

# Examining Culturally Effective Police Response to Indigenous Persons in Mental Health Crisis Situations



HUMANISATION

A CHURCHILL FELLOWSHIP REPORT  
BY MATTHEW MOLONEY

# Examining Culturally Effective Police Response to Indigenous Persons in Mental Health Crisis Situations

*The cover artwork for this  
report was specially commissioned.*

*Painted by Geoffrey Warradoo,  
Lockhart River Art Gang,  
Cape York, Queensland.*

*A big thank you to Geoffrey for this  
wonderful piece that truly captures the  
essence of this report.*

Self Published 2020.  
Printed in Australia.

Copyright © Winston Churchill Memorial Trust.

Referencing:  
Moloney, MJA. (2020). Churchill Fellowship  
Report (2014): Examining Culturally Effective Police  
Response to Indigenous Persons in Mental Health Crisis  
Situations. Australia: Self published. 2020.

**Author:**  
**Sergeant M.J.A. MOLONEY,**  
**Queensland Police Service.**  
**2014 Churchill Fellow.**



WINSTON  
CHURCHILL  
MEMORIAL  
TRUST

# CONTENTS

<u>EXECUTIVE SUMMARY</u> .....	4
<u>GLOSSARY OF TERMS</u> .....	6
<u>CONTEXT AND BACKGROUND</u> .....	8
<u>SCOPE</u> .....	10
<u>ACTION</u> .....	12
<u>METHODOLOGY</u> .....	14
<u>EXAMINATION LIMITATIONS</u> .....	16
<u>INTRODUCTION</u> .....	18
<u>1. THE ORGANISATIONAL RESPONSE</u> .....	20
<u>The Three Tier Response:</u> .....	21
<u>Tier 1 - Focus at recruit training on mental health,</u> <u>communication and de-escalation</u> .....	22
<u>Tier 2 - Part-time specialists</u> .....	22
<u>Tier 3 - Expanded and modified specialist co-responder model</u> ...	23
<u>2. CRISIS DEFINITION</u> .....	26
<u>3. ORGANISATIONAL CULTURAL VALUES</u> .....	27
<u>4. ISSUES AFFECTING SERVICE IN REMOTE ISOLATED</u> <u>LOCATIONS</u> .....	28
<u>5. USE OF TECHNOLOGY</u> .....	29
<u>Project Echo</u> .....	29
<u>Mobile phone apps and computer portholes</u> .....	29
<u>Portable simulation training units</u> .....	30
<u>6. STRATEGY OF CROSS HUMANISATION</u> .....	31
<u>7. ATTITUDES OF POLICE</u> .....	32
<u>8. DYNAMICS IMPACTING ON POLICE DECISION MAKING</u> ....	34
<u>9. HUMANISATION OF POLICE</u> .....	36
<u>10. FEAR OF LOSS OF AUTHORITY/CONTROL</u> .....	38
<u>11. REASONABLE EXPECTATION</u> .....	39
<u>Hate and stigmatisation of police are real</u> .....	39
<u>Managing expectations to a reasonable level:</u> .....	42
<u>Involving people</u> .....	42
<u>Cross training</u> .....	42

<u>Involvement with government and non-government</u> <u>organisations</u> .....	43
<u>Involvement in the education process</u> .....	43
<u>A police debrief</u> .....	43
<u>12. STIGMATISATION OF POLICE AND ITS EFFECTS ON</u> <u>MORALE AND SERVICE DELIVERY</u> .....	44
<u>Quotes from various officers in North America:</u> .....	46
<u>Common themes that came up from speaking to officers:</u> .....	50
<u>13. POLICE SELF-IMAGE</u> .....	52
<u>14. ATTITUDES OF PEOPLE WITH MENTAL HEALTH ISSUES</u> <u>TO POLICE</u> .....	54
<u>Conversation with person in Maui suffering from mental illness:</u>	56
<u>15. CULTURAL COMPETENCY</u> .....	58
<u>Actions that police can use:</u> .....	59
<u>A ‘modern cultural way’</u> .....	59
<u>A tailored response</u> .....	60
<u>Use of language</u> .....	60
<u>A cultural knowledge bank</u> .....	60
<u>Use of technology</u> .....	61
<u>16. GUIDING PHILOSOPHY AND PRINCIPLES OF TRAINING</u> ..	62
<u>Holding powers is a privilege</u> .....	64
<u>Police feelings of powerlessness</u> .....	64
<u>Communications</u> .....	65
<u>De-escalation training systems</u> .....	66
<u>17. ROLE OF POLICE COMMUNICATIONS OPERATORS/</u> <u>DISPATCHERS</u> .....	67
<u>CONCLUSION</u> .....	68
<u>RECOMMENDATIONS</u> .....	70
<u>BIBLIOGRAPHY</u> .....	72
<u>ACKNOWLEDGEMENTS</u> .....	75
<u>FELLOWSHIP ITINERARY - 2015</u> .....	76
<u>INDEMNITY CLAUSE</u> .....	89
<u>CONTACT FOR FURTHER INFORMATION</u> .....	90
<u>COVER ARTWORK STORY</u> .....	91

