

ABERDEEN CITY COUNCIL

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| COMMITTEE | Communities, Housing & Public Protection |
| DATE | 11 November 2025 |
| EXEMPT | No |
| CONFIDENTIAL | No |
| REPORT TITLE | Mental Health in the Community – Impact on Policing |
| REPORT NUMBER | POL/25/276 |
| DIRECTOR | |
| CHIEF OFFICER | |
| REPORT AUTHOR | Chief Inspector George Nixon, North East Division, Police Scotland |
| TERMS OF REFERENCE | 2.20 |

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

- 3.1 Police Scotland recognises that mental health calls create substantial pressures on our service and place a growing demand on our front-line resources.
- 3.2 Keeping People Safe underpins everything Police Scotland does, and we will always respond to threat, harm, and risk to ensure public safety. However it has been clear over recent years that policing involvement in mental health incidents and supporting vulnerable people has gone beyond where it should be.
- 3.3 A multi-agency partnership-based approach, linking Police Scotland, NHS mental health services, local authorities, and third sector organisations, has been shown to improve outcomes for vulnerable individuals while reducing the operational burden on Police resources. The overarching intention is that the public get the right response from those best able to give people the help they need and deserve, ensuring a trauma informed approach is taken throughout.
- 3.4 Between reporting years, 2023 and 2024, the total number of STORM calls where Police responded to a Mental Health vulnerability in North East Division

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has increased by **318** or **12%**, with an increase from **2168** in 2023 to **2486** in 2024. Looking at 2025, to date we have responded to **1238** calls from April 2025 to September 2025, which is on par with data for 2024. For context, the number of calls of this nature in the 2017 reporting year was **998**.

- 3.5 Specifically looking at Aberdeen City calls, mental health related incidents have grown at a slower rate as a result of an increase of **94** calls or **8%**, from **1078** calls in 2023 to **1172** in 2024. The figure for April 2025 to September 2025 is **656**.
- 3.6 The position in Aberdeen is not unique, with similar impacts being found both in other areas of Scotland and the wider United Kingdom.
- 3.7 Police Scotland have established a Mental Health Taskforce to provide strategic direction and co-ordinate work to better balance policing's involvement in mental health incidents. This complements local partnership working, allowing consideration of the local context and solutions which best meet the needs of those residing within Aberdeen City.

3.8 **REDUCING MENTAL HEALTH DEMAND ON POLICING**

- 3.9 A significant amount of work is ongoing to identify areas of demand and risk and to seek solutions which are trauma-informed, improving outcomes for individuals and the subsequent demand which this creates on services, including policing.
- 3.10 Recognising the complex nature of mental illness and the fact that Police Officers are not mental health professionals, a number of tactical options are available dependent on the information presented at the time of contact.
- 3.11 **Mental Health Pathway**
- 3.12 The Mental Health Pathway is a national collaboration between Police Scotland and NHS24, whereby callers to the Police identified experiencing a mental health crisis or distress can be referred to the NHS24 Mental Health Hub at point of contact, following a robust risk assessment.
- 3.13 **Access for Police into NHS Flow Navigation Centre (FNC)**
- 3.14 Evidence suggested that there was a considerable delay in obtaining support for a person in significant mental health distress or crisis, where an assessment by a medical professional was required.
- 3.15 A joint initiative between Police Scotland and NHS Grampian was established to provide Aberdeen City officers with 24/7 access to the Flow Navigation Centre, enabling direct contact with clinical staff for advice, assessment and appropriate referral or support locally, of individuals experiencing mental health distress.

