

ABERDEEN CITY COUNCIL

COMMITTEE	Communities, Housing & Public Protection
DATE	5 September 2023
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Mental Health in the Community – Impact on Policing
REPORT NUMBER	POL/23/299
DIRECTOR	
CHIEF OFFICER	
REPORT AUTHOR	Chief Inspector Darren Bruce, North East Division, Police Scotland
TERMS OF REFERENCE	2.20 and 2.21

1. PURPOSE OF REPORT

- 1.1 To update members regarding the nature and extent of mental health challenges in the community and their impacts on policing.

2. RECOMMENDATION(S)

That the Committee:-

- 2.1 Discuss, comment on, and endorse the report.

3. CURRENT SITUATION

Mental Health Related Demand Impacts On Policing

- 3.1 It is recognised within policing nationally that mental health calls are creating an increasing demand on front line resources and that a multi-agency, partnership based approach represents an effective strategy for addressing and reducing the impact on Police resources while seeking to ensure those in mental health crisis are provided with access to suitable support and resources in a timely and efficient manner.
- 3.2 The need for access to appropriate mental health support is illustrated by the increasing demand, seen across North East Division in the number of STORM calls responded to where a mental health concern is identified (i.e. those STORM calls written off with a mental health related Disposal Code). This has risen from **998** in 2017 to a peak **2176** in 2022 representing an increase of approximately 120% over that time frame. The rise has been largely linear with the exception of 2020 where demand was reduced. Despite efficiencies in policing being released through innovation such the introduction digital technologies, we know that impacts include less time for our Operational Officers to focus on the investigation of crimes reported to the Police.

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- 3.3 Across the same period the total number of STORM calls has also increased from 111,135 in 2017 to 120,868 in 2022. That represents an **increase of less than 10%** between those years and clearly indicates the increasing and disproportionate demand placed on policing by mental health related calls. While these figures relate to the Division as a whole it is not unreasonable to expect they reflect the situation seen within individual Local Command Areas.
- 3.4 Within that review period the year with peak overall demand as measured by the number of STORM calls was 2018. That year there were 138,093 recorded incidents in North East Division which is greater than the total demand faced in 2022. That same year, 2018, there were 1701 mental health related calls, which is lower than the figure seen in 2022. This supports the position that the frequency of mental health related calls is increasing almost independently of the general demand on Police resources.
- 3.5 During the period 2019 to 2020, COVID impacted on policing practices leading to a reduced number of persons coming into Kittybrewster Custody Suite. Additionally, in 2021, practices were permanently altered driven by the Criminal Justice Act 2016, which meant there was a greater 'presumption of liberty' afforded to suspects and accused persons, in turn, reducing numbers being presented at Kittybrewster Custody Suite. Therefore, a fair comparison is only achievable using data from 2021 onwards. Since 2021 the proportion of individuals presenting at Kittybrewster Custody Suite with self-identified mental health issues has increased slightly from 40% to 42%. For clarity, these are not people who are in mental health crisis but are people who have identified previous or ongoing mental health issues when questioned as part of their welfare screening. This robust welfare screening process informs custody welfare provision by trained Custody Officers and on site NHS Nurses. Provision escalates in line with the assessed risks including self-harm or suicide. Welfare support can be significant and can include a 'Constant Supervision' which requires an Officer to oversee that person at all times.
- 3.6 A further indication of the impact mental health calls have on Police resources can be found in the comparative number of incidents attended which result in the recording of a crime. In general terms between 16-18% of all STORM calls responded to by Police in A Division will result in a crime report being created. It is undeniable that communities all benefit from policing resource to prevent and detect crime, as well as playing a key role in building community cohesion. However, this support and proactivity has become more challenging as a consequence of mental health demand increases.
- 3.7 Over the period 2017 to 2022, between 2.1 and 3.2% of mental health calls resulted in a person being charged with an offence. Figures from 2022 show 2.4% of calls with a mental health element result in a crime being recorded. This is positive in demonstrating that Police Officers in A Division are not unnecessarily criminalising those who are in crisis but it also illustrates the volume of incidents attended where the support and involvement of other agencies, more suited to addressing mental health crises may be more appropriate.