# EXECUTIVE SUMMARY

## PROJECT TITLE:

Culturally Effective Police Response to Indigenous Persons  
in Mental Health Crisis Situations.

## AIM:

When police attend a situation of a person, especially Indigenous, suffering from a mental health crisis situation they will have the skills and cultural competency to resolve without unnecessary use of force.

## HIGHLIGHTS:

Meeting dedicated professionals, consumers and families  
in all locations.

**THESE FINDINGS ARE ALL STRUCTURED  
AROUND A SIMPLE CONCEPT:  
HUMANISATION.**

**“Police need to humanise the people they deal with but also those dealing with police (i.e. consumers, their relatives, the media, the judiciary and the wider community), they also need to recognise the humanity of police.”**

## DISSEMINATION AND IMPLEMENTATION:

Forwarding through chain of command to Queensland Police Service publications (organisational and union), media outlets and interested community groups.

## FINDINGS:

- Police are and will be required to manage mental health related events.
- Mental health as an issue will grow, especially when viewed through the prism of drug co-morbidity.
- While the issue is extremely complex, good organisational structure, policy, procedures and training deliver measurable results.
- A tiered response is most applicable to the Queensland situation.
- Mental health consumers, family members and advocates need to be involved at all levels: forming law, policy, procedures and training.
- Police response in crisis situations makes a real difference to lives, families, communities and public confidence in police.
- In all circumstances all stakeholders must recognise that police operational survival is paramount.
- Communication and de-escalation training needs to be delivered as part of, not in isolation from, police operational survival skills and tactics.
- While risks to life and limb are real, police need to be trained in real risk rather than a distorted perception of risk to enable sound operational decision making.
- How individual police officers see themselves; their purpose, function in society, mission and goals. Individual officer self-image and ‘organisational culture’ matter.
- Tying in with humanisation of police; police morale matters. There needs to be a reasonable expectation of achievable outcomes. Criticism of police action should be reasonable and not demonise or stigmatise police.
- There are simple and cost-effective strategies, training and support that can be delivered to overcome issues of culture in remote, isolated areas.
- Police specific training in communication and de-escalation is vitally important, but training for communication must not be done in isolated ‘silos’.
- Communications operators/dispatchers must be included in the police response.

**ACCSB** - Arlington County Community Services Board

**APD** - Arlington Police Department

**ASIST** - Applied Suicide Intervention Skills Training (LivingWorks)

**AST** - Alaska State Troopers

**CIT** - Crisis Intervention Team

**CPS** - Calgary Police Service

**Co-responder Teams** - Officers and mental health professionals are paired to respond to calls involving people in mental health crisis

**EEO** - Emergency Examination Order, the document presented to health authorities when police in Queensland exercise their powers under the Mental Health Act

**IFNU** - Integrated First Nations Unit

**Kites** - Kites Trust (Wellington), a peer led mental health organisation which specialises in innovative and achievable ideas

