



WHEN LIFE GOES WRONG

The views of 100 people with mental health problems on the support they get from the police and other agencies as well as some thoughts on the justice system.

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**HUG at
Highland Community Care Forum**

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WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use, or have used, mental health services in the Highlands.

At present, HUG has 360 members and 14 branches across the Highlands. HUG has been in existence now for 12 years.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are
- Be valued, and not be feared
- Live lives free from harassment
- Live the lives we choose
- Be accepted by friends and loved ones
- Not be ashamed of what we have experienced

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead.
- Challenging stigma and raising awareness and understanding of mental health issues.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG's aims are as follows:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with a mental health problem.
- To participate in the planning development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.

- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

INTRODUCTION

Over the years some members of HUG have come into contact with the police as a direct result of their mental illness, on other occasions because they have committed an offence which may be unrelated to illness and sometimes as victims or witnesses of crimes.

Our members have had a varied experience. Sometimes we have found that the police are sympathetic and kind and have found their intervention literally life saving. Unfortunately, on other occasions, we have found that our contact with the police has been damaging; sometimes, just because of the image that is attached to a police officer and sometimes because we have found the way the police have dealt with us has been insensitive.

In late 2007 we decided to ask our members for their views on this subject and met in our 14 branches across the NHS Highland area (including Argyll with the Acumen group, which is a sister group to HUG). We held the meetings by asking a set of questions to get the discussion going and created a record of the conversations. These notes were used to create this report. In total 100 people participated in these meetings.

The draft report was sent to our Round Table committee (this is the HUG steering group) for comment and approval, and a small number of other stakeholders, before being distributed in its present form.

Not all of our members had had contact with the police but a substantial number had, although not always in the Highland area or always very recently. For many of us the police had been extremely helpful but sadly, some of us felt traumatised by our contact with the police and had very little that we could say that was positive about our experience.

We hope this report will help improve the service we get from the police and add weight to those times when we have benefited greatly from their help.

WHAT WE WOULD LIKE FROM THE POLICE WHEN WE COME INTO CONTACT WITH THEM

Many of us said that we would like to be treated by the police in exactly the same way as they would treat any other member of the public, but some of us also made the point that when we do encounter the police it can be in situations where we are extremely vulnerable and frightened as well as very unwell.

We may need sensitive treatment in those situations when we are unwell. In these circumstances we need the police to know that when we are frightened, embarrassed and suspicious our behaviour may reflect this in a wide variety of ways including tears and compliance but also confrontational and aggressive

attitudes. This doesn't necessary mean we are being "bad", it means that we are very frightened and often very isolated and need this to be recognised.

Many of the ways in which we want to be approached are obvious. First of all we need to know why they are physically present; they need to introduce themselves and we need them to be sympathetic, courteous, compassionate and respectful. We need them to be open to our situation and to try to understand it, to be patient and listen to us. In these situations we can all lose perspective so we need the police to remember at all times that we are people, and that they need to see beyond the illness which is likely to be the very thing which has precipitated our contact with them.

We felt that it was very important for the police to have awareness and understanding about mental illness; what it is and how it influences our behaviour. We may have a great need for support and help and they may be the only people who at the time, can provide it. We may also however, be very anxious and may need their support to help us feel that we are, to some extent, in control of what is happening to us.

As far as they can, we need the police to be gentle, supportive and non-confrontational even when an element of firmness is needed to help us with the situation we are in. This means that when they speak to us it shouldn't be in an aggressive, threatening or patronising manner.

If we are ill and they are the only people there, then we want them to get help quickly from mental health professionals, especially doctors. We would really benefit if they had the ability to assess the situation quickly and realise that we are ill and have some way of getting help. This means that they have to recognise mental illness in the first place and know how to get this help and be able to access it.

Although they may be our first port of call for help this doesn't mean that they are the right people to help with our problems. They need to recognise this and need to have access to more appropriate mental health services.

The approach they take can be complex, they need to look at us and try to absorb what's troubling us. This means not jumping to hasty conclusions or having preconceptions about what is happening to us. It means looking at the human side of the situation which means that they need to be very patient.