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4. Reducing Mental Health Related Demand On Policing

- 4.1 The 'Community Mental Health and Wellbeing Project' was proposed by the Action 15 Group to address the Scottish Governments Action 15 aim. Within the July 2019 Business Case proposals were set out for a 'Direct Access' contact and pathway into mental health services in Aberdeen City, available during periods of peak demand informed by Police data, with some additional out of hours support to Police Custody Facilities. The project was identified as the 'WELL Service' and the contract awarded to Penumbra.
- 4.2 A key aim of that project was to provide an alternative to arrest to convey to a 'Place of Safety' for those individuals who were experiencing mental health distress and who had come to the adverse attention of Police Scotland in the community and subsequently at the Custody Suite, Kittybrewster.
- 4.3 Individuals who enter custody and either present with or self-report mental health concerns are now afforded immediate support from either embedded custody nurses (NHS Staff) or at weekends from Penumbra staff operating in the custody facility as part of the WELL Service.
- 4.4 The WELL Service as a group are experienced in dealing with people in mental health crisis and they have direct access to a network of relevant support agencies which they can bring to bear in the interest of alleviating distress and securing support. They operate both in the custody facility and the community.
- 4.5 The immediate benefit to policing from the WELL Service is their ability to provide immediate assistance and support in cases where mental health issues are in evidence. This can yield immediate benefit in that it can reduce the time Police resources have to dedicate to these types of incident. Further benefit is likely to be derived in terms of a reduction in the frequency with which individuals come to Police attention. The percentage of Police attended incidents where mental health is a concern that actually result in a crime being recorded is very small.
- 4.6 A rudimentary metric for the effectiveness of the WELL Service is the measure of the number of interactions with Police (as measured via submission of a Vulnerable Persons Database entry) pre and post introduction to the Service. This analysis is still at an early stage but there are already signs of the effectiveness of this Service. As examples one individual who had been the subject of 8 previous concern reports was introduced to the Service in May 2022. Since then there has been only one further concern call. Another individual who was referred to the Service in December 2022 saw their interactions reduce from 10 (pre-service) to zero during the first half of 2023, while another saw theirs go from 50 (pre-service involvement) to 6 in the first half of this year.

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- 4.7 Proper assessment of the effectiveness of the WELL Service is to be evaluated in conjunction with Penumbra. Recognising that WELL does not operate on a 24/7 basis (as per its specification and contract), temporal analysis provided by Police Scotland has informed their hours of operation to meet times of peak demand.
- 4.8 In addition to the WELL Service, Penumbra also deliver Distress Brief Intervention (DBI) in Aberdeen City which is another means of providing support to people in distress. DBI was piloted in Aberdeen between 2016 and 2021 and since then has been adopted on a longer term basis. DBI is a two level approach.
- 4.9 DBI Level 1 partners are front line workers in agencies including Police Scotland, Primary Care, Mental Health Pathways (MHP), the Scottish Ambulance Service and the Emergency Department, including Psychiatric Liaison. The Level 1 partners are provided with specific training to provide a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.
- 4.10 A referral to Level 2 will trigger a 14 day supportive intervention, focusing on self-management of distress, community based problem solving, developing distress management tools and signposting to community, non-Police, assets and relevant agencies. Having armed an individual with the tools to manage distress it becomes more likely they will implement these skills, this in turn is likely to see a reduction in demand on Police resources.
- 4.11 From the data available, within Aberdeen City, there were 141 and 138 DBI referrals for 2021 and 2022 respectively. So far in 2023, there have been 54 referrals. At this time, the number of 'Level 1' trained workers is proportionate to the number of 'Level 2' trained practitioners within Penumbra, in order to manage predicted demand on Penumbra. Police Scotland is one of a number of partners and would welcome opportunities to increase the proportion of trained Police Officers.

