

1.8 Mental Health Distress and Policing Partnership Delivery Group (PDG) – meeting minute - Tuesday 25 February 2025

Mental Health Distress and Policing Partnership Delivery Group (PDG) Note of meeting

Tuesday 25 February 2025
1000-1330
SPA Office, Pacific Quay, Glasgow

Attendees:

(REDACTED)	Scottish Police Authority	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Police Authority	
(REDACTED)	Police Scotland	
(REDACTED)	Police Scotland	Representing (REDACTED)
(REDACTED)	Police Scotland	
(REDACTED)	SAMH	
(REDACTED)	COSLA	
(REDACTED)	VOX	Representing (REDACTED)
(REDACTED)	NHS 24	Representing (REDACTED)

Apologies:
(REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the Chair.

2. Background and context

The Chair invited (REDACTED) to provide background and context to the Collaborative Commitments action tracker. (REDACTED) explained that the purpose of the tracker was to provide a mechanism to discuss workstreams and to take stock of progress made on commitments within the thematic workstreams. This exercise allows the group to identify commitments that are making good progress and already have governance built in and conversely it highlights those commitments that would benefit from the support of the thematic leads to drive forward progress.

3. Workstream Commitments and prioritisation

Thematic theme one: Communication

(REDACTED). The communications plan developed in preparation for the publication of the Framework for Collaboration and the Collaborative Commitments serves as a good first product in relation to the first collaborative commitment which sets out plans for a multi-agency communication strategy. (REDACTED).

Thematic theme two: Improved transfer of mental health care

(REDACTED)

(REDACTED)

During discussion on the third commitment, it was noted that PS refer to the community triage guide as the mental health index. This use of language is reflected in the Commitment, and it was agreed that PS can continue to use mental health index since 'CTG' already has an established definition within the organisation.

(REDACTED).

(REDACTED)

Thematic theme three: Building capacity and capability

(REDACTED)

(REDACTED).

(REDACTED)

(REDACTED)

(REDACTED)

Thematic theme four: Strengthening Community-Based Provisions

SG underlined its commitment to working on the exploration of safe spaces.

(REDACTED)

Thematic theme Five: Data, evidence, benchmarking and improvement

PS noted its data dashboard is running internally since the end of 2024. PS will bring the data dashboard to the next PDG, or will share via email. (REDACTED)

SPA noted that work is underway to understand what a good transfer of care looks like, (REDACTED). An update will be provided at the next meeting.

4. Resourcing

Members agreed to revisit this item at the next meeting once there is a better understanding of budget.

5. Governance

Members were keen to ensure there is no duplication of governance of workstreams that already exists. Members also agreed to step PDG meetings down to quarterly meetings as we move into the implementation and delivery stage, which will allow for a more meaningful reporting period.

Members agreed on the following actions:

- Partners to provide an update on the governance they are leads for which will contribute to building a stakeholder map.
- The **Chair** to organise the PDG meeting prior to the Policing Performance Committee to clear information to be meaningfully fed into this committee.
- Members to notify the Chair of other groups that should be included and informed of progress.
- (REDACTED)
- (REDACTED)

6. Measuring progress

(REDACTED)

(REDACTED)

7. PDG Terms of Reference

(REDACTED).

Members discussed incorporating lived experience within the work of this group. Members agreed to keep the terms of reference open to change to ensure guests can be invited to PDG meetings based on specific agenda items to ensure all perspectives are taken into consideration.

8. Next steps

SG will look at communication in terms of sharing this work with the correct forums and audiences. Furthermore, facilitate further discussion as a group to create a shared

communications strategy that sets out what we are looking to achieve collectively, and governs what each member is doing. SG will share a paper ahead of the next PDG meeting for partners to feed into to support a shared communications plan.

Each thematic group should consider what they think good reporting looks like in line with guidelines to create a more uniform reporting structure as commitments are progressed.

9. AOB

COSLA to make connections with Joint Strategic Board to identify any overlaps in this work and will bring updates back to PDG, or alternatively invite members to leadership board meetings if appropriate.

The **Chair** will send out a new provisional schedule of meetings for sign off, reflecting the agreement to move PDG meetings to quarterly. New meeting dates will work back from reporting periods and take into account the Policing Performance Committee meeting dates.

Actions:

No.	Action	Lead
1	(REDACTED)to discuss the reporting of the second workstream in relation to MHUC Network’s governance role.	(REDACTED)
2	SG to discuss deliverables of the seventh action in the transfer of care workstream (REDACTED).	SG
3	(REDACTED) to discuss linking with DBI partnerships at meeting with IJBs.	(REDACTED)
4	PS and COSLA to identify a contact from Suicide Prevention Scotland to include on the third action under thematic theme three.	PS & COSLA
5	(REDACTED)	PS
6	PS will notify PDG prior to releasing the dashboard to a wider audience to give the opportunity to determine positive and consistent communication messaging.	PS
7	SPA to provide update on review of insights from existing research to inform new/revised delivery models will be provided at the next meeting.	SPA
8	Partners to provide an update on the governance they are leads for which will contribute to building a stakeholder map.	All
9	Members to notify the Chair of other groups that should be included and informed of progress.	All
10	(REDACTED) to add column to the Collaborative Commitments tracker spreadsheet to mark where partners are taking actions for decisions.	SG (REDACTED)
11	Members to notify (REDACTED) where actions currently sit, or could sit, within each organisation.	All
12	(REDACTED) to add column to include information on where actions sit or currently sit within each organisation on the Collaborative Commitments tracker spreadsheet.	SG (REDACTED)
13	Include item on measuring progress in next PDG meeting.	Chair
14	Chair draft a new terms of reference to reflect the PDG’s move to a new phase and its new members.	Chair
15	SG to share a paper ahead of the next PDG to support a shared communications plan with PDG.	SG
16	Chair will send out a new provisional schedule of meetings for sign off.	Chair

1.9 Mental Health Distress and Policing Partnership Delivery Group (PDG) – meeting minute - Thursday 5 June 2025

**Mental Health Distress and Policing
Partnership Delivery Group (PDG)
Note of meeting**

Thursday 05 June 2025
1000-1130
MS Teams

Attendees:

(REDACTED)	Scottish Police Authority	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	Scottish Government	
(REDACTED)	NHS 24	
(REDACTED)	NHS 24	
(REDACTED)	COSLA	
(REDACTED)	VOX	
(REDACTED)	Police Scotland	
(REDACTED)	Police Scotland	
(REDACTED)	Police Scotland	Representing (REDACTED)

Apologies:

(REDACTED)

10. Welcome and Introductions

Welcome and opening remarks were provided by the Chair. Apologies were noted.

11. Minute of previous meeting and action log update

Members agreed the minute of the previous PDG meeting on 25 February 2025.

(REDACTED) requested updates from members on the progress of open actions from previous meetings. In relation to action 65, the Chair confirmed she has reached out to IJB Chief Officers, and is looking to arrange for a representative to attend future PDG meetings as a member of PDG. On action 66, (REDACTED) confirmed that Police Scotland (PS) are in the process of identifying a contact from Suicide Prevention Scotland to support the delivery of the action to "ensure the delivery of the PS Suicide Notification form for information sharing" under thematic theme Building Capacity and Capability. In relation to action 69, the Chair noted that the piece of research on improved transfer of care is still in draft form, however, the final version will be shared via email or at the next PDG once it has been finalised.

12. Updated Terms of Reference and Governance alignment

The Chair invited members to provide feedback or raise any questions they have on supporting paper 3.1, PDG terms of reference. The Chair noted that conversations are scheduled with Social Work Scotland and HSCPs, seeking membership but is yet to confirm their agreement.

The Chair invited members to provide feedback on supporting paper 3.2, the Collaborative Commitments Governance Structure. (REDACTED) The Co-Chair

explained that the purpose of the governance paper that is being developed is to map current working groups, avoid duplication, and provide a clearer picture of the collaborations between ongoing workstreams. (REDACTED)

The Chair explained that both the terms of reference and governance structure paper will remain living documents, and can be updated on an ongoing basis to reflect changes in representation or scope.

It was noted that Social Work Scotland and HSCP representatives would be added to the ToR once they had confirmed they will join the PDG.

ACTION:

- (REDACTED) to share feedback on the Terms of Reference with SG.

13. Communications plan

Thematic theme one: Communications

(REDACTED) provided a summary of supporting paper 4.1, communications plan, setting out how the plan seeks to capture communication activities that are already underway or that should take place to support the delivery of the PDG Collaborative Commitments and opened the floor to feedback on this paper.

(REDACTED) will share this plan with Police Scotland communications lead to ensure the PS internal communications plans reflects this paper. This will be shared once finalised to ensure coherence with the PDG's wider communications strategy.

(REDACTED) asked for other partners to consider how this resource links in with their own communications strategy in their individual organisations in the same way. To maintain momentum of goals, SG will add a communications column to the Collaborative Commitments tracker (supporting paper 5.1) to ensure we can evidence delivery and demonstrate communications activity across all PDG partner organisations.

(REDACTED) suggested developing a core messaging pack, including items such as press packs, infographics, as well as slide decks, to support consistent messaging across organisations. (REDACTED) reflected that such actions are already included in the communications plan and agreed to explore the production of visual tools such as infographics.

(REDACTED)

ACTIONS:

- SG to add communications column to the Collaborative Commitments tracker.
- (REDACTED) to explore the production of visual tools such as infographics.
- (REDACTED)

14. Delivery workstream updates

Thematic theme two: Improved transfer of care

(REDACTED)

(REDACTED)

(REDACTED) provided an update on the community triage guide, confirming that they are exploring the inclusion of the British Transport Police. **SK** added that the community triage index and the guide are closely linked and related Collaborative Commitments feed into each other.

(REDACTED) also highlighted that guidance templates are being developed for the Psychiatric Emergency Plans (PEPs), with a consultation phase scheduled to begin after summer.

(REDACTED).

(REDACTED)

(REDACTED).

Thematic theme three: Building capacity and capability

(REDACTED). Further conversation to (REDACTED) the Enhanced Mental Health Pathway is ongoing. PS will take this through the appropriate governance group but use this opportunity to alert PDG members of this ongoing work. An update on the Suicide Notification form will be provided following a meeting with the COSLA lead for Suicide Prevention National Delivery.

(REDACTED)

(REDACTED).

Thematic theme four: Strengthening community-based provisions

CM provided an update on the Safe Spaces work, (REDACTED)

VB explained that the SG is prioritising key actions, (REDACTED)

ACTIONS:

- PS to provide update to the PDG on the Suicide Notification form when available.
- (REDACTED)

15. Data, evidence and reporting

Thematic theme five: Data, evidence, benchmarking and improvement

(REDACTED)

The Chair will invite (REDACTED) who has been commissioned to deliver the multi-agency data linkage project to a future PDG meeting to provide further detail of this work and its implications for PDG and the wider health and justice systems.

(REDACTED)

ACTIONS:

- (REDACTED)

- Chair to invite (REDACTED), the lead of the multi-agency data linkage project to PDG to provide further detail of this work.
- Chair to update on delivery of key metrics in advance of reporting to SPA policing and performance committee on 16 September.
- Chair to invite SG teams to Performance Framework workstream meetings.

16. Forward workplan and public reporting

This matter discussed the planning required to ensure timely and collaborative reporting to the SPA Policing and Performance Committee on 16 September. The Chair confirmed SPA will coordinate the development of the report for the PDG, working with delivery leads. This will be circulated ahead of the next PDG at the end of August for input from partners and discussion at the next meeting.

(REDACTED) suggested creating a timeline document detailing what we are looking to produce and by when, setting out key milestones for the production of the report. The timeline will work backward from the Policing Performance Committee (PPC) on 16 September 2025. (REDACTED) noted that PS have aligned their next MHWG and MHSOB dates with the PPC reporting timelines.

ACTIONS:

- Chair to create a timeline with key milestones for preparation of the PDG report on progress ahead of Policing Performance committee on 16 September.
- Working with partners, the Chair will share a draft progress report for the Policing Performance Committee ahead of the next PDG meeting at the end of August for discussion.
- Chair to rearrange PDG from 26 to 28 August.

17. AOB

No AOB was raised.

1.10 Mental Health Distress and Policing Partnership Delivery Group (PDG) – meeting minute - Thursday 28 August 2025

Mental Health Distress and Policing Partnership Delivery Group (PDG) Note of meeting

Thursday 28 August 2025
1330 – 1530
SPA Offices, Clyde Gateway, Dalmarnock

Attendees:

(REDACTED)	Scottish Police Authority
(REDACTED)	
	Scottish Government
(REDACTED)	Scottish Government
(REDACTED)	Scottish Government
(REDACTED)	Scottish Government

(REDACTED)	Police Scotland
(REDACTED)	Police Scotland
(REDACTED)	Police Scotland
(REDACTED)	Police Scotland
(REDACTED)	Scottish Police Authority
(REDACTED)	VOX Scotland
(REDACTED)	NHS
(REDACTED)	SAS
(REDACTED)	SAMH
(REDACTED)	COSLA

Apologies:

(REDACTED)

1. Welcome and Introductions

Welcome and opening remarks were provided by the **Chair**. Apologies were noted.

2. Minute of previous meeting and action log update

(REDACTED) made the group aware that the previous June PDG minute has been updated to reflect changes submitted by PS. Members agreed the minute of the 5 June 2025 meeting.

Members reviewed and provided updates on the PDG meeting action log to reflect progress. (REDACTED)

ACTION:

(REDACTED)

3. Updated Terms of Reference and Governance alignment

Members were invited to review prior to the meeting for sign off of changes to the supporting documents.

Discussions covered governance alignment, appropriate escalation routes and the (REDACTED).

Following discussion, members indicated they were content with the changes. The documents were signed off by the group and considered final.

4. Update from Police Scotland Mental Health Taskforce

(REDACTED).

(REDACTED)

(REDACTED)

ACTIONS:

- (REDACTED).
- (REDACTED)

- (REDACTED)

5. Data, Evidence and Reporting Update

Following initial submissions from members of PDG, (REDACTED)

(REDACTED).

(REDACTED)
(REDACTED)

6. Reporting to the PPC

The **Chair** introduced the draft report to be presented to the SPA Policing Performance Committee on 16 September detailing progress since publication in February.

Members were asked to identify any missing elements and achievements.
(REDACTED)

(REDACTED) The PDG approved the paper, subject to any final additions or amendments by Tuesday 2 September.

The **Chair** advised that the report will be finalised and submitted by Thursday, 4 September.

ACTION:

- Provide any feedback/additional information to be included in the PPC report to **Chair** or (REDACTED) by 2 September

7. Communications and lived experience engagement

(REDACTED) provided an overview of the lived experience work and its potential to support the delivery of the FfC ambitions and Collaborative Commitments. Enhancing communications through this route will help shape how messages are written, styled, and shared, and will guide decisions about the most effective channels and audiences to ensure impact. A clear understanding of this landscape is especially important for improving the reach and relevance of public facing communications.

The group discussed practical ways to strengthen public facing messaging, with a focus on embedding lived experience to ensure communications are both meaningful and effective. (REDACTED)

(REDACTED) spoke to work she has been undertaking on high level communications for dissemination across organisations to ensure this is shared internally and externally. This includes the development of a multi-agency communications strategy and the provision of practical resources, such as a toolkit, for members to utilise and disseminate. (REDACTED) will circulate these materials in advance of the next PDG to enable informed discussion at the meeting. Members spoke about this work including good practice examples.

ACTION:

- (REDACTED) to share outcomes of lived experience work of PS assessing user experience of the MH pathway
- (REDACTED) work together to explore the opportunity of communications suggestions and opportunities
- (REDACTED) to share the communications work underway so far prior to the next PDG for discussion at the meeting

8. Work Plan

(REDACTED) spoke about ambitions in the wider strategic space to build traction on the progress achieved to date. (REDACTED)

9. AOB

The next meeting will be held online on 20 November. SG will host the next in person meeting on 26 February PDG in AQ.

2. All papers circulated to the group (briefing notes, updates, presentations, risk registers, problem profiles, or analysis papers).

2.1 Mental Health Distress and Policing Demand Short Life Working Group – Agenda - Tuesday 23 January 2024



Mental Health Distress and Policing Demand Short Life Working Group

Tuesday 23 January 2024
1300-1400 MS Teams

1.	Welcome and Introductions	
2.	Background and remit of the group	(REDACTED)
3.	Key updates <ul style="list-style-type: none"> • NHS ED workshops • Police Scotland Unscheduled Care workshop • HMICS recommendations response 	(REDACTED) (REDACTED)

4.	Workplan and next steps	(REDACTED)
5.	AOB	All

2.2 Mental Health Related Demand – SPA and PS Position Paper – meeting paper for Tuesday 23 January 2024

Mental Health related Demand SPA and PS position paper

The Scottish Police Authority has maintained an increased focus on vulnerability and mental health demand, specifically how policing best responds to calls for service, for over two years. In line with that sustained focus the Authority agreed that mental health would be a board priority, with board member (REDACTED) asked to lead as Board champion on the issue.

Background and Context

In early 2022, following discussion at Authority and committees on pressures being faced by Police Scotland in responding to mental health related demand, (REDACTED) made a commitment that the Authority would place a greater focus on the appropriate police response to calls for service around mental health issues and Fiona McQueen was asked to lead this work on behalf of the Authority. Since then, there has been a number of public Board and committee discussions and sessions at Members Seminars.

The Scottish Parliament’s Criminal Justice Committee also expressed an interest in this area of policing and held an [evidence session](#) in May 2022 which the Authority and Police Scotland contributed to. To take these discussions further, the Authority convened a discussion on the societal-wide impact of poor mental health in the community; with a focus on vulnerability and distress in December 2022. This [event](#), chaired by (REDACTED) on behalf of the Authority, with speakers drawn from across the public and third sector, aimed to:

- Bring together partner agencies and other key stakeholders to establish a common understanding of the challenge and the current approaches to addressing it;
- Set the wicked issue in the context of a growing challenge not only to policing but to the public and third sector and communities across Scotland, the UK and wider;
- Describe the proactive and prevention focused work being taken forward by Police Scotland in collaboration with key partners; and
- Recognise the interdependencies, partnership interfaces and opportunities in the system, identifying current best practice that could be adopted as common practice and then nationally consistent approaches.

A number of commitments were made by Police Scotland as a result of the event in December 2022, with [progress reported](#) to Policing Performance Committee in September 2023. Following this event the Authority also published a briefing on [mental health and policing](#), which details the strategic position in relation to mental health related calls for service and the Police Scotland response to these.

The Authority, Police Scotland and Scottish Government are in agreement that mental health related demand on policing, requires a multi-agency and multi-faceted approach including effective partnerships, training, community engagement, and support mechanisms for officers.

Current Activity

Outlined below are some of the practical steps that can be/are being taken to address these demands. These are effective steps however they are fragmented and locally varied. While there requires to be a locally responsive and determined model, there is a need to identify and then replicate good practice and share the learning.

Collaborative Partnerships

Strengthening partnerships with mental health organisations, social services, and healthcare providers; facilitating stronger communication, collaboration, and coordination.

Crisis Intervention Team (CIT) Training

Invest in and expand CIT training for all police officers, which will equip officers with the skills and knowledge to respond effectively and empathetically to mental health calls.

Alternative Response Models

Implement/develop alternative response models that see mental health-related calls diverted away from the police to appropriate mental health professionals and services or where police officers and mental health professionals respond jointly to relevant calls.

Community Engagement and Education

Engage with communities to raise awareness around mental health and reducing stigma. Collaborate with community organisations to build trust and foster an understanding of the roles and responsibilities of policing in responding to mental health calls.

Support Mechanisms for Officers

Provide a range of supports and resources for officers and staff dealing with stress and trauma associated with responding to mental health calls. This may include counselling, peer support, and other wellness programs.

Data Collection and Analysis

Invest in data collection and analysis tools that help understand the trends, challenges, and opportunities related to mental health calls. Data-driven decision-making can enhance the effectiveness and efficiency of police responses.

Policy and Procedure Review

Regularly review and update policies and procedures related to responding to mental health calls, incorporating best practices and lessons learned both internally and externally.

Funding and Resources

Secure sustainable funding and resource to support the implementation of these steps, engaging with governmental and non-governmental funding organisations. Advocate for adequate resourcing of mental health response initiatives.

Future Activity

The Authority and Police Scotland are committed to making progress on this key area of focus and have committed to a series of short, medium and long terms activities which will be progressed with support and leadership from colleagues across both Justice and Health at a Government level.

Short-Term (October 2023 - March 2024)

- Development of protocols for the safe handover of people taken into Emergency Departments by response policing.
- Assess the effectiveness of CIT training and community engagement initiatives.
- Undertake divisional level cost data analysis of responding to call for service related to mental health issues.
- Hold a call to action summit with colleagues across local government to explore shared pressures related to mental health demand

Medium-Term (April 2024 – September 2025)

- Identify and cascade rollout of good practice local models of alternative response and co-response initiatives.

Longer term (October 2024-March 2025)

- Continuous improvement and expansion of partnerships, training, alternative response models, and community engagement initiatives.
- Sustainable funding and resourcing of mental health response initiatives.

2.3 Mental Health Distress and Policing Partnership Delivery Group Terms of Reference – included in meeting papers for 21 February 2024

Mental Health Distress and Policing Partnership Delivery Group Terms of Reference

CHAIR Head of Strategy & Performance, Scottish Police Authority

MEMBERS Scottish Government Police Division
 Scottish Government Mental Health Division
 Policing Together & Community Wellbeing, Police Scotland
 Local Policing Service Delivery Review, Police Scotland
 Scottish Police Authority, Strategy & Performance Team
 COSLA representative
 MHUC Network link – SG colleagues to clarify and advise

ATTENDING Others at request of the group

Purpose and Responsibilities

The Mental Health Distress and Policing Partnership Delivery Group is intended as a time limited delivery group reporting through internal governance across Scottish Government, Police Scotland, and the Scottish Police Authority. It is intended to coordinate the range of activity currently underway in relation to the policing system's response to mental health distress.

Responsibilities include, but are not limited to:

- Coordination of the partnership response to the recent HMICS review of policing mental health demand and resulting improvement plan
- Wider strategic coordination of mental health distress demand activity

- Central coordination and reporting of activity related to mental health distress
- Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners
- Oversight, development and delivery of mental health distress specific guidance
- Identification of synergies and interdependencies across work areas
- Creation of specific products for use across mental health distress response, particularly, though not exclusively, for NHS, social care and policing

Accountability & Governance

The group will collate information from existing workplans and systems to populate reporting detail, wider partnership representatives are responsible for providing other updates and content as requested.

Papers will be circulated three working days in advance of meetings except in exceptional circumstances. After each meeting the action log will be updated and circulated to members.

The action log will be reviewed at each meeting, and a summary of activity reported through individual organisational governance routes as required. Formal reporting of progress will take place through the Authority's Policing Performance Committee on a 6 monthly basis.

SECRETARIAT

Scottish Police Authority

FREQUENCY

MHDP will meet on a monthly recurrence, with specific additional meetings stood up as and when required.

ESCALATION ROUTE

Escalation through internal organisational governance routes as required

Version	0.2
Status	draft
Date	20/2/24
Approved	

2.4 Mental Health Distress and Policing Demand Short Life Working Group – Agenda - Wednesday 21 February 2024

Mental Health Distress and Policing Demand Short Life Working Group

Wednesday 21 February 2024
1400-1530 MS Teams

1.	Welcome and Introductions	
2.	Finalising Terms of Reference	(REDACTED)
3.	Key updates <ul style="list-style-type: none"> • NHS ED workshops • Police Scotland Unscheduled Care workshop – 22 February • Guidance roundtable 	(REDACTED)
4.	Workplan and next steps	(REDACTED)
5.	AOB	All

2.5 Mental health and policing Workplan - version shared with short life working group for meeting on 21 February 2024 – attached separately as excel document

2.6 Mental Health Distress and Policing Partnership Delivery Group – Agenda - Wednesday 17 April 2024

**Mental Health Distress and Policing Partnership Delivery Group
Wednesday 17 April 2024
1300-1600**

SPA Office, Pacific Quay, Glasgow

- 1300 1 Welcome and Introductions
- 1310 2 Background and context - (REDACTED)
- 1320 3 Key updates
 - NHS ED workshops – (REDACTED)
 - Police Scotland Unscheduled Care workshop – May 2024 – (REDACTED)
 - SPCF input – (REDACTED)
- 1400 4 Workplan development
 - Key service activities - All
- 1500 5 Guidance development - (REDACTED)
- 1545 6 Next steps – (REDACTED)

2.7 Mental Health and Policing Guidance – paper shared with group for 17 April meeting

Mental Health and Policing Guidance **Ministerial Foreword**

Introduction

Who the guidance is written to support
(REDACTED)

What services this guidance is for and what is the scope of the guidance

- (REDACTED)

National Performance Framework – our purpose and values

- **OUR PURPOSE** To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.
- **OUR VALUES** We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way.

Legislative basis

- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Section 32 of the Police and Fire Reform (Scotland) Act 2012
 - In particular, what this means in terms of what police officers and understanding any implications the current legislation may have in delivering the ambitions of this work.

Definitions

we need to provide a definition of who/ what group(s) we are looking to support and be consistent in our reference and shared across all agencies involved in this work so that there is a national understanding.

- **Mental wellbeing** is a person's internal positive view that they are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. Good mental wellbeing means a person will feel happy and live their lives the way they choose.
- **Distress** can be described as a sudden change in wellbeing from regular behaviour patterns with expressions of intense emotions (e.g. anxiety, hopelessness, loneliness). It is an emotional pain which may have led the person to seek help, and which does not require further emergency service involvement.
- **Mental illness** is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong
- **Crisis** - A state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.
- **Mental wellbeing, mental health and mental illness** are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity), psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact the state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.

SG MH strategy

Vision, aims and objectives

Reference Strategy's delivery plan and work already taking place. What is the forward look and how does it tie into this guidance.