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- 3.16 The pilot commenced on 01/09/2024 and between then and 31/03/2025, there were 244 direct referrals made. Between 01/04/2025 and 30/09/2025, 165 referrals were made to the FNC by officers in Aberdeen City.
- 3.17 Most of these resulted in the assessment being conducted over the telephone but some allowed for the individual to attend for an in-person assessment at Royal Cornhill Hospital. Prior to this initiative, when front line officers contacted G-Meds, the average call back time was 5½ hours whilst with FNC referral the average time for officers being able to stand down is currently 2 hours.
- 3.18 This represents a significant saving in terms of Police time, however, also ensures that persons are able to receive the most appropriate care as opposed to being unnecessarily conveyed to a hospital setting for that to happen.
- 3.19 **Place of Safety Detentions**
- 3.20 Police hold powers under the Mental Health Act to detain an individual from a public place and take them to a Place of Safety for further mental health assessment.
- 3.21 In Aberdeen this is generally Royal Cornhill Hospital. It was found that only a very small percentage of persons conveyed for assessment were thereafter further detained. With the introduction of the FNC process, which allows for referrals from Police from both Public and Private places, it has been shown to have a reduction of 36% in the number of detentions undertaken by Police. This has reduced demand on the Police service, reduced impact on Royal Cornhill Hospital and assisted to identify appropriate support for the individuals involved.
- 3.22 **Penumbra 365**
- 3.23 In October 2024, Penumbra 365 was established combining the existing services of the 'WELL Service' and Distress Brief Intervention service. This service is experienced in assisting people in mental health distress and crisis, particularly for those who are not at a level of risk which requires immediate medical intervention or admission.
- 3.24 Penumbra 365 have direct access to a network of relevant support agencies, internally and with partners, which they can bring to alleviate distress and secure support for those in need. Police can access this service via telephone or through a drop-in service at their office.
- 3.25 The benefit to Police in this partnership has been substantial. Between the period 01/04/2023 to 31/03/2025 there were 278 referrals made by Police to the WELL Service / Penumbra 365, with a further 22 between 01/04/2025 and 30/09/2025. This is currently being developed, and we believe there will be a significant increase in referrals during the second half of 2025.
- 3.26 **Distress Brief Intervention (DBI)**

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- 3.27 DBI is a service provided by Penumbra 365 where a number of partners, including Police Scotland, are specifically trained to provide a compassionate response to distress and to identify appropriate occasions to offer referral to DBI. This is most relevant where a person may come into contact with the Police, displaying signs of mental health related distress, however the risk is assessed to be such that no immediate intervention is necessary.
- 3.28 When referred for support, this triggers a 14-day supportive intervention period with a call back to the individual being conducted within 24 hours of any referral being made.
- 3.29 This intervention focuses on self-management of distress, community-based problem solving, developing distress management tools and signposting to community, non-Police, assets, and relevant agencies.
- 3.30 Between the period 01/04/2023 to 31/03/2025 there have been 199 referrals from Police into DBI. From 01/04/2025 to 30/09/2025, there have been a further 69 referrals made in Aberdeen City.
- 3.31 DBI is seen as an effective tool for early intervention to provide support before individuals reach a more acute stage of crisis. An ongoing programme of training is in place to enable frontline officers and staff to effectively use the DBI service.
- 3.32 **SUICIDE**
- 3.33 Poor mental health is clearly a significant factor in suicide rates. Where there is no recorded mental health diagnosis there are often lifestyle factors or adverse life events which lead to a degree of acute mental health crisis, resulting in completed or attempted suicide.
- 3.34 In the Aberdeen City Command Areas there have been completed suicides recorded in respect of 27 males and 9 females between 01/04/2023 – 31/03/2024.
- 3.35 There have been 197 recorded attempted suicides in this time frame. When looking at attempted suicide the number of males affected marginally exceeds the number of females (52%-48%). A caveat to these figures is that it does not differentiate between discrete suicide attempts or multiple such attempts by a given individual.
- 3.36 Between 01/04/2024–31/03/2025 there have been completed suicides recorded in respect of 19 males and 12 females.
- 3.37 There are 181 recorded attempted suicides in this time frame. When looking at attempted suicide the number of males affected also marginally exceeds the number of females in similarly proportionate terms to the previous year (52%-48%).

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- 3.38 Although the reductions in both completed and attempted suicides are welcomed, there is still a significant amount of work required to target and support those at risk of suicide.
- 3.39 In terms of action to reduce the frequency of suicide both in the City and across the North East, Police Scotland are working closely at a strategic level with partners in the Local Authorities, NHS Grampian, Public Health Scotland, Scottish Fire and Rescue Service and SAMH, all of whom are key members of the Pan-Grampian Suicide Prevention Oversight Group.
- 3.40 The key benefit of this group is to identify and analyse trends to ensure that the strategic priorities are set and progressed, allowing preventative resource to be used in an effective, efficient and impactful manner.