**LAPD** - Los Angeles Police Department

**LAPD ASD** - Los Angeles Police Department, Air Support Division

**MHIT** - Mental Health Intervention Training

**MPD** - Maui Police Department

**NAMI** - National Alliance Mental Illness (USA National)

**NYPD** - New York Police Department

**NZ** - New Zealand

**OPMs** - Operational Procedural Manual, the manual of policy and procedures for operational matters in the QPS

**OST** - Operational Skills and Tactics

**PRIME** - A police computer system used widely in Canada, which the QPS computer program is based upon

**PTSD** - Post Traumatic Stress Disorder

**QPS** - Queensland Police Service

**QPRIME** - The QPS computer system

**RCMP** - Royal Canadian Mounted Police

**RNZP** - Royal New Zealand Police

**RNZPC** - Royal New Zealand Police College

**SFU** - Simon Fraser University

**SMART** - System-wide Mental Assessment Response Team (LAPD)

**SPVM** - Service de la Police Ville Montreal (Montreal Police Service)

**SPD** - Sitka Police Department

**SPR** - Specialised Policing Response

**TTNPS** - Tsuu T'ina Nation Police Service

**USA** - United States of America

**VPD** - Vancouver Police Department

**WVPD** - West Vancouver Police Department

**WPS** - Winnipeg Police Service

# CONTEXT AND BACKGROUND

Mental health has always been an issue that impacts on policing but since the influx of extremely damaging and dangerous drugs such as methamphetamine into Queensland, Queensland police officers are facing the challenge of persons whose mental illness impacts and influences offending behaviour.

This is especially so for Indigenous people.

It results in financial cost to the community, contributes to the high incarceration rates of Indigenous Australians and a disproportionate increase in police use of force incidents.

The increasing interest in health, policing and justice administration issues in Indigenous communities makes the socio-political environment of policing in Indigenous communities difficult and challenging.

## POLICE ENCOUNTER PEOPLE WITH MENTAL ILLNESS IN SIX BROAD SITUATIONS:

- As a victim of a crime.
- As a witness to a crime.
- As the subject of a nuisance call.
- As a possible offender.
- As a danger to themselves.
- As a danger to others.

It is also true that the person with a mental illness may fall into more than one category at a time. Because of the nature of their duties police have always been the vanguard of crisis response and disproportionately this load falls on first response officers. In remote, isolated stations with high Indigenous populations there is the added dynamic of culture.

All the jurisdictions visited, even French speaking Montreal, had policing models that were recognisably British, where police had a common law duty to provide protection to mentally ill people and also protect the public from the more extreme symptoms of mental illness.

**WHILE THERE WERE A WIDE SPAN OF DIFFERENCES IN PROCESS AND PROCEDURE, IN ALL JURISDICTIONS, THIS DUTY HAD BEEN CODIFIED INTO LAW AND ALL ARTICULATED THE SAME PRINCIPLES;  
IF A PERSON WAS A DANGER TO THEMSELVES OR OTHERS THEN THE POLICE HAD POWERS TO DETAIN THAT PERSON AND TAKE THEM EITHER TO A HOSPITAL OR A POLICE GAOL CELL.**

Some places (Montreal and Winnipeg) had further qualifications allowing police to take action for people who did not fall into the category but were unable to look after themselves and had become unable to care for themselves (vulnerable homeless).

These protective custody powers included powers of involuntary detention and the power to use force to ensure compliance.

# SCOPE

Especially in remote and rural Queensland, the number of Indigenous people with mental health issues is alarmingly high. In these locations police are often required to deal with persons in mental health crisis situations without specialist assistance.

An aim is to minimise the use of force, especially lethal force. To not further traumatise the person experiencing the crisis, onlookers, the person's family and community.

Another aim is to assist to bridge the real gap of disadvantage that Indigenous Australians face.

**The International Association of Chiefs of Police (2010, p. 17) state:**

“When law enforcement officers are called to intervene in a situation involving a person with mental illness who is in crisis, the outcome of their response depends upon many variables, including the officers' training and experience, the quality of information received from dispatchers prior to entering the scene, the ability to take the time needed to make assessments, their knowledge and understanding of the community to which they are responding, their access to mental health professionals' support as needed during the call, and the availability of non-justice system referral options. Many law enforcement agencies have been working with their community partners for a number of years to improve their agencies' responses to persons with mental illness. Because law enforcement officers have discretion to choose how to intervene in a crisis situation, it is essential that they be fully informed about available options and trained to select the one most likely to be effective in safely resolving each situation.”

It is acknowledged that crisis prevention work around increasing awareness and eliminating stigma, along with 'post-vention' follow up after crisis events is best practise. However, this report will come from the perspective of dealing with crisis.