The situations we get into may mean that we need protection, whether we realise this or not. This is sometimes hard to provide in a manner which makes us feel safe.

Above all we need them to be human and to respect our humanity too. Part of respecting this can be done by demonstrating fairness to us and those around us and a large part is by using simple common sense.

If we are victims of crime then we need to know that we will get follow-up and information about what has, and will, happen having reported the crime.

WHAT PERCEPTIONS DO WE HAVE OF THE POLICE?

We had a broad range of opinions in this area. These were often influenced by past experience and often by whether our contact with the police had been invited or not.

On the positive side, we said that the police had a good image; that they were often personal friends who we had a great deal of respect for. We felt that they are there to protect and help us and that it is important for us all to see them in a friendly light. In rural areas especially, we often knew the police well which helped us see the person and see through any stereotypes.

Some of us felt that more experienced police officers were more sympathetic and could act as mentors to new officers in the area of mental health issues. We realised that many officers would have personal experience of mental health either directly or through family and friends. This made us think that they would be more empathetic to us. We felt that they could be very helpful and that in difficult situations they can act as the voice of calm and reason.

"They do a really good job that is unappreciated."

"There was one very good policeman - whenever I saw him he was very friendly."

"They rescued me."

However, some of us held the opposite view and talked about the police in very strong, negative terms. We saw them as the "the men in black", as the "enemy" and felt that they were unhelpful, intimidating, "didn't want to know" and that they dismissed us if they found out we had a mental illness.

"They can be bigoted, prejudiced, not listen, or easy going or fair."

"I wouldn't invite them into my house."

"I have a burning rage about them"

"They come here, I tremble with fear."

Sometimes we felt that they weren't on our side at all:

"If you are being sectioned they appear to be there to protect the doctors which can make it worse."

We also had more tempered views and realised that in any profession there are some people who are good at their jobs, others who are less so. Some of us felt that a popular perception is that the police mainly get involved with people with a

mental illness when violence is a possibility. Some of us said that we may also have inaccurate ideas about the police.

We did worry that some police officers have preconceptions about people with a mental illness and that these can become very negative if we are also known to have drug and alcohol problems.

WHAT IS OUR REACTION WHEN WE COME INTO CONTACT WITH THE POLICE?

When we meet with the police it can be at critical points in our lives where we have lost a great deal of control over our circumstances. The police may be called in in a protective capacity or may be the first people we call to get help or who encounter us. The outcome of this contact may be very important to us.

We found that the police can sometimes be an extra intimidating ingredient that makes the situation worse, but equally they can be a voice of calm that de-escalates a situation and makes it easier and better for all of us.

"They can reduce tension; just by being there they calm it down and help stop the build up of pressure."

"Individually they can be very pleasant."

However, the cultural view we have of them (that sometime assumes that they will be aggressive), the uniform, the authority and the message that we take from seeing them becoming involved in our care can exacerbate our fears however helpful they may be trying to be.

They may come into contact with us when it seems that nothing can reduce the pain and distress we are in. However, the results of intervening can be lasting and a pause to look at different ways of handling things may make all the difference:

"Yes without a shadow of doubt, even with normal people. They can man-handle people, especially if they don't know them."

"It took a number of policemen to hold me down when I was sectioned. It was very traumatic."

"If there were dialogue then that's the best way of dealing with it. If they had spoken with me rather than just picked me up then I wouldn't have hit them."

"They sometimes make us think we are criminals."

"They can come with arrogant, preconceived attitudes"

Yet, some of us said that this image is a two-way process. If the police do have a bad image then we could do a great deal to help with this by stopping thinking of them as the enemy and instead as people who are generally trying to help us.

SHOULD THE POLICE DEAL WITH PEOPLE WITH MENTAL HEALTH PROBLEMS?

Some of us question why the police can have such a prominent involvement in situations caused by our illness. There are very few, if any, circumstances where people with a physical illness would end up in a police station or forced into hospital by the police so why are we, when we experience mental illness?

Most of us found it easy to explain this. Whether we like it or not, our illness can sometimes cause us to be dangerous to ourselves or even to other people in ways that we would never contemplate when well. There is often no other agency that is equipped to deal with these sorts of situations when they flare up and on occasion no other facility where we can be kept safe until we can be taken to hospital.