- Distress
- Self-harm
- Suicide prevention
- SAS / police/ health work

Principles

- Prevention - Working upstream – support before they need to call the police or go to A&E
- Adopting a risk based approach and consideration of 'error terror' as part of that approach helping police to confidently walk away.
- Person centred – holistic services
- Trauma informed – time, space, compassion. Citing the impact trauma and childhood experience can have on behaviours, the need to ensure a compassionate response and avoid retraumatizing individuals i.e. repeatedly having to disclose information. –
- Minimal intervention in liberties and rights.
- Stigma - fostering a supportive and non-judgmental environment – reference/ reinforce the Promise
- Interface between systems and services – running the race and passing the baton – safe and effective handover – local forum should try to achieve – and continually review safe and effective handovers.
- Christie principles - Over ten years ago the Christie Commission set out the four Ps of: place, people, prevention and partnership. ***When preventative programmes are targeted at solving well-researched problems and are strategically led and delivered, they can have an enormous impact on service delivery, providing a cost-effective use of taxpayers' money. This means partnership between national and local government, between public and private sector, between the individual and the state. –***

Role of Each Agency

Short intro setting out that this is not about one agency – multi agency response. Include info about consultation events

- Role of Police
- Role of MH services and health more generally
- Role of local authorities (MH officers and social care)
- Role of PiRC
- Role of Crown
- Third Sector and Community supports

Staff training

- Importance of training and option to create joint training to support a well trained workforce, help with multi agency collaboration. No single service can provide that support alone. That is why it is important that all services who input ensure the outcome is one that supports the person to find the help they need for the

long term, which in turn aims to desist the level of repeat calls from high intensity users. Training needs to be trauma informed.

Psychiatric emergency plans

- What will the review achieve - possibly create a national template for consistency, minimum core information, including police role in certain circumstances and supports available to them.
- Data to inform approach - evidence progress and where work is still required
- Data sharing – understand how data can be shared and utilised to better inform policy and monitor progress/impact.
- Performance reporting/ monitoring/ evidence/ inform future approach. (reduction in police time – should be a key measure), number of people reducing coming to A&E reduces, the handover is quicker and more upstream.
- PHS data work – who is referring into MH unscheduled care clinicians – presentation type – care outcomes?
-

Data and Information

Multi agency information sharing

- Reducing risk aversion around information sharing and approaches . Seek input from Mental Welfare Commission for MH, need to consider whether specialist legal or ICO input is required.

Data gathering and sharing to inform policy progress

- Establish more effective and consistent ways of recording and analysing data to allow better understanding of the current landscape and effective monitoring of progress. This will also assist in informing future policy.

2.8 Mental Health and Policing - Work Plan - as shared with Mental Health Distress and Policing Partnership Delivery Group for meeting on 17 April 2024 – attached separately as excel document

2.9 Draft Mental Health and Policing Guidance Framework – shared with PDG for 15 May 2024 Meeting

Mental Health and Policing Guidance Framework

Ministerial Foreword

TBC

Introduction

Mental health is a cross government priority and we recognise that factors determining mental health are multisectoral and can be impacted by social determinants. As such, interventions to promote and protect mental health and wellbeing need to be delivered across multiple sectors.

The Scottish Government recognises the pressures facing health services and the impact that this has on other services. Currently, there is not a consistent response provided to individuals experiencing ongoing acute emotional distress, who do not require clinical intervention. As a result, Police Scotland are often the responding service in circumstances whereby the individual may be better supported by another service. HMICS published its Thematic Review of the servicing of mental health

demand on policing on 18 October 2023, which highlighted this issue and set out a number of recommendations for the Scottish Government and other bodies, including **‘Scottish Government should commission a strategic review of the whole system relating to mental health, involving a range of scrutiny bodies’**.

A range of work is already taking place at local and national levels and across all sectors to promote positive mental wellbeing, prevent poor mental health, and provide support, care and treatment where needed. This guidance framework is specifically intended for those involved in the decision making process in relation to how to support those experiencing mental ill health or emotional distress. It will be of particular interest to those working in Police Scotland and other emergency services as well as those working in Health, Social Care, Social Work and across the public and third sectors. It has been developed in consultation with services and with representation of those who it is intended to support including their families and carers.

This guidance framework has been drafted with the intention of supporting services to work together, across boundaries, to put the person seeking support at the centre of practice and decision making. The ambition is that we work in a way that removes service level boundaries and builds relationships and trust between services to ensure that individuals receive the right support from the right agency, while alleviating pressures on public services.

This Guidance Framework aims to promote a whole systems approach whereby processes, culture, communication and training result in a person centred service in which all services are clear on their role at each stage of a person’s journey. It provides a framework to facilitate cohesive and collaborate working across services in order to support those in need in a person centred and trauma informed way. In order to achieve this, the guidance will:

- Set out the current strategic landscape and the current work already taking place to improve mental health and mental health services
- Set out a framework for Police Scotland, health services and others to work together to respond to people who need mental health support;
- Improve outcomes for individuals by ensuring that people in need receive the right support by the right agency;
- Provide more clarity on the role of each of the public services that support those experiencing mental ill health or emotional distress and their families and promote a whole system approach;
- Promote the continual review and improvement of current services and ways of working;
- Establish a common standard that all services can recognise and understand;
- Encourage local collaboration and partnership working by establishing a mechanism for local working;
- Set out examples of good practice to promote, and demonstrate the impact of, more effective ways of working;
- Set out a more consistent approach information sharing to allow a understanding of key issues and more effective monitoring of progress.

Through this work, our ambition is that this guidance will provide a framework to allow services to better support individuals who experience mental health distress and present in crisis, but do not always require a clinical intervention. Anyone can require

crisis care and so services should be able to provide support to all people. While services will continue to support those who experience mental ill health, this guidance seeks to address the service gap that can exist for those who do not require clinical intervention but are experiencing ongoing acute emotional distress and whose needs are not currently being met by existing services.

Strategic Landscape

The [UN Sustainable Development Goals](#) (SDG) are an urgent and universal call to action to create a better world by 2030. The SDGs apply to every country in the world including Scotland and are the responsibility of governments, businesses, civil society and citizens to deliver.

The [National Performance Framework](#) (NPF) is developed and published by the Scottish Government and is Scotland's way to localise the SDGs. It sets out 11 National Outcomes to which relevant SDGs are mapped. Each National Outcome has associated indicators which are tracked and publicly reported on. The NPF is for all of Scotland and sets out a vision for collective wellbeing. When developing policy, including this guidance, we use the National Outcomes to tell us what good looks like and the national indicators help us to understand if we are moving in the right direction towards them. While we anticipate that this work will contribute to a variety of the National Outcomes, it will have a particular focus on **'we are healthy and active,' 'we respect, protect and fulfil human rights and live free from discrimination'** and **'we live in communities that are inclusive, empowered, resilient and safe'**. The main national indicators which this work will contribute to are improving mental wellbeing, quality of public services and public services treat people with dignity and respect.

SG Mental Health and Wellbeing Strategy

The Scottish Government published a [Mental Health and Wellbeing Strategy](#), jointly with the Convention of Scottish Local Authorities (COSLA) in June 2023. It builds on the work of the previous 10-year Strategy that was launched in 2017, but has a wider scope, with an increasing focus on wellbeing and prevention as well as a commitment to tackle stigma. The new Strategy describes what a highly effective and well-functioning mental health system should look like, with the right support available, in the right place, at the right times, whenever anyone asks for help. To support the delivery of the Strategy a [Delivery Plan](#) and [Mental Health & Wellbeing Workforce Action Plan](#) were also published jointly with COSLA in November 2023.

The shared vision of Scottish Government and COSLA is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. The Strategy recognises that a whole system, highly effective mental health system must address all levels of need, from maintaining good mental wellbeing, to the support available in communities, to recognising and responding to the many underlying social determinants, circumstances and inequalities that can affect people's mental health and wellbeing.

People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions and emotional distress themselves, especially with support from family members, peer support groups, faith-based organisations or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services. In most areas, mental health support is also accessible at out-of-hours primary care centres or via NHS 24.

We know that the current system is not delivering as we would wish despite the efforts of thousands of dedicated and skilled people across Scotland. One of the reasons for publishing a new Strategy was to lay out what we think 'good' looks like and move forward with all partners towards that vision.

However, the Strategy acknowledges that there are many challenges to delivering sustainable mental health supports and services in Scotland. The Strategy's Delivery

and Workforce Action plans set out the specific actions that will be taken through a cross Scotland partnership approach to:

- **promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

This Guidance document sets out the further detail on the way in which partners can work together to deliver both our vision for improved mental health and wellbeing and for a just, safe and resilient Scotland.

The Vision for Justice In Scotland

The Vision for Justice in Scotland was published in February 2022 and sets out our vision of the future justice system for Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. The Strategy is underpinned by four core principles: **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership**. It also outlines two transformational priorities: **‘Our services, third sector partners and legal profession must be person-centred and trauma-informed’** and **‘we must also strive to work across our public services to improve outcomes for individuals, focussing on prevention and early intervention’**.

While the strategy has a wider focus on the justice system as a whole, its core principles and overarching priorities speak to the ambitions of this guidance and align with its indented outcomes. It focuses on promoting person-centred justice services and highlights the importance of embedding trauma-informed practice. It seeks to ensure that justice services recognise the prevalence of trauma and adversity, realise where people are affected by trauma and respond in ways that reduce re-traumatisation.

The strategy recognises that the population in contact with the criminal justice system is a vulnerable one in health and wellbeing terms, with people experiencing high levels of mental health problems. It also highlights the same key issues set out in the HMICS report: that justice agencies are commonly dealing with situations where the main issues are around mental health and distress, where no offence, or only a minor offence, has been committed; and that Police are dealing with increasing numbers of people in mental health distress and that this is placing significant demand on their services and that of health services. The strategy underlines that we must work with partners to improve the mental and physical health and wellbeing of those who come into contact with the justice system, which is the key focus of this guidance and the ongoing work around mental health and policing.

Legislative Landscape

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act came into force in 2005. It increases the rights and protection of people with mental health conditions. This includes:

- mental illness
- learning disability
- personality disorder

The act places duties on councils to provide care and support services for people with mental health conditions.

The provisions of this act are intended to ensure that care and compulsory measures of detention can be used only when there is a significant risk to the safety or welfare of the patient or other people.

Section 32 of the Police and Fire Reform (Scotland) Act 2012

Section 32 of the Police and Fire Reform (Scotland) Act 2012 outlines the policing principles, which are

- that the main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland, and
- that the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which—

(i) is accessible to, and engaged with, local communities, and

(ii) promotes measures to prevent crime, harm and disorder.

Definitions

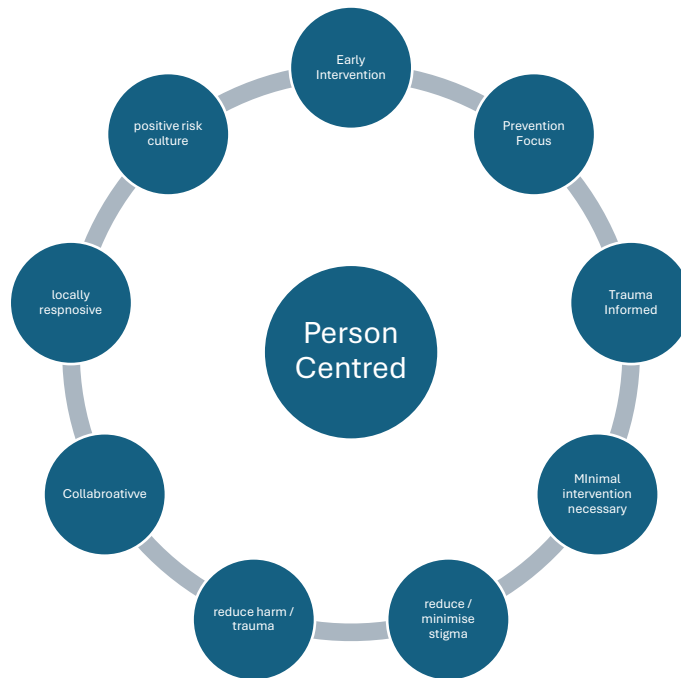
A common theme raised through our engagement and consultation when developing this guidance was the need for consistency in our referencing and definitions. An accurate identification and understanding of what people in distress or experiencing mental ill-health require, will better meet their needs. The following definitions are included to provide partners with a common understanding, and a consistent language that can be shared across all agencies involved in this work so that there is a national understanding:

- **Mental wellbeing** is a person's internal positive view that they are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. Good mental wellbeing means a person will feel happy and live their lives the way they choose.
- **Distress** can be described as a sudden change in wellbeing from regular behaviour patterns with expressions of intense emotions (e.g. anxiety, hopelessness, loneliness). It is an emotional pain which may have led the person to seek help, and which does not require further emergency service involvement.
- **Mental illness** is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong
- **Crisis** - A state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.
- **Mental wellbeing, mental health and mental illness** are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity), psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact the state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.
- **Stress** is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances.
- **Severe and Multiple Disadvantages** is considered to encompass individuals who present with mental health or distress care needs and at least one of the following: substance misuse, criminal justice, homelessness, and/or experience of domestic abuse. However it can also include asylum seekers or individuals with no recourse to public funds.
- **High Intensity Users** are a relatively small proportion of the overall population who are frequent users of frontline services (i.e. often dialling 999 for Scottish Ambulance Service or Police Scotland assistance). The frequency of their interaction, which disproportionately accounts for numbers of calls to these services, suggests that this group are not getting the appropriate care they require, possible because they are experiencing severe and multiple disadvantage.
- **Unscheduled Care** is unanticipated so presentations are unplanned to the services (i.e. where a person did not arrange an appointment). Unscheduled care incidents cannot reasonably be foreseen or planned in advance of contact with relevant services.

- **Urgent Care** is an illness, distress or injury that requires urgent attention but is not necessarily life-threatening, there is therefore an expectation that urgent care is time sensitive.

Principles

This guidance aims to promote a whole systems approach whereby each of the following overarching principles contributes to creating a person centred service.



The following principles provide more detail on how we achieve a person centred approach and should underpin service delivery. These principles bring together the three areas of focus from the Mental Health and Wellbeing Strategy: **Promote; Prevent and Provide**; underpinning them with the four justice principles founded in **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership**.

Principle	MHW Strategic Priorities	Justice Principles
1. Emergency services should only be deployed/called to respond to an individual in emotional distress and/or crisis when there is an immediate risk of significant harm to an individual or others.	Prevent – stigma/ criminalisation of mental health Provide – a proportionate/ appropriate response to meet needs	Human Rights – minimal intervention in liberty Person Centred / Trauma Informed – proportionate empathetic response/ avoid escalation
2. Regardless of which service an individual contacts when in crisis – there should be no wrong door. Effective transfer of care should allow individuals to be better, and more quickly, connected to the support that meets their needs in the right settings.	Provide	Trauma informed/human rights collaboration and partnership

3. The duty to share information can be as important as the duty to protect patient confidentiality.	Provide and prevent	collaboration and partnership
4. The transfer of care should be seamless to avoid retraumatising individuals by asking them to repeatedly disclose information.	provide and prevent	Trauma informed
5. Service providers must work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve. This would mean individuals can be better, and more quickly, connected to the support that meets their needs in the right settings, promoting self-management and avoiding escalation.	Promote, Provide and prevent	collaboration and partnership
6. People presenting in the Out of Hours period should have access to the full range of options available in hours, accepting some options may not be available immediately.	Provide	Equality and Human Rights
7. Services will promote a positive risk taking approach to supporting individuals in crisis that sees services making decisions in the best interest of the individual rather than ones which protect services.	Provide and prevent	Trauma informed/human rights
8. Services will promote and provide access to information about national and local crisis support and services to help individuals access the right care.	Promote	
9. Time, Space, Compassion and Trauma informed principles will underpin how individuals experience care and support.	Promote, provide and prevent	Trauma informed/human rights
10. Mechanisms for review and evaluation between partners will allow for continuous improvement.	Prevent and provide	collaboration and partnership

2.10 Mental Health Demand and Policing Strategic Governance Group - Terms of Reference - Shared with PDG for meeting on 15 May 2024 – attached separately as a PDF

2.11 Mental Health Distress and Policing Partnership Delivery Group – Agenda - Wednesday 15 May 2024

**Mental Health Distress and Policing
Partnership Delivery Group**

**Wednesday 15 May 2024
1400-1530
MS Teams**

- 1400 1 Welcome, apologies and action log - (REDACTED)
- 1410 2 Police Scotland research – progressive - (REDACTED)
- 1420 3 Framework development - (REDACTED)
- 1440 4 Workplan / action plan development - (REDACTED)
- 1500 5 Responsive Research Fund - (REDACTED)
- 1510 6

Governance

- a. Strategic Governance Group TOR – (REDACTED)
- b. MH governance position – (REDACTED)
- c. 1520 7 Actions and Next Steps - (REDACTED)
- d.

2.12 Police Scotland Research Mental Health Demand and Response - Report Final - shared with PDG for 15 May 2024 Meeting – attached separately as PDF

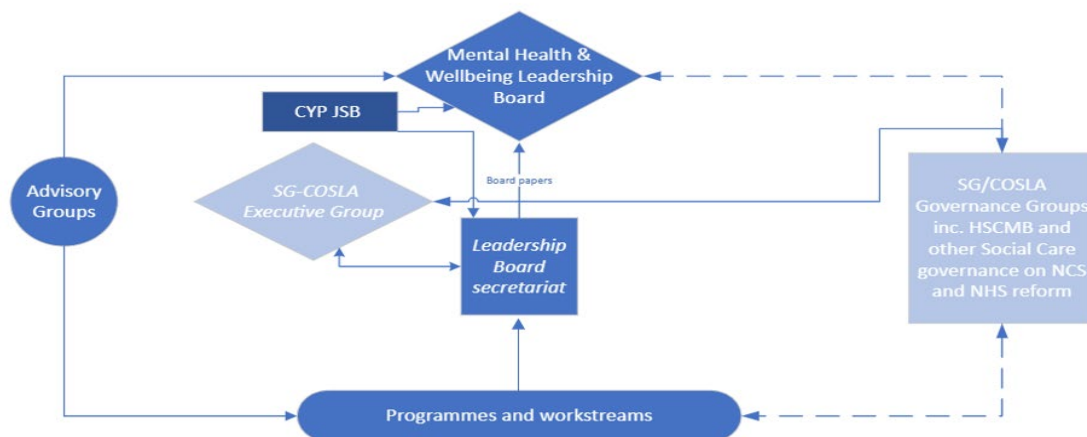
2.13 Mental Health and Policing - Work Plan - as shared with Mental Health Distress and Policing Partnership Delivery Group for meeting on 15 May 2024 – attached separately as excel document

2.14 Mental Health Unscheduled Care Network – Governance Paper – shared with PDG for meeting on 15 May 2024

Governance for MH and Policing

1. This paper outlines the governance structure for delivery of the PfG commitment to *Act on the findings of His Majesty’s Inspectorate of Constabulary in Scotland Thematic Review of the servicing of mental health demand on policing (HMICS) and Mental Health and Wellbeing Delivery Plan’s commitment 4.5.5 to take action to respond to the recommendations HMICS thematic review of Policing and Mental Health published in autumn 2023, and the subsequent Police Scotland actions on mental health.*

Diagram of the Mental Health and Wellbeing Strategy’s Governance



2. The MHW Strategy committed to put in place “appropriate governance arrangements to oversee the implementation of this Strategy and track progress.” The diagram above outlines the new governance structure.
3. The purpose of the Leadership Board will be to support and oversee the delivery of the ten priorities in the Mental Health & Wellbeing Strategy and related actions set out in the Mental Health and Wellbeing Strategy Delivery Plan and the Workforce Action Plan.
4. The membership of Leadership Board will include representation from a range of Scottish Government portfolio areas including justice, as well as Local Government, NHS Boards, Integrated Joint Boards (IJBs), Third Sector and key groups, such as the Equality and Human Rights Forum and the Diverse Experiences Advisory Panel. The Board’s draft TOR is in **Annex A**.
5. The Executive Group will serve as a small, joint, official level SG -COSLA Group as a mechanism for discussion of any issues arising in relation to policy/delivery issues.
6. A portfolio management approach is being developed to ensure oversight, and provide assurance of all mental health commitments across policies and programmes of work, including for example PfG and the Mental Health Law & Capacity Reform Programme. An internal Mental Health Portfolio Oversight Group (MH-POG) will report to the Leadership Board Secretariat on the progress of programmes and workstreams.
7. A programme management approach is being developed to support delivery of the more transformational aspects of the work set out in the MHWB Strategy and Delivery Plan.
8. This structure will support the delivery of Mental Health and Wellbeing Delivery Plan’s:
 - *Actions within Priority 3 Increase mental health capacity within General Practice and primary care, universal services and community based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.*
 - *Strategic action 4.5 We will build on work already underway to improve unplanned and urgent mental health care, including for those in mental distress, utilising a multi-agency response. In doing so, we will take into account the findings from our Equalities Impact Assessment, in order to better understand and support different population and equalities groups, and will continue to ensure alignment with the national rollout of the DBI programme.*
9. The governance structure and activity being undertaken through this approach will also support the delivery of the recommendations contained within the HMICS report.
10. From a specific mental health and policing perspective the following programmes and workstreams feeding into the governance structure for the Strategy are:
 - **Mental Health Unscheduled Care Network.** The purpose of the Network provide direction to NHS Scotland Health Boards and partners, including Police Scotland, on the implementation of Mental Health unscheduled care pathways and associated services. The group will drive a national approach that

recognises regional and local differences and will work to inform a national model that can be implemented in stages, See TOR in **Annex B**

- The Mental Health Demand and Policing Strategic Governance Group. This is a strategic level sponsorship and governance focused group whose membership includes senior representatives from the Scottish Government (Mental Health and Justice Directorates), Police Scotland, SOLACE, and Scottish Police Authority. It provides collaborative oversight, scrutiny and support for the delivery of collaborative action being taken through the multi-agency Mental Health Demand and Policing partnership delivery group. See TOR in **Annex C**
 - Mental Health, Distress and Policing Partnership Delivery Group, see TOR in **Annex D**.

11. Representatives from the Scottish Government, including the Principal Medical Officer for Mental Health (to provide the clinical link) and Police Scotland, sit across both the Network and the Partnership Delivery Group to ensure alignment of policy and delivery of actions.

Scottish Government
May 2024

Annex A

MENTAL HEALTH AND WELLBEING STRATEGY LEADERSHIP BOARD (Shorted version of the draft TOR)

1. Key areas of focus and outcomes

Focus will be on supporting and ensuring progress towards the stated outcomes in the [Mental Health and Wellbeing Strategy](#) in order to:

Promote positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;

Prevent mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and

Provide mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

2. Purpose and remit

The purpose of the Leadership Board will be to support and oversee the delivery of the ten priorities in the Strategy and related actions set out in the [Mental Health and Wellbeing Strategy Delivery Plan](#) and the [Workforce Action Plan](#). In particular, the Leadership Board will:

- Ensure that the Joint Chairs have access to information and perspectives as appropriate to inform decisions relating to the delivery of the Strategy.
- Provide national, collective leadership and strategic oversight of priorities.
- Ensure that activity is ongoing which delivers clear benefits and improvements, aligned with the Strategy's vision, outcomes and principles.
- Oversee the financial framework for delivery, and support consideration of the prioritisation of resources.
- Provide constructive support, scrutiny of progress and challenge as appropriate, considering any risks or issues raised, ensuring progress against actions set out

in the Delivery Plan and Workforce Action Plan, influencing change and removing barriers to progress.

- In doing so, engage directly with those leading commitments in the Delivery Plan as needed.
- Agree the mechanism for, and provide oversight of, evaluating the impact of interventions and sharing learning.
- Make recommendations on future refreshes of the Delivery Plan and Workforce Action Plan.

To support its work, the Leadership Board will ensure that it connects with wider relevant groups where appropriate to capture diverse perspectives, including on lived experience, data and evidence etc.

3. Governance and accountability

The Leadership Board will be jointly chaired by the Minister for Social Care, Mental Wellbeing and Sport and the COSLA Spokesperson for Health and Social Care. It will connect the Mental Health and Wellbeing Strategy with work across the policy and delivery landscape, including with other relevant strategies and programmes. This TOR can be amended over the course of the coming months to give more information on how those connections will function.

The Leadership Board will report, as appropriate, into Scottish Government and COSLA governance structures.

Acknowledging the split of national and local responsibilities for mental health and wellbeing, the Board will also connect (through its members) with other formal governance groups as required. This will include NHS Chief Executive and IJB Chief Officer groups.

The Leadership Board is not established on a statutory basis. It is, therefore, not subject to the formal public appointments process and the requirements of the Code of Practice for Ministerial Appointments to Public Bodies in Scotland.

4. Membership

Membership of the Leadership Board is to be confirmed, but will include representation from a range of Scottish Government portfolio areas, Local Government, NHS Boards, Integrated Joint Boards (IJBs) and the Third Sector. The group will be jointly chaired by the Minister for Social Care, Mental Wellbeing & Sport and the COSLA Health & Social Care Spokesperson.

Members of the Board are appointed to represent the interests of their respective organisations or networks, where applicable. It will be the responsibility of individual members to feed in the views of those organisations or networks to the Leadership Board as appropriate. It will also be for Board members to feed back to them on the work of the Board. We recognise that this may occasionally be difficult based on the breadth of the groups they are representing but in accepting the invitation, Members undertake to input a wider perspective than their own personal views/experience. We also recognise that on occasion Members may need to seek further views of those they are representing on arising issues.

All members of the Leadership Board will be asked to declare any conflicts of interest at each meeting. Any action to be taken on the basis of these declarations will be at the discretion of the Joint Chairs. Membership is on a voluntary, non-remunerated basis.

Other individuals and organisations may be consulted on relevant issues. Such individuals and organisations may be invited to attend meetings as and when appropriate.

5. Operation of the Leadership Board

Support for the Leadership Board will be provided by Scottish Government and COSLA officials.

The Leadership Board will meet three times a year, with a quorum of one half of its external (non-Scottish Government) membership, with the flexibility to have fewer with the Joint Chairs' agreement. Should the need arise, the group will meet more frequently, and meetings will last no longer than two hours.

Membership of this Board, and its rationale, purpose, and Terms of Reference, will be reviewed annually. It is likely that updates will be needed on an ongoing basis to ensure the Board remains operable and relevant, and has the right representation to ensure delivery.

Decision-making on Scottish Government funding will necessarily remain with Ministers, just as local government funding decisions will remain with local authorities. However, Joint Chairs will consider decisions on a collaborative basis in regards to Board decisions. To inform their decision-making, the Joint Chairs will use Board meetings to take views, and seek consensus, from Board members.