The unfortunate reality is that there is no set training, policy and procedures that will guarantee positive outcomes. Crisis situations are contingencies rather than the preferred option. As with any contingency plan, the report can only outline strategies and principles rather than specific actions for each individual crisis.

In literature and discussions, when many say, “People getting hurt”, the word ‘people’ has come to exclude police. The linguistic interpretation that has come about is that the focus is only on people subject to police action and this is probably due to the appropriate ‘client focus’ of most literature.

**While this report unashamedly seeks to serve the most disadvantaged, the mentally ill Indigenous persons in remote, isolated communities, it also unapologetically asserts the importance of protecting and preserving the lives of police officers providing service to the most disadvantaged in these locations.**

This author believes that the two are not competing aims with a winner and a loser. They are complementary, both seeking the same objective.

The simple fact is, at least in Cape York and other Indigenous communities, effective means not only being effective communicators, but culturally competent.

**It is crucial that police are empowered to preserve their lives and careers, deliver the results that the community expects and mental health consumers deserve.**

THE AUTHOR IS SEEKING AN APPROACH THAT ENCOURAGES THE DEVELOPMENT NOT JUST OF RECIPROCAL RELATIONSHIPS BETWEEN GIVERS AND RECEIVERS OF SUPPORT, BUT ENSURING THAT BOTH PARTIES FEEL THAT THEIR LIVES ARE EQUALLY VALUED AND EMPOWERED BY THE ESTABLISHMENT AND COMMUNITY.

# ACTION

**Enquire into, examine and explore law, policy, procedures, process, training, organisational cultural and social dynamics in the United States of America (USA), Canada and New Zealand (NZ) that impact on police service delivery to people with mental health issues, especially Indigenous people, and develop recommendations for service improvement in Queensland.**

**THIS REPORT IS NOT INTENDED TO BE VIEWED AS DEFINITIVE.  
IT IS INTENDED AS A SPUR, A GUIDE TO POLICE AND TO SERVE AS A CATALYST.**

**OPENING DIALOGUE, INCREASING MUTUAL UNDERSTANDING AND  
STRENGTHENING COLLABORATION AMONG ALL THOSE WITH A STAKE  
IN THE SUCCESS OF THIS ENDEAVOUR.**

Language is an important part of the dehumanising process. As much as grammatically possible this report will avoid the use of dehumanising terminologies such as 'subjects', 'client' or even 'consumer'. While it will add considerably to the word count, at all times, wherever linguistically possible, people subject to police action will be referred to as that, people. Police will still be referred to as police with the hope that any readers will mentally humanise while reading, as any other terms are just too clumsy.

## **A I M S :**

- Improve safety and security of all people involved in mental health crisis situations through lower uses of force incidents.
- Improve safety through better police tactical communication/de-escalation techniques.
- Foster recognition that police are people not just service deliverers.
- The unique cultural characteristics of Indigenous people with mental, emotional, or behavioural issues should be taken into account when developing effective prevention and crisis intervention approaches.
- Lower stigma for people with mental illness and their families.
- Lower consumer trauma during resolution.
- Reduce cultural and institutional service barriers for Indigenous people.
- Increase organisational and individual officer cultural competence.
- Foster recognition that mental health crisis situations are a social, not just police issue – improve 'team' approach.
- Increase police recognition of communication and de-escalation as effective and legitimate Operational Skills and Tactics (OST).
- Reduction in number of incidents where people with mental health are victimised.
- Reduction in volume of police calls for mental health related service.
- Effective and appropriate use of all emergency services such as Ambulance, Fire, Mental Health Acute Care, Corrective Services and Hospital Emergency Department.
- An increase in access to appropriate and culturally effective crisis response.
- Reduction in street and community disorder related to target population.
- Reduction in number of subject clients in court system.
- Reduction in number of arrests and criminal incarcerations.

## **THROUGH IMPROVED SERVICE DELIVERY TO:**

- Improve confidence in police.
- Improve police/community relations.
- Improve police/Indigenous relations.
- Strengthen Indigenous crime prevention initiatives.
- Reduced reliance on criminal justice system.

# METHODOLOGY

The areas visited were selected because of their similarities to the Northern Australian situation.