We felt that if we were not a threat to anyone else then ideally health professionals would help us, but that if there was a risk that we are becoming threatening then the presence of the police would be essential as it may be that we are a severe risk to ourselves.

"They should help if you are desperate. It feels that they are the enemy but what can they do?"

"They can make us safe."

We did feel that the police may helpfully adapt their behaviour if they knew more about mental illness and knew that we had a mental illness.

We felt that a voluntarily carried crisis/identity card that alerted them to the fact that we have an illness, who they should call and how we should be treated would be useful in many situations. Most of us felt that it would not be helpful if we were forced to carry one. We were aware that this situation already existed for some of us who are on the Care Programme Approach and felt that it could usefully be expanded.

"We could carry an I.D. card - that would be good."

However, not everyone agreed - *"No it wouldn't, I'd feel like I was branded."*

We also thought that the use of advance statements, that we passed on to the police if we felt it would help, could have a similar or even better effect.

We felt that if the police had had prior contact with people likely to come to their attention then they might be more sensitive and better equipped to help us. We understand that this often happens with people on the Care Programme Approach,

but again were concerned that some people felt that they had no control over the information the police had about them and worried about this.

We felt that greater contact between the police and mental health services should be encouraged as this should be in the interest of both users, carers and services but equally this contact needs to be sensitive and respectful. If we do not want information about our health passed on to other agencies then this should not usually happen.

"When you are ill you don't want the police anywhere near you but when you are well you need them to know who you are so they can be more sensitive."

Despite seeing the need for their help (in the absence of anyone else who could attend in a crisis) we did feel that their job was not to care for people with a mental illness and that when they encountered us in need of help then they should be able to get the help of professionals experienced in mental health care straight away. To expect them to have basic education in how to deal with a mental health crisis is a natural desire but to expect them to do the job of highly qualified professionals is unrealistic and inappropriate.

"I was arrested and pinned to the floor and stripped naked and put on suicide watch. I panicked and self-harmed. I needed a professional not a policeman."

"They need to get a doctor to the police station quickly."

Despite most of us agreeing that there are times that the police need to intervene, we did feel that their very intervention may escalate a crisis and actually diminish the quality of the care we have a right to expect.

"I prefer to do without them."

"If someone is violent or dangerous they respond quickly and know what to do. If it's less urgent they might want to wait a while."

"Sometimes you are depressed and get so low that you create a scene and are lifted and taken to court and that can set you back a long way."

On the other hand, the simple statement: *"they are public servants, they need to help people"* sums up the majority view of what we would like to happen, in an ideal world where understanding is shared by everyone.

"If you see someone about to jump then someone has to intervene, and the only people that can, are the police."

We also felt that early intervention by the police may de-escalate the problems we are facing and make it less likely for us to need more intense help by other agencies. The simple act of taking us home when we are creating a disturbance or drunk could prevent more serious problems from developing, either with our health or our contact with the justice system.

We also realised that the police often have no idea that we have an illness. When they come into contact with us they encounter a situation which they may have to assess very quickly. When we are in crisis we may be behaving inappropriately, we may be using drugs or alcohol to deal with our distress and the police may therefore have great difficulty in realising that the reason the situation has occurred is due to illness or a combination of illness and all the other circumstances we face in our lives.

"If someone is mentally ill they need to be spotted right away but the police are not very good at this"

WHAT SHOULD HAPPEN WHEN WE COMMIT AN OFFENCE?

In some ways this question should have an obvious answer: if we have committed an offence and it is the result of a mental illness then being punished or convicted for actions that are caused by something we may not have control over should not happen. Some of us held strongly to the view that if we have a mental illness we should be kept away from the justice system if at all possible.

Yet, the more we discussed this, the greater the variety of views we had.

We may have a mental illness but sometimes we commit crimes that are not influenced by that illness. We should, in these circumstances, be exposed to the justice system in the same way as the rest of the population. But then the influence of illness can be subtle and it can be hard to understand what causes what.