Mental Health Unscheduled Care Network (shortened version of TOR)

2. Purpose of Group

MHUCN will be formed by Clinicians and Professionals from services providing unscheduled mental health and wellbeing care and assessment, and will work to:

- Adopt a standardised approach where appropriate while recognising the need for local flexibility in delivering Mental Health unscheduled care and assessment across NHS Scotland.
- Identify future opportunities for improvement in the delivery of urgent and/or unscheduled Mental Health Services.
- Work to remove challenges and/or barriers to the delivery of Mental Health unscheduled care pathway and its associated services
- Ensure data collected and reported is accurate and complete using standardised KPIs and measures.
- Work across multiple programmes and initiatives providing expertise and best practice knowledge and guidance.
- Identify and work with partner agencies and organisation to achieve and deliver the mental health unscheduled care objectives.
- Develop, deliver, implement and plan improvements for Mental Health unscheduled care and assessment across NHS Scotland at National and Local levels.

3. Role and Remit of the Group

The Remit of the Group:

MHUCN will provide direction to NHS Scotland Health Boards and HSCP partners on the implementation of Mental Health unscheduled care pathways and associated services. The group will drive a national approach that recognises regional and local differences and will work to inform a national model that can be implemented in stages.

The Role of the Group:

- Ensuring that their local board and/or organisation’s colleagues are kept up to date with relevant information and act as a conduit between the national programme and local implementation teams.
- Members will take forward areas of work on behalf of the network when required and should ensure that they have capacity to do so.
- Contribute to the development of a mental health unscheduled care project plan identifying key milestones for the project.
- Review progress against the key objectives and deliverables and ensure the project timelines are aligned and regularly updated in the work plan.
- Report key risks and issues that may impact on the key deliverables for resolution or escalation.
- Responsible for key decisions that relate to the objectives and deliverables of the project.
- Identify key dependencies on other High Impact Change Programmes.
- Report on progress to the Urgent and Unscheduled Care Programme Board.

4. Membership

Programme Support Team			
Name	Organisation	Job Title	Role

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(REDACTED)	Scottish Government	Unit Head MH Workforce, Unscheduled & Primary Care	Chair
Gavin Gray	Scottish Government	Deputy-Director, Mental Health Directorate	Deputy-Chair
(REDACTED)	Scottish Government	Principal Medical Officer, Mental Health Directorate	Deputy-Chair
(REDACTED)	Scottish Government	Team Leader, MH Unscheduled and Primary Care	Programme Support
(REDACTED)	Scottish Government	Policy Manager, Mental Health Unscheduled Care Pathways	Secretariat
(REDACTED)	Scottish Government	Policy Officer, Mental Health Unscheduled Care	Secretariat
(REDACTED)	Scottish Government	Policy Manager, Manager Unscheduled Care Services	Programme Support
Main Representatives			
Name	Organisation	Job Title	
(REDACTED)	Argyll & Bute HSCP	Senior Manager, Mental Health and Addictions (Adult Service) (Argyll & Bute info)	
(REDACTED)	Centre for Sustainable Delivery	National Associate Director Unscheduled Care Team	
(REDACTED)	Change Mental Health (DBI)	Area Manager (Highland)	
(REDACTED)	DBI Central Programme Team	National DBI Programme Manager	
(REDACTED)	DBI Central Programme Team		
(REDACTED)	NHS 24	Head of Clinical Services	
(REDACTED)	NHS 24		
(REDACTED)	NHS 24		
(REDACTED)	NHS 24		
(REDACTED)	NHS Ayrshire and Arran	Interim Service Manager	
(REDACTED)	NHS Ayrshire and Arran	Acting Clinical Director	
(REDACTED)	NHS Borders	Operational Manager Crisis Team	
(REDACTED)	NHS Borders		
(REDACTED)	NHS Borders	Team Manager Borders Crisis Team	
(REDACTED)	NHS Borders	Psychiatric Liaison Consultant	
(REDACTED)	NHS Dumfries and Galloway	Unscheduled Care Service Manager CMHT and Senior Forensic Nurse Practitioner	
(REDACTED)	NHS Dumfries and Galloway		
(REDACTED)	NHS Dumfries & Galloway	Service Manager for Unscheduled Care in MH	
(REDACTED)	NHS Fife	Clinical Lead for Mental Health Specialist Services	
(REDACTED)	NHS Fife	Clinical Services Manager for Acute, Urgent & Emergency Mental Health	
(REDACTED)	NHS Fife	Interim Senior Manager, Mental Health and Learning Disabilities	
(REDACTED)	NHS Fife	Head of Nursing	
(REDACTED)	NHS Forth Valley	Service Manager Specialist Mental Health Services	
(REDACTED)	NHS Forth Valley	ANP Specialist/Emergency Services	
(REDACTED)	NHS Grampian	Clinical Director	
(REDACTED)	NHS Grampian	Psychiatry Team Lead	
(REDACTED)	NHS Greater Glasgow and Clyde	Head of Specialist MH and ADRS	
(REDACTED)	NHS Greater Glasgow & Clyde	Mental Health Specialist, Service Manager Mental Health	
(REDACTED)	NHS Greater Glasgow & Clyde	Consultant Psychiatrist and Lead Clinician Mental Health Services	
(REDACTED)	NHS Highland	Service Manager, General Adult Mental Health and Specialisms	
(REDACTED)	NHS Highland	New Craigs Hospital Manager	
(REDACTED)	NHS Highland	Clinical Area Manager & Lead for MHAU	
(REDACTED)	NHS Highland	Associate Lead Nurse	
(REDACTED)	NHS Lanarkshire	Interim Associate Medical Director Mental Health and Learning Disabilities	

(REDACTED)	NHS Lanarkshire	General Manager, Mental Health
(REDACTED)	NHS Lanarkshire	Service Manager, Mental Health and Learning Disabilities
(REDACTED)	NHS Lothian	
(REDACTED)	NHS Lothian	General Managers
(REDACTED)	NHS Lothian	Consultant Psychiatrist, Lead for Redesign of Urgent Mental Health
(REDACTED)	NHS Lothian	
(REDACTED)	NHS Orkney	Service Manager for Orkney CMHT
(REDACTED)	NHS Orkney	Interim Operational Manager
(REDACTED)	NHS Shetland	Interim Director - Shetland Community Health and Social Care
(REDACTED)	NHS Shetland	Head of Mental Health
(REDACTED)	NHS Shetland	Head of Mental Health
(REDACTED)	NHS Tayside	Clinical Director, General Adult Psychiatry In-Patient Services
(REDACTED)	NHS Tayside	Nurse Director Mental Health and Learning Disabilities
(REDACTED)	NHS Western Isles	Associate Director of Mental Health and Learning Disabilities
(REDACTED)	NHS Western Isles	CPN Team Lead
(REDACTED)	NHS Western Isles	Clinical Lead
(REDACTED)	NHS Western Isles	CPN Team Lead
(REDACTED)	Penumbra (DBI)	Distress Brief Intervention Network Manager
(REDACTED)	PHS	Data Manager
(REDACTED)	PHS	Information Manager, Data & Digital Innovation
(REDACTED)	Police Scotland	
(REDACTED)	Police Scotland	Chief Inspector, Partnerships, Preventions and Community Wellbeing Division
(REDACTED)	Police Scotland	Chief Superintendent
(REDACTED)	Police Scotland	Sergeant; Mental Health and Suicide Prevention
(REDACTED)	Police Scotland	Police Constable, MH & Suicide Prevention
(REDACTED)	SAMH (DBI)	DBI Manager for Local and National Pathways
(REDACTED)	Scottish Ambulance Service	Clinical Effectiveness Lead, Mental Health
(REDACTED)	Scottish Government	SAS/NHS 24 Sponsorship Redesign of Urgent Care Team Leader
(REDACTED)	Scottish Government	Time Space Compassion Consultant
(REDACTED)	Scottish Government	Associate Chief Nursing Officer for Mental Health
(REDACTED)	Scottish Government	Police Division

Additional subject matter experts will be invited to join the group when required, to provide updates or advice and guidance.

5. Governance

MHUCN be the responsibility of and sit as part of the Scottish Government Mental Health Directorate, reporting to the Mental Health Unscheduled Programme and the Flow Navigation Speciality Group. It will also feed into multiple Cross-Government programmes and initiatives.

The Network will investigate and implement relevant activity within its Terms of Reference, drawing on local improvement support, as necessary. It is authorised to seek any information it requires from organisations across Scotland, where necessary to deliver the purpose agreed in the Terms of Reference.

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The diagram on the next page shows the governance for the Urgent & Unscheduled Care Collaborative Programme, MHUCN and back into the Mental Health Directorate.

Where further linkages are identified a nominated representative of the MHUCN will be allocated to be the liaison.

8. Lifespan

The lifespan of the Group is expected to be from January 2023 and deliver within 2 years in the first instance.

Still currently being considered

Annex C

WORKING DRAFT

Mental Health Distress and Policing Partnership Delivery Group (TOR)

CHAIR Head of Strategy & Performance, Scottish Police Authority

MEMBERS Scottish Government Police Division
Scottish Government Mental Health Division
Policing Together & Community Wellbeing, Police Scotland
Local Policing Service Delivery Review, Police Scotland
Scottish Police Authority, Strategy & Performance Team
COSLA representative
MHUC Network link

ATTENDING Others at request of the group

Purpose and Responsibilities

The Mental Health Distress and Policing Partnership Delivery Group is intended as a time limited delivery group reporting through internal governance across Scottish Government, Police Scotland, and the Scottish Police Authority. It is intended to coordinate the range of activity currently underway in relation to the policing system's response to mental health distress.

Responsibilities include, but are not limited to:

- Coordination of the partnership response to the recent HMICS review of policing mental health demand and resulting improvement plan
- Wider strategic coordination of mental health distress demand activity
- Central coordination and reporting of activity related to mental health distress
- Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners
- Oversight, development and delivery of mental health distress specific guidance
- Identification of synergies and interdependencies across work areas
- Creation of specific products for use across mental health distress response, particularly, though not exclusively, for NHS, social care and policing

Accountability & Governance

The group will collate information from existing workplans and systems to populate reporting detail, wider partnership representatives are responsible for providing other updates and content as requested.

Papers will be circulated three working days in advance of meetings except in exceptional circumstances. After each meeting the action log will be updated and circulated to members. The action log will be reviewed at each meeting, and a summary of activity reported through individual organisational governance routes as required. Formal reporting of progress will take place through the Authority's Policing Performance Committee on a 6 monthly basis.

SECRETARIAT Scottish Police Authority

FREQUENCY MHDP will meet on a monthly recurrence, with specific additional meetings stood up as and when required.

ESCALATION ROUTE Escalation through internal organisational governance routes as required

2.15 SIPR Responsive Research Fund – shared with PDG for meeting on 15 May 2024

SIPR Responsive Research Fund

Good practice in transfer of care – A review

Background

The Scottish Police Authority, over the last few years, has maintained an increased focus on vulnerability and mental health distress related demand, specifically how policing best responds to calls for service.

In early 2022, following discussion with the Authority on pressures being faced by Police Scotland in responding to mental health related demand, Martyn Evans made a commitment that the Authority would place a greater focus on the appropriate police response to calls for service around mental health issues. Since then, there have been several public Board and committee discussions and sessions at Members Seminars.

The Scottish Parliament's Criminal Justice Committee also expressed an interest in this area of policing and held an [evidence session](#) in May 2022 which the Authority and Police Scotland contributed to. To take these discussions further, the Authority convened a discussion on the societal-wide impact of poor mental health in the community; with a focus on vulnerability and distress in December 2022. This [event](#), chaired by Professor McQueen on behalf of the Authority, with speakers drawn from across the public and third sector, aimed to:

- Bring together partner agencies and other key stakeholders to establish a common understanding of the challenge and the current approaches to addressing it;
- Set the wicked issue in the context of a growing challenge not only to policing but to the public and third sector and communities across Scotland, the UK and wider;
- Describe the proactive and prevention focused work being taken forward by Police Scotland in collaboration with key partners; and
- Recognise the interdependencies, partnership interfaces and opportunities in the system, identifying current best practice that could be adopted as common practice and then nationally consistent approaches.

A number of commitments were made by Police Scotland as a result of the event in December 2022, with [progress reported](#) to Policing Performance Committee in

September 2023. Following this event the Authority also published a briefing on [mental health and policing](#), which details the strategic position in relation to mental health related calls for service and the Police Scotland response to these.

The Authority, Police Scotland and Scottish Government agree that mental health related demand on policing, requires a multi-agency and multi-faceted approach including effective partnerships, training, community engagement, and support mechanisms for officers.

Overview and rationale

In October 2023 the Authority, Police Scotland and the Scottish Government made a commitment to hold a series of workshops focused on understanding transfer of care in different NHS Board areas. These sessions took place in March/April 2024 and focused on understanding current models at a practitioner level with a focus on understanding what works and where the system blockages are.

A partnership Delivery Group has now been established to support whole system work on the issue of distress and policing demand. With a commitment to develop a series of commitments to be delivered over the next five -years. To inform this work we are looking to understand transfer or care practice in other policing systems worldwide.

Research aims

To identify models of practice of policing to NHS / public body transfer of care for individuals in mental health distress.

Research questions

- What is publicly available in other policing jurisdictions to describe the transfer of care from police officers to NHS/mental health/ community-based support?
- Are there core elements of practice across different models?
- Is there an assessment of what 'good' looks like in this area?

Outcomes / impact of research

It is anticipated that the outputs from this activity will inform development of a model of delivery for policing in Scotland. This model will be principle based, describing a standard of provision to be delivered consistently across different communities in Scotland.

2.16 Mental Health Distress and Policing Partnership Delivery Group – Agenda - Wednesday 19 June 2024



**Mental Health Distress and Policing
Partnership Delivery Group**

Wednesday 19 June 2024
2-3.30 pm
MS Team

		Agenda item	Lead	Ask of attendees
1400	1	Welcome and apologies	Chair	
1400	2	Action log	(REDACTED)	Please review before the meeting on June 19
1405	3	Framework Development and next steps	(REDACTED)	Please submit feedback in writing to Kelly before the meeting if possible. Group discussion on key questions, led by Kelly.
1430	4	Good practice examples	(REDACTED)	For discussion
1440	5	Data update from Police Scotland	(REDACTED)	For discussion
1455	6	Evaluation of community-based provision	(REDACTED)	For discussion
1500	7	Action Plan	(REDACTED)	For discussion
1515	8	Stakeholder Engagement	(REDACTED)	For discussion and feedback
1520	9	Responsive Research Proposal	(REDACTED)	For noting
1520	10	Key issues or risks	All	For discussion
1525	11	Summary of actions and decisions	(REDACTED)	
1530	12	Date of Next Meeting – 17 July 1400-1530		

2.17 PDG Stakeholder Map and Engagement Plan – shared with PDG at meeting on 19 June 2024 – attached separately as word document

2.18 Policing and Mental Health – Local pathway/partnership mapping – shared with at 19 June meeting – attached separately as word document

2.19 Mental Health and Policing – draft Framework for Collaboration – shared with PDG for 19 June meeting

Mental Health and Policing Framework for Collaboration

Ministerial Foreword

TBC

Introduction and context

We recognise that mental health and wellbeing is multifactorial, impacting on individuals in our communities and services across the public and community sector. Supporting people in mental health distress or crisis in a person centred and trauma informed way is a priority for all partners involved in developing this framework.

We know that, at present, services supporting individuals experiencing social or emotional mental health distress who need unplanned care, are often unable to provide the range of services needed a structured manner. In its [Thematic Review of the servicing of mental health demand on policing](#), published on 18 October 2023, His Majesty's Inspectorate of Constabulary in Scotland (HMICS) recognised that mental health is a multifaceted issue that requires an effective whole-system partnership response and set out a number of recommendations for Police Scotland, the Scottish Police Authority, the Scottish Government and other bodies.

Work has been underway at a national and local level across a range of sectors and partners for a number of years to promote positive mental wellbeing, prevent poor mental health, and provide support, care and treatment where needed. Following the HMICS review noted above, this framework aims to draw together and align existing and planned improvements to providing a mental health response to those who come in contact with policing in Scotland.

We recognise that, at present, many individuals in mental health distress come in contact with policing and with clinical health care services even when those services are unable to meet their needs. Anyone can require situation crisis response in relation to their mental health, and services should be able to provide support to people with a multitude of needs. While services will continue to support those who experience mental ill health, this guidance seeks to create smoother transitions for

those who do not require a policing or clinical response but are experiencing ongoing acute emotional distress and whose needs are not currently being met by existing services.

This framework will be of particular interest to those working in policing and other emergency services as well as those working in Health, Social Care, Social Work and across the public and third sectors. It has been developed in consultation with services and those with direct and lived experience of current service provision.

This framework is intended to support services to work together, across boundaries, to put the person seeking support at the centre of practice and decision making. The ambition is that we work in a way that removes service level boundaries and builds relationships and trust between services to ensure that individuals receive the support they need, from the most appropriate agency or provider, as soon as is practicable.

This framework aims to promote a whole systems approach whereby processes, culture, communication and training result in a person-centred service in which all services are clear on their role at each stage of a person's journey. It provides a framework to facilitate cohesive and collaborate working across services in order to support those in need in a person-centred and trauma informed way.

In developing this framework for collaboration we aim to:

- Set out the current strategic landscape and current practice in place to improve mental health and mental health services;
- Set out a framework to support policing, health services and others to work together in responding to people who need mental health support focusing on local collaboration and partnership working;
- Support improved outcomes for individuals by ensuring that people in need receive the right support by the right agency;
- Encourage consistent and equitable access to supports in ways that take into account geography, demography and resourcing;
- Provide clarity on the role of each of the public services that support those experiencing mental health distress and their families and promote a whole system approach;
- Promote the continual review and improvement of current services and ways of working;
- Establish common principles that all services can recognise and understand;
- Set out examples of good practice to promote, and demonstrate the impact of, more effective ways of working;

- Set out a more consistent approach information sharing to allow an understanding of key issues and more effective monitoring of progress.

Strategic Landscape

The [UN Sustainable Development Goals](#) (SDG) are an urgent and universal call to action to create a better world by 2030. The SDGs apply to every country in the world including Scotland and are the responsibility of governments, businesses, civil society and citizens to deliver.

The [National Performance Framework](#) (NPF) is developed and published by the Scottish Government and is Scotland's way to localise the SDGs. It sets out 11 National Outcomes to which relevant SDGs are mapped. Each National Outcome has associated indicators which are tracked and publicly reported on. The NPF is for all of Scotland and sets out a vision for collective wellbeing. When developing policy, including this guidance, we use the National Outcomes to tell us what good looks like and the national indicators help us to understand if we are moving in the right direction towards them. While we anticipate that this work will contribute to a variety of the National Outcomes, it will have a particular focus on **'we are healthy and active,' 'we respect, protect and fulfil human rights and live free from discrimination'** and **'we live in communities that are inclusive, empowered, resilient and safe'**. The main national indicators which this work will contribute to are improving mental wellbeing, quality of public services and public services treat people with dignity and respect.

SG Mental Health and Wellbeing Strategy

The Scottish Government and COSLA jointly published a [Mental Health and Wellbeing Strategy](#), in June 2023. It builds on the work of the previous 10-year Strategy that was launched in 2017, but has a wider scope, with an increasing focus on wellbeing and prevention as well as a commitment to tackle stigma. The new Strategy describes what a highly effective and well-functioning mental health system should look like, with the right support available, in the right place, at the right times, whenever anyone asks for help. To support the delivery of the Strategy a [Delivery Plan](#) and [Mental Health & Wellbeing Workforce Action Plan](#) were also published in November 2023.

The shared vision of Scottish Government and COSLA is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. The Strategy recognises that a whole system, highly effective mental health system must address all levels of need, from maintaining good mental wellbeing, to the support available in communities, to recognising and

responding to the many underlying social determinants, circumstances and inequalities that can affect people's mental health and wellbeing.

People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions and emotional distress themselves, especially with support from family members, peer support groups, faith-based organisations or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services. In most areas, mental health support is also accessible at out-of-hours primary care centres or via NHS 24.

We know that the current system is not delivering as we would wish despite the efforts of thousands of dedicated and skilled people across Scotland. One of the reasons for publishing a new Strategy was to lay out what we think 'good' looks like and move forward with all partners towards that vision.

However, the Strategy acknowledges that there are many challenges to delivering sustainable mental health supports and services in Scotland. The Strategy's Delivery and Workforce Action plans set out the specific actions that will be taken through a cross Scotland partnership approach to:

- **promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

This guidance document sets out the further detail on the way in which partners can work together to deliver both our vision for improved mental health and wellbeing and the associated outcomes and for a just, safe and resilient Scotland.

The Vision for Justice In Scotland

The Vision for Justice in Scotland was published in February 2022 and sets out our vision of the future justice system for Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. The Strategy is underpinned by four core principles: **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership**. It also outlines two transformational priorities: **'Our services, third sector partners and legal profession must be person-centred and trauma-informed'** and **'we must also strive to work across our public services to improve outcomes for individuals, focussing on prevention and early intervention'**.

While the strategy has a wider focus on the justice system as a whole, its core principles and overarching priorities speak to the ambitions of this guidance and align with its indented outcomes. It focuses on promoting person-centred justice services and highlights the importance of embedding trauma-informed practice. It seeks to ensure that justice services recognise the prevalence of trauma and adversity, realise where people are affected by trauma and respond in ways that reduce re-traumatisation.

The strategy recognises that the population in contact with the criminal justice system is a vulnerable one in health and wellbeing terms, with people experiencing high levels of mental health problems. It also highlights the same key issues set out in the HMICS report: that justice agencies are commonly dealing with situations where the main issues are around mental health and distress, where no offence, or only a minor offence, has been committed; and that Police are dealing with increasing numbers of people in mental health distress and that this is placing significant demand on their services and that of health services. The strategy underlines that we must work with partners to improve the mental and physical health and wellbeing of those who come into contact with the justice system, which is the key focus of this guidance and the ongoing work around mental health and policing.

Legislative Landscape

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act came into force in 2005. It increases the rights and protection of people with mental health conditions. This includes:

- mental illness
- learning disability
- personality disorder

The act places duties on health boards, the state hospital and councils to provide care and support services for people with mental health conditions. It also provides Place of safety and warrant powers to Police Scotland

The provisions of this act are intended to ensure that care and compulsory measures of detention can be used only when there is a significant risk to the safety or welfare of the patient or other people.

Section 32 of the Police and Fire Reform (Scotland) Act 2012

Section 32 of the Police and Fire Reform (Scotland) Act 2012 outlines the policing principles, which are

- that the main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland, and
- that the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which—
 - (i) is accessible to, and engaged with, local communities, and
 - (ii) promotes measures to prevent crime, harm and disorder.

Definitions

A common theme raised through our engagement and consultation when developing this framework was the need for consistency in the language we use, and what these terms mean. It is essential that we all understand the same thing from the terms we use, this will ensure services are best able to meet the needs of people experience mental health distress. The following definitions are included to provide a common understanding and a consistent language that can be shared across all agencies:

- **Mental wellbeing** is a person's internal positive view that they are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. Good mental wellbeing means a person will feel happy and live their life the way they choose.
- **Distress** can be described as a sudden change in wellbeing from regular behaviour patterns with expressions of intense emotions (e.g. anxiety, hopelessness, loneliness). It is an emotional pain which may have led the person to seek help, and which does not require further emergency service involvement.
- **Mental illness** is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong.
- **Crisis** is a state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.
- **Mental wellbeing, mental health and mental illness** are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity), psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact the state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.
- **Severe and Multiple Disadvantages** is considered to encompass individuals who present with mental health or distress care needs and at least one of the following: substance misuse, criminal justice, homelessness, and/or experience of domestic abuse. However it can also include asylum seekers or individuals with no recourse to public funds.
- **High Intensity Users** are a relatively small proportion of the overall population who are frequent users of frontline and other services (i.e. often dialling 999 for Scottish Ambulance Service or Police Scotland assistance or presenting at other services). The frequency of their interaction, which disproportionately accounts for numbers of calls to these services, suggests

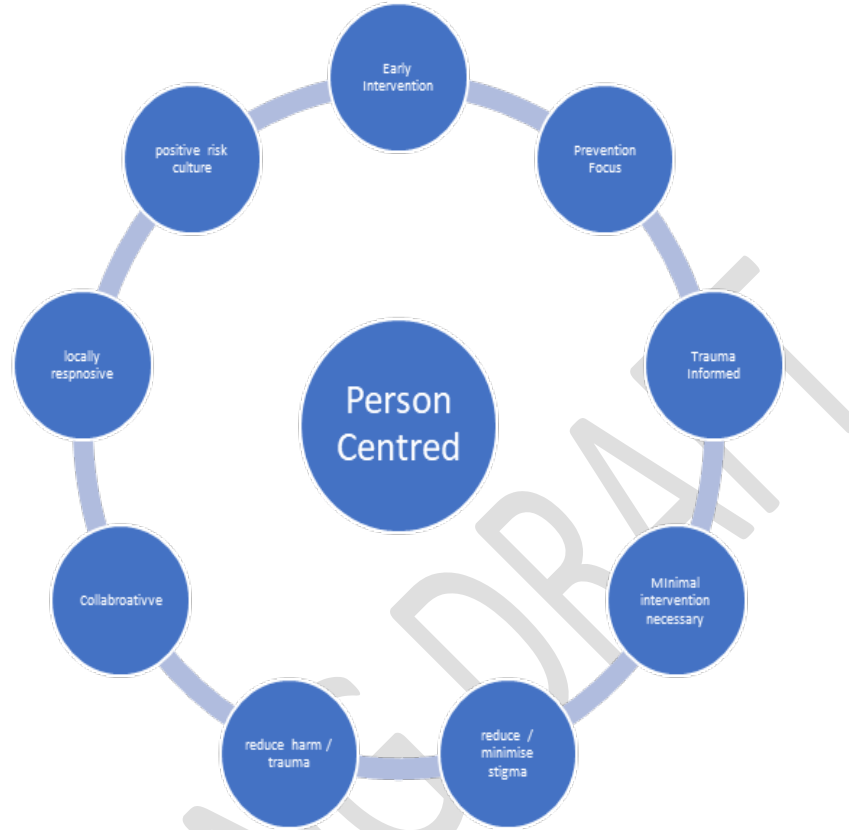
that this group are not getting the appropriate care they require, possibly because they are experiencing severe and multiple disadvantage.