5. Suicide

- 5.1 Suicide rates vary across the division but it is clear, irrespective of geography that mental health is a significant factor. In many, but by no means all, of the recorded completed suicides that is the case. In addition, those instances where there is no recorded mental health diagnosis there are often lifestyle factors or adverse life events in evidence which could be reasonably presumed to precipitate an emotional collapse leading to a degree of acute mental health crisis.
- 5.2 In the Aberdeen City Command Areas there have been completed suicides recorded in respect of 11 males and 1 female since the start of the year (1 January 2023 to 31 May 2023). Additionally there have been 98 recorded attempted suicides. When looking at attempted suicide the number of females affected exceeds the number of males (51/47). A caveat to these

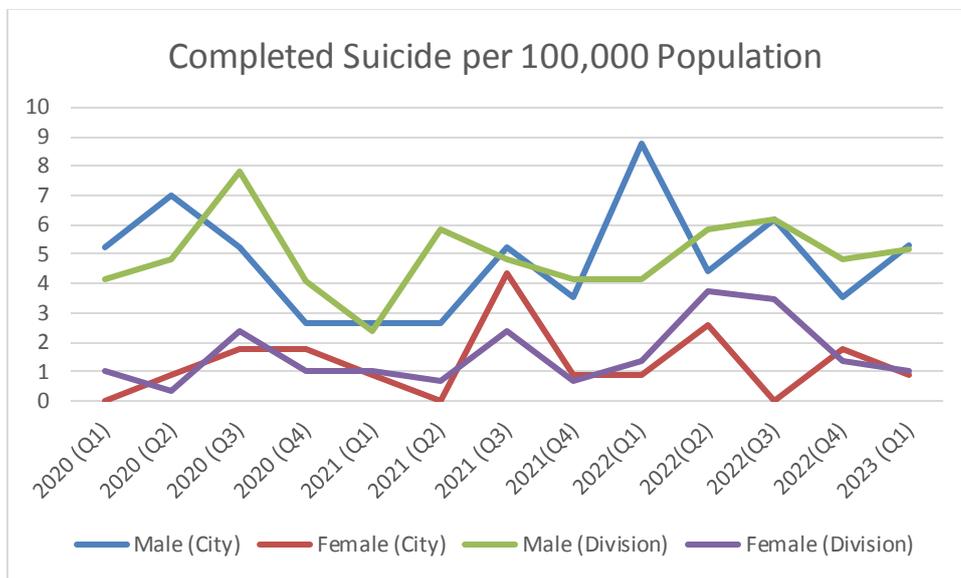
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figures is that it does not differentiate between discrete suicide attempts or multiple such attempts by a given individual.

5.3 Data collated since 2020 shows the frequency of death by suicides across the City and the Division remain variable. In general terms (with the exception of the pronounced peak at Q3 of 2021) females in Aberdeen City are less likely to attempt or complete suicide than their counterparts in the wider North East Division area. A similar observation can be drawn for the male population of the City who are, save for a pronounced peak in Q1 of 2022, less likely to complete suicide than those who reside elsewhere in the Division.

5.4 What is clear from the data is that since the two peak periods referenced (Q3 2021 for females and Q1 2022 for males) the general trend indicates that rates for death by suicide are reducing.



While this declining trend is positive there is a caveat that between Q4 of 2022 and Q1 of 2023 there has been an indication of another increase in male suicides in Aberdeen City, compared with the overall division where the trajectory of change is much flatter. This reinforces the need for a continued and effective multi-agency suicide prevention strategy.

6. Suicide Prevention

6.1 In terms of action to reduce the frequency of suicide both in the City and across the legacy Grampian area, Police Scotland are working closely with partners in the Local Authorities, NHSG, Public Health Scotland, SFRS and SAMH, all of whom are key members of the Suicide Prevention Strategic Group.

6.2 Until 2022, the regional response to Suicide Prevention was guided by the North East Suicide Prevention Lead Group (NESPLG). The work of this group

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helped identify and inform key strategic priorities now being progressed leadership of the new Strategic Group.