The response also depends on the severity of what we have done. Sometimes the common sense approach would be to overlook what we have done and find us a safe place to calm down. Sometimes what we have done is very serious and we need to be subject to all aspects of the justice system in the same way that anyone else would be.

But then the influence of illness can be subtle and it can be hard to understand what causes what.

Our understanding of what we have done is variable. Just as insight into illness varies so does insight and accountability for what we have done vary. Sometimes despite being very ill, even psychotic, we are well aware that our actions are wrong and we should be accountable in some way for what we have done.

On the other hand everyone may understand why we have done what we have done and, even though we are aware of wrong doing, it might be cruel and wrong to punish us for this. As with other groups of people our illness and social circumstances can sometimes explain why we have reached the situation we have and done the things that we have done even if they do not necessarily excuse it.

Of course there will also be occasions when our illness is such that we have no insight into the fact that we have committed a crime.

Sometimes there are conflicting priorities and even though we may have been arrested we may have a much greater need to be treated for what may be a life-threatening illness.

Generally most of us agreed that if we have committed an offence, unless it is very minor, arresting us is nearly always justified. Yet, we thought actually being charged and tried for a minor crime is a very complicated thing and it may sometimes be completely counterproductive; it may increase the severity of our illness and place us in an inappropriate and unsafe environment. In some circumstances hospital treatment or diversion (as happens already) are far better solutions.

Some of us also believe that people who have committed a criminal offence sometimes deliberately use their mental illness as a way of escaping justice when the illness has had little effect on their actions. This was offensive to some of us.

Some of us may have a constant need to speak to the police, maybe about crimes committed against us that rest more in our imagination than reality. We may be charged with an offence but often the reason for this is because we are lonely and sad

Equally we may be repeatedly charged with breach of the peace when we have acted inappropriately in public. These charges are often dismissed when they go to court. The feeling of some of us is that this situation causes needless anxiety and wastes court time and the resources of people tasked with taking action on these sorts of issues. For some offences we believe that the court should be lenient because the offence is influenced by our illness or that the case shouldn't get to court in the first place as it concerns relatively trivial matters which could be dealt with better in other ways.

Sometimes we are thankful for being placed in a cell in a police station as it represents the only safe place that we can access at the time. At other times a cell is a frightening and claustrophobic place and being in a police station can make the whole situation worse. For some of us being locked in is traumatic and some of us wished that when we are assessed as being a suicide risk then the protection given to us should be done in as sensitive a way as possible. However, many of us believe that being placed in cells or the police station is almost always inappropriate and that we should have easy access to alternative facilities such as places of safety of which very few exist in the Highlands.

Sometimes we have drug and alcohol problems and are arrested and taken to the cells. We realise that the police have little option about doing this and that an assessment of illness is hard to make at this time. Ideally we would have access to alternative facilities on these occasions (such as places that Beechwood provide in Inverness but which are not available, as far as we know, in other parts of the Highlands). We do hope that when we sober up there is a check on our health and

if we have mental health problems we are provided with routes to help or a person on call, as well as contact being made with family and friends who may be able to help.

On some occasions, much as we hate it, we need to be restrained and kept somewhere safe. This may involve being arrested and may involve considerable force. This is something that we may find very hard to forgive but many of us feel that it may sometimes be the only option.

We did feel that if alternatives, perhaps places like safe houses, existed for anyone experiencing distress then there would be less need to involve force or the police or police facilities.

In addition it would be good to know that the duty solicitor has an awareness of mental illness and its effect on us.

PRISON

We had the strong opinion that many prisoners have mental health problems.

We were concerned that some prisoners may be subject to harassment from other prisoners and worry that they don't get the same sort of appropriate treatment for their illness that they would have a right to if they were not in prison.

Some of us felt that imprisoning some people with a mental illness is an inappropriate and counterproductive action. We worried that a disproportionate number of people with a personality disorder are prisoners. We did not think this always reflected the need for them to be detained but may be an example of the prejudiced way that society reacts to people with a mental disorder.

Some of us felt that no one with a mental illness should be a prisoner instead they should be being treated in a healthy environment such as a hospital and many of us believed that the prison environment was such that prisoners often become mentally ill even if they weren't beforehand.