- **Unscheduled Care** is unanticipated, so presentations are unplanned to the services (i.e. where a person did not arrange an appointment). Unscheduled care incidents cannot reasonably be foreseen or planned in advance of contact with relevant services.
- **Urgent Care** is an illness, distress or injury that requires urgent attention but is not necessarily life-threatening, there is therefore an expectation that urgent care is time sensitive.

WORKING DRAFT

Principles

This framework aims to promote a whole systems approach whereby each of the following overarching principles contributes to creating a person centred service.



The following principles provide more detail on how we achieve a person-centred approach and should underpin service delivery. These principles bring together the three areas of focus from the Mental Health and Wellbeing Strategy: **Promote; Prevent and Provide**; underpinning them with the four justice principles founded in **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership.**

Principles	MHW Strategic Priorities	Justice Principles
11. Emergency services should only be deployed/called to respond to an individual in emotional distress and/or crisis when there is an immediate risk of significant harm to an individual or others.	Prevent – stigma/ criminalisation of mental health Provide – a proportionate/ appropriate response to meet needs	Human Rights – minimal intervention in liberty Person Centred / Trauma Informed – proportionate empathetic response/ avoid escalation

Principles	MHW Strategic Priorities	Justice Principles
12. Regardless of which service an individual contacts when in crisis, there should be no wrong door. Effective transfer of care should allow individuals to be better, and more quickly, connected to the support that meets their needs in the right settings.	Provide	Trauma informed/human rights collaboration and partnership
13. The duty to share information can be as important as the duty to protect patient confidentiality.	Provide and prevent	collaboration and partnership
14. The transfer of care should be seamless to avoid retraumatizing individuals by asking them to repeatedly disclose information.	provide and prevent	Trauma informed
15. Service providers should work in partnership, to integrate service provision and thus improve the outcomes they achieve. This would mean individuals can be better, and more quickly, connected to the support that meets their needs in the right settings, promoting self-management and avoiding escalation.	Promote, Provide and prevent	collaboration and partnership
16. People presenting in the Out of Hours period should have access to the full range of options available in hours, accepting some options may not be available immediately.	Provide	Equality and Human Rights
17. Services will promote a positive risk taking approach to supporting individuals in crisis that sees services making decisions in the best interest of the individual.	Provide and prevent	Trauma informed/human rights
18. Services will promote and provide access to information about national and local crisis support and services	Promote	

Principles	MHW Strategic Priorities	Justice Principles
to help individuals access the right care.		
19. Time, Space, Compassion and Trauma informed principles will underpin how individuals experience care and support, first points of contact should always be compassionate, regardless of whether it is the 'right' service.	Promote, provide and prevent	Trauma informed/human rights
20. Mechanisms for review and evaluation between partners will allow for continuous improvement.	Prevent and provide	collaboration and partnership

WORKING DRAFT

Role of key services

This section aims to provide more clarity on the role of each of the public services that support those experiencing mental distress and their families. As opposed to prescribing additional responsibility to a specific service, it aims to promote a whole system approach.

Police Scotland

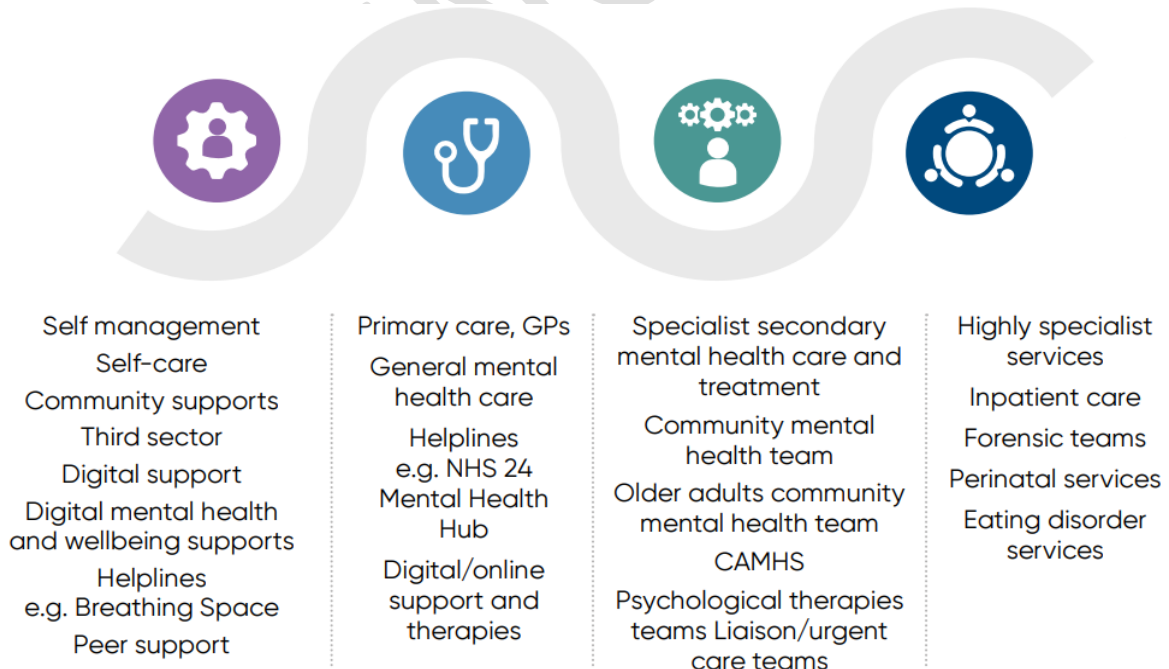
Police Officers are often the first point of contact playing a vital role in supporting communities, individuals in distress/crisis and victims of crime, and their attendance at mental health incidents can be vital. They have been clear that they will continue to uphold the policing principle outlined in Section 32 of the Police and Fire Reform (Scotland) Act 2012 of improving the safety and well-being of persons.

However, Police Officers should only be deployed when a policing response is appropriate and necessary, and they should have the ability and access to effective and efficient transfer of care, allowing individual's to get the right care, in the right place, at the right time.

Mental Health Services

The Support, Care and Treatment Pathway demonstrates the different tiers of support that may be needed to support an individual's mental health and wellbeing. Below describes how individuals and services, including Police Scotland, can access these services and supports.

Support, Care and Treatment Pathway



Individuals can directly access supports and services in column 1 and 2 with the exception of some third sector services where a referral from a GP, Police Scotland, Scottish Ambulance Service etc. may be necessary.

Mental Health Services generally provide clinical care to children and adults with mental ill health requiring ongoing specialist treatment. In the Mental Health and Wellbeing Support Care and Treatment pathway outlined below, these services operate in the third to fourth columns.

When Police Scotland consider that an individual calling them may be mentally unwell, they can seek support from Mental Health Services through their Community Triage Pathways. Many people who present in crisis will not require treatment from these services as they are experiencing emotional distress as a result of other social factors. The Community triage pathway will undertake triage and, if needed, further specialist mental health assessment to determine whether clinical treatment is needed.

Urgent Mental Health Assessments should be available to anyone who might need one, regardless of whether Police Scotland are using place of safety powers. There should be local alternatives available through this Community Triage Pathway to avoid automatic conveyance to the Emergency Department (ED). This not only provides a better response for individuals, it also avoids Police Scotland spending significant periods of time waiting unnecessarily with an individual who is not then admitted to the ED. We know that attendance at ED raises expectations that admittance will be the outcome. This can contribute to the exacerbation of crisis symptoms and it can often be difficult to achieve privacy within them.

Where the community triage pathways operates well, it guarantees a call back with Police Scotland, providing them with clinical advice on next steps within the hour. They also operate missed opportunity reviews between mental health unscheduled care leads and Police Scotland. These reviews could include instances where an individual has been conveyed to ED but not admitted, or when Police Scotland do not feel able to accept the recommendation of mental health unscheduled care clinicians. Reviews provide an opportunity to assess whether improved care outcomes could have been achieved and help to inform future and continuous improvements.

For the purposes of this framework other health services may need to be involved in unplanned care to support an individual in crisis. This could be:

NHS 24 Mental Health Hub: As represented in column 2, the Hub is available on 111 24/7 for anyone in Scotland who is feeling distressed, in a state of despair, suicidal, or in need of emotional support. The Hub is staffed by Psychological Wellbeing Practitioners (PWP). These are specially trained advisers who work in mental health and are supported by Mental Health Nurses (MHNs).

SAS and Police Scotland can also safely pass callers to the Hub, with consent and only where no immediate risk identified, from their contact centres when an individual requires mental health support.

The Scottish Ambulance Service – Is a national, mobile health service, delivering services locally and in people’s homes within every community in Scotland, 24 hours a day, 365 days of the year, including supporting people with mental ill health and those in emotional distress. Although they are normally contacted/deployed in an emergency when an individual may need urgent conveyance to the ED, they work alongside many other partners, including Police Scotland when paramedic attendance is necessary.

Local Authorities

COSLA to draft

Third Sector

Further drafting to be added

Distress Brief Intervention – This world leading programme provides up to two weeks of personalised, compassionate support to people who present to Police Scotland, SAS and other frontline services in emotional distress but who do not require emergency clinical intervention. The DBI team has also conducted work with the SAS and Police Scotland to introduce national pathways to DBI via their call handling centres. This initiative enables call handling staff to make referrals to DBI instead of sending officers out in response to calls, thus saving key police resources. Independent evaluation has shown that DBI is an effective model in supporting people in distress. Case Studies demonstrate the value of this intervention for individuals and front line services as well as its ability to connect people to wider services to address the cause their distress¹.

Psychiatric emergency plans

These plans set out the roles and responsibilities of each agency when an individual presents in crisis in great detail. This allows potential local difficulties to be addressed and contingency procedures put in place before they arise for real.

The aim of a PEP is to agree on procedures which manage the transfer and detention process in a manner which minimises distress, disturbance and risk for the individual and others and which ensures as smooth and safe a transition as possible from the site of the emergency to the appropriate treatment setting.

The professionals involved in the drawing up of a PEP should include, but should not necessarily be limited to, general practitioners, approved medical practitioners, Mental Health Officers, other social workers, social care workers, Community Psychiatric Nurses, ward nursing staff, independent service providers, police officers, and ambulance personnel. It is also important to have input from mental health service users and carers.

Crown Office and Police Investigation & Review Commissioner

The Procurator Fiscal may direct PIRC to investigate any death where there has been the involvement of a serving police officer where it is considered that further investigation is necessary to establish the full circumstances of the death and to

¹ [DBI Case Study extracts](#)

identify whether a discretionary Fatal Accident Inquiry may be required in the public interest. The potential circumstances in which a death following direct or indirect police contact may require further investigation are wide and varied and Procurators Fiscal are required to consider each individual case on its own facts and circumstances. Not all deaths following police contact will necessitate PIRC investigation. In very general terms, an assessment of the requirement for further investigation will consider whether the actions of the officer were reasonable on the information available at the time, whether the death could have been avoided if different action had been taken and whether Police Scotland procedures, policy or guidance were followed.

When the circumstances of the death have been fully investigated, it is ultimately a matter for the Lord Advocate as to whether a discretionary Fatal Accident Inquiry under section 4(1) of Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016 is required in the public interest. A number of factors will influence this decision and these include whether any steps could be taken to prevent other deaths in similar circumstances, whether the death was a “one off” or as a result of systemic failings and whether multiple deaths have occurred, in similar circumstances, giving rise to legitimate public concern.

Multi Agency Partnership working

In developing this framework we have worked with partners and stakeholders to explore effective processes, existing good practice and areas of blockage. Through this engagement the following themes have been identified as critical to effective partnership/collaborative working, with details on engagement and specific practice examples included at Annex A.

Behaviours

Consistent and positive collaborative behaviours are critical and were highlighted as important through all engagement activity. Partners and stakeholders highlighted the impact that positive behaviours have on strong relationships across agencies. This included:

- Open and direct communication between services, allowing services to have direct contact with the appropriate service/team/individual when necessary.
- Promotion of self-management and avoiding escalation in circumstances where it is not necessary or beneficial to the individual in crisis.
- Regular multi agency/disciplinary meetings to promote closer partnership working and integrate service provision.
- Trust between services, which promotes a positive risk taking approach and builds confidence in decision making

Agreed processes

A key component to ensuring individuals in crisis receive the correct support, is having the correct resources and effective systems in place. The following processes promote a more collaborative way of working and ensure a more seamless transfer of care to the correct service:

- Structure teams in a way that enables effective communication, so that each service is aware of, and able to contact, the correct teams/individuals across other services.
- Single points of contact to allow services to quickly reach the correct team/contact to progress individual cases.
- Dedicated resource to work with other services to build working relationships and identify effective ways of working collaboratively.
- A dedicated telephone number for services to use i.e. a direct line for Police Scotland to use to reach local health workers.

Monitoring and Continuous Improvement

The monitoring of processes and working relationships, and commitment to continuous improvement, is essential in order to ensure services are working together in the most effective way possible and providing the best care to those in crisis. This could involve a regular general review of existing processes and outcomes, or 'missed opportunities' reviews to review outcomes when things have not gone to plan or to undertake joint reviews as a result of adverse events. Services

should be open and flexible to change in order to create and maintain a system/service that provides the best possible care for individuals.

Multi-agency forums

Multi-agency forums are an important and effective tool for promoting and enabling partnership working. They are:

- a framework for agencies to agree how they will work together, share information and decision making.
- an opportunity for shared input to, and decision making, on care planning and safety planning.
- A forum to monitor effectiveness and implement continuous improvement.
- An opportunity to undertake joint learning including learning from adverse events/missed opportunities.

We have found that the following factors are key to ensuring that multi-agency forums are effective:

- **Who** - the right partners should be represented. We know that people presenting in mental health crisis may have multiple other social factors contributing to their distress, such as, housing, substance use, domestic abuse, bereavement. It is therefore vital that partners who have critical information to contribute or those who can respond to meet a person's needs are represented. This could include but it is not limited to Mental health urgent care leads, Child and Adolescent Mental Health Services, Community Mental Health Teams, social work, housing, addictions, and third sector partners (particularly Distress Brief Intervention providers).
- **When** – Multi-agency meetings should be arranged at regular frequencies (frequency depending on local need) to allow timely information sharing and agreed actions to meeting the needs of individuals who require a multiagency response. Regular attendance and engagement is critical for establishing collaborative response.
- **Dedicated Resource** - Single points of contact should be agreed for each partner to the multi-agency forum to provide continuity/shared responsibility to attend meetings but importantly have the ability to respond to partner queries between meeting. It is vital that professionals designated to represent their organisation are appropriately skilled and empowered to make decisions. This doesn't necessarily mean a single person, it could be a team or group of people who can be contacted via a single contact point but where there is shared responsibility ensuring continuity of information flow is critical.
- **Monitoring and Continuous Improvement** - it is important that the multi-agency partnership also takes responsibility for the ongoing monitoring of whether the forum is operating as effectively as possible.

Joint Training

A key theme that emerged through engagement was the importance and effectiveness of training, and the potential for joint/ multi-agency training to better support understanding of roles and promote multi agency collaboration.

No single service can provide the support required for individuals in crisis. Joint training allows services to gain a better awareness of the processes and/or role of other services and an understanding of how other systems work. In so doing it provides an environment where services can train together and joined up working isn't something that needs to be contrived but rather becomes second nature. In Annex A, you can learn how Lanarkshire Health Board works with its local policing Divisions and how joint training has helped to facilitate the success of this area.

WORKING DRAFT

Information and data Sharing

The sharing of information within health and social care is managed under the Caldicott Principles. There are eight principles to ensure people's information is kept confidential and used appropriately.

However, good information sharing is essential for providing safe and effective care. There are also important uses of information for purposes other than individual care, which contribute to the overall delivery of health and social care or serve wider public interests.

The duty to share information to protect and care for an individual is as important as the duty to protect confidentiality (Caldicott principle 7). A particular risk to that individual can be enough of a threshold to not just permit but require sharing of information. The UK Caldicott council describes how guidance can support confidence around this.

Partners signed up to this guidance should consider that a particular risk to that individual can be enough of a threshold to not just permit but require sharing of information.

2.20 Mental health Unscheduled Care - good practice - shared with PDG at 19 June meeting – attached separately in excel

2.21 Mental Health and Policing – draft Framework for Collaboration – shared with PDG for 18 July meeting – attached separately as PDF

2.22 Mental Health Distress and Policing Partnership Delivery Group – agenda - Wednesday 17 July 2024

Mental Health Distress and Policing Partnership Delivery Group

Wednesday 17 July 2024
2-3.30 pm
MS Team

		Agenda item	Lead	Purpose
1400	1	Welcome and apologies	Chair	
1400	2	Action log	(REDACTED)	Please review before the meeting on July 17
1405	3	Update from Police Scotland on HMICS actions underway	Police Scotland	For discussion
1420	4	Data update from Police Scotland	Police Scotland	For discussion
1430	5	Framework for Collaboration	(REDACTED)	Update
1440	6	Action Plan	(REDACTED)	Update

1450	7	Partner updates – MH Unscheduled Care Network – PEP Review Working Group	(REDACTED)	For discussion
1505	8	Key issues or risks	All	For discussion
1510	9	Summary of actions and decisions	Chair	
1515	10	Date of Next Meeting – 21 Aug 1400 - 1530		

2.23 Mental Health Distress and Policing Partnership Delivery Group – agenda - Wednesday 21 August 2024

Mental Health Distress and Policing Partnership Delivery Group

Wednesday 21 August 2024
12 – 13.30 pm
MS Team

		Agenda item	Lead	Purpose
1200	1	Welcome and apologies	Chair	
1200	2	Action log	(REDACTED)	
1205	3	Update on Framework for Collaboration	(REDACTED)	Stakeholder engagement exercise update
1210	4	Update from Police Scotland on HMICS actions underway	Police Scotland	Discuss working draft of progress cited on 17 July
1220	5	Internal working group and data update	Police Scotland	For discussion
1230	6	Action Plan	(REDACTED)	Update and what next
1240	7	SPA Lanarkshire visit – highlighting operational best practice	(REDACTED)	
1250	8	Issues for escalation to Strategic Governance Group	(REDACTED)	Update on agreed date and discuss any issue.
1300	9	Partner updates	All	Reflecting on the discussion having taken place during the meeting, partners are invited to provide an update on any relevant activity they are undertaking as an organisation.
1315	10	Key issues or risks	All	For discussion
1320	11	Summary of actions and decisions	Chair	

1325	12	Date of Next Meeting – TBC		
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2.24 Police Scotland Data Dashboard update – including in meeting papers for PDG meeting on 21 August 2024



Meeting	Partnership Delivery Group
Date	21 August 2024
Location	MS Teams
Title of Paper	Police Scotland Data Dashboard
Item Number	As per agenda
Presented By	Amanda Coulthard SPA
Recommendation to Members	For Awareness
Appendix Attached	No

PURPOSE

The purpose of this paper is to provide members with an overview of the Police Scotland planned approach to improve data sharing activity with key stakeholders in response to the findings of the recent His Majesty’s Inspectorate of Constabulary in Scotland (HMICS) inspection on Policing Mental Health in Scotland.

1. BACKGROUND

- 1.1 Scottish Government’s Policing Powers Team are currently preparing the Cabinet Secretary’s update for the Criminal Justice Committee’s evidence session on 11 September, which is to hear from relevant policing stakeholders about the work that has been done to improve the support provided to those police officers and staff members who raise wellbeing or mental health concerns. As part of this work, the Cabinet Secretary has been asked to provide an update on the workstreams set out in her last update on 5 January. One of these was relating to the Police Scotland Data Dashboard.
- 1.2 The previous update as of January 2024 read that ‘the development of robust data will be a primary driver for evidencing progress and demonstrating impact across the system. The establishment of a data dashboard by Police Scotland will provide partners with the data needed to help us to understand mental health demand in terms of hours spent dealing with mental health distress call outs in

the community, and understanding the impact interventions currently in place is having on reducing that demand’.

2. Police Scotland Position August 2024

2.1 (REDACTED)

2.2 (REDACTED)

2.3 Internally, the data can be used to assist police and partners in forming decisions around how best to manage persons in our communities with mental health concerns. An example being core group meetings between police, health, and social work to discuss concerns around a person suffering sustained mental health concerns.

2.4 (REDACTED).

2.5 (REDACTED)

2.6 In addition to this, at the recent Mental Health Strategic Oversight Board chaired by (REDACTED), a refreshed analytical paper in respect of Mental Health Demand was shared with the wider membership for discussion.

3. FINANCIAL IMPLICATIONS

3.1 There are no financial implications in this report.

4. PERSONNEL IMPLICATIONS

4.1 There are no personnel implications associated with this paper.

5. LEGAL IMPLICATIONS

5.1 There are no further legal implications in this paper to those listed above.

6. REPUTATIONAL IMPLICATIONS

6.1 There are no reputational implications associated with this paper.

7. SOCIAL IMPLICATIONS

7.1 There are no social implications associated with this paper.

8. COMMUNITY IMPACT

8.1 There are no community implications associated with this paper.

9. EQUALITIES IMPLICATIONS

9.1 There are no equality implications associated with this paper.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to:

Note the information contained within this report.

2.25 Mental Health and Policing Action Plan - version to share with PDG on 21 August – attached separately as word document

2.26 Mental Health Distress and Policing - Partnership Delivery Group – agenda - Tuesday 24 September 2024



**SCOTTISH POLICE
AUTHORITY**
ÙGH DARRAS POILIS NA H-ALBA

Mental Health Distress and Policing Partnership Delivery Group

Tuesday 24 September 2024
1400-1530
Online

1400	1	Welcome and Introductions	
1405	2	Action updates and matters arising	(REDACTED)
1410	3	Verbal update on Framework for Collaboration engagement	(REDACTED)
1420	4	Verbal update on Strategic Governance Group meeting	(REDACTED)

- | | | | |
|------|---|---|------------|
| 1430 | 5 | Action plan development / collaborative commitments | All |
| | | Discussion item | |
| 1515 | 6 | Next steps | (REDACTED) |

2.27 Mental Health and Collaborative Commitments - version to share with PDG on 24 September – attached separately as word document

2.28 Mental Health Distress and Policing - Partnership Delivery Group – agenda - Tuesday 22 October 2024



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

**Mental Health Distress and Policing
Partnership Delivery Group**

Tuesday 22 October 2024
1400-1530
Online

- | | | | | |
|------|---|---|---------------------------|------------|
| 1400 | 1 | Welcome and Action Updates | | (REDACTED) |
| 1405 | 2 | Framework for Collaboration engagement – summary of feedback and edits required | For discussion | (REDACTED) |
| 1435 | 3 | Revisions to Collaborative Commitments | For review and discussion | (REDACTED) |
| 1500 | 4 | Aligned communications approach | For Action | (REDACTED) |
| 1515 | 5 | Updated timeline | For discussion | (REDACTED) |
| 1525 | 6 | Next steps | For discussion | (REDACTED) |

2.29 Mental Health and Policing – draft Collaborative Commitments – shared with PDG for 22 October meeting

Version Control

**Mental Health Partnership Delivery Group
Collaborative Commitments**

Version	Date	Prepared By	Reason for Change
0.1	15/9/2024	(REDACTED)	Request to include more detail on the MHW Strategy outcomes and priorities.
0.2	18/9/2024	(REDACTED)	Amending Action Plan
0.3	18/9/2024	(REDACTED)	Working draft updates for PDG, core group review
0.4	2/10/24	(REDACTED)	Further drafting amendments to theme introduction sections ,DBI and place of safety amendments
0.5	3/10/24	(REDACTED)	Some comments on and suggested additions
0.6	9/10/24	(REDACTED)	Incorporating PDG comments to final review draft and adding detail on development of a performance framework as well as formatting updates

Distribution Published versions of this document will be distributed to:
PDG membership
Strategic Governance Group

Introduction

Mental health and wellbeing is a key priority across Scottish society, not only in relation to mental health services for those who need them, but, just as important, in relation to how we improve public wellbeing and help prevent illness. We know that multiple factors can impact mental health and wellbeing, and that poor mental health and wellbeing is not only detrimental to individuals but also places additional demands on services and supports, and on the people that provide them.

The [Mental Health and Wellbeing Strategy: Delivery Plan 2023-2025](#) and [Workforce Action Plan 2023-2025](#) were published jointly by Scottish Government and COSLA on 7 November 2023, setting out actions that will be undertaken across Scottish and Local Government, Health Boards, and the third and community sector to make progress towards the outcomes and priorities in the [Mental Health and Wellbeing Strategy](#), which was published on 29 June 2023.

As described in the strategy, a whole system approach to supporting mental health and wellbeing provides a foundation for better joint working and supports our shared vision of “*a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible*”.

The joint work around the Mental Health and Wellbeing Strategy aims to:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

COSLA and Scottish Government are also taking action to reduce the number of deaths by suicide, through actions described in [Creating Hope Together: Suicide Prevention Strategy](#) and [Creating Hope Together Delivery Plan 2024-2026](#). The strategy aims to tackle underlying factors that can lead to suicide, such as inequalities, stigma and discrimination, which have been exacerbated by the pandemic and cost of living crisis. Self-harm is also a risk factor for suicide and the [Self Harm Strategy and its Action Plan](#), are focused solely on tackling the issue.

In its thematic review of [policing mental health in Scotland](#), published on 18 October 2023, His Majesty’s Inspectorate of Constabulary in Scotland (HMICS) recognised that mental health is a multifaceted issue that requires an effective whole-system partnership response, and set out a number of recommendations for Police Scotland, the Scottish Police Authority (SPA), the Scottish Government, and other bodies.

Policing plays an important role in improving the safety and well-being of individuals, localities and communities in Scotland. The [Vision for Justice in Scotland](#), sets out the importance of people in contact with the justice system being able to access the correct support and recognises that effective partnerships are essential to improving the mental health and wellbeing of those who encounter the justice system.

In delivering on the range of commitments and outcomes described, we recognise the differing roles, responsibilities and capacity of our respective organisations. We also know wider partnership work will be crucial; delivery and improved outcomes will rely largely on the people who work within and across sectors to improve the mental health and wellbeing of our communities and will need a cross-society approach. This includes local and national government; public bodies such as the Social Care sector; NHS, Third Sector Police Scotland and Scottish Ambulance Service.

To support alignment of the range of commitments and outcomes outlined above, and to ensure a focus on those in distress and crisis who come in contact with the justice system, our multi-agency Partnership Delivery Group (PDG) has created the Framework for Collaboration (FfC) and collaborative commitments.