- 6.3 Police Scotland led the City's Suicide Prevention Project operating within Community Planning Aberdeen structures. This group developed data, from a range of sources, indicative of 'at risk' demographics. The multi-agency Project Team developed and delivered several 'Tests of Change'. This included provision of localised educational and training material, designed to highlight the factors which might lead to suicide and strategies to address them, and delivering these towards at risk demographics.
- 6.4 There are a number of factors which have been identified as contributing to suicide/attempted suicide. Some, like addiction, which has a strong relationship with poor mental health, are of a type which is likely to see an individual come to adverse Police attention prior to a suicide attempt.
- 6.5 In those cases it is important that Police Officers are aware of the resources available to them and the person in crisis. All such cases who come to Police attention will be brought to the attention of partner agencies via Vulnerable Persons Database entry referrals. This represents an established route by which to instigate the provision of support to those in our community who may be at risk of suicide.
- 6.6 Other recognised contributory factors are less likely to directly involve Police interaction. Several such societal factors like financial hardship, relationship difficulties, bereavement, unemployment and homelessness are such that direct Police intervention is less likely. The work of the NESPLG has been a driver to ensure some of the 'touchpoints' relating to these factors, are informed and upskilled to intervene.

7. Missing Persons

- 7.1 Missing persons create a substantial demand on divisional resources. Information provided by Police Scotland's DPU indicates that the average resource commitment to a Medium Risk missing person enquiry is 182 hours where there is a mental health element involved. The data set used to determine the average resource commitment is limited and relates to another policing Division with a largely urban environment and without rural specific challenges such as increased travelling times.
- 7.2 In year 2021/2022 North East Division dealt with 874 missing person reports of which approximately 25% had a significant mental health element. There were 154 missing person reports created in Aberdeen City where mental health was cited as a factor and of those, 118 had gone missing from psychiatric care at Royal Cornhill Hospital (RCH). The figure for year 2022/2023 is similar at 115. These figures makes no differentiation over where the patients involved would usually reside and as such will include individuals who are normally resident in all of the local command areas and by extension all of the local authorities which constitute the Division as a whole. The 2021/22 figure was a noticeable increase over the 71 missing people reported missing the previous year (2020/2021). It is notable that of the 118 Missing Person reports generated as a result of absconding from RCH that

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year, 75 of them (63.5%) related to only 24 individual nominals. This clearly identifies a need to address interventions towards a relatively small population of subjects which, were they to be successful, could yield significant benefit in terms of reducing demand on policing resources. The fact the numbers from 2022/23 are so similar suggest this remains an avenue which, if explored, may yield benefit in reducing demand on resources

- 7.3 Within the first five months of 2023 there have been 40 missing person reports generated involving individuals who have absconded from RCH, approximately 2 per week. Of those individuals who have gone missing (where a missing person report was created) from RCH in year 2022/23, 47% of them (54) were found to have absconded during periods where they had been permitted leave from the ward by staff. This includes for things such as smoking breaks or managed time 'off ward' as part of their treatment plan. Given the staff interaction already in evidence prior to leave from the wards being granted there may be an opportunity to pre-empt any absconding behaviour or minimise the impact of same. Simple approaches such as ensuring patients are in possession of mobile phones, asking them directly about their intentions or even accommodating longer periods off ward (where it is in the judgement of Health professionals clinically safe to do so) might be effective in securing reciprocal cooperation from the patients involved and reducing the frequency of incidents where missing person reports are necessary.
- 7.4 The joint work undertaken by Police Scotland and RCH during 2022/2023 focussed on reducing the demand on local policing assets while servicing the requirement to assist the hospital. In time it is anticipated that ongoing identification of individuals who are frequently reported missing with subsequent discussion and management strategies being developed will yield benefits both to Police and partners.

8. Preventing Missing Persons

- 8.1 The Scottish Government's National Missing Persons Framework (NMPF) for Scotland sets out the following four objectives:
- To introduce preventative measures to reduce the number of episodes of people going missing
 - To respond consistently and appropriately to missing person episodes
 - To provide the best possible support to missing people and their families
 - To protect vulnerable people to reduce the risk of harm
- 8.2 Achieving these objectives will by extension, reduce demand on operational policing resources. North East Division (and Police Scotland more broadly) have been working on a multi-agency basis towards achieving these objectives across Aberdeen City and the Division as a whole. This includes

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working with NHS, Social Work and residential homes, looking for ways to improve and enhance their internal practices.