We felt that alternatives to these situations should be considered.

We believe that prison staff should have awareness training on mental illness. They should also have skills development in this area.

AWARENESS TRAINING

We repeatedly stated in our meetings that the police have a great need for mental health awareness training. We worried that far too many police have a limited understanding of what mental illness is, what behaviour it may cause and what life is like for people living with mental health problems.

People felt that it would be good for the police to take part in user-led mental health awareness training, such as HUG delivers. It would also be good for them to hear directly from service users who have been involved with the police, and have general skills development in the whole area of dealing with people with a mental illness.

Ideally this training should be provided at the beginning of, and during, their careers and should not just rest on an understanding of illness but should incorporate an awareness of the values they hold about us, an examination of the attitudes they have about us and look at how people in distress may react to authority and, on occasion, force.

It could be very useful for the police to go on placements within mental health facilities to further enhance their understanding and skills. It might be a good idea to produce a DVD about our dealings with the police from the users' perspective.

Some of us thought it would be good if there was a specialist in mental illness in each police station.

Equally we thought that it would be good for the police to provide awareness raising for us. They could come to drop-in centres or other places where we gather to explain their role and what we might expect of them in different situations.

We felt that much of the media coverage of the police reinforced inaccurate stereotypes about the police and that this might be usefully addressed.

THE POLICE AND THEIR SELF-AWARENESS

We are aware that the police are no different to anyone else and like the rest of us they may experience mental illness. This may be hard to deal with but may make them more sensitive to other people with mental health problems.

Equally it is a part of a police officer's job to encounter sometimes horrendous situations that will inevitably have an impact on their own mental health. We would hope that they work in a culture that respects their need for support and help when their well being suffers or they become ill.

HOW HAVE WE FOUND THE POLICE?

We had many stories about our contact with the police, some of which were very good and some of which we wish had never happened.

It should be remembered that the stories we recount here were experienced by our members and need recorded and learned from. We do not know how frequent the examples are that we mention they could be extreme examples that have stuck in our memory or they could be more common. Equally the examples here reflect both recent and past experience and events that happened both within and outside Highland.

WHEN IT GOES BADLY

As we have already said their presence can sometimes be frightening, their uniform can be scary and we can sometimes feel that they take away our control and make a bad situation worse.

The times when the police have had to use handcuffs on us stand out as one of the worst things that we experience:

"It can be traumatic if hand-cuffed, and very painful."

"Being cuffed was terrible, the guy was tweaking the cuffs. I tried to de-escalate the situation but ended up truncheoned by them. It was horrendous. We took pictures of the bruising and went to a GP but we were too scared to complain and ended up going on court diversion. We thought if we had complained this might not have happened and we might have got a record."

"I was handcuffed in front of my daughter. It traumatised her for life."

When the police are focused on our illness rather than our humanity we can feel aggrieved:

"The worst thing is being ignored. When in the police station they see the illness, you stop being a person. You say that you are ill but you are ignored."

Whilst being known by the police can be very helpful, sometimes, the opposite is the case where we may be known by the police and may have developed a negative reputation with them. This can mean that we are stopped by them frequently, whether we have done anything wrong or not. This can alienate us from them completely.

"Once you are known to the police there can be trouble because they come to you all the time when something happens."

"They pull us up and ask us questions. You lose the rag and shout at them, then they arrest you for breach of the peace."

"If we go out and socialise we can be stopped if we are seen in town. They act on their preconceptions which can make us angry in turn."

If we have to be placed in a cell then this can be a deeply unsettling experience:

"Being stuck in a cell can be very traumatic, especially if you are very distressed."

Sometimes when we are seeking help we feel that no one will reach out to us:

"You phone the police and they say it's a matter for the doctor, you phone the doctor and they say it's a matter for the police."

Sometimes their attitude is not appreciated even when they might think that they are trying to be friendly or helpful:

"When the police took me in, they said "come on darling" I'm not your darling, they can be dreadful and patronising."