The framework sets out principles and approaches which underpin effective multi-agency collaborative approaches to supporting individuals in distress to get the right care they need in a person-centred and trauma-informed way. Our collaborative commitments interconnect with the strategies and plans outlines above, to support a whole system approach to achieving our collective vision and agreed outcomes.

Further detail on, and mapping of, the outcomes, priorities and actions being implemented to deliver a whole systems approach to improving mental health and wellbeing in Scotland are contained in Annexes A and B.

Delivery and Accountability

The PDG has made a series of collaborative commitments across a range of priority thematic areas:

- Communication
- Improved transfer of care between partners
- Building capacity and capability, including improved data and evidence available to partners
- Strengthening community-based provision
-
- These commitments will be progressed over the period 2025-2028, with implementation and delivery progressed through the PDG. Progress will be reported through established governance routes including the Mental Health and Wellbeing Strategy Leadership Board, co-chaired by Scottish Government and COSLA, and the Scottish Police Authority Policing Performance Committee. An annual progress report will be presented to the public Policing Performance Committee, and thereafter published, in Autumn each year.
-
- To support reporting against the commitments, and assist in evidencing the impact of our work, the PDG will develop a performance framework aligned to the commitments. This will draw from data sources across all partner agencies and publicly available sources to provide a comprehensive framework reflecting both quantitative and qualitative indicators.

Communication

Strong Communication is critical to success of these collaborative commitments. Those who access services and support at times of crisis need to know who to turn to, while agencies and partners require strong communication to support delivery of person centred and outcome focused responses.

The activities described across all thematic areas build on the work already delivered, and underway, through the Mental Health Unscheduled Care Network (MHUCN).

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
Develop a multi-agency communication strategy to promote access to the most appropriate service/ pathways, highlighting best practice and improve collaboration.	<ul style="list-style-type: none"> • Improve internal communication to frontline staff • Improve communication to raise public awareness of routes to support and agencies who provide support during period of distress/crisis • Advocate cultural change with the public and frontline staff • Improve outcomes for those in distress/crisis 	All agencies involved in PDG, aligned to MHUCN	During 2025	<ul style="list-style-type: none"> • Qualitative and quantitative feedback from the public and frontline staff • Assessment of call demand to Police/ SAS and the proportion of calls directly made to NHS 24. • Through data and examples, illustrate improvement in person centred support and that staff time is used effectively and efficiently.
Ensure opportunities are identified and progressed to raise awareness of available	<ul style="list-style-type: none"> • Provide clear communication on routes to urgent mental health 	PDG membership	During 2025	<ul style="list-style-type: none"> • Increased usage of pathways

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
pathways into support and care	support, aligned to messaging on NHS Inform <ul style="list-style-type: none">• Explore opportunities to further raise awareness of the available pathways into support and care• Develop tailored messaging for specific population and equalities groups to improve access and equity			<ul style="list-style-type: none">• Awareness of campaigns on available pathways

WORKING DRAFT

Improved Transfer of Mental Health Care

A key feature of workshop discussions during early development of the Framework for Collaboration and supporting Collaborative Commitments was a view, by Policing and Health professionals alike, that current models for transfer / handover of care between agencies wasn't working as well as it could be. As can be seen from the practice examples provided in the FfC, there are models of delivery in some areas but this is not consistent and equitable for all areas.

Following the local and national improvements to the unscheduled mental health care pathways across Scotland, all Boards have a mental health clinician for mental health available 24/7 for anyone requiring urgent specialist mental health assessment or urgent referral to local mental health services. In most Health Boards, Police Scotland and the Scottish Ambulance Service will now have consistent access to clinical advice on the best care outcome for the individual which will improve, where appropriate, transfer of care to clinicians.

Through the Mental Health Unscheduled Care Network, the Scottish Government developed a digital reference guide called the Mental Health Index setting out the 24/7 access arrangements to the Mental Health Unscheduled Care Clinicians; this document acts as a community triage guide and will be quality assured on a six-monthly basis.

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
Develop and deliver an effective handover process for transfer of care in emergency / clinical settings.	<ul style="list-style-type: none"> • Ensure individuals receive a consistent and appropriate response • Improve current procedures in place for both SAS and Police 	Health/ SAS/ Police Scotland	December 2025	<ul style="list-style-type: none"> • workforce health and wellbeing improvements • reductions in SAS/ Police Scotland time spent on scene • Qualitative feedback from persons receiving care/

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
	<ul style="list-style-type: none"> • Build confidence in frontline staff 			<p>NHS/ SAS / Police Scotland</p>
<p>Develop and implement a model that allows for direct interaction between police officers and NHS 24 Mental Health Hub when engaging with people in mental health distress (not meeting the triage threshold). Ensuring the on-going support to a person in distress by the right service at the right time.</p>	<ul style="list-style-type: none"> • Police Scotland and NHS 24 will consider the implementation of the SAS Hot Handover process • Provide joint and trauma informed response to those in distress/crisis from most appropriate agency • Improve confidence in transfer of care arrangements • Provide learning for application of this model to wider stakeholders and partners 	<p>NHS 24, SAS and Police Scotland</p>	<p>December 2025</p>	<ul style="list-style-type: none"> • workforce health and wellbeing improvements • reductions in time spent on scene • Qualitative feedback from persons receiving care/ NHS/ SAS / Police Scotland
<p>Implement the consistent use of the Mental Health Index across Police Scotland ensuring officers can effectively access MH clinician services.</p>	<p>Consistent access to clinical advice to support access to the best care for the individual</p> <p>All professionals involved have confidence in transfer of care</p>	<p>MHUCN</p>	<p>Next 3-6 months</p>	<ul style="list-style-type: none"> • Monitoring of referral numbers and referral reasons from Police Scotland to local mental health unscheduled care services. • Evaluation of Mental Health Index

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
	<p>Police Officers are able to return to policing duties in a timely manner</p> <p>Provide learning for application of this model to wider stakeholders and partners</p>			<ul style="list-style-type: none"> •
<p>Review of the Psychiatric Emergency Plans</p>	<p>Improved consistency of PEPs across the 14 Health Boards</p> <p>Aligned recommendations from HMICS and Mental Welfare Commission as appropriate</p> <p>Clearly articulate roles and responsibilities for each agency involved in responding to and managing a mental health crisis</p> <p>Ensure a person-centred and human rights-based approach to responding to mental health emergencies.</p>	<p>Scottish Government, supported by MHUCN</p>	<p>November 2024</p>	<ul style="list-style-type: none"> • Data on use of places of Safety • Mental Welfare Commission data on use of detention •

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
Develop and publish national guidance and template for Psychiatric Emergency Plans.	Provide guidance and a template Psychiatric Emergency Plan for use by the 14 Health Boards to ensure consistency and ease of use	Scottish Government	April 2025	<ul style="list-style-type: none"> • Qualitative feedback from partners on the Mental Health Unscheduled Care Network • Data on use of places of Safety • Mental Welfare Commission data on use of detention
Scope and explore opportunities to work in collaboration around HIU/Complex Needs to develop partnership processes ensuring the public are supported by the most appropriate organisation.	Police Scotland, NHS 24, SAS and other stakeholders/partners will form a working group to assess data and thereafter develop and embed processes, both internal and cross-agency, which ensure those who regularly contact unscheduled care services are appropriately supported in line with care/management plans.	Enhanced MH Pathway governance group and Public Health Scotland		<ul style="list-style-type: none"> • Improved understanding of involvement of different agencies with same individuals • Fewer presentations or contacts from high intensity users

Building Capacity and Capability

The Mental Health & Wellbeing Strategy delivery plan commits to expand and improve the support available to people in mental health distress and crisis and those who care for them, while the Mental Health & Wellbeing Workforce Action Plan contains actions to improve education and training to support this work. It is essential that all agencies and services providing a response to individuals in distress or crisis have suitable knowledge and training.

The national roll out of Distress Brief Intervention (DBI) programme provides compassionate and personalised support to people in emotional distress who come into contact with frontline services. Alongside national access to DBI through referral by NHS24, and through call handling centres in SAS and Police Scotland, all Health & Social Care Partnerships in Scotland have committed to local delivery. In addition a standalone University of Glasgow / NHS Education Scotland e-learning module 'recognising and responding to distress' is available for organisations not directly involved in the DBI programme. The module aims to provide widely accessible distress intervention learning for the non-DBI community, enabling organisations across Scotland to provide a compassionate and effective response to people in distress at point of contact.

The national Police Scotland suicide notification form is in place to ensure consistent practice, and provides a national template for data sharing, collation and reporting. While data sharing is already established within local policing divisions the amount of information and format in which it is shared currently varies nationally.

As part of the Workforce Action Plan, work is underway to develop a training framework for the wider mental health and wellbeing workforce, volunteers, peer support/ recovery workers and carers. The framework will bring together existing mental health and wellbeing training resources and ensuring that it is on an accessible landing page. This will also support work to embed sustainable trauma-informed approaches using evidence-based training and support available through the National Trauma Transformation Programme, "Roadmap to Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland".

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
<p>Ensure, where applicable, that Police Scotland local divisions are trained in level 1 provider for DBI referral processes (in line with national roll out and increase in level 2 providers across Scotland).</p>	<p>Ensure HSCPs, Police Scotland and other key partners work together on training roll out</p> <p>People in distress who could benefit from non-clinical intervention are better supported</p> <p>Police officers are provided with the knowledge and skills to support and ease a person's distress through a compassionate response</p>	<p>HSCPs & Police Scotland</p>	<p>Ongoing in line with local planning and roll out</p>	<ul style="list-style-type: none"> • Data on DBI referrals • Qualitative feedback from police officers • Training uptake • • • • • •
<p>Continue to improve and increase the use of the Enhanced Mental Health Pathway</p>	<p>Ensure missed opportunity reviews are undertaken to identify where the pathway or referral routes could have been used</p> <p>Support understanding of individuals being referred to Policing from NHS24</p>	<p>Police Scotland/ NHS 24</p>	<p>12 months from publication</p>	<ul style="list-style-type: none"> • Data from MH Dashboard and NHS 24 • Police officers deployed vs signposted to appropriate service • Lived experience/user feedback <ul style="list-style-type: none"> • (Mental Health Pathway evaluation reports)

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
National delivery of Police Scotland Suicide Notification form for information sharing.	<p>Ensure national consistency and a level of uniformity whilst ensuring compliance with data protection</p> <p>Provide a human rights-based approach to information sharing</p> <p>Enhance opportunities for local proactively around locations of concern</p>	Police Scotland		<ul style="list-style-type: none"> • Compliance levels with form • Feedback from key partners on quality of information sharing
Improve Mental Health training internally within Police Scotland for national consistency	<p>Ensure officers and staff are trained within a consistent framework to appropriately and effectively respond to MH related incidents.</p> <p>Explore collaborative MH and leadership training opportunities.</p> <p>Utilise resources and training developed through the Mental Health & Wellbeing</p>	Police Scotland (other partners?)	2025	<ul style="list-style-type: none"> • Staff feedback on training • Data on agencies involved in training

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
	Workforce Education and Training Advisory Group			
Scope areas of joint training between Police Scotland, Scottish Ambulance Service and territorial NHS boards	<p>Build on learning from existing joint training programmes taking place, for example the joint training between NHs Ayrshire and Arran and Police Scotland</p> <p>Scope opportunities for joint training between partners to improve knowledge and skills</p>	Police Scotland, SAS, NHS Boards		<ul style="list-style-type: none"> • Data on availability of joint training • Range of agencies involved in training delivery

WORKING DRAFT

Strengthening Community-Based Provisions

The PDG recognise that formal places of safety are often not the most appropriate location for an individual in distress or crisis and may in fact exacerbate the distress being felt. Examples of community-based provision have been identified in areas of Scotland, however this is not available consistently in every area and to all those who may benefit from it.

Many practitioners engaged through this process recognised that safe and accessible community based provision, which can act as a safe space and an onward referral site would offer a more responsive and person centred support to many individuals in distress. However facilities like these are not available in every area.

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
Scope alternatives to Places of Safety	explore the feasibility of implementing safe spaces as an alternative to legal Place of Safety for people in distress or crisis	Scottish Government	November 2024	<ul style="list-style-type: none">Scoping report will be developed and published

Data, evidence, benchmarking, and improvement

The Mental Health Dashboard is a Police Scotland internal tool used to understand and respond to mental health demand across the country, drawing from data held in Police Scotland’s call recording and management system, STORM. The data is broken down into several themes, specifically:

- Mental health related incidents.
- Incident repeat
- Incident type and Missing person temporal
- Missing person demand location

We know that providing a collaborative response requires access to data to inform decision making, and that this requires robust and proactive data sharing approaches to be in place. Alongside sharing of operational data is essential that robust metrics and management information are available to evidence both current demand and overall improvements in experience for those using services.

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
Launch the Mental Health Data Dashboard	Provide a better understanding of the demand picture and incident type for mental health distress /crisis response.	Police Scotland	(REDACTED)	<ul style="list-style-type: none"> • Insights available for partnership discussion •
Continue work with Public Health Scotland to collect and report consistent data to underpin Mental Health	Provide a better understanding of local pathways, and how people are accessing unscheduled care support locally	MHUCN/PHS	Commence collection in 2024	<ul style="list-style-type: none"> • Improved availability and range of data

What are we planning to do?	What will this do?	Who will lead?	When will we do it by?	How will we know?
<p>Unscheduled Care improvements.</p>				
<p>Deliver the multi-agency data linkage project</p>	<p>Provide an understanding of opportunities for data linkage across justice system partners and others to understand how data linkage may support earlier intervention to improve outcomes for individuals</p> <p>Improve understanding of opportunities for data linkage</p>	<p>SPA</p>	<p>2025</p>	<ul style="list-style-type: none"> • Evaluation of project • Findings from the project shared for action •
<p>Review insights from existing research to inform new/revised delivery models</p>	<p>Responsive research commissioned through SIPR to understand models for 'transfer of care' in other policing jurisdictions</p> <ul style="list-style-type: none"> • <p>Examples of practice to inform design of models specific to Scotland Clarity on how Scotland benchmarks/compares to other areas</p>	<p>SPA</p>	<p>2024/25</p>	<ul style="list-style-type: none"> • Responsive research findings published and considered • Practice examples shared to support learning and continuous improvement

The Mental Health Policy and Delivery Landscape

The outcomes and priorities below set out in the Mental Health and Wellbeing Strategy are underpinned by the actions in the accompanying Delivery Plan and Workforce Action Plan.



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Our priorities within the Delivery Plan are to undertake actions which will:

Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.



Improve mental health and wellbeing support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adolescent Mental Health Services (CAMHS) and psychological therapies.

Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

Increase mental health capacity within General Practice and primary care, universal services and community-based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.



Continue to improve support for those in the forensic mental health system.



Expand and improve the support available to people in mental health distress and crisis and those who care for them through our national approach on Time, Space and Compassion.

Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.



Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.



Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health, and support the physical health and wellbeing of people with mental health conditions.

Strategic mapping

Of particular relevance to this Action Plan is Priority 4 of the Strategy which lays out our commitment to *'expand and improve the support available to people in mental health distress and crisis and those who care for them through our national approach on Time, Space and Compassion'*, with a focus not only on improving the response, but also on keeping the person experiencing distress or crisis safe and preventing their situation from escalating further. The Scottish Government have already started to deliver on a number of actions in the Delivery Plan supporting this priority, such as:

- **full national coverage of the Distress Brief Intervention (DBI) programme.** As at September 2024, DBI is live locally in 29 of the 31 Health and Social Care Partnership areas, with the remaining 2 areas actively planning to go live in October 2024. Police Scotland have been key national partners in DBI since the initial development of the pilot phase of the programme – so far, Police pathways to DBI exist in several, but not all, of the local DBI areas. Police Scotland also provide one of three national pathways to DBI, via its call handling centres which link to NHS24 via the Mental Health Pathway - in such cases this avoids the need for officers having to attend in person, thus freeing up important staff resources. Since launch as a pilot, over 72,000 people have been referred for DBI support. Around 8% of referrals to DBI are from Police Scotland
- **Continue to invest in NHS 24's Mental Health Hub.** The Mental Health Hub started providing 24/7 support in July 2020 and has modernised pathways into mental health services. The Mental Health Hub, which is accessible through the 111 service, is available to anyone who requires mental health and wellbeing support or if they are in distress. Calls are answered by a Psychological Wellbeing Practitioner who offer an empathetic response and will triage people using a psychosocial assessment to either help manage their needs or direct them to the most appropriate form of support. Psychological Wellbeing Practitioners are specially trained staff who are expertly supported by Mental Health Nurses.
- **Continue to invest in the Enhanced Mental Health Pathway and promote partnership working to increase Police Scotland and Scottish Ambulance Service access to local clinical support.** The pathway enables emergency calls received by Police Scotland or SAS where callers are identified as needing mental health advice and support to be directed to the Mental Health Hub. Work is ongoing between Police Scotland and NHS 24 to increase the referrals from Police Scotland's Command and Control Centre (C3) Division to the Mental Health Hub, and we are working on improving the call transfer process with the aim of achieving a warm handover between the two services.

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- **Increase awareness of pathways into support and care by developing national awareness raising activity.** Through the Mental Health Unscheduled Care Network, we have developed national messaging outlining how people can access urgent mental health support. This messaging was published on [NHS inform](#) in December 2023 with work currently underway to roll-out regular social media posts to signpost people to the page. We are also looking at developing more tailored messaging for marginalised and equality groups.
- **Develop a mental health unscheduled care resource pack by autumn 2024.** The resource will provide a directory of national sources of help and support that the Mental Health Unscheduled Care workforce can connect or a signpost a person to, to complement the support, assessment and treatment that the individual will receive from unscheduled care services.
- **Take an evidence-based approach to our improvement work to better understand how people are accessing and receiving unplanned mental health care.** The Scottish Government is working with Health Boards and Public Health Scotland on the lead in work, and this data will measure the impact of the changes to the mental health unscheduled care pathway to date and identify opportunities for further improvements while ensuring that these are underpinned by robust data.
- In addition, **the Scottish Government continues to fund the SAS Mental Health Paramedic Response Units.** Action 15 funding was allocated to SAS to deliver the Mental Health Paramedic Response Units in Inverness, Dundee and Glasgow. The ambitions of the project is focused on working collaboratively with local health boards and Health and Social Care Partnerships to provide joined up care to people requiring mental health assessment after they have contacted 999 for ambulance support. The evaluation of this pilot project found a reduction in conveyance to Emergency Departments (ED) for people attended by the MHPRU and anticipated there being potential benefit to the patient by bringing specialist mental health assessment to them, rather than having to go via ED to access this care.
- The Scottish Government have also **funded the SAS High Intensity User Pilot.** The project started in 2021 and was later expanded supported by funding from the Scottish Government. The team identified 137 patients over the age of 18 years old who had generated 12 or more 999 incidents in 3 months, and/or 5 or more 999 incidents in a 1-month period. Four clinicians were recruited to support the process development and function as a single point of contact for patients, staff and the wider multidisciplinary team. This person-centred approach aided in supporting patients, by enhancing their confidence in accessing care and enabling the service users to hear their own voice in the process of care planning. Patients received the right care for their needs closer to home or within their local community. In total the number of incidents SAS attended (related to this cohort) nationally, dropped by 55% from 3216 to 1441. This reduction in attendance and conveyance time meant that crews had increased availability to respond to patients who required conveyance, helping to reduce demand on the service and other healthcare

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providers. As a result, SAS has embedded this model into their service provision and expanded the service to children and young people.

- As part of the whole system response the **Communities Mental Health and Wellbeing Fund for Adults**, and the **Children and Young People's Community Mental Health and Wellbeing** have been awarded £15 million each for 2024-25. Launched in 2021, the fund for adults has supported grass roots community groups to deliver programmes for adults which build resilience and tackle social isolation, loneliness and mental health inequalities. Projects focused on connecting people and providing peer support were delivered through activities such as sport, outdoor activities and the arts. The funding supports delivery of community-based mental health and wellbeing support for five to 24 year-olds and their families. Support delivered includes mentoring, art-based therapies, digital services, whole-family support, counselling and sport or physical activities.

The Mental Health and Wellbeing Workforce Action Plan

Improving the mental health and wellbeing of Scotland's population and ensuring everyone receives the best possible care and support from our health and care services can only be achieved with the right workforce capacity and capability.

The Mental Health and Wellbeing Workforce Action Plan aims to ensure that the commitments in the Strategy are underpinned by a resilient and sustainable workforce, that feel valued and supported to promote better mental health and wellbeing outcomes. The Plan is aligned to the [National Workforce Strategy for Health and Social Care](#) placing training, wellbeing, job satisfaction and the principles of Fair Work at its heart. Using this framework, the Workforce Action Plan looks at the whole workforce journey and sets out actions to support how we **plan for, attract, train, employ and nurture** our mental health and wellbeing workforce. However, Workforce Action Plan is not intended to cover all five pillars for the entire mental health and wellbeing workforce. We know that roles and responsibilities for workforce planning, training and regulation vary between different sectors of the mental health and wellbeing workforce, including those of Police Scotland.

The Strategy and Workforce Action Plan considers that the mental health and wellbeing workforce is made up of the core mental health and wellbeing workforce and the wider mental wellbeing workforce.

The core mental health and wellbeing workforce consists primarily of those who provide frontline mental health services and treatments for all age groups and from various sectors. These are staff who are specifically employed in services within statutory organisations, the independent sector or the third sector to support mental health and wellbeing. This includes, but is not limited to, staff in mental health services (such as mental health nurses, psychiatrists, and psychologists), third sector mental health support, social work staff who provide mental health support (including Mental Health Officers), GP's and mental health pharmacists.

The wider mental wellbeing workforce includes roles in the public, third, and independent sectors which, although not directly employed in providing mental health

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services, support treatment and recovery, have an important role in supporting someone's mental health and wellbeing or play a significant role in promoting good mental health for all. Examples include but are not limited to, employers, wider health, social work and social care staff, police officers and school staff.

As part of the Workforce Action Plan, work is underway to develop a training framework for the wider mental health and wellbeing workforce, volunteers, peer support/recovery workers and carers. The framework will bring together existing mental health and wellbeing training resources and ensuring that it is on an accessible landing page. This will also support work to embed sustainable trauma-informed approaches using evidence-based training and support available through the National Trauma Transformation Programme, "Roadmap to Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland".

Other Strategies and Reform Programmes

The mental health policy landscape is complex; and other key strategies and reform agenda also contributing towards the whole systems approach.

The Mental Health and Capacity Reform Programme has been established to look at how we can update and modernise our mental health and capacity legislation. The Scottish Government published the Mental Health and Capacity Reform Programme Delivery Plan in June 2024 - [Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](https://www.gov.scot). The Delivery Plan focuses on the work that will be led by Scottish Government between October 2023 to April 2025.

The Delivery Plan sets out our three strategic aims, the first being Law Reform. This aim including those around mental health law reform. Work is being taken forward to prioritise areas of potential change that can be achieved as quickly as possible, within existing resources and recognising the pressure on budgets and services, as well as starting new work to scope and develop options for future reform. One key objective is considering issues around Emergency Detention Certificates (EDCs) under the Mental Health Act. Further detail in the Mental Health and Wellbeing Delivery Plan which links to the work being taken forward to support the implementation of the Action Plan includes:

- Priority 1.12: Ensure there is clarification around the powers of force and detention.
- Priority 2.6: The Scottish Government will work to better understand practice around the granting of EDCs as part of our work to review PEPs confirms that we are working to better understand practice around the granting of EDCs as part of our work to review PEPs and the review will be completed later this year.

Work is also taking place to scope options for reform of the Adults with Incapacity (Scotland) Act 2000.

The Scottish Government is taking action jointly with COSLA to reduce the number of deaths by suicide. [Creating Hope Together: Suicide Prevention Strategy](#), [Creating](#)

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[Hope Together Delivery Plan 2024-2026](#) set out the Strategy and Actions being taken to ensure government and local services work together to support anyone at risk of suicide or affected by it, while tackling underlying factors that can lead to suicide, such as inequalities, stigma and discrimination, which have been exacerbated by the pandemic and cost of living crisis. Considerable progress has been made in 2023/2024 laying strong foundations for ongoing delivery. Key achievements have been:

- Establishing Suicide Prevention Scotland's leadership team and the wider delivery collective to realise our ambition to create a community of organisations across Scotland
- Establishing strong relationships with local suicide prevention leads and providing the opportunities and resources to support them in their role
- Taking forward work to address inequalities in suicide prevention and building connections with organisations who work with people impacted by discrimination, stigma, inequality and wider social determinants of suicide who can support this
- Connecting with a wide range of third sector organisations delivering suicide prevention actions and providing opportunities for networking, sharing learning, and supporting implementation of the action plan
- Building connections with National Suicide Prevention Advisory Group (NSPAG) members and national organisations to create links to sectors and groups where there is a higher risk of suicide
- Refreshing our Lived and Living Experience Panel and Youth Advisory Group, and establishing a Lived and Living Experience Steering Group
- Building on the outcomes framework to develop monitoring and evaluation processes which will help to demonstrate the impact of the work
- Delivering on the broad range of work within the Creating Hope Together Action Plan

Self-harm is also a risk factor for suicide and the [Self Harm Strategy and its Action Plan](#), are focussed solely on tackling the issue.

Scottish Government is working to provide improved access to high-quality and integrated care for people with co-occurring mental health and substance use issues. [The Alcohol and Drugs Workforce Action Plan](#), provides detail how mental health and substance use services should work together to provide high quality care and is aligned to the Workforce Action Plan. It sets out further actions Scottish Government and partners will take including to progress training opportunities, ensuring that services are well informed and fully empowered to support the mental health needs of people who use drugs and alcohol.

2.30 Mental Health Distress Partnership Delivery Group - Communications plan – Framework for Collaboration and Collaborative Commitments – shared with PDG at 29 January 2025 meeting

Mental Health Distress Partnership Delivery Group

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Communications plan – Framework for Collaboration and Collaborative Commitments

Purpose

Raise awareness and understanding of the Framework for Collaboration and the accompanying PDG Collaborative Commitments. These products also provide a response to the Programme for Government Commitment to 'Act on the findings of His Majesty's Inspectorate of Constabulary in Scotland Thematic Review of the servicing of mental health demand on policing'.

The aim is to ensure effective, coordinated and consistent communications to all stakeholders at local, regional and national levels which detail their role in delivering the framework and supporting commitments.

Launch communications on the day of publication will amplify the ambition of the framework and seek to land the products with the diverse range of intended audiences.