- 8.3 In 2022, Police worked in partnership with NHS Grampian on refreshing their 'Responding to Missing People Policy' which focused on reducing the risk of people going missing and mitigating the risk to the people who have gone missing. It set out the roles, responsibilities and actions to be taken by staff in respect of missing persons. It also ensured a collective response delivered on the achievement of the objectives contained within the NMPF. New, clear appendices were included which featured: a flowchart for frontline workers; risk assessment matrix and frameworks and return home welfare discussions to formulate plans to reduce future episodes.
- 8.4 This new policy is still being embedded but once established, it should reduce missing episodes, time spent missing and services time on information gathering and whole episodes. This will bring benefit in terms of reduced resource demand to frontline policing.
- 8.5 Due to the particular nature of their patient population RCH do not use the new NHS Grampian Policy but we continue to work in partnership with RCH to bolster the existing policy and to include some aforementioned appendices which serve to make Missing Person enquiries more efficient. This work is ongoing. It was agreed that quicker reporting may also reduce episodes so RCH staff have agreed, when they are taking a patient out of the hospital, especially if there is a flight risk, they will carry a mobile phone so any incident can be reported quickly.

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

- 9.1 Police Scotland has a duty to, and do, ensure following a mental health related call, that people (including Missing Persons) are no longer at immediate risk and short term measures are in place. Tactical options include but are not limited to, taking advice from services, such as the WELL service, conveying an individual to RCH or leaving an individual with a relative.
- 9.2 A VPD entry is completed and ultimately shared with organisations in order that the appropriate follow up is instigated. We know that the sharing process is not instantaneous and we know that in some cases, although persons may not be in an acute need of care, in order to help stabilise their situation, care and support is needed to avoid a further incident. Therefore there can be a requirement to notify partners in advance of a VPD report reaching its intended recipient. In order that support plans for individuals can be considered at an earlier stage. Often, the most suitable forum to take forward these more immediate joint discussions can be within a multi-agency meeting.
- 9.3 Experience frequently shows us that finding the right person or professionals across the range of partners can be challenging. On occasion these meetings can include several representatives from the same organisation with little previous connectivity even between those same organisations. We know that

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the requirement to gather data and attend meetings can be challenging for some organisations including Police Scotland.

10. Conclusion

- 10.1 This report has identified those sources of demand on Police resources where mental health is likely to be a factor/consideration. It has also illustrated the partnership arrangements, both established and developing which are deployable to support vulnerable individuals who may present in mental health crisis and which in turn may yield a benefit to local policing in terms of reducing the demand on them.
- 10.2 There is a recognised need for effective data gathering, sharing, analysis and interpretation. These remain under ongoing review and development with appropriate approaches to extracting maximum value from the data being explored. In turn this will enable wider and more informed scrutiny across partners and open up opportunities to identify and implement earlier, meaningful interventions.
- 10.3 Even at this early stage it appears that projects such as the WELL Service are having a positive effect on reducing the frequency at which individuals are coming to the attention of Police, which should translate into a resource benefit for local policing in Aberdeen City.
- 10.4 Risk and vulnerability is being managed by Police Scotland and partners but finding access points to seek assistance can be challenging given the range of organisations and professionals that can work with a person. Given the presumed increasing demand faced by all services, the 'as and when' approach to arranging multi-agency meetings can place variable extra pressures on services when meetings are required. A solution may be to agree a process, through which, partner agencies can quickly navigate towards the right informed 'decision makers'.
- 10.5 Agencies already collaborate within groups to examine systems to reduce demand, however, a starting point may be to look at specific individuals and explore the formation or creation of a new group to examine the individuals and reduce mental health demand created by a small few across multiple services.
- 10.6 This is further supported by analysis of the missing person figures that suggest that a relatively small number of individuals are creating a disproportionate level of demand when they repeatedly abscond from RCH. Having identified this, we are already engaging further with partners at RCH with a view to enhancing their procedures further and bringing those more in line with those adopted by the wider NHSG estate.

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11. FINANCIAL IMPLICATIONS

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

12. LEGAL IMPLICATIONS

12.1 There are no direct legal implications arising from the recommendations of this report. However, we know that there can be a direct impact on the Human Rights of those in our community as a result of risk taking activity by some we all seek to support. There is a body of evidence that indicates the disruption to wider community life caused by some in mental health crisis. There may also be the unintended risk of criminalisation of persons coming to Police attention through mental health crisis.

