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## **Police Scotland**

### **National interim strategic community advisory group**

### **Presentation on mental health and the police**

### **May 6 Fettes Edinburgh**

Hi everyone

I am speaking on behalf of HUG who I work for and a number of other service user groups in Scotland.

I am going to give a short presentation on the key issues people with experience of mental illness feel that they have with the police and justice system. I am drawing on the experience of our members and have consulted with a number of other service user groups and service providers.

First of all I will start of with some statistics:

A 2013 survey by MIND in England showed:

§ People with severe mental illness were three times more likely to be a victim of any crime than those without

§ People with severe mental illness were five times more likely to experience assault than those without

§ Women with severe mental illness were ten times more likely to experience assault than those without

§ Victims with severe mental illness are very vulnerable to repeat victimisation and to suffering different types of crimes. 43 per cent experienced more than one type of crime in the past year, and they were seven times more likely to experience three or more different types of crime in a year than the general population.

§ The impact of the crime was much greater for victims with mental health problems. They were more likely to suffer social, psychological and physical adverse effects as a result

Victims with severe mental illness did report their experience to the police but were much less satisfied with them and less likely to report fair or respectful treatment.

You will all know that 1 in four of us experience a mental health problem at some point in our lives and many of you will have heard horrific reports about what we can do when very ill and very distressed and indeed, although some statistics say that people with a mental disorder are no more violent than the rest of the population there is some research that does indeed point to the fact that at certain points in our illness we can be more prone to aggressive and confrontational activity than the rest of the population.

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This is not at all surprising, consider being at a point where you are convinced that everyone is reading your thoughts and acting against you, then unless you are very, very, passive you can understand how people may in that reality get angry with those around you, equally if you are full of boundless energy and convinced you have the answer to everything and people don't believe you or if you are convinced you are a devil and need to die and no one will let you then it is understandable if sad that we do such things when we inhabit realities that are different to others.

But it is important to remember that at these times we are usually acting because of an illness, we are not setting out to do something wrong or even realise we are doing something wrong. It may also be interesting to know that there is increasing research that shows that people subject to childhood stress and trauma develop neural pathways in their growing up that lead to what we call 'personality disorder' where challenge and confrontation and difficulty with emotion are common.

That is my introduction; now to address some of the key problems that we face.

I am going to concentrate on our contact with the police when in crisis and what we see as a gap between the police and the caring services, I am also going to look at our involvement in the justice system, times when we are detained because of mental illness and police attitudes.

You will hardly be unaware that many of us end up in the police cells when in crisis, it has been all over the media recently.

In HUG we think this is unacceptable as apparently do most other people, in including Police Scotland. If you are suffering from an illness that is putting you or others in danger then you shouldn't be catered for in the police cells you should be being helped by the health service.

And yet we know that people in extreme distress are still kept in the cells, making the experience of mental illness feel like a criminal one and a hugely traumatic one.

It is a gross breach of our human rights that this happens even if the practice is decreasing.

What is less clear cut is the position where we are in crisis and may be suicidal or self-harming and the police are so concerned for our safety that they pick us up and take us to hospital for treatment or arrest us for a breach of the peace and seek medical help.

Many, many, of our members have had this experience, I cannot describe properly how anguished a woman with a history of abuse can feel when placed in suicide suit and kept in a cell, where she can be seen using the toilet, when all she has done wrong is despair.

Equally I don't know that I can describe how many of our members feel when the police take them to hospital and they are assessed for admission and a couple of hours sent home, often with no help to get home and no immediate support in the community.

This sort of treatment has, we feel, led directly to the deaths of some of our members.

When we talk with the police in Inverness they say they are daily making decisions about what to do with people who, even the NHS say are at a high suicide risk, but who will not be admitted to any safe place.

At such times a police cell is much preferable than being left to walk to the Kessock bridge because we are lost and abandoned and despairing.

We are very used to our members being told by people in the NHS that their life is their responsibility and if they choose to kill themselves then that is ultimately their decision. I have to say that when you are seeking help at a critical time like this, being told this is distinctly unhelpful.

Frequently our members say that the treatment that they get from the police, when they are desperate, is more compassionate and respectful than they currently get from the NHS considering how we expect the NHS to act this is very dispiriting..