Role of PDG

PDG members are critical to the communications cascade for the FfC and Collaborative Commitments. All partners have a core role in communicating within their own organisation and to strategic networks.

Members are asked to plan for internal organisational cascade on the day of launch and in the following days, covering strategic and operational colleagues. It is critical that the communication is tailored to each stakeholder group to ensure buy in, and core scripts are developed to underpin this.

It is also essential that we update the PDG stakeholder mapping (Annex A) to reflect all interested audiences, and again tailor communications to deliver a joined up but focused message which is clear on the need for a whole system response across all partners.

Strategic messaging

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Key lines (Annex B) will be prepped for adding to all internal communications, providing consistent messaging across high level/national partners.

Underpinning this is a core script (Annex C) to inform stakeholders/ organisations with consistent messaging on outcomes, aspirations and commitments.

Workforce/ Operational communications

Core group members, and key PDG partners will also require specific messaging detailing how the framework and action plan applies to their organisation / sector and how it will work for them. This will create a shared understanding of how the whole system approach to supporting mental health and wellbeing will provide a foundation for better joint working.

The core script (Annex C) will ensure that all delivery partners understand their role in delivering on the FfC and commitments through local and front-line services. It is critical that partners input to this core script to ensure it resonates with those at service delivery and local level.

Key messaging for partners (Annex D) will also specifically highlight the most relevant sections of the framework to different sectors to support relevant messaging and focused communications.

Timescales

This will be finalised during January with final agreement at the January PDG meeting.

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Communications timetable

Date	Communication type and platform	Audience	Message	Organisation and Lead officer
	Email	Internal SG policy areas		SG
	Saltire news in brief	Internal SG		SG
	Email	Agreed stakeholder list		SG
	Ministerial letter	CJC		SG
	Email	MHUC network		SG
	Press release	Media and citizens		SG (on behalf of PDG) Consideration with core group comms teams inclusion of quotes from respective organisations)
	Social media content (coordinated by PDG)	Media and citizens		SG / SPA/ Police Scotland
	Letter to all NHS Chief Executives	NHS		SG (on behalf of PDG)
	Website news item	Media and citizens		SPA
	PS intranet article	Staff and officers		Police Scotland

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	PS Line Manager Briefing	Staff and officers		Police Scotland
	Email to all LA CEs and Leaders	Council Leaders and CEs		COSLA
	Social media content	Stakeholder groups		PDG members
	Email	Staff and senior leaders of respective organisations		PDG members

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Background and Key Objectives

The work that has been undertaken by the Partnership Delivery Group, seeks to provide through the Framework for Collaboration national consistency on local ways of working between services on the frontline who support individuals experiencing mental health distress or mental ill health.

We set out within this document that local forums should be established where they are not already in place. Health Boards' mental health unscheduled care (MHUC) service leads will work with local partners during 2020/21 on formalising a forum through which the local distress pathways are developed and implemented. Where an existing forum is being used, its membership should be reviewed to support a whole-system approach. Where a suitable group does not exist, Health Boards will be responsible for establishing the multi-agency forum.

- The forums seek to facilitate open and direct communication between services, allowing services to have direct contact with the appropriate service or team when necessary.
- Promotion of self-management and avoiding escalation in circumstances where it is not necessary or beneficial to the individual in crisis.
- Trust between services, which promotes a positive risk-taking approach and builds confidence in decision making.

Delivering change and improving outcomes will rely largely on the people who work within and across sectors to improve the mental health and wellbeing of our communities. That is why the PDG has identified a range of collaborative commitments which build on the work and learning achieved to date in the crisis and unscheduled care landscape and supports the alignment of the principles set out in the Framework for Collaboration.

The Collaborative commitments seek to bring to life what can be done through the principles for joined up working. The commitments will be refreshed and progressed over the period 2025-2028, with implementation and delivery supported through the PDG and progressed by PDG members as set out within specific commitments.

Progress will be reported through established governance routes including the Mental Health and Wellbeing Strategy Leadership Board, co-chaired by Scottish Government and COSLA, and the Scottish Police Authority Policing Performance Committee. Once approved through the established governance routes, an annual progress report will be presented to the publicly accessible SPA Policing Performance Committee, and thereafter published, in Autumn each year.

To support reporting against the commitments, and assist in evidencing the impact of our work, the PDG will scope the development of a proportionate performance framework aligned to the commitments. This will draw from data sources across all partner agencies and publicly available sources to provide a comprehensive framework reflecting both quantitative and qualitative indicators.

Stakeholder Map

- National/Level determines how organisations/stakeholders are expected to utilise the core script in terms of specific messaging and plan of who each organisation is going out to and how the messaging will be communicated.
 - National: High level core script messaging.
 - Local: High level core script messaging tweaked to become more agency specific.

**PDG Members in italics*

PDG Members:

Stakeholder	Area	National/Local
SG	Government	N
PS	Justice	N&L
SPA	Justice	N
BIP	Justice	N&L
SAS	Health	N&L
NHS24	Health	N&L
Lived Experience (via VOX)	Health	N&L

- Communicating on behalf of the PDG as a collective.

COSLA:

Stakeholder	Area	National/Local
COSLA	Local Government	N
SWS	Social Work	L
HSCP COG	Health	L
Community Planning Improvement Board	Local Government	L
Local Councils	Local Government	L

NHS:

Stakeholder	Area	National/Local
NHS Scotland	Health	N&L
MHUC Network	Health	L
SAMH	Health	N

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External:

Stakeholder	Area
Unions and Associations	Union
Scottish Fire and Rescue Service	Justice
SCTS	Justice
Samaritans	Health
HMCS	Justice
PIRC	Justice
Mental Welfare Commission	Health
Mental Health Equalities and Human Rights Forum	Health
Carers Trust Scotland	Health
Coalition of Carers in Scotland	Health
Young Scot	CYP
Young People's Commissioner Scotland	CYP
Inclusion Scotland	Equality
Disability Equality Scotland	Health
Glasgow Disability Alliance:	Health
Shelter Scotland	Housing
LGBTHealth and Wellbeing	Equality
Stonewall	Equality
Equality Network	Equality
LEAP Sports Scotland	Equality
LGBT Youth Scotland	Equality
BEMIS (Black and Ethnic Minority Infrastructure in Scotland)	Equality
Scottish Refugee council	Equality
CRER (The Coalition for Racial Equality and Rights)	Equality
Interfaith Scotland	Equality
Community Justice Scotland	Justice
Edinburgh Crisis Centre	Health
The Neuk Perth	Health
SHRC (Scottish Human Rights Commission)	Equality
Human Rights Consortium Scotland	Equality
SPS	Justice
Scottish Health in Custody Network	Health
National Police care Network	Justice
HIS	Health
Scottish Council for Voluntary Organisations	Local Government/Third Sector
Third Sector Interface network	Local Government/Third Sector
COPFS	Justice
Scottish Police Federation	Justice
Voluntary Health Scotland	Health

- Communication from SG with core script.

Key Lines

For all

- There should be no wrong door to accessing unplanned or urgent mental health support, and anyone in need of that support must receive the right care, in the right place, at the right time, regardless of where or what time of day they present.
- The Multi-Agency Partnership approach to Mental Health Distress described within the Framework for Collaboration (FfC) set out the principles for services in localities to work together.
- Together with the PDG collaborative commitments this programme of work seeks to improve our collective response to mental health distress and crisis, focusing on local unscheduled care pathways.
- The work that has taken place through the PDG seeks to provide a more efficient whole system response by minimising service/agency boundaries and building relationships and trust between services to ensure that the individual receives the support they need from the most appropriate agency.
- This collaborative approach will provide a foundation for better joint working through effective and collaborative multi-agency approaches. The pathways set out within the FfC will support those in need to access the right service, at the right time. This partnership approach seeks to resolve the issues to facilitate safe and appropriate handover to professionals that are best placed to support those in mental health distress or mental ill health in our communities.
- We know that a lot of work is already taking place across the country to build a culture where organisations work together in a way that seeks to increase local collaborative working and delivering the better outcomes for those who suffer mental health distress or mental ill health.

Core Script – to be further developed

Suggested introductory paragraphs for all organisations/sectors

The Framework for Collaboration (FfC), together with the PDG collaborative commitments, seeks to improve our mental health distress and crisis response, focusing on local unscheduled care pathways, by providing national consistency and a shared approach to improving outcomes for those in distress of crisis.

The FfC is set in the context of an existing strategic and operational landscape encompassing mental health and policing, and promoting a multi-agency collaborative through the agreed principles of a person-centred, trauma-informed and no wrong door approach. It also aims to support agencies and services involved in the mental health and wellbeing of their local communities, encompassing mental health services, emergency services, housing, addictions and third/voluntary sector organisations, particularly those working in the early intervention and prevention space.

However, long term and sustainable improvement cannot be achieved by focusing only on frontline services. An effective mental health and crisis response demands strategic and co-ordinated action across the whole system. The collaborative commitments document therefore sets out how organisations at a strategic level can help to support national consistency and delivery of the FfC by providing effective and joined up strategic oversight. The Commitments align with existing Mental Health and Policing strategies and delivery plans; build on the ongoing crisis and unscheduled care developments; and set out actions across priority themes to improve our multi-agency approach to supporting those experiencing mental health distress.

Health

The approaches within the Framework will build on the work of the Mental Health Unscheduled Care (MHUC) programme by assisting partners to implement local distress pathways so that individuals receive the support they need from the most appropriate provider as soon as practicable.

Additionally, it is our aspiration that the Framework's approach to creating multi-agency forums to discuss local pathways and process provides a solid foundation on which to implement the guidance and recommendations resulting from the national review of Psychiatric Emergency Plans.

Justice

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We know that individuals experiencing distress or crisis, and who may need an unplanned assessment and care, can often seek a response from a service that is not best placed to meet their needs. This might be from emergency services such as police, a clinical healthcare setting such as an emergency department, or wider community-based supports and services. Supporting individuals to get the care they need, from the most appropriate service, in a person-centred and trauma-informed way is critical and underpins the FfC and commitments..

We recognise that the mental health system is wide and varied and involves a range of services, with many key public services supporting those experiencing mental distress and their families. As such, the FfC aims to clarify the role of all key services in responding to mental health related incidents, including Police Scotland.

Third Sector

The FfC recognises the crucial role of third sector organisations (which include charities, social enterprises, and voluntary/community groups) play in providing many essential services that support a person's mental health and wellbeing. It also recognises that services provided by third sector organisations are typically focused on prevention and early intervention, meaning that they are vital in preventing mental health issues from escalating to a crisis point or even from occurring in the first place.

Third sector organisations also provide the relevant knowledge, services, and supports that address wider social factors that may be contributing to a person's distress or crisis. This is why it is crucial that they are involved in the design and implementation of local distress pathways, and have been involved in the development of both documents.

2.31 Mental Health and Policing - Partnership Delivery Group (PDG) – agenda - Tuesday 29 January 2025 – attached separately as PDF

2.32 Mental Health and Policing PDG - FfC and Commitments Implementation Approach - shared with PDG at meeting on 29 January 2025 – attached separately as a PDF

2.33 Mental Health Distress and Policing - Partnership Delivery Group – agenda - Tuesday 25 February 2025



**SCOTTISH POLICE
AUTHORITY**
ÙGH DARRAS POILIS NA H-ALBA

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Mental Health Distress and Policing Partnership Delivery Group

Tuesday 25 February 2025
1000-1330
SPA Office, Pacific Quay, Glasgow

1000	1	Welcome and Introductions	(REDACTED)
1010	2	Background and context (Excel mapping document to support)	(REDACTED)
1020	3	Workstream Commitments & prioritisation (Excel mapping document to support)	Group Discussion
1145		BREAK	
1200	4	Resourcing	(REDACTED)
1215	5	Governance	(REDACTED)
1230	6	Measuring Progress	(REDACTED)
1250	7	PDG Terms of Reference	(REDACTED)
1315	8	Next Steps	

2.34 PDG - Collaborative Commitments - Action Tracker - shared with PDG for meeting on 25 February 2025 – attached separately in excel

2.35 Mental Health Distress and Policing - Partnership Delivery Group – agenda - Thursday 05 June 2025



**SCOTTISH POLICE
AUTHORITY**
ÙGH DARRAS POILIS NA H-ALBA



Scottish Government
Riaghaltas na h-Alba
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Mental Health Distress and Policing Partnership Delivery Group

Thursday 05 June 2025
1000-1130
MS Teams

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1000	1	Welcome, apologies and introductions		(REDACTED)
1005	2	Minute of previous meeting and action log update <i>(Supporting paper 2.1 and 2.2)</i>	For agreement	(REDACTED)
1010	3	Updated Terms of Reference and Governance alignment <i>(Supporting paper 3.1 and 3.2)</i>	For agreement	(REDACTED)
1020	4	Communications plan <i>(Supporting paper 4.1)</i>	For agreement and consideration of how members can input and support delivery of communications	(REDACTED)
1035	5	Delivery workstream updates <ul style="list-style-type: none">• Improved transfer of care• Building capacity and capability• Strengthening community-based provision•	Thematic theme leads to update and for full PDG discussion	(REDACTED)
1110	6	Data, Evidence and Reporting	Update on progress since last meeting on 25 February and discussion	(REDACTED)
1120	7	Forward workplan and public reporting	For agreement	(REDACTED)
1125	8	AOCB		(REDACTED)

2.36 Mental Health Distress Partnership Delivery Group - Terms of Reference – shared with PDG for 5 June 2025 meeting

**Mental Health Distress Partnership Delivery Group
Terms of Reference**

CO-CHAIRS Head of Strategy & Performance, Scottish Police Authority
Unit Head - Police Division, Scottish Government

MEMBERS Scottish Government Police Division
Scottish Government Mental Health Directorate
Mental Health Unscheduled Care Network
Policing Together, Police Scotland
Local Policing Programme, Police Scotland
COSLA
VOX Scotland
Voluntary Health Scotland
SAMH
NHS 24

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British Transport Police
Scottish Ambulance Service
Edinburgh Napier University

ATTENDING Others at request of the group

Purpose and Responsibilities

The Mental Health Distress Partnership Delivery Group is a cross-sector multi-agency group intended to coordinate and support the range of activity currently underway in relation to the whole-system response to mental health distress and contributing to the delivery of the Mental Health and Wellbeing Strategy, with a specific focus on responding to the HMICS recommendations on the policing of mental health in Scotland.

Responsibilities include, but are not limited to:

- Central coordination, oversight and reporting of delivery of the implementation of the Collaborative Commitments (CC).
- Authorship and refresh of existing commitments and Framework for Collaboration (FfC).
- Identification of interdependencies, alignment and opportunities for collaboration with other groups undertaking work on mental health distress.
- Facilitation of the delivery of the FfC including support and guidance to multi-agency partnership forums.
- Where gaps are identified, the creation of specific products to improve the mental health distress response, particularly, though not exclusively, for NHS, social care and policing

Interdependencies

There are a range of interdependencies and alignments between this work and other groups and programmes:

- The Suicide Prevention National Advisory Group
- The Distress Brief Intervention Programme Board
- The Distress Brief Intervention Policy and Governance Group
- The Enhanced Mental Health Pathway Strategic Steering Group
- The Mental Health Unscheduled Care Network
- The Children and Young People Joint Delivery Board
- Adult Support and Protection
- Public Protection
- The Mental Health and Wellbeing Leadership Board

Accountability & Governance

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The group will collate information from existing workplans and systems to populate reporting detail against the collaborative commitments publicly. Wider partnership representatives are responsible for providing other updates and content as requested to support the group’s purpose.

To support this coordination role PDG will be underpinned by workstream groups aligned to the five themes outlined in the Collaborative Commitments.

Papers will be circulated three working days in advance of meetings except in exceptional circumstances. After each meeting the action log will be updated and circulated to members.

A summary of activity will be reported through individual organisational governance routes as required. In addition to internal agency specific governance routes, the PDG will also report through the Scottish Government chaired Strategic Governance Group for Mental Health Distress. Formal reporting of progress will take place through the Authority’s Policing Performance Committee on an annual basis.

SECRETARIAT	Scottish Government Police Division
FREQUENCY	MHDPDG will meet on a quarterly basis, with specific additional meetings stood up as and when required.
ESCALATION ROUTE	Escalation through internal organisational governance routes as required

Version	Status	Date	Approved
0.5	draft	May 2025	

2.37 Mental Health and Policing Governance Structure – shared with PDG for 5 June 2025 meeting

GOVERNANCE STRUCTURE – MENTAL HEALTH AND POLICING

1. Strategic Leadership Level

Purpose: Provide strategic direction, ensure alignment with national policies and oversee accountability.

Mental Health and Demand Policing Strategic Governance Group

- **Chaired by:** SG Director of Safer Communities
- **Membership:** Executive leadership from SG, PS and the SPA
- **Functions:**
 - Intervene where MHPDG encounters barriers in order to manage and mitigate risk, unblock barriers and maintain momentum.

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- Focus on improving outcomes for individuals and ensuring partner organisations are supported to respond.
- Ensure strategic alignment and delivery of key commitments around responding to mental health distress related demand
- Consolidate the joint commitment to, and priority status of, the partnership response
- Support a focus on understanding and improving impact of collaborative work
- Provide leadership on development of a comprehensive and consistent model of delivery across Scotland
- Signpost and facilitate linkage to relevant collaborative opportunities and funding streams if available

Police Scotland Mental Health and Policing Strategic Oversight Board

- **Chaired by:** Police Scotland
- **Membership:** PS, SPA, Scottish Government, HMICS, SAS etc
- **Functions:**
 - Provide strategic oversight and governance for Police Scotland's response to mental health and suicide prevention.
 - Oversee the development of referral pathways, such as the NHS Mental Health Pathway and Distress Brief Intervention, ensuring appropriate responses to mental health incidents.
 - Support training programs to equip police personnel with the necessary knowledge and skills to handle mental health-related incidents effectively.
 - Endorse frameworks for collaboration with emergency services, NHS, social care, and third-sector organizations to provide a whole-system approach to mental health distress. [Police Scotland](#)
 - Approve definitions and methodologies for data collection and research projects aimed at understanding and improving the police response to mental health issues.
 - Receive reports and updates from the Mental Health Task Force (MHTF) and ensures alignment with national mental health strategies and recommendations from oversight bodies.

2. Delivery and Implementation level

Purpose: to support and coordinate the delivery of Scotland's national commitments on mental health in the policing context.

Mental Health Partnership Delivery Group (PDG)

- **Chaired by:** Scottish Government and SPA
- **Membership:** Senior leaders from SG, Police Scotland, NHS, SAS, Public Health Scotland, HSCPs, SPA, COSLA, Third Sector.
- **Functions:**

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- Coordination of the partnership response to the recent HMICS review of policing mental health demand and resulting improvement plan
- Wider strategic coordination of mental health distress demand activity
- Central coordination and reporting of activity related to mental health distress in line with the FfC and CC
- Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners
- Oversight, development and delivery of mental health distress specific guidance
- Identification of synergies and interdependencies across work areas
- Creation of specific products for use across mental health distress response, particularly, though not exclusively, for NHS, social care and policing

Work stream leads catch up

- **Chaired by:** SG and SPA
- **Membership:** Operational leads from each partner agency with delegated responsibility for overseeing delivery.
- **Functions:**
 - Discuss progress with delivery actions.
 - Share and troubleshoot implementation challenges.
 - Collate performance and feedback data.
 - Report into the PDG

Police Scotland Mental health Taskforce

- **Chaired by:** Police Scotland
- **Membership:** PS
- **Functions:**
 - Develop training to better equip officers with the knowledge and skills necessary to respond compassionately and effectively to mental health incidents.
 - Establish workstreams focused on areas like community triage and data analysis to support a system-wide approach to mental health.
 - Implement and integrate referral pathways such as the NHS Mental Health Pathway and Distress Brief Intervention to ensure individuals receive appropriate care from the most suitable services.

3. Local Delivery Forums (Frontline Level)

Purpose: Translate national priorities into local practice, test innovations, share learning and good practice, and gather feedback.

- **Structures:**
 - Local Forums

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- HSCP and CPP Structures
- MHUSCN
- **Functions:**
 - Identify local needs and best practices
 - Standardise care pathways.
 - Remove barriers
 - Feed into national dashboards and feedback loops.
 - Promote frontline engagement and user insights.

4. Analytical Support/Performance Management

Purpose: Provide the evidence base to inform planning and review/ maintain oversight of performance data

- **Led by:** SPA, supported by Police Scotland, SG and PHS.
- **Functions:**
 - Oversee the Mental Health Data Dashboard.
 - Develop overarching performance framework

2.38 Mental Health and Policing – PDG - Communications action plan – shared with PDG for 5 June meeting – attached separately as a word document

2.39 Mental Health and Policing – PDG – Collaborative Commitments action tracker – shared with PDG for 5 June meeting – attached separately as a excel document

2.40 Mental Health Distress and Policing - Partnership Delivery Group - agenda - Thursday 28 August 2025



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Mental Health Distress and Policing Partnership Delivery Group

Thursday 28 August 2025
1330 – 1530
SPA Offices, Clyde Gateway, Dalmarnock

Time	No.	Item	Action	Lead
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1330 - 1335	1	Welcome, apologies and introductions		Chair
1335 – 1340	2	Minute of previous meeting and action log update	For agreement	(REDACTED)
1340 – 1350	3	Updated Terms of Reference and Governance alignment	For agreement	(REDACTED)
1350- 1405	4	Update from PS Mental Health Taskforce	For discussion	(REDACTED)
1405 – 1415	4	Data, Evidence and Reporting Update	For discussion	(REDACTED)
1415 - 1425		BREAK		(REDACTED)
1425– 1455	5	Reporting to the PPC	For agreement	(REDACTED)
1455 – 1515	6	Communications and lived experience engagement	For discussion	(REDACTED)
1515 – 1525	7	Work Plan	For discussion	(REDACTED)
1525 – 1530		AOCB		

2.41 Mental Health Distress Partnership Delivery Group - Terms of Reference – shared with PDG for 28 August 2025 meeting

**Mental Health Distress Partnership Delivery Group
Terms of Reference**

CO-CHAIRS Head of Strategy & Performance, Scottish Police Authority
Unit Head - Police Division, Scottish Government

MEMBERS Scottish Government Police Division
Scottish Government Mental Health Division
Policing Together, Police Scotland
Local Policing Programme, Police Scotland
COSLA
VOX Scotland
Voluntary Health Scotland
SAMH
NHS 24
British Transport Police
Scottish Ambulance Service
Edinburgh Napier University
Scottish Fire & Rescue Service (TBC)
Social Work Scotland
IJB Chief Officer Group

ATTENDING Others at request of the group

Purpose and Responsibilities

The Mental Health Distress Partnership Delivery Group (PDG) is a multi-agency group intended to align with and support delivery of the [Mental Health and Wellbeing Strategy](#) (the Strategy), with a particular focus on supporting the wider work underway in relation to the whole system response to mental health distress.

To avoid duplication of work being undertaken through other mechanisms and governance groups, listed in Annex A, and given the focus on delivering the recommendations of the [HMICS review into Mental Health and Policing](#) (the Review), the responsibilities of this group include, but are not limited to:

- Coordination and oversight of the partnership response to the Review and resulting improvement plan known as the [Collaborative Commitments Plan](#).
- Provide central monitoring and reporting of activity related to mental health distress in line with the [Framework for Collaboration](#) and Collaborative Commitments.
- Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners to support delivery of the Collaborative Commitments and Framework for Collaboration.
- Provide constructive support, advice, challenge and identify areas of improvement as appropriate, considering risks or issues raised, to ensure progress against actions set out in the Collaborative Commitments.
- Support the creation, development and delivery of mental health distress specific guidance and products, recognising that the decision making function and oversight of implementation may rest with another Governance group.
- Identification of synergies and interdependencies across work areas.
- Identify risks or issues and help remove barriers to progressing implementation of the Collaborative Commitments.
- Make recommendations on future refresh of the Collaborative Commitments.

Accountability & Governance

Given the cross cutting nature of the work, it is important to make connections with other governance groups for related pieces of work, particularly those overseeing the wider interests of the system.

In addition to internal agency specific governance routes, the PDG will also report through Mental Health and Wellbeing Strategy Leadership Board which is jointly chaired by the Scottish Government and COSLA and

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the Scottish Government chaired Strategic Governance Group for Mental Health Distress. Formal reporting of progress will take place through the Authority's Policing Performance Committee on an annual basis.

To support the PDG there will be workstreams aligned to the five themes outlined in the Collaborative Commitments and Framework for Collaboration with various partners leading on each of the actions. Action leads will be responsible for progressing actions between PDG meetings and reporting at PDG. This includes working with and seeking sign off from the relevant governance groups.

Escalation

Where there is an issue arising relating to the Collaborative Commitments, the Secretariat will have an initial discussion with the relevant action lead. In some instances, it may be more appropriate to refer issues to an alternative mechanism or governance group to be resolved before being referred to the PDG; and then potentially the Strategic Governance Group for Mental Health Distress and or the Mental Health and Wellbeing Strategy Leadership Board, if further discussion or support to mitigate issues is required.

See examples:

- the Mental Health Unscheduled Care Network for relevant issues relating to Mental Health Index/Community Triage Guide;
- Mental Health Pathway Strategic Steering Group for Enhanced Mental health pathway issues
- DBI Governance Group for DBI related issues; or
- the Joint Strategic Board for Children and Family Mental Health for issues relating to children's mental health policy.

Where issues cannot be resolved through existing governance structures, including the PDG, they may be escalated to the Strategic Governance Group for Mental Health Distress and/or the Mental Health and Wellbeing Strategy Leadership Board for further consideration and to identify appropriate support or mitigating action.

Operation of the PDG

Papers will be circulated three working days in advance of meetings except in exceptional circumstances. After each meeting the action log will be updated and circulated to members.

The action log will be reviewed at each meeting, and a summary of activity reported through individual organisational governance routes as required.

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SECRETARIAT

Scottish Government Police Division

FREQUENCY

MHDPDG will meet on a quarterly basis, with specific additional meetings stood up as and when required.

Version	0.5
Status	draft
Date	June 2025
Approved	

2.42 Mental Health and Policing Governance Structures – shared with PDG for meeting on 28 August

MENTAL HEALTH AND POLICING GOVERNANCE STRUCTURES

1. Strategic Leadership Level

Purpose: Provide strategic direction, ensure alignment with national policies and oversee accountability activity being taken forward in relation to mental health and policing context which will report back into the Mental Health and Wellbeing Strategy Leadership Board .