13. ENVIRONMENTAL IMPLICATIONS

13.1 There are no direct environmental implications arising from the recommendations of this report. However, to give clarity, there are clear implications in terms of community disruption as drawn out above.

14. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	No significant risks			
Compliance	No significant risks			
Operational	No significant risks			
Financial	No significant risks			
Reputational	No significant risks			

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Environment / Climate	No significant risks			
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15. OUTCOMES

<u>Aberdeen City Local Outcome Improvement Plan</u>	
Prosperous People Stretch Outcomes	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that ' <i>Aberdeen is a place where all people can prosper</i> ' and towards the achievement of the LOIP theme which aims to make people more resilient and protect them from harm; where every child, irrespective of their circumstances, is supported to grow, develop and reach their full potential; and where all people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city.
Prosperous Place Stretch Outcomes	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that ' <i>Aberdeen is a place where all people can prosper</i> ' and towards the achievement of the LOIP theme which aims to support individuals and communities to live in healthy, sustainable ways.

16. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Not required
Data Protection Impact Assessment	Not required
Other	None

17. BACKGROUND PAPERS

17.1 Not applicable

18. APPENDICES

18.1 Case Study attached at Appendix A.

19. REPORT AUTHOR CONTACT DETAILS

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APPENDIX A

Aberdeen Resident - Subject A

Subject A is a young adult has an Emotionally Unstable Personality Disorder and Learning Difficulties. They have a long history of Trauma having been removed from their mother's care when only a few weeks old and being the subject of blame from the extended family whom they were placed in care with.

There have been 133 iVPD's, each representing an individual Police interaction with the Subject, between October 2017 and August 2023. Most of these are from 2021 onwards with an escalation in frequency and significance of incidents in the lead up to, and following, Subject A's transition from Child to Adult services.

These vulnerabilities recorded and shared with partners relate to Mental Health, Suicidal ideology and suicide attempts (attending on bridges / high buildings / entering the sea / walking in front of traffic / overdose / use of ligatures etc.), self-harm (including using sharp items to inflict injury, overdose etc.) to the point self-harm became a coping mechanism.

Although support was in place and they were taken into 24/7 supported living they found it difficult to engage and would often run away, being reported as a missing person, and placing herself in positions of significant risk of dying, whether by completing suicide or by Misadventure.

This inevitably had a significant impact on Police resources, as well as those of other emergency responders. Subject A had become obsessed with services, particularly Police and Ambulance, and increased the scale of their actions in order to get the response they craved and felt they required. That this fascination with emergency services became a driver for potentially self-destructive actions represents a significant concern and one which by definition Police and Blue light partners are not in a position to address without significant partner support.

Their actions have at times, caused significant disruption and risk to members of the public and emergency service staff, who may have come to harm / died by attempting to safeguard her. It also caused extensive and unsustainable cost in time and resources to already stretched services which are then not available to the public.

Police would regularly detain Subject A under the Mental Health Act and take them to a Place of Safety where it was generally identified that they were not suitable to be detained further and were fit to be returned to care of their support team. Even increasing it to a 2:1 ratio of supported living, Subject A's care package was found to be ineffective.

It was identified that they were an Adult at Risk and, due to the continued escalating situations where they put themselves and others at risk, it was agreed that a period of assessment at Royal Cornhill Hospital was appropriate. This allowed time for an alternative care provider to be identified and commence work with Subject A ahead

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of them returning to their supported living flat in the community. This has been a long process and there continue to be incidents.

Aberdeen Resident – Subject B

Subject B is a young gender neutral adult who has previously been diagnosed with an Autistic Spectrum Disorder, Borderline Personality Disorder, Depression and Anxiety.

There have been 226 iVPD's created and numerous other calls to Police regarding Subject B from August 2017 to date. A substantial number of these were preceding and post their transition from Child to Adult services. Subject B has come to the attention of Police and partners in numerous areas of Scotland with the concerns and vulnerabilities being shared with relevant partners. Frequent multiagency meetings continue to take place in order to find a solution.