"Something happened which made me very angry - two police came to my door which increased my stress. They asked was I taking my medication I said "yes." But they said it wasn't good enough. They forced me into a police van and took me to see my GP. I was forced into a busy reception area by the police and then they forced me to see my GP - they made me stand and stood right besides me. The doctor agreed that I was OK. The police didn't accept this and took me to the station where we waited for three quarters of an hour before they took me to Casualty. Casualty also agreed that I was OK. Then they charged me with breach of the peace and took me home."

"There are too many that charge in like a bull in a china shop; you get angry and confrontational."

They may make assumptions about our capacity, which we resent:

"They didn't believe me because I have a learning disability too."

Sometimes we don't know why they are doing what they are doing:

"They just shoved me into the van."

At other times their behaviour makes us ashamed of them:

"I self-harm and called 999. Three police came round and stood around me saying 'I'm not touching that.' They waited whilst I bled over the floor until the paramedics arrived."

"They've beaten me up, they've handcuffed my hands behind my back and dragged me downstairs and I got a kicking off them when I complained about them."

And at other times they seem to live in the past:

"The police didn't believe what I said. They made it clear that they believed my partner and seemed to be saying that I was asking for it because I was a woman. They made it clear that they didn't like domestics."

Their presence can make us deeply ashamed:

"They came to take me away. They didn't realise that I was psychotic. The police came and I had no choice but to go with them. It was embarrassing. People could see me. I felt like a criminal."

On other occasions the fact that they don't help is the problem:

"Two people called the police because they were worried about me. They came to check on me but didn't do anything. I felt like a waste of time."

We have had extensive talks with the police about the content of this section. They are alarmed and disappointed that any of these things could happen even if sometimes what happens is influenced by how we perceive the situation or may have happened some time ago. If anyone has had similar experiences or to these and wants to raise them with the police they would be more than happy to hear from them and we would be happy to help people express their views.

WHEN IT HAS ALL GONE WELL

The police can deal with situations where we are in crisis and need help and make sure that we get that help quickly:

"They can be really courteous and help you into hospital."

"I was going psychotic and went to the police. They took me up to New Craigs straight away. They were very good."

"They are getting better, they help well with people in crisis, and they know what they are doing and how to go about it."

"I broke down on the Kessock Bridge. They assumed I was going to jump off. They grabbed me and were heavy handed which didn't help but I could understand this."

Sometimes they are very helpful and use simple common sense to help us which we remember very positively:

"I was drunk and fell outside the pub. The policeman was kind. He checked I was alright and took me home."

"Once someone was distressed and drunk and went to sleep on a bench in the street. She was drunk and disorderly and the police came and took her home which made her cross. In the morning she went to them to apologise and they said it was fine; everyone gets into that state sometimes. They demonstrated humanity and humour."

"If you are disruptive and high and phone the police, they come in respectfully and calm it down sensitively and don't press any charges. They have an awareness because we are a small community."

At other times they are the only people who can help and this help is appreciated:

"There was a person who got into a state [in a public place] the people around him tried to calm him down but had to phone the police and said that he had a mental health problem. They came and took him away but didn't charge him. Then within an hour they took him home. When he calmed down he came back and apologised."

"I was seen by two police officers and they couldn't have treated me better. They realised that something was wrong with me. They didn't try to use too much force even though they had to use some. They got me help."

"I was in an awful state..... The police reassured me that they would put me in a room and get me a doctor. I didn't like being in the room but the doctor took me to hospital. They were nice to me."

And at other times we have mixed feelings:

"In Edinburgh the police smacked me up against a wall when I was psychotic. They took me away and promised that they would take me to the Royal Edinburgh - I didn't want to go. They were nice to me and said I wouldn't be held. But I was held, I was held down and injected but the police were nice to me."

Perhaps uniquely in rural areas, the police can come to know us very well and therefore are in a position to help in ways that they couldn't if we were strangers to them:

"They often know of us personally, therefore they respond more sensitively and can be a great help."

"Being known by name is helpful. It makes them more understanding and sensitive."

"The police have always been courteous and listened to us when they are needed."

Sometimes it is all down to their attitude:

"The police came and took me to the station and asked me questions. Then they took me back to the house. They were very very good and very sensitive."

"My contact with the police is that they have always acted with fairness, they are never overbearing or judgemental."