NZ, Canada and the USA were all countries settled by English speakers with the obvious exception of Montreal. While culturally French, Montreal still has a recognisably Anglo-Saxon system of government, justice administration and approach to mental health issues.

All countries visited are First World, with democratic systems of government who all have or are currently experiencing issues related to police dealing with mental health crisis situations.

## **MULTIPLE METHODS WERE USED TO INVESTIGATE THE QUESTION:**

**“How can police deliver effective, culturally competent services to people suffering mental health crisis situations, in a way that delivers the best outcome for all involved?”**

### **People interviewed included:**

- **Police.**
- **Other service deliverers.**
- **Mental health consumers and their families.**

IN ORDER TO EXAMINE THE SUCCESS OR FAILURE OF POLICE ACTIONS, INTERVIEWS WERE CARRIED OUT WITH PEOPLE IN A NUMBER OF COUNTRIES AND CITIES TO GAIN AN UNDERSTANDING OF THE COMPLEXITIES OF THEIR MENTAL HEALTH CRISIS SITUATIONS.

Initially, free comments were solicited, and a free-flowing discussion style was used. The discussion began with an introduction consisting of the purpose of the study and if relevant, the system, or for cultural issues, the situation in Queensland. If the specific issues outlined above were not dealt with, a list of questions were asked.

If permission was gained, the interviews were audio recorded. If not, notes were taken and summarised. Any direct quotes attributed are either direct quotes from the recording, or if taken in note form, checked with source prior to being included.

Some participants, disproportionately law enforcement officers, but also people with mental health issues, gave permission for quotes to be used but declined permission for names to be used as their comments may have been critical of the department or may have been in some other way controversial.

Also, some people with mental health issues who answered questions declined to be identified because they wanted to protect their privacy. The author gave an undertaking that their names would not be used or revealed. There were some comments and observations made that the author requested to use, but permission was denied. As outlined above, participants came from all disciplines, however the majority were law enforcement as the role of police was an integral element of the inquiry.

As the author is himself a law enforcement officer, police officers spoken to were generally quite open and candid, trusting that the comments would not be taken out of context, to demonise police or validate a simplistic narrative that the police were the problem.

This is one benefit the author believes he has over non-law enforcement officers examining this issue. Police really do have their own unique culture and part of that is a distrust of people outside law enforcement. Quotes were chosen that best illustrated the consensus, narrative or theme as interpreted by the author. They are illustrative rather than exhaustive.

Besides interviews and discussions with stakeholders there was a review of law, policy and procedures for mental health situations, review of pre and ongoing training for dealing with mental health and an examination of resourcing. There was actual operational work with police at five locations, being Maui, Sitka, Surrey (Vancouver), Los Angeles and Arlington.

Because the trip and the examination itself revealed issues that were not conceived of by the author, statistics and numbers of all persons spoken to were not kept. In hindsight if the author was to perform this examination again, there would be much better record keeping of the numbers and types of people spoken to so as to give more concrete information regards consensus and findings of conversations. The author includes this qualification purely for the sake of complete honesty and open disclosure.

# EXAMINATION LIMITATIONS:

It was beyond the scope of this review to conduct an exhaustive analysis of all the research and data available. The author did not have the time, resources or qualifications to conduct a study or research that had a methodology to the standard of peer review and therefore will not use words like ‘study’ or ‘research’.

This report and the findings are the result of the author examining the issue through accessing law, policy, procedures, examining the time and resources put into mental health and crisis response, and interviewing police, academics, other service providers, people in cross cultural positions, people with mental health issues and their family members.

Issues that were not conceived of as being important at the time of the commencement of the Fellowship became apparent and for some, became vitally important. Because the issues were not conceived of at the time, there was no methodology for systematically obtaining information and data around those issues.

Further, the concepts of ‘fair’ and ‘vilification’ are used in this report, but these concepts are complex and subjective. One person’s good outcome is another person’s bad outcome.

For example, a police officer using lethal force to prevent their self or others from bodily harm may be perceived as a good outcome for the police officer and some parts of the community but may be perceived as a bad outcome for that person, their relatives and some other parts of the community.

The complex nature of public attitudes and the diversity of attitudes among community members make measurement of these concepts difficult.