The NHS will say that it is a sad fact but that providing a bed or a safe place is often not what is needed, especially for someone with a personality disorder and will honestly say that they do consider some of our members with a personality disorder to be a high suicide risk but that it is more important for them to learn and practice their DBT skills than to be kept in safe place which may not help them anyway.

This may be true but I am going to take a naïve approach – if a person is about to kill themselves and the NHS will not keep that person safe then we would be forgiven for not understanding this.

It seems to me if something is patently obvious to everyone and the action of the NHS completely incomprehensible to anyone out with the system then the system has probably got it wrong.

I hear that in Glasgow that there is far more contact between the police and the mental health services and that is great, I do hope I can learn more about it if it is successful. Sometimes all we need is somewhere to go to for a few hours, a chance to calm down and feel supported before we can resume our lives again and sometimes we need months in hospital.

I hear that new schemes are greatly reducing the need for both hospital beds and the use of police cells – I very much hope this is a true reflection that people get the help they need not that they are assessed as not in need of immediate support and sent home to get by as best they can.

I really hope that those people who are clearly disabled by distress and who are often drunk get help rather than being told that they are not mentally ill and don't need help from mental health services.

I hope that the support we get at these critical times also reflects the need for us to have somewhere safe to go to, places where we can feel understood and supported and directed to different forms of follow on support that could range from peer support and drop in centres to benefits advice or talking treatments or medication or hospital.

What I do know is that in most parts of the country this help doesn't exist to the extent that it should and that people often have to be cared for by the police who are unskilled in mental health or left to live as best they can, with what feels like minimal support.

That is the main theme of my talk, the gap between the help we get from the police and the NHS where often our members dangle in an abyss, we need to see clearly what we are talking about for some people with a mental illness– death, disability, trauma, isolation, criminalisation.

These are the real words.

In summary – we need the Police and the NHS but also other stakeholders, such as people with a mental illness, carers, the third sector and the council to look at this issue together.

We need to make sure that we harness the expertise people who have been in contact with the police or who have been suicidal or in crisis have about what does and doesn't work for them as well as looking at good practice and the evidence base for what people assume would help us at these critical times in our lives.

I have been asked to chair a partnership of Third sector organisations and service users to look at the subject in more detail. We would like to be involved by Police Scotland in discussions that address this problem.

Hopefully this would mean that we would never follow the twitter feed of a person who was suicidal in October, which showed her being discharged from Hospital against her will, then picked up by the police when about to jump off a bridge, taken back to hospital, discharged again until she finally drove her car into a tree and died, or equally hear of a person who set himself on fire and was charged with Arson and despite repeated calls from the Sherrif court for the NHS to provide a psychiatric assessment this was never done resulting in his eventual imprisonment for this crime.

It seems silly to say that I have some other issues to raise after all that, I do hope that I can come back at some stage and resume this conversation on the following themes:

Our work in the prison has shown us that prisoners feel that most people there have a mental health problem as do the prison staff. The general estimate was that about 90% of prisoners suffer from mental health problems. It also shows us that both prisoners and staff feel that many of these prisoners shouldn't be there – why does this happen? Why don't we have a way that can avoid people ending up in this situation?

We need to look at the whole subject of whether prison is a fit place for people with mental health problems and whether the police and other agencies could play a part in preventing this from happening.

Our work around detention under the mental health act shows that when we are detained by the police, when we have our doors broken down because we are desperately ill that this and the presence of the police can alienate us completely and although many of the police are exemplary in their behaviour we need to look beyond this. When we are being detained because we are ill we need as far as possible for this to be done with love and compassion not with noise and trauma.

We need to look at training for all people involved in these situations, training that will help them see pass the surface impressions and see the reality of our distress.

And speaking to other groups when creating this speech – why is it that sometimes when we are victims of crime nothing is done because we are seen as hysterical and unable to provide reasonable and valid evidence, why do some police officers dismiss our views and evidence when they know we have a mental health problem, how can this be allowed to happen?

We need to look at ways of addressing this situation just as I believe has happened with rape victims who I understand have far more attention paid to their plight than happened in the past.

And last of all on a positive note we do come across examples of when the police behave towards us in way that makes us lose all trust in them and other services and we need to address this through training and standards of conduct but more commonly we come across humane caring people trying as best they can to help us and yet sometimes at a loss for what to do. We need to learn from those examples of humanity and find a way out of the institutional faults in the NHS and the Police that can lead to us feel abandoned and traumatised.

thank you.