CONCLUSION

As has been stated throughout this report our experience of the police is very varied. On occasion they are a calm, reassuring presence which has been responsible for saving our lives. On other occasions their actions are traumatising and alienate us from a service that should be there to help us and keep us safe. Sometimes this is because they are behaving in an unacceptable way, but on other occasions the cross over between the police and our need for help when very ill may inevitably cause anger and shame on our part and insensitive responses on their part.

We need to see if ways can be established that minimise the trauma we face when the police intervene to help us. We may usefully learn from the stories we feature in this report where the police are hugely beneficial to us.

In a rural area such as the Highlands, we can benefit greatly from the personal knowledge that the police develop about us, but on occasion this is counterproductive when reactions are based on past actions and present judgements about us.

In order for the police to be able to provide the most appropriate and sensitive help we would encourage user-led mental health awareness training (such as HUG provides), training in attitudes and values and also basic skills development in working with people with a mental illness from mental health professionals.

We do appreciate that the police are the first port of call in many situations but do not think that they should be our care providers. They should have instant access to professionals and facilities capable of providing us with the support we need. They should not have to care for people with a mental illness in a police station or even a police cell. We do not think this is appropriate and would imagine that they must also feel frustration when dealing with people with mental health problems at the police station whether they have committed an offence or not. In the future we would like to see the development of safe houses across the Highlands that anyone experiencing distress could access before their situation gets out of hand. (see HUG Report 'A Place of Safety', 2001)

We would hope that a tolerant and compassionate approach is adopted when we commit offences which recognises our individual circumstances and the possibility

that in some situations detention or punishment is not always appropriate and may actually be counterproductive.

In some circumstances the offences we commit result in our imprisonment. We have concerns about the number of prisoners with a mental illness and the appropriateness of their detention.

Whether we like it or not it will, for the foreseeable future, be inevitable that the police are involved with our care or protection at critical points in our lives. This intervention can be crucial in the way in which we engage with the police in the future and with the services that are meant to help us.

Sometimes the way the police have treated us is unacceptable and reveals a complete lack of understanding of our circumstances and condition. We need to make sure that these attitudes become a part of the past that would never happen nowadays.

On other occasions the police act in ways that minimise the distress we are in and obtain the help we may so desperately need. It is those times where we have been treated respectfully and compassionately and when we have received prompt and appropriate help that we need to concentrate on improving.

Appendix 1

POLICE

Sometimes when I have not been very well, I have phoned NHS 24 and the police have come around to check whether I am ok and then they have taken me up to hospital.

When I was going to jump off the cliffs, the police came and grabbed me back and stopped me doing that and took me up to the hospital and stayed with me until I was seen by the hospital staff.

I think because it's a little community that there is a big difference. Being in a little community and a big city is different, here the police are different between some areas and other areas. This is because they seem to be more understanding and they know you and they know how to help you.

When they have come to my house they have rung the door bell and banged on the windows and doors if am not answering. Then if I answer they say "am I ok?" and if I say "I'm not" they come in and talk to me and they take me up to the hospital. They are friendly and sympathetic. I have tried to run away and they have grabbed hold to stop me running away; it was sore when they did this; I'd cut my arm and they grabbed the sore arm and I said "That was the sore arm" but they kept grabbing me. They were right to do what they did but they should have grabbed my other arm.

They're ok they're friendly; they are nice to me when I am not very well. They're calm but they are not always gentle.

When I jumped off of the cliff, he grabbed me and he swore and I nearly pulled him over. He seemed to be strangling me because he was holding my jacket before he got my arm, but he was saying "come on you don't want to do that" and I said "I would" so they put me to New Craigs. I still wish that he hadn't stopped me but I am alive because of this. He said "Come away from the edge" and he moved closer and I moved to the edge and jumped and he grabbed me. They help you when you need it.