**BECAUSE OF THE NATURE OF THIS EXAMINATION AND THE METHODOLOGY, RESULTS SHOULD BE TREATED AS INDICATIVE RATHER THAN CONCLUSIVE AND THERE ARE MANY ISSUES REVEALED THAT SHOULD BE THE SUBJECT OF A PROPERLY COMPLETED STUDY.**

The author was in the USA during the controversies around police shootings, deaths in custody and use of force. There was very high-profile criticism of police and police agencies at the time of the visit to America that did influence perceptions of police and other participants.

In fact, this became so much of an issue in itself that it is discussed as a finding and lesson learnt. Comments and findings may be indicative of the time and circumstance rather than an impartial objective view.

It is more than just possible that comments and opinions about the high-profile shootings and criticism affected perceptions of police, and police perceptions of the judiciary, other justice administrators, media, academics and the public. The events and coverage would affect the perception of any reasonable person. The author openly admits that the examination raised many questions and issues that need further research and enquiry.

While the enquiry was not peer-reviewed research, the author did have ethical considerations. Participation was voluntary and no people, including police officers were coerced into speaking with the author. All persons were informed of the author’s background, what the Churchill Trust was and where the findings would go.

As outlined above, confidentiality was a real issue. Where people requested that their identity not be revealed, this wish has been respected. For complete disclosure when the process was outlined to two Indigenous people in Montreal, they refused to take part. These were the only refusals.

The assertions made and the opinions tendered are the author’s own. They are not those of the Queensland Police Service (QPS). They are meant only to illuminate a range of issues that need to be considered when approaching this complicated and difficult subject. It is likely that there will be a few individuals or groups who will hear things that they do not agree with or like.

**IT NEEDS TO BE MADE CLEAR THAT  
THE INTENTION OF THE AUTHOR  
IS NOT TO INSULT OR OFFEND,  
BUT TO RAISE ISSUES FOR DISCUSSION.**

# INTRODUCTION

This report will outline the findings of the examination of culturally effective police responses to persons in mental health crisis situations in the United States of America, Canada and New Zealand.

**THE REPORT WILL DEAL WITH DYNAMICS AND ISSUES THAT AFFECT SERVICE DELIVERY INCLUDING:**

- 1. THE ORGANISATIONAL RESPONSE.**
- 2. CRISIS DEFINITION.**
- 3. ORGANISATIONAL CULTURAL VALUES.**
- 4. ISSUES AFFECTING SERVICE IN REMOTE ISOLATED LOCATIONS.**
- 5. USE OF TECHNOLOGY.**
- 6. STRATEGY OF HUMANISATION.**
- 7. ATTITUDES OF POLICE.**
- 8. DYNAMICS IMPACTING ON POLICE DECISION MAKING.**
- 9. HUMANISATION OF POLICE.**
- 10. FEAR OF LOSS OF AUTHORITY/CONTROL.**
- 11. REASONABLE EXPECTATION.**
- 12. STIGMATISATION OF POLICE AND ITS EFFECTS ON MORALE AND SERVICE DELIVERY.**
- 13. POLICE SELF-IMAGE.**
- 14. ATTITUDES OF PEOPLE WITH MENTAL HEALTH ISSUES TO POLICE.**
- 15. CULTURAL COMPETENCY.**
- 16. GUIDING PHILOSOPHIES AND PRINCIPLES OF TRAINING.**
- 17. ROLE OF POLICE COMMUNICATIONS OPERATORS/DISPATCHERS.**

**THIS REPORT WILL DISCUSS THE APPLICABILITY OF SOME FINDINGS TO THE QUEENSLAND SITUATION.**

**IT WILL THEN MAKE RECOMMENDATIONS.**

# 1. THE ORGANISATIONAL RESPONSE

While good work is being done and progress is being made, the QPS does not yet recognise the degree to which mental health impacts on calls to service, perceptions of police professionalism and community confidence.

This may be because the QPS does not know the scale of the problem and therefore cannot effectively direct resources to accurately measure the extent of the problem.

Enquires in Vancouver revealed incidents which result in Mental Health Act apprehensions comprise only a small number of total police contacts that have mental illness as a significant contributing factor.