Mental Health and Wellbeing Strategy Leadership Board

- **Purpose:** Support and oversee the ten priorities and related actions set out in the [mental health strategy](#), [delivery plan](#) and [workforce action plan](#).
- **Chaired by :** SG Minister for Social Care and Mental Wellbeing and COSLA Health and Social Care Spokesperson
- **Membership:** SG portfolio areas, Local Government, NHS Boards, Integrated Joint Boards, Third Sector, Trade unions.
- **Functions:**
 - ensure that the joint chairs have access to information and perspectives as appropriate to inform decisions relating to the delivery of the strategy
 - provide national, collective leadership and strategic oversight of priorities
 - ensure that activity is ongoing which delivers clear benefits and improvements, aligned with the strategy’s vision, outcomes and principles
 - oversee the financial framework for delivery and support consideration of the prioritisation of resources
 - provide constructive support, scrutiny of progress and challenge as appropriate, considering any risks or issues raised, ensuring progress against actions set out in the delivery plan and workforce action plan, influencing change and removing barriers to progress
 - in doing so, engage directly with those leading commitments in the delivery plan as needed

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- agree the mechanism for, and provide oversight of, evaluating the impact of interventions and sharing learning
- make recommendations on future refreshes of the delivery plan and workforce action plan

Mental Health and Demand Policing Strategic Governance Group

- **Chaired by:** SG Director of Safer Communities and Director of Mental Health
- **Membership:** Executive leadership from SG, PS and the SPA
- **Functions:**
 - Intervene where MHPDG encounters barriers in order to manage and mitigate risk, unblock barriers and maintain momentum.
 - Focus on improving outcomes for individuals and ensuring partner organisations are supported to respond.
 - Ensure strategic alignment and delivery of key commitments around responding to mental health distress related demand
 - Consolidate the joint commitment to, and priority status of, the partnership response
 - Support a focus on understanding and improving impact of collaborative work
 - Provide leadership on development of a comprehensive and consistent model of delivery across Scotland
 - Signpost and facilitate linkage to relevant collaborative opportunities and funding streams if available

Police Scotland Mental Health and Policing Strategic Oversight Board

- **Chaired by:** Police Scotland
- **Membership:** PS, SPA, Scottish Government, HMICS, SAS etc
- **Functions:**
 - Provide strategic oversight and governance for Police Scotland's response to mental health and suicide prevention.
 - Oversee the development of referral pathways, such as the NHS Mental Health Pathway and Distress Brief Intervention, ensuring appropriate responses to mental health incidents.
 - Support training programs to equip police personnel with the necessary knowledge and skills to handle mental health-related incidents effectively.
 - Endorse frameworks for collaboration with emergency services, NHS, social care, and third-sector organizations to provide a whole-system approach to mental health distress. [Police Scotland](#)
 - Approve definitions and methodologies for data collection and research projects aimed at understanding and improving the police response to mental health issues.
 - Receive reports and updates from the Mental Health Task Force (MHTF) and ensures alignment with national mental health strategies and recommendations from oversight bodies.

3. Delivery and Implementation level

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Purpose: *to support and coordinate the delivery of Scotland's national commitments on mental health in the policing context.*

Mental Health Partnership Delivery Group (PDG)

- **Chaired by:** Scottish Government and SPA
- **Membership:** Senior leaders from SG, Police Scotland, NHS, SAS, Public Health Scotland, HSCPs, SPA, COSLA, Third Sector.
- **Functions:**
 - Coordination of the partnership response to the recent HMICS review of policing mental health demand and resulting improvement plan
 - Wider strategic coordination of mental health distress demand activity
 - Central coordination and reporting of activity related to mental health distress in line with the FfC and CC
 - Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners
 - Oversight, development and delivery of mental health distress specific guidance
 - Identification of synergies and interdependencies across work areas
 - Creation of specific products for use across mental health distress response, particularly, though not exclusively, for NHS, social care and policing

Work stream leads Quarterly catch up

- **Chaired by:** SG and SPA
- **Membership:** Operational leads from each partner agency with delegated responsibility for reporting on the delivery of actions with their workstream.
- **Functions:**
 - Discuss progress with delivery actions.
 - Share and troubleshoot issues including implementation challenges at an early point.
 - Collate performance and feedback data.
 - Report into the PDG

Police Scotland Mental Health Taskforce

- **Chaired by:** Police Scotland
- **Membership:** PS
- **Functions:**
 - Develop training to better equip officers with the knowledge and skills necessary to respond compassionately and effectively to mental health incidents.
 - Establish workstreams focused on areas like community triage and data analysis to support a system-wide approach to mental health.
 - Implement and integrate referral pathways such as the NHS Mental Health Pathway and Distress Brief Intervention to ensure individuals receive appropriate care from the most suitable services.

4. Local Delivery Forums (Frontline Level)

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Purpose: *Translate national priorities into local practice, test innovations, share learning and good practice, and gather feedback.*

- **Structures:**
 - Local Forums
 - HSCP and CPP Structures
 - MHUSCN

- **Functions:**
 - Identify local needs and best practices
 - Standardise care pathways.
 - Remove barriers
 - Feed into national dashboards and feedback loops.
 - Promote frontline engagement and user insights.

5. Analytical Support/Performance Management

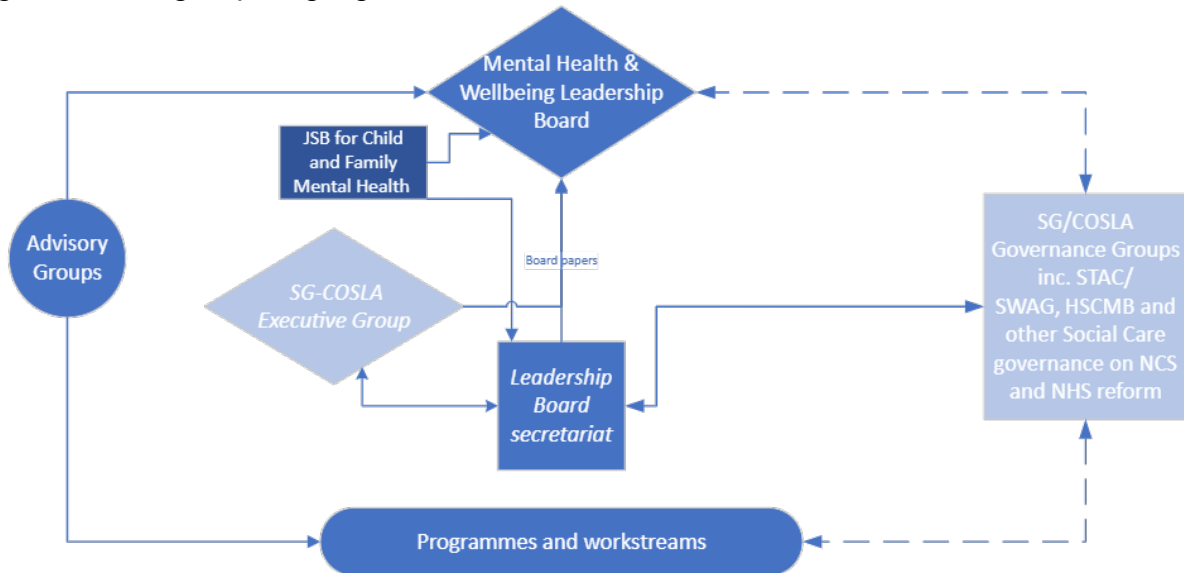
Purpose: *Provide the evidence base to inform planning and review/ maintain oversight of performance data.*

- **Led by:** SPA, supported by Police Scotland, SG and PHS.
- **Functions:**
 - Oversee the Mental Health Data Dashboard.
 - Develop overarching performance framework

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MENTAL HEALTH STRUCTURES

Within the mental health space, the PDG sits with the Advisory Groups and programme and workstream boxes of the diagram below along with the other governance groups highlighted in Annex A.

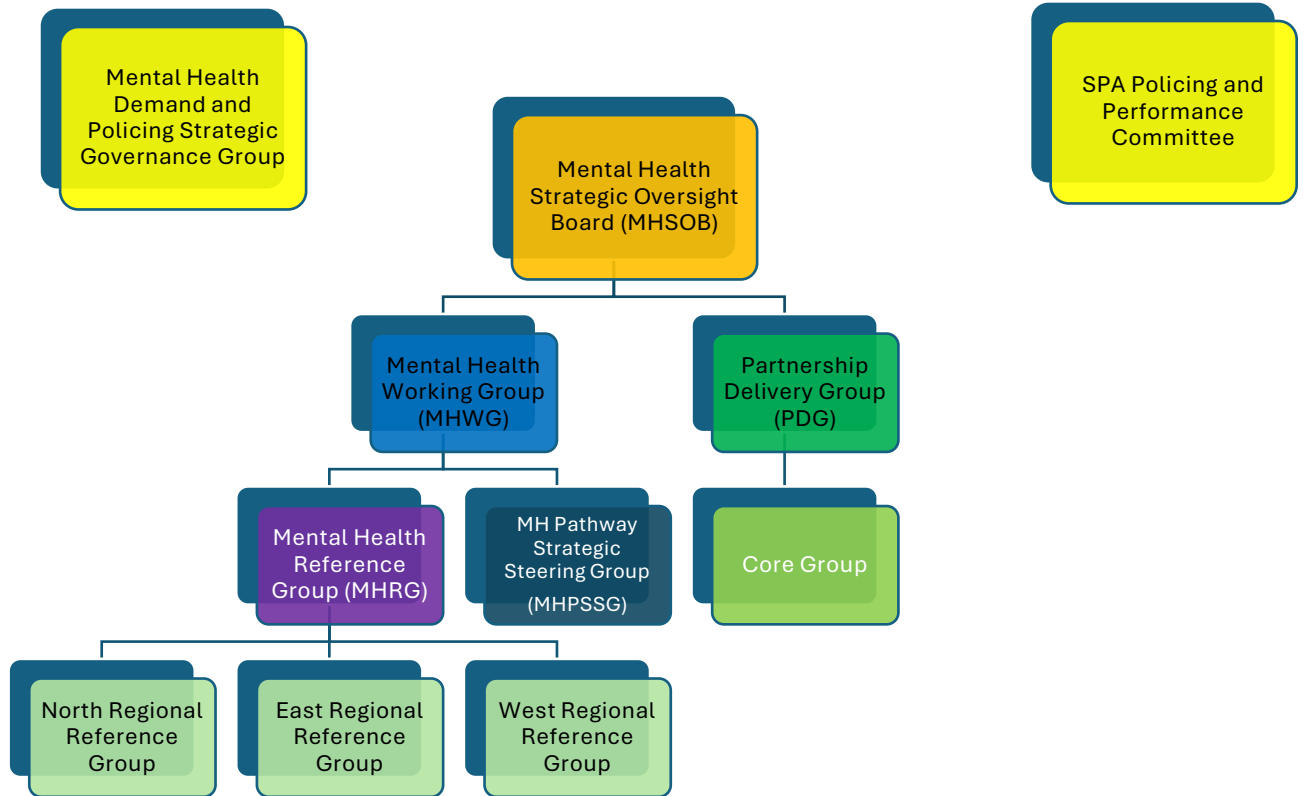


Other related Governance Groups include

- [Mental Health and Wellbeing Strategy Leadership Board](#)
- Strategic Governance Group for Mental Health Distress
- [Mental Health Unscheduled Care Network](#)
- [National Suicide Prevention Advisory Group \(NSPAG\)](#)
- Mental Health Pathway Steering Group
- [National Suicide Prevention Leadership Group](#)
- [Distress Brief Intervention Programme Board](#)
- [Children and Young People Joint Strategic Board](#)
- [Adult Support and Protection National Strategic Forum](#)

ANNEX B

POLICING STRUCTURES



Meeting	Scottish Police Authority Policing and Performance Committee (PPC)
Frequency	Quarterly
Chair	Scottish Police Authority (SPA)
Membership	SPA Police Scotland COSLA Others by invite
Purpose	The purpose of this Committee is to provide public oversight and scrutiny of the Policing of Scotland with a focus on promoting and supporting continuous improvement in the service provided to people places and communities by Police Scotland. The Committee will do this through the publication of public papers and the broadcast of public live streamed meetings which are then retained and made available to the public via the internet.
Secretariat	SPA

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Meeting	Mental Health Demand & Policing Strategic Governance Group
Frequency	6 Months
Chair	Don McGillivray, who is Director of Safer Communities at Scottish Government
Membership	Police Scotland – DCC Professionalism Scottish Government – Director of Mental Health Scottish Police Authority – Chair COSLA – Director East Ayrshire Council / SOLACE – Chief Executive Health and Social Care
Purpose	<p>The Mental Health Demand and Policing strategic governance Group (the Group) is a strategic level sponsorship and governance focused group of key partners and stakeholders involved in responding to mental health distress demand from the communities of Scotland. It provides collaborative oversight, scrutiny and support for the delivery of collaborative action being taken through the multi-agency Mental Health Demand and Policing partnership delivery group.</p> <p>The Governance Group’s core purpose is to</p> <ul style="list-style-type: none"> • • Ensure strategic alignment and delivery of key commitments around responding to mental health distress related demand • Consolidate the joint commitment to, and priority status of, the partnership response • Support a focus on understanding and improving impact of collaborative work • Provide leadership on development of a comprehensive and consistent model of delivery across Scotland • Signpost and facilitate linkage to relevant collaborative opportunities and funding streams • <p>The Group will focus on:</p> <ul style="list-style-type: none"> • What does success look like/What are the tests for success? • How do we scale local initiatives up? • What is the impact of the current workstreams? • Mapping of current activity • Improved options available to police for handover, onward referral • Intervening where the operational group encounters barriers
Secretariat	Scottish Government

Meeting	Mental Health Strategic Oversight Board
Frequency	Quarterly or As required
Chair	DCC People and Professionalism

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<p>Membership</p>	<p>ACC Policing Together</p> <p>ACC Local Policing</p> <p>ACC Major Crime & PP</p> <p>CS Policing Together</p> <p>CS C3</p> <p>CS LTD</p> <p>Exec Lead Corp Comms</p> <p>Supt. Policing Together</p> <p>CI Policing Together</p> <p>Insp Policing Together</p> <p>Mental Health Taskforce</p> <p>SPA Head - Strategy & Performance</p> <p>CSD Head - Strategy & Innovation</p> <p>Service Design Lead</p> <p>General Secretary ASPS</p> <p>Chair SPF</p> <p>Lead - P&D</p> <p>Lead - Health and Wellbeing</p> <p>Lead - Risk Assurance</p> <p>DPU</p> <p>Scottish Government</p> <p>CS LPSDR</p>	
<p>Purpose</p>	<p>The purpose of the Mental Health Strategic Oversight Board (SOB) is to provide strategic leadership and governance for matters relating to the policing response to incidents involving mental health distress and suicide prevention.</p> <p>This will enable Police Scotland to work with partners to deliver a compassionate and whole system response, meeting the needs of communities by ensuring the right service is provided by the right provider at the right time. This will support people, including officers and staff, to manage their personal circumstances and impact positively on levels of crisis and wellbeing of our communities as part of the wider public health approach.</p> <p>The SOB is looking to drive a consistent approach across and throughout the country to police involvement at MH incidents, including robust SOPs, processes and procedures, and resources. It ensures relevant partners are involved in decision-making and is where all decisions around significant MHTF business will be made.</p>	
<p>Secretariat</p>	<p>Police Scotland Mental Health Taskforce (usually (REDACTED))</p> <p>Invite is sent out by DCC's office</p>	

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	Papers approved through (REDACTED) (CS, ACC, DCC) then sent out by MHTF
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Meeting	Mental Health Working Group
Frequency	Quarterly or As required
Chair	Chief Superintendent Policing Together
Membership	<p>Superintendent Policing Together – Reducing Vulnerabilities Chief Inspector Policing Together – Reducing Vulnerabilities Inspectors – MHTF Superintendent Partnerships – C3 Division Superintendent – CJSD Service Design Lead Superintendent – Professional Standards Chief Inspector – Learning, Training and Development DCI – Public Protection Development Programme DCI – Risk and Concern & Adult Protection CI – Negotiator Unit Supt – Local Policing Service Delivery Review 13 x Divisional Partnership Superintendents</p>
Purpose	<p>The Mental Health Working Group (MHWG) aim to develop a framework to provide governance, approval and oversight of National commitments towards the policing of mental health, distress and vulnerability. The group will provide an overview of themes, identify priorities and offer direction in terms of mental health and wellbeing demand.</p> <p>Key aims of the MHWG is to achieve an improved, compassionate, person centred and trauma informed approach by our officers and partners. Raising awareness, training our staff and providing harm reduction interventions, will lead to the creation of a safe, protected and resilient Scotland, positively impacting on levels of crisis and the wellbeing of our communities, with needs met. This board provides a sounding board for new approaches to be discussed and considered.</p> <p>The MHWG reports into the Mental Health Strategic Oversight Board.</p>
Secretariat	Policing Together Mental Health Taskforce (usually PC (REDACTED))

Meeting	Mental Health Partnership Delivery Group
Frequency	Quarterly
Chair	Head of Strategy & Performance Scottish Police Authority and Scottish Government
Membership	<p>Scottish Government Police Division Scottish Government Mental Health Division</p>

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	<p>Policing Together, Partnerships and Prevention, Police Scotland Local Policing Programme, Police Scotland COSLA Lived experience representative – VOX Third sector representative – Voluntary Health Scotland NHS 24 British Transport Police Scottish Ambulance Service Edinburgh Napier University</p>
Purpose	<p>The Mental Health and Policing Partnership Delivery Group (PDG) is a time limited delivery group reporting through internal governance across Scottish Government, Police Scotland, and the Scottish Police Authority. It is intended to coordinate the range of activity currently underway in relation to the policing system's response to mental health distress.</p> <p>Responsibilities include, but are not limited to:</p> <ul style="list-style-type: none">• Coordination of the partnership response to the recent HMICS review of policing mental health demand and resulting improvement plan• Wider strategic coordination of mental health distress demand activity• Central coordination and reporting of activity related to mental health distress• Identification of further opportunities for coordination and collaboration in relation to mental health distress with wider stakeholders and partners• Oversight, development and delivery of mental health distress specific guidance• Identification of synergies and interdependencies across work areas• Creation of specific products for use across mental health distress response, particularly, though not exclusively, for NHS, social care and policing• Reporting to, and advising, the Scottish Government led Mental Health Demand and Policing Strategic Governance Group <p>Accountability & Governance</p> <p>The group will collate information from existing workplans and systems to populate reporting detail, wider partnership representatives are responsible for providing other updates and content as requested.</p> <p>Formal reporting of progress will take place through the Authority's Policing Performance Committee on a 6 monthly basis.</p> <p>The PDG receives its objectives from, and feeds its results to, the SOB.</p>

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Secretariat	Scottish Government

Meeting	Mental Health Reference Group
Frequency	Bi-Monthly (one online following by one in-person)
Chair	Superintendent Policing Together
Membership	Chief Inspector Policing Together Mental Health Taskforce Inspector(s) Policing Together Mental Health Taskforce Sgt Policing Together Mental Health Taskforce Academic Advisor(s) Children in Scotland DBI Hope Point National Suicide Delivery Lead Penumbra RAMH Samaritans SAMH Scottish Government See Me Scotland The Neuk Third Sector Interface Network Voices of Experience Voluntary Health Scotland
Purpose	<p>The purpose of the Mental Health Reference Group (MHRG) is to provide Police Scotland with the voices of professional, expert and lived experience to support the development of new, and improved, person-centred approaches across Scotland.</p> <p>The MHRG;</p> <ol style="list-style-type: none"> 1. Provides advice and support to Police Scotland throughout the HMICS inspection review 2. Provides a mechanism for testing proposals and findings and ensure they are consistent with the best available knowledge and expertise. Support and influence relevant external bodies and groups to develop. <p>The overarching purpose of the MHRG is to ensure the right service is provided, by the right provider, at the right time, and reports into the MHWG</p>
Secretariat	Police Scotland Mental Health Taskforce (PS (REDACTED))

Meeting	Core Group
Frequency	Bi-Weekly
Chair	Scottish Government
Membership	Chief Superintendent Policing Together Scottish Police Authority Scottish Government

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Purpose	To support the work of the Partnership Delivery Group. This is a short-term working group establish to drive the practical development of actions set at the Partnership Delivery Group.
Secretariat	Scottish Government

Meeting	Mental Health Pathway Strategic Steering Group
Frequency	Quarterly
Chair	Rotation
Membership	Police Scotland Scottish Ambulance Service NHS24 Scottish Government
Purpose	Improving the care pathway for callers presenting to Police Scotland with apparent mental illness / distress by providing referral to the NHS 24 Mental Health Hub, staffed by trained staff, working closely with locality-based MH services. This group report to the Mental Health Working Group.
Secretariat	Rotation (will be PS Gemma Lawrie on return to PS)

Meeting	Regional Reference Groups
Frequency	Bi-Monthly
Chair	Dedicated Mental Health Taskforce Constable (REDACTED) – West (REDACTED) – East (REDACTED) - North
Membership	Regional Mental Health SPOCS Divisional Frontline Representatives
Purpose	Share their local expertise and insights that will ensure we effectively capture how our progress both internally and within a whole system approach impacts our frontline colleagues. Our objective is to foster an inclusive dialogue that addresses challenges locally and explores good practice across the country. We aim to create a structure that not only supports organisational goals but also enhances accountability, transparency and ensuring frontline are continually informed of work around processes, pathways, and initiatives to support frontline Mental Health Demand. These groups report into the Mental Health Working Group and align with the Mental Health Reference Group for support.
Secretariat	Police Scotland Mental Health Taskforce (PC (REDACTED))

2.43 Policing Performance Committee - Mental Health Distress Framework for Collaboration – Progress Report -shared with PDG for 28 August meeting

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Agenda Item

Meeting	Policing Performance Committee
Date	16 September 2025
Location	MS Teams
Title of Paper	Mental Health Distress Framework for Collaboration – Progress Report
Presented By	(REDACTED), Head of Strategy & Performance, SPA (REDACTED), Head of Unit, Scottish Government
Recommendation to Members	For Discussion
Appendix Attached	No

1. PURPOSE

This paper provides the Committee with an overview of work underway across the policing system, and with partners, in relation to mental health distress, vulnerability and policing. This follows publication of the Framework for Collaboration and linked Collaborative Commitments in February 2025.

2. Background and Context

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- 1.1 In early 2022, following discussion at Authority and committees on pressures being faced by Police Scotland in responding to mental health related demand, Martyn Evans, then Chair of the Authority, made a commitment that the Authority would place a greater focus on the appropriate police response to calls for service around mental health issues. Since then, there have been several public Board and committee discussions and sessions at Members Seminars.
- 1.2 The Scottish Parliament's Criminal Justice Committee also expressed an interest in this area of policing and held an [evidence session](#) in May 2022 which the Authority and Police Scotland contributed to. To take these discussions further, the Authority convened a discussion on the societal-wide impact of poor mental health in the community; with a focus on vulnerability and distress in December 2022. This [event](#) aimed to:
 - Bring together partner agencies and other key stakeholders to establish a collective understanding of the challenge and the current approaches to addressing it;
 - Set the wicked issue in the context of a growing challenge not only to policing but to the public and third sector and communities across Scotland, the UK and wider;
 - Describe the proactive and prevention focused work being taken forward by Police Scotland in collaboration with key partners; and
 - Recognise the interdependencies, partnership interfaces and opportunities in the system, identifying current best practice that could be adopted as common practice and then nationally consistent approaches.
- 1.3 Following this event the Authority also published a briefing on [mental health and policing](#), which details the strategic position in relation to mental health related calls for service and the Police Scotland response to these.
- 1.4 The Authority, Police Scotland and Scottish Government agreed that mental health distress related demand on policing requires a multi-agency and multi-faceted approach including effective partnerships, training, community engagement, and support mechanisms for officers.

3. Partnership Delivery Group

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- 2.1 To support and coordinate the work underway a partnership delivery group (PDG) was established in December 2023, chaired by the Authority and involving representatives from policing, NHS, government, lived experience, academia, voluntary and third sector, local government, and emergency service partners.
- 2.2 A key initial task for the PDG was understanding practice across Scotland in relation to existing approaches to transfer of care between policing and NHS boards. Following correspondence to NHS Territorial Board Chief Executives in December 2023, seeking support for a series of local workshops focused on understanding transfer of care practice and variation across Scotland, sessions took place in March and April 2024 focused on understanding the local relationship between policing, mental health services (NHS and Local Authority) and acute NHS services.
- 2.3 These workshops took place across NHS Forth Valley, Highland and Lanarkshire and were attended by colleagues from local policing divisions, mental health community teams, acute mental health services, adult social care services and public health.
- 2.4 The facilitated sessions were discussion based, with an introductory overview of current provision in each area. Attendees discussed what works in their current model, the processes that cause a challenge, and suggestions of what improvements could be made to current ways of working. A range of good practice examples were identified through the workshops, including a direct referral telephone-based triage, proactive multi agency case planning, and shared risk assessment tools.
- 2.5 Outputs from these workshops informed the thinking of the PDG about what an 'optimum' model or approach would contain. At the same time Police Scotland hosted a series of unscheduled care workshops with key partners and stakeholders, focused on understanding functions and responses currently delivered by Police Scotland but not within the core responsibility of policing, such as transporting individuals between locations.
- 2.6 The findings from the wider series of workshops were used by the PDG to inform the [Framework for Collaboration](#), designed to support collaboration and consistent equitable practice across Scotland, and the [Collaborative Commitments](#), which detail key actions to be taken in the immediate, medium and longer term to improve the system-wide response and associated outcomes for individuals in mental health distress.
- 2.7 The work described through the Framework and Commitments is linked to the Mental Health Unscheduled Care Network and the

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Mental Health and Wellbeing Strategy. It aims to complement and add value to workstreams already in progress.

- 2.8 The Scottish Government has been committed to delivering on mental health distress response over the period, with Programme for Government 2023/24 and 2024/25 committing to responding to findings from the HMICS Thematic Reviewing of Policing Mental Health in Scotland and ensuring that people in crisis or distress can connect with services that meet their needs through strengthened collaboration between Police Scotland, mental health services and other partners. The most recent Programme for Government, covering 2025/26 commits to reducing mental health demands on police officers and protecting people in crisis through improved frontline training and development of consistent national guidance on multiagency response to psychiatric emergencies.