Ms T

Appendix 2

When people think of a 'place of safety' what they would probably not think of is the back of a police car. Yet I know people who have come back to themselves, and back to a sense of security in the back of a police car. One lady had wondered from home when she was picked up by the local police. They knew her and set about sorting things out, while leaving her comfortable in the car. Another person had arrived in the far north with the intention of suicide and knew no one. He also found himself in the back of a police car while the police went contacting services on his behalf. Both these people experienced some sort of turning point in the back of the police car. As far as I can gather from what these people have told me this was achieved while the police concerned went about their duties in a normal but unobtrusive manner.

There was a police sergeant in Highland who did a lot of night work. He was well aware from his own experience that much mental distress seemed to bubble up in the small hours of the morning, particularly with people living on their own. This sergeant had very good local knowledge. If things at the station were quiet when a call came in from someone known to be mentally ill, he would stay on the phone as long as he could and chat to the person. This was what was needed but there was literally no other service available at these times.

Ms R

Appendix 3

Last year in the town centre I saw a woman in great distress. The police were with here, and they were being really nice and caring. They were talking to her gently and trying to soothe her. One of them said "We'll phone New Craigs" and she said, full of despair, angst and terrible desperation "but they said I'm fine!" Now, I think it's likely that no-one at the hospital told her she was 'fine', but I know from bitter experience that if you're in distress and the people who assess you tell you that their service, which offers specific interventions for specific sorts of people with particular mental health problems, doesn't have anything to offer you besides perhaps some general advice which

doesn't seem any more useful at the time than 'keep your chin up', it can seem exactly that you are being told that you are fine, or at least that your distress is trivial. But my heart went out to the police, and I thought it was very likely that they would contact New Craigs and not get anywhere, and that whether or not it would have been appropriate to admit the woman to hospital the police would have been left with someone they were concerned about, whom they thought was at risk of harm, wanting to place her in the care of people better qualified to look after her and keep her safe, and being left with no choice but to send her on her way to take her chances.

Mr H

Appendix 4

A RIGHT TO REPLY FROM NORTHERN CONSTABULARY

Comments re: HUG Report.

Northern Constabulary welcomes feedback from all members of the community and we will always respond positively to comments based on their perception of any contact they may have had with the police.

Whilst it is pleasing to note those comments which indicate positive experience of the police, it is acknowledged that some recollections may not relate to the Northern Constabulary area and indeed, that some may be historical. The expectation of the Force would be for customers to make timeous complaints relating to specific incidents, so that these can be investigated and service improved, as appropriate.

Our officers frequently have to deal with difficult situations which involve vulnerable people at critical points in their lives. Dealing with those situations which also involve mental health issues can be made more difficult where there are gaps in the provision of other services.

At all times, our officers endeavour to deal with such situations in a sensitive, courteous and compassionate manner, in accordance with the relevant legislation. The level of response should always be appropriate to the level of risk and to the circumstances, which can involve individuals who may feel frightened or confused, and who may pose a risk to themselves or others. In such circumstances, police may have no alternative but to apply restraints, and inevitably, the individuals concerned may sometimes misinterpret such intervention as a threat.

The importance of police training in mental health issues has always been recognised and the content is subject to ongoing review, both at local and national level, with a view to ensuring that it continues to be operationally relevant and equips our officers with the necessary skills.

In terms of initiatives, the carriage of a 'crisis card' may be considered beneficial and the feasibility of its introduction in the Highland area is currently being explored, in relation to particular circumstances.

The Mental Health (Scotland) Act clearly sets out the responsibilities of both police and other services and makes reference to places of safety. Police cells are often used as temporary places of safety, which is not in accordance with the Act, due to the lack of provision of appropriate places of safety, such as hospitals or care homes. Our officers do their utmost, often beyond the call of duty, to care for and protect vulnerable people, where no other service provision is available.

This report underlines the importance of effective mental health service provision and Northern Constabulary is committed to working in partnership with colleagues in Health and Social Services to address identified issues.



ACKNOWLEDGEMENTS

We hope that you have found this report interesting. If you wish to comment on it then that would be very welcome as we are very keen to get as wide as possible a perspective on the work we do.

We would like to acknowledge the importance of the contribution of our members and other people with experience of mental illness in the Highlands. Without their voice we couldn't do anything.

So a big thank you to all those that support us and work alongside us. Long may it continue!

For more information on HUG, or an Information Pack, call:

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