**The Vancouver Police Department (VPD) recognised this problem and as a direct consequence:**

*“In November 2012, the VPD began using a PRIME template to systematically track whether mental illness was a contributing factor in incidents attended by police officers. Since then, responding officers have indicated that they believe mental health related issues directly contributed to at least 21% of all incidents attended.”* (Vancouver Police Department, 2013 p. 16)

The QPS needs a QPRIME template to systematically track whether mental illness is a contributing factor in incidents attended by police in Queensland. The QPS needs to recognise that the unique nature of dealing with people with mental illness requires a specialised policing response. A number of themes are identifiable.

*“Essential elements required for effective crisis response programs, are including but not limited to; collaborative planning and program implementation structures, training of officers, dispatcher protocols, safe and appropriate transportation arrangements, information exchange between police and their health partners, and extensive police organizational support of such specialized programs.”* (Wood, Swanson, Burriss and Gilbert, 2011 p. 33)

**THERE ARE REAL BENEFITS FOR POLICE IN IMPLEMENTING A SPECIALIST RESPONSE.**

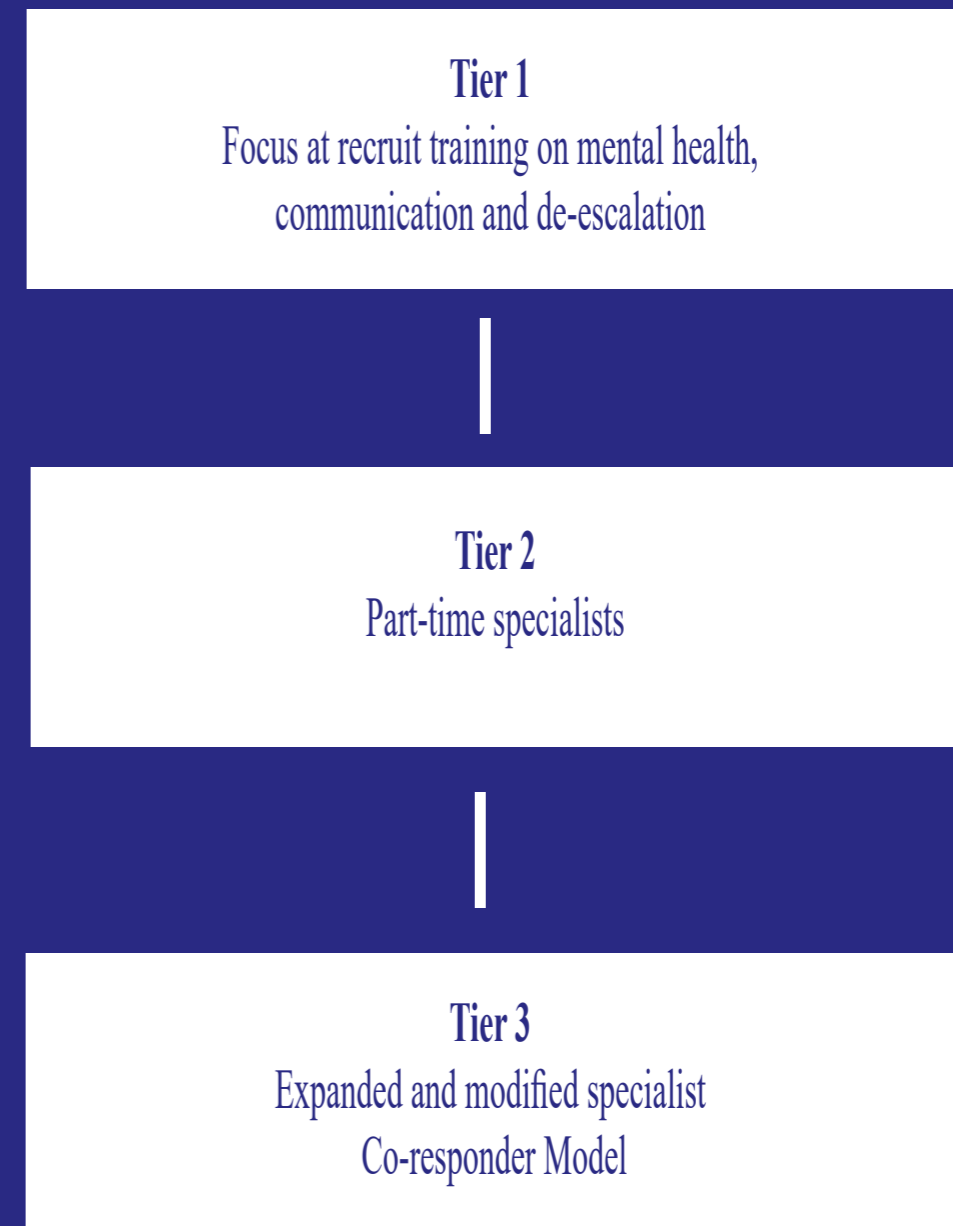
*“Evidence suggests that when specialist policing responses are appropriately implemented, departments show a decrease in officer injuries and improvements in connecting the individual involved to mental health treatment.”* (Council of State Governments Justice Centre, 2012, p.vii)