3.41 MISSING PERSONS

- 3.42 Missing persons reported to the Police are subject to a robust risk assessment and generally create a significant demand on resources. Mental health and/or suicide related risk is evident in many these.
- 3.43 In 2023/2024, Aberdeen City recorded a total of 425 missing person reports, involving 281 individuals. Analysis indicates that in 238 of these cases, mental health was cited as a factor, and 107 involved persons who had gone missing from psychiatric care at Royal Cornhill Hospital (RCH).
- 3.44 In 2024/2025, Aberdeen City recorded a total of 405 missing person reports, involving 240 individuals. Analysis indicates that in 161 of these cases, mental health was cited as a factor, and 60 involved persons who had gone missing from psychiatric care at RCH.
- 3.45 The joint work undertaken by Police Scotland and RCH is continuing to have a positive impact and management strategies developed are benefiting both Police and partners. The number of missing persons reported from RCH shows a 44% decrease in the last two years. The positive impact of this on Police Scotland, RCH and the individuals cannot be understated and will continue in an effort to provide further reductions.
- 3.46 We will continue to structure our work around the Scottish Government's National Missing Persons Framework (NMPF) for Scotland which sets out four key objectives; to reduce the number of persons going missing, respond consistently and appropriately, to provide the best support to those effected and to protect the vulnerable and reduce the risk of harm.
- 3.47 We continue to focus on understanding the underlying causes and circumstances that lead individuals to go missing, using this insight to inform targeted interventions and work with partners to improve and enhance internal practice and understanding of risk.
- 3.48 We will ensure those who go missing receive appropriate support and follow up care to address root causes and reduce the likelihood of repeat incidents.

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Missing persons are routinely offered appropriate support or referral at the point of being traced.

3.49 VULNERABLE PERSONS DATABASE (VPD)

- 3.50 A VPD entry is completed and ultimately shared with organisations in order that the appropriate follow up is instigated. Where necessary we will continue to share information prior to the submission of a VPD, 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.
- 3.51 Police Scotland utilise a three-tier level of escalation. The escalation process is triggered when a certain number of VPDs are received regarding the same nominal during a 30-day period. It is essentially to examine the reasons why an individual is coming to Police attention so frequently, identify the reasons for the increase in calls and initiate any interventions or supports that can be put in place in response.

4. CONCLUSION

- 4.1 It is clear that mental health related demand remains a clear challenge for Police Scotland, as it is for a number of other partners. The majority of interventions which are designed to reduce demand are constantly evolving and impact is likely to be seen on a longer-term basis and should only be viewed as part of a wider system.
- 4.2 Financial pressures felt across the wider public and third sector are a clear challenge as the services provided, their frequency and location are under regular threat due to finite resources.
- 4.3 Although a number of options for risk management and referral are in place, it is obvious that demand remains high, which ultimately impacts the ability of Police Scotland to deliver aligned with its core role.
- 4.4 Continued partnership working to ensure that a person-centred approach, whereby individuals receive the support, care, and treatment they require, from the correct and most appropriate agency, will be required for the foreseeable future.
- 4.5 Measures put in place are showing early signs of success, however there is still a long way to go to ensure that individuals are best supported by the most appropriate service, which will ultimately reduce demand across the system, including Police Scotland.

5. FINANCIAL IMPLICATIONS

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- 5.1 There are no financial implications arising from the recommendations of this report.

6. LEGAL IMPLICATIONS

- 6.1 There are no direct legal implications arising from the recommendations of this report.

7. ENVIRONMENTAL IMPLICATIONS

- 7.1 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.

8. 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 | | | |
| Environment / Climate | No significant risks | | | |

9. OUTCOMES

[Aberdeen City Local Outcome Improvement Plan](#)

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|------------------------------------|--|
| Prosperous People Stretch Outcomes | |
| Prosperous Place Stretch Outcomes | |

10. IMPACT ASSESSMENTS

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

11. BACKGROUND PAPERS

11.1 Not applicable

12. APPENDICES

12.1 None.

13. REPORT AUTHOR CONTACT DETAILS

| | |
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