Concerns for Subject B relate to Mental Health, Self-harm, Suicidal ideology and attempts (overdoses / consuming dangerous items / attending on high locations / going onto railway track / standing on the edge of bridges etc.), being a Missing Person, Drug and alcohol consumption, learning disabilities and several other factors. During these incidents Subject B has become fascinated / obsessed with all emergency services, appeared to enjoy the attention, while placing themselves and others in positions of immediate risk. Even if the intent was not to commit suicide they could die, or cause the death of others, due to misadventure.

These actions have resulted in stretching the limited services available to an unsustainable point and have also caused significant disruption to the wider community. A recent example of this is a major road and rail artery in A Division being closed for several hours due to Subject B standing on a bridge parapet advising an intent to jump. This required 10 Police units, including negotiators, for the incident itself, BTP / rail intervention, Road traffic units being involved in rerouting traffic on a 20 mile detour, Ambulance services, NHS ARI and Mental Health services. Due to the incident, and rerouting of traffic, members of the public and local economy were significantly disrupted

Others incidents have involved significantly more resources and extensive disruption to services and the community throughout Scotland. This has included closure of major arterial road links and rail networks with impact to Police / BTP / SAS / Coastguard / Medical services / Social Work / Justice Social Work / Community Mental Health teams etc.

This has resulted in Subject B being charged on several occasions regarding various crimes and offences including - being in possession of knives and other offensive weapons, Culpable and Reckless Conduct, Breach of the Peace, Threatening or Abusive behaviour, Trespass on a Railway. These are not the actions that Police Scotland wish to take but Officers are left with no other alternative means of reducing escalating incidents and keeping Subject B and the public safe.

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Subject B has been the subject of Bail & Undertaking. While these conditions appeared to have had some effect they often found ways to comply but continue to undertake similar actions. Where a condition would prevent actions in a specific location or area, Subject B would move into another area to conduct similar actions. The result of this was that Subject B has been remanded and also detained under the Mental Health Act to allow for further assessment. Shortly after release they continued their previous actions.

Subject B is continuing to place themselves at risk of death by misadventure while causing significant disruption to the community.

Aberdeen Resident – Subject C

Subject C is an adult who has been open to partners for several years in relation to Mental Health, Alcohol consumption, Self-harm, Attempted Suicide / Suicidal ideology, Isolation and have been diagnosed with Korsakoff syndrome. They appear on 148 iVPD's and have had numerous other contacts with Police in their criminality which includes - Threatening or Abusive behaviour, Breach of the Peace, Assault, Police Assault, Obstruction of emergency workers, Culpable & Reckless Conduct, Vandalism, Drinking in a public place, being Drunk and Incapable, Crimes of dishonesty including Theft by Shoplifting as well as other offending behaviour resulting in excess of 300 charges.

This subject has been the focus of several Multi-agency / Professionals meetings where options on how to best provide support have been considered with varying levels of success. As this subject doesn't engage in a meaningful way with partners, often causing significant disruption to the community and placing themselves in dangerous / life threatening situations the usual result is they continue to be dealt with by Police, be reported and incarcerated.

On release the cycle begins again with Subject C often only being in the community for a short period of time. This causes a significant strain on a finite Police resource and is not sustainable. The challenges presented by Subject C's lack of engagement with the assistance offered is not lost on anyone but clearly there is an argument for more creative or audacious thinking as a means of designing strategies to which the Subject might be amenable and which in turn will reduce the risk they face themselves and the disproportionate demand the place on Police resources.

Aberdeen Resident – Subject D

Subject D is well known to Police and partners in relation to Mental Health, Self-harm, Suicidal ideology including attempted suicides, drug consumption and Isolation. Some of these relate to partners requesting conduct safe and well checks when they have refused to engage / sent messages or images raising concerns for their safety. Subject D has been diagnosed with a Borderline Personality Disorder and appears on 41 iVPD's, which have been shared with relevant partners.

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Further to this, due to their threatening and offending behaviour, as well as making allegations, becoming fixated on services and sending images to partners, they have been the focus of Case Conferences and Professionals meetings.

Their actions are continuing to affect Police and partners with little in the way of engagement from Subject D to allow meaningful progression. This impacts the resources of all services and perhaps highlights the need for more creative solutions to be considered.

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