4. Delivering on the Framework and Commitments

- 3.1 Following publication of the Framework and Commitments in February 2025, the PDG took the opportunity to refresh and refocus. Five workstreams were created to align to the commitments made and ensure oversight of delivery. Scottish Government Police Division and the Authority co-chair the PDG with NHS 24, Scottish Ambulance Service, SAMH and Voluntary Health Scotland leading delivery focused thematic workstreams.
- 3.2 While the commitments were published just 6 months ago, in February 2025, progress is being made across all five workstreams. Detail on each is summarised below:

Communications

- 3.3 The first task of the communications workstream was to support the initial publication, launch and cascade of the Framework and Commitments. Members of PDG have ensured that the documents have been cascaded through their own workforce and networks to raise awareness and to build connections into wider, but linked, policy areas such as public protection.
- 3.4 Following publication of the framework and commitments, Police Scotland undertook a series of internal communications to spread awareness of the products and their value to local policing in responding to mental health distress. This included an internal news article, specific briefings from line managers and a briefing to all divisional commanders and aligned to ongoing internal communications on the work of the Police Scotland Mental Health Taskforce.

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- 3.5 Since publication the PDG have taken all opportunities to present to stakeholders and partners on the Framework and Commitments to seek multi agency buy in and extend cross sector collaboration. These sessions have also given an opportunity to explore opportunities for wider agencies, partners and services to support delivery of our ambitions.
- 3.6 A multi-agency communications toolkit is being scoped to support ongoing cascade and consistency of communication around the commitments made. This will support further embedding of the framework across a range of Local Authority and NHS services.

Improved Transfer of Mental Health Care

- 3.7 Building on the practice examples identified during NHS board workshops, Police Scotland have developed a test of change process with NHS Lothian to support effective handover processes in emergency / clinical settings. Learning from this test of change will then inform further consistent use of this good practice example across all local policing divisions. In addition to this NHS 24, Scottish Ambulance Service and Police Scotland are exploring improvements to their shared pathways.
- 3.8 The mental health index (or community triage guide), developed to support direct local referrals to appropriate support services, is being reviewed to confirm if a direct pathway into NHS 24 is required to support direct interaction between ambulance crews, response officers and NHS 24 mental health hub. The index is subject to continuous improvement through the Mental Health Unscheduled Care Network to ensure it evolves alongside services.
- 3.9 Local officers are reporting the positive impact that the index is having on their ability to respond to individuals in distress or crisis and ensure they access the right support at the earliest opportunity. An officer in N division highlights the value of the index in providing access to timely supports, saving time and giving consistent local information and guidance. Similarly an officer in G division reports the value of having the index on their digital device as it allows 24/7 information on all local supports available for the person in crisis. They stated "having the index to hand provides me with quick and effective communication and provides those in emotional distress with the necessary help in a private and supported environment."
- 3.10 A review of Psychiatric Emergency Plans has been undertaken which has identified opportunities for consistency across areas through standardised templates for local plans. Work is now underway to

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draft guidance and a standardised template for the plans, informed by live experience engagement and involvement of NHS boards in the testing of the approach as it develops.

- 3.11 An emergency services partners high intensity usage group has been established to enable data sharing focused on identifying individuals frequently seeking support from multiple services. This will seek to ensure that they are better connected to local services who can best deliver the support they need.

Building Capacity and Capability

- 3.12 Police Scotland have put in place a Distress Brief Intervention (DBI) lead for every Health and Social Care Partnership (HSCP) across Scotland. Training uptake across both Police Scotland and Scottish Ambulance Service has been strong, with updated referral numbers expected in Autumn 2025.
- 3.13 Police Scotland now have DBI pathways live in 22 of the 31 HSCP areas of Scotland, with Scottish Ambulance Service live in 11 of these.
- 3.14 The DBI training provided to officers ensures that they have the insight and skills to identify individuals in crisis who would benefit from a timely intervention. For example an officer trained in DBI was able to identify that the individual they were engaging with on a different matter was in distress and offer access to appropriate support. During the discussion the individual confirmed they were suffering from low mood and suicidal thoughts and needed someone to talk to. The individual had a referral made by the DBI trained officer and reported that they felt better after their conversation with the officer.
- 3.15 Work continues on the Enhanced Mental Health Pathway with a collaborative strategic steering group in place and ongoing development of transfer capabilities between Police Scotland and NHS 24. Since 2018/19 over £18.5m has been invested in the pathway, with a further £1m allocated to NHS 24 to support resilience to meet increasing demand for the service. Funding has also been provided in this financial year to improve access to adult mental health treatment, expanding the NHS24 mental health hub by December 2025 to provide access to digitally enabled psychological interventions and therapies for people who may benefit from, early treatment.
- 3.16 Service advisors are trained to assess the suitability of an individual for the mental health pathway as they take the initial call. For

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example during a call about a neighbour dispute a caller disclosed suicidal and self-harm thoughts, the service advisor used their training to discuss a safety plan with the caller while making a referral through the pathway for support from NHS 24 for the individual. This individual received tailored support from a trained practitioner from the most appropriate service, giving a positive outcome and better care with no police attendance required.

- 3.17 Police Scotland have put in place a series of themed learning sessions to be delivered from August to December 2025. These sessions aim to improve mental health awareness internally and ensure consistency across all local divisions. These learning bytes are short videos available on the Police Scotland intranet, explaining the basics of mental ill health and distress and the roles of key partners in responding to this.
- 3.18 Additionally, Scottish Ambulance Service and Police Scotland are working to develop joint training initiatives and inputs to raise intra-organisational awareness. This will see Police Scotland input on their approach to mental health distress for newly qualified paramedics.

Strengthening Community-Based Provisions

- 3.19 Following publication of the [Safe Spaces report](#) work is underway across partners on next steps. Funding has been secured to pursue a Safe Spaces cost benefit analysis and a tender is in development to support this work. This work will help identify the core elements of community-based provision necessary in a safe space model and provide a template for national roll out.
- 3.20 Third sector providers have presented on their crisis response services, such as Penumbra 365, the Neuk, Hope Point and the Beacon, as well as services focused on preventing crisis such as 'the Nook' by SAMH, to wider partners through the mental health reference group. Inputs have also been provided by NHS Ayrshire and Arran on their local response and treatment model.
- 3.21 Hope Point, a community-based facility in Dundee, reported that in quarter one of 2025/26 the took 13 direct referrals from Police Scotland which resulted in direct one to one support being offered to a person in distress or crisis.
- 3.22 Penumbra365, operating in Aberdeen, offers similar direct referral support to Police Scotland. In quarter one of this year 52 referrals were made by the local police team into the service for supports

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such as distress brief intervention or safeguarding support as well as mental health support.

- 3.23 SAMH intend to open a series of community-based walk in mental health hubs over the coming year, known as 'nooks', with the first due to launch in Glasgow city centre in the Autumn. To complement this hub model community outreach posts will be established based on user need. This community-based hub model builds on the positive outcomes being delivered through existing community facilities such as the Neuk, Hope Point and others.

Data, Evidence, Benchmarking and Improvement

- 3.24 Work is progressing on creation of an outcome focused performance framework to underpin the collaborative commitments and evidence the progress being made. The framework will provide an initial baseline for the work being progressed and will evolve over time, working to align data from the range of organisations involved in delivering the whole system response to mental health distress.
- 3.25 The performance framework will include key metrics from across NHS, Policing, public protection and third sector provision such as call demand, average time spent on mental health related and concern for person incidents, DBI usage, mental health pathway referrals, workforce insights and user experience.
- 3.26 The Mental Health Unscheduled Care Network and Public Health Scotland are working jointly on the collation and reporting of consistent data to underpin improvements to the system. Professor Susan McVie is leading a project focused on linking individual level data across policing and health services.
- 3.27 Dr Martha Canfield was commissioned to lead a responsive research project on what 'good' looks like in the context of transfer of care. The first draft report from this project has been considered by the project advisory group and will be published following review. This research provides insights into models of transfer of care in other systems and jurisdictions to assist us in identifying good practice models.

Workplan and key areas of focus

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- 3.28 The PDG will continue to focus on driving forward the collaborative commitments, with a focus on building opportunities for further collaboration. This includes continued focus on identifying appropriate referral and transfer of care routes for individuals in distress or crisis.
- 3.29 Work over the coming year will also focus on consistency of approach across the local policing divisions based on areas of identified good practice. An implementation guide for the framework will also be developed to ensure that all partners and agencies are able to fully adopt and apply the principles described and deliver on the aspirations laid out.
- 3.30 Further work will be delivered on understanding data across the partnership to help understand where action is likely to make the biggest difference. This will include work on understand mental health related and concern for person demand from Police Scotland data and further disaggregation of this in collaboration with partners.

5. Measuring progress

- 4.1 Alongside the development of the outcome focused performance framework which underpins the Framework and Commitments, we have identified a small suite of high-level policing metrics which help set the context for the work of the partnership delivery group and will be enhanced over time as the wider performance framework is populated.
- 4.2 The table below shows key policing incident data, with a focus on mental health related incidents. It is important to note that the wider figure for mental health related incidents includes all recorded incidents where specific mental health associated keywords or phrases are recorded with the captured commentary of the incident. This means that the definition of mental health related incidents for this purpose is broad and captures multiple incident types, such as domestic, missing person, neighbour disputes & disturbances amongst others, where mental health is an element within that incident but where an initial policing response is appropriate.
- 4.3 As can be seen from the data outlined below, overall incidents reduced slightly from 2023/24 to 2024/25. Within this overall incident demand on policing, the number of mental health related incidents also reduced while the percentage of overall incidents that are mental health related increased marginally.

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4.4 Mental Health Pathway (MHP) referrals have increase significantly in the year, up by 36% to 4,264 for the period 2024/25. This is positive progress in relation to the adoption of the pathway, with more individuals in distress or crisis being directed to appropriate mental health support and assessment at the first point of contact.

Metric	2023-24	2024-25	Trend (23-24 vs 24-25)
Total number of incidents	1,401,251	1,359,251	↓ 3%
Total number of mental health related incidents	241,307	239,458	↓ 1%
Percentage of all incidents that were MH-related	17.2%	17.6%	↑ 2%
Total number of Mental Health Pathway referrals	3,132	4,264	↑ 36%

2.44 Mental Health Distress and Policing - Partnership Delivery Group – agenda - Thursday 20 November 2025



**SCOTTISH POLICE
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**Mental Health Distress and Policing
Partnership Delivery Group**

Thursday 20 November 2025
1030 – 1130

[MS Teams](#)

Chair: Kirstin McPhee (SG)

Time	No.	Item	Action	Lead
	1	Welcome, apologies and introductions		Chair
	2	Minute of previous meeting and action log update	For discussion and agreement	Scottish Government

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3	PDG work plan/forward look at key dates	For discussion	Chair
4	Royal Society of Edinburgh ADR Event	For discussion	SPA
5	Comms and engagement <ul style="list-style-type: none">• Distribution of shared communications toolkit (SG)• Impact of PS organisational comms to frontline – use of pathways, impact on frontline working practices (PS)• Update on lived experience work (PS)	For discussion	Scottish Government
6	Data evidence and reporting update <ul style="list-style-type: none">• Timeline for delivery of Performance Framework (SPA)• Police Scotland data dashboard and baseline metrics (PS)• Transfer of Care and International Comparisons research (SPA)	Update and discussion	SPA
7	AOCB <ul style="list-style-type: none">• Next meeting 26 February		Chair

2.45 Mental Health and Policing – Partnership Delivery Group - 6 – 12 month workplan – shared with PDG for 20 November 2025 meeting – attached separately as word document

2.46 Mental Health and Policing – Partnership Delivery Group - Communications toolkit – shared with PDG for 20 November 2025 meeting

PDG Multi-Agency Communication Toolkit

Our approach:

1. Purpose
2. Role of PDG

Partners are invited to review and adapt this material to support local engagement. This is about building shared understanding, ensuring consistent messages, and supporting the ongoing journey of collaboration across health, justice, and the third sector.

*Annexes A, B, C D, E & H are contained at the end of this document
Annex F & G have been provided as separate documents*

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SHARED TOOLKIT

Engagement invite

Supporting papers:

- Mock letter/email (Annex A)

1. Purpose:

- To support partners to communicate a shared direction of travel towards the Collaborative Commitments and Framework for Collaboration.
- To ensure messaging is clear and consistent across organisations.

2. Role of PDG:

- To provide core content that can be adapted locally when the time is right to begin broader engagement with local forums, boards, networks and community partners.
- To ensure partners feel invited, supported and included in shaping the next phase of the journey.

Core messaging

Supporting papers:

- Core script – Justice (Annex B)
- Core script – Health (Annex C)
- Core script – Third sector (Annex D)
- Multi-agency myth buster (Annex E)

1. Purpose:

- To provide clear and joined up messaging that reflects shared ambitions, retaining flexibility to allow partners to reflect local context.

2. Role of PDG:

- To ensure the core messages reflect shared aims and describe how partners will work together to deliver change over time.
- Sector-specific examples are provided to support tailoring for different audiences. The core message remains the same: this is a shared, whole-system journey. Guidance for using the core scripts is noted at page X.
- Use the myth buster to support consistent messaging across your workforce and networks.

How to Use the Core Scripts

1. Understand the aim

- The scripts provide guidelines to help you:
 - Raise awareness of the Framework for Collaboration.
 - Encourage conversations that strengthen local partnerships.

2. Adapt to your local context

- Tailor the language and tone to suit:

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- Your organisation's style.
- Your local audience and priorities.
- Ensure the messaging reflects your workforce's role in supporting collaboration.
- 3. Raise internal awareness first
 - Share the adapted scripts with your staff so they:
 - Understand the Framework principles.
 - Recognise how these principles connect to their daily interactions with partners.
- 4. Prompt engagement with partners
 - Use the scripts as a starting point for:
 - Conversations with other agencies.
 - Joint planning or problem-solving sessions.
- 5. Think about daily practice
 - Encourage staff to reflect:
 - How does collaboration fit into their day-to-day role?
 - Where are the opportunities to connect with other partners?
- 6. Create opportunities to reach out
 - Consider sending:
 - Introductory emails.
 - Invitations to local forums or meetings.
 - Use the scripts to frame these communications in a way that promotes shared goals.

Core presentation

Supporting papers:

- Core presentation (Annex F – separate document)

1. Purpose

- To support partners to explain *why* we are undertaking this journey, *where we are collectively aiming to get to*, and *what work is currently underway*.
- To support consistent communication while being flexible enough for local adaptation.

2. Role of PDG

- Actively look for opportunities to share and present the work of the PDG, both within your organisation and through external forums, partnerships, and networks. **The Scottish Government are happy to present on your behalf.**
- The core presentation is designed to communicate the PDGs ambitions, collaborative commitments, and the tangible work underway. Use it to maintain a consistent structure, tone, and set of key messages when explaining what the PDG is delivering and why it matters to your audience.
- Tailor the presentation to reflect your local priorities, examples, and audience needs, while preserving the core messaging.

Shared communications directory

Supporting papers:

- PDG shared communications directory (Annex G – separate document)

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1. Purpose:

- To make it easier for communications professionals across the system to connect, share opportunities and coordinate messages.
- To support joint work and promote shared opportunities e.g on key seasonal messaging like winter signposting.

2. Role of PDG:

- Provide communications details of your organisations.
- Identify and recommend relevant communication details of organisations that may be valuable to involve.

Mental health and distress decision tree

Supporting paper:

- Decision tree and quick guide for public and frontline staff (draft) – (Annex H)

1. Purpose:

- To provide a clear and shared overview and understanding of care and support pathways

2. Role of PDG:

- Use the decision tree and quick guide to support consistent messaging across your workforce and networks. You can integrate these messages into local newsletters, briefings, social postings, training materials, and public-facing communications. Adapt language to your local context.

Letter/email inviting engagement

Dear X,

I am writing to make you aware of Scotland's ongoing work to improve how we collectively respond to people experiencing mental health distress. This work is being taken forward through the mental health and policing partnership delivery groups' Collaborative Commitments and is shaping our shared journey towards implementing the Framework for Collaboration.

The [Framework for Collaboration](#) and the partnership delivery groups [Collaborative Commitments](#) are accessible on the [Scottish Government website](#).

We are still in the early stages of this journey, and we recognise that local systems, capacity and priorities vary. Over the coming months, we will be working with partners across health, policing, social care and the third sector to strengthen collaboration, improve communication between services, and begin shaping or enhancing local multi-agency forums.

Your local knowledge, experience and insight will be central to this. As the work develops, there will be opportunities to share learning, highlight challenges and shape the design of future pathways. We want to build a genuinely collaborative approach, grounded in local expertise and informed by the needs of people and communities.

Nationally, this work is being supported through the Mental Health and Policing Partnership Delivery Group, which will act as a space to share progress, explore barriers and ensure that local experiences shape the national direction.

We will be in touch as the work progresses to explore how you may wish to be involved. In the meantime, if you would like to have an early conversation, please contact police_division_hub_mailbox@gov.scot.

Thank you for your continued commitment to supporting people in distress and for being part of this evolving journey.

Core script – Justice

- Responding to mental health related incidents undoubtedly places additional pressure on the police and can often mean that an individual in distress is not receiving the appropriate help and support.
- The Mental Health and Policing Partnership Delivery Group (PDG) is progressing crucial work through its Framework for Collaboration and Collaborative Commitments action plan to ensure that anyone experiencing mental health distress receives the right support, from the right service, at the right time.
- The Framework for Collaboration is accessible here: <https://www.gov.scot/publications/multi-agency-partnership-approach-distress-framework-collaboration/> and the Collaborative Commitments are available here: <https://www.gov.scot/publications/collaborative-commitments-mental-health-partnership-delivery-group/>
- This work reflects a commitment to a whole-system, trauma-informed, person-centred response which minimises unnecessary reliance on emergency services, while strengthening trust and collaboration between partners.
- Our shared ambition is to ensure individual in distress get the support best suited to their needs, and reduce unnecessary reliance on policing for mental health-related incidents, while strengthening communication and trust between justice, health, social care and third sector partners.
- Through the Framework for Collaboration, we want to promote local, joined-up approaches to individuals in mental distress to ensure they can access the right support at the right time.
- Strengthening local multi-agency forums is a key part of the journey. These spaces will support real-time problem-solving, help reduce pressures on frontline officers, and ensure people in distress are connected to services that can meet their needs more appropriately. This is our longer-term aim through the Framework for Collaboration.
- The PDG is committed to helping partners build a more preventative, trauma-informed and person-centred approach to distress. This includes exploring performance and data needs so that evidence can meaningfully inform improvement as the programme develops.

Core script – Health

- People experiencing mental health distress must be met with the right care, in the right place, at the right time. The Collaborative Commitments and the Framework for Collaboration set out our shared ambition to move the system in that direction.
- For Health Boards, this journey is about strengthening unscheduled mental health care, improving access to alternatives to emergency departments, and developing more integrated responses with partners across policing, social care and the third sector.
- Through the Mental Health and Policing Partnership Delivery Group, we are working across services to break down boundaries and deliver joined-up better care, and reduce pressure across the whole system.
- The Framework for Collaboration is accessible here: <https://www.gov.scot/publications/multi-agency-partnership-approach-distress-framework-collaboration/> and the Collaborative Commitments are available here: <https://www.gov.scot/publications/collaborative-commitments-mental-health-partnership-delivery-group/>
- The Framework for Collaboration builds on the progress of the Mental Health Unscheduled Care programme, reinforcing our collective responsibility to support people out with traditional clinical settings.
- Through the PDG, we are building the conditions for better collaboration. This includes developing shared understanding and supporting Boards to explore how local multi-agency forums could be developed or strengthened.
- While we recognise that delivering this change requires ongoing strategic commitment, we realise that every area is starting from a different place. Some partnership structures are well established; others are emerging or require rebuilding. The journey will therefore look different across Scotland.
- A strong, trusted relationship between health, police, social care and third sector services is critical to delivering consistent, compassionate care.
- By working together, we aim to make gradual, meaningful progress toward a more consistent, compassionate and person-centred response to mental health distress across Scotland.

Core script – Third Sector

- From prevention to early intervention to crisis support, the third sector provides person-centered, community-based care that is trusted and effective.
- The third sector are equal partners in the design and delivery of local distress pathways, alongside partners in justice and health, facilitating a joined-up approach in helping shape the existing system that puts the person at the centre.
- The Mental Health and Policing Partnership Delivery Group’s Framework for Collaboration recognises that third sector organisations are often best placed to address the social, relational, and emotional drivers of distress.
- The Framework for Collaboration is accessible here: <https://www.gov.scot/publications/multi-agency-partnership-approach-distress-framework-collaboration/> and the Collaborative Commitments are available here: <https://www.gov.scot/publications/collaborative-commitments-mental-health-partnership-delivery-group/>
- The Framework for Collaboration and Collaborative Commitments set out a shared ambition that third sector partners will continue to be integral in shaping and delivering local distress pathways. This remains a journey, and we recognise that strong relationships, trust and clear communication take time to build and sustain.
- As we begin work with partners to develop or strengthen local multi-agency forums, there will be increasing opportunities for the third sector to help inform approaches that reflect lived experience, community need and local realities.
- We know that many effective models—such as Distress Brief Intervention (DBI), peer support, safe spaces and community alternatives—have been led or supported by third sector organisations. These examples provide valuable learning for the next phase of work, though scaling up approaches will require careful planning, capacity consideration and local partnership agreement.
- The PDG recognises the importance of sustainable community infrastructure in preventing distress from escalating to crisis. This is central to the long-term vision set out in the Framework, and the journey to achieving it will require continued collaboration and shared responsibility across all sectors.
- As we progress, the PDG will continue to work with third sector partners to ensure their expertise shapes both national direction and local implementation, and that their role is visible, valued and embedded in the emerging system

Multi-Agency Myth-Buster: Mental Health Distress & Crisis Calls

DRAFT

(REDACTED)

Mental Health Distress or Crisis – Frontline Decision Tree

DRAFT

(1) Is anyone at immediate risk of serious harm?

(Examples: suicide attempt underway, weapon present, violence, severe self-injury, unconsciousness)

YES → Call 999.

Police, ambulance, or both will attend.

NO → Go to Step 2.

(2) Is this a medical emergency?

(Examples: overdose, severe injury, collapse, inability to respond)

YES → Call 999 for ambulance.

NO → Go to Step 3.

(3) Is there criminality, public disorder, or risk to others?

(Examples: assault, threat to others, breach of the peace, missing person)

YES → Call Police Scotland (999/101 depending on urgency).

NO → Go to Step 4.

(4) Does the person already have mental health support?

(Examples: community mental health team, crisis team, psychiatrist)

YES → Contact their crisis team or duty line.

If you don't know the number, call 111 for support.

NO → Go to Step 5.

(5) Is the person in emotional distress but safe?

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(Anxious, overwhelmed, panicked, upset, unable to cope)

YES → **Direct to NHS 24/111** for mental health support.

They can speak to a mental health practitioner and access urgent care.

ALSO OFFER:

- Breathing Space (evenings/weekends)
- Local third-sector crisis lines
- GP or out-of-hours if appropriate

(6) Are you unsure what to do?

Call NHS 24/111 — they will advise on the safest pathway.

If at any point risk escalates → **call 999**.

WHAT TO DO IN A MENTAL HEALTH CRISIS

Quick Guidance for the Public and Frontline Staff

DRAFT

(REDACTED)

**2.47 Mental Health and Policing – Partnership Delivery Group -
Communications directory – shared with PDG for 20 November 2025 meeting**

Annex G

PDG Shared communications directory

Organisation or group	Key comms contact	SPOC from PDG	Member of PDG	Contact
Scottish Government - Policing	Justice and Home Affairs Comms team	SG policing team	Yes	(REDACTED)
Scottish Government - Mental Health Unscheduled Care	Health and Social Care Comms team	SG MHUC team	Yes	(REDACTED)
Police Scotland	Carole Leary – PS Comms lead	Police Scotland	Yes	(REDACTED)
SPA		(REDACTED)	Yes	
BTP		(REDACTED)	Yes	
SAS		(REDACTED)	Yes	(REDACTED)
NHS24		(REDACTED)	Yes	
Lived Experience (via VOX)		(REDACTED)	Yes	
SAMH		(REDACTED)	Yes	
COSLA		(REDACTED)	Yes	
VHS		(REDACTED)	Yes	

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3. All action logs and decision logs.

3.1 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 17 April 2024

Action Code	Detail of action	Owner	Due by	Comment / additional info
20240417-001	Submit detail of current activity for workplan population	All group members	30 April 2024	Template attached
20240417-002	Reformat of workplan to align activity to outcomes	(REDACTED)	22 April 2024	n/a
20240417-003	Highlight any gaps in current activity / propose action areas for development	All group members	30 April 2024	Template attached
20240417-004	Guidance content to be developed as agreed at meeting: Intro: (REDACTED) Scope – (REDACTED) Legislative basis – SG colleagues Definitions – (REDACTED) MH strategy context – (REDACTED) Principles – (REDACTED) Staff training – (REDACTED) PEPs – V(REDACTED) Data - (REDACTED)	Leadership assigned on left	30 April 2024	Any other inputs also welcome, (REDACTED) currently exploring options for a shared portal for updates
20240417-005	Timeline to Autumn publication to be shared and reviewed	(REDACTED)	22 April 2024	n/a
20240417-006	Explore service design support for PDG sessions	(REDACTED)	22 April 2024	n/a
20240417-007	Explore SFRS input to group	(REDACTED)	22 April 2024	n/a
20240417-008	Share BTP HaRT data and insights	(REDACTED)	22 April 2024	n/a

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20240417-009	Share PS demand data and insights	(REDACTED)	22 April 2024	n/a
20240417-010	Consider input to PDG on systems used in other policing jurisdictions	(REDACTED)	30 April 2024	n/a

3.2 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 15 May 2024 – attached separately as excel document

3.3 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 19 June 2024 – attached separately as excel document

3.4 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 17 July 2024 – attached separately as excel document

3.5 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 21 August 2024 – attached separately as excel document

3.6 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 22 October 2024 – attached separately as excel document

3.7 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 25 February 2025 – attached separately as excel document

3.8 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 05 June 2025 – attached separately as excel document

3.9 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 28 August 2025 – attached separately as excel document

3.10 Mental Health and Policing Partnership Delivery Group - Action Log – from meeting on 20 November 2025 – attached separately as excel document

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