Further NZ police have, compared to Queensland, low complaint rates. The NZ Police Inspectors have put this down to a real focus on a couple of major factors; the service ethic in policing rather than the militaristic image of soldiers against crime combined with communication and de-escalation training.

Communication and de-escalation training is not just delivered as part of OST, it’s delivered specifically as a complaint reduction strategy and it appears to be working.

## THE THREE TIER RESPONSE

Considering that Queensland is such a large state with many remote, isolated stations including Indigenous communities, in the opinion of this author, there needs to be a tiered response.



## TIER 1 - FOCUS AT RECRUIT TRAINING ON MENTAL HEALTH, COMMUNICATION AND DE-ESCALATION

For the locations visited, the least number of hours put in was eight hours, through to twenty-four hours training and at some departments spending a full forty hour week. Communication/de-escalation techniques also need to be regularly refreshed and the most effective way is incorporating specific techniques into the equivalent of Officer Survival Tactics (OST) refreshers.

This was very effective because it removed the idea that communication was somehow separate from or an alternative to OST. The way the training was delivered was to lead the participant to the conclusion that that communication and de-escalation were primary officer safety and survival tactics.

That if an officer had to go to accouchements or weapons it was because the officer had tried communication and de-escalation techniques and they had not proven effective.

**All officers should get a basic amount of training and regular refreshers dealing with communication, de-escalation and how it affects mental health.**

## TIER 2 - PART-TIME SPECIALISTS

Crisis Intervention Team (CIT) 'Memphis Model' training should be modified to suit Queensland, delivered to volunteers who pass selection criteria and have an interest in this area. These officers could be used in remote, isolated areas where the third-tier specialist co-responder units are not available or in areas where the third-tier exists but is not available twenty-four hours.

This is the area where the QPS will have to put time and money into training and it will become a management consideration, for example, for rostering for larger stations ensuring that a CIT officer is rostered and available.

It should also become a consideration for transfers to remote, isolated stations especially in places like Cape York where there are identified communities with a very high need. Comparable jurisdictions have around twenty and forty percent trained, depending on the organisation.

For larger organisations that have to cover large areas like the Royal Canadian Mounted Police (RCMP), this is an effective way of getting services provided to remote, isolated stations because with staff turnover, sooner or later every station will have had a CIT trained officer working at it, even small, single person stations.

Also, with appropriate percentages in the organisation trained, it is reasonable to expect larger remote stations around the six person and above, to have a CIT trained person who can respond to crisis situations and assist with managing the mentally ill in those divisions.

## TIER 3 - EXPANDED AND MODIFIED SPECIALIST CO-RESPONDER MODEL

This model is in use in some Queensland Police districts, introduced by Senior Sergeant GILES and Senior Sergeant MITCHELL, both themselves previous Churchill fellows. Looking at what is happening in comparable jurisdictions, Queensland is working towards being in line with best practise.

At this time however, the Co-responders are designed to attend emergency situations or conduct essential follow up in relation to files that may result in an involuntary Emergency Examination Order (EEO) under the Mental Health Act.

The Co-responders are an excellent and effective management tool for crisis situations and talking to officers performing that duty in Queensland, are having the effect of saving calls to service with lower EEO numbers for first response police.

This author's concern is as it currently exists the model does little to reduce the numbers of calls for service from people with mental health who do not meet criteria for EEOs and are not seeking help independently.

**The Co-responder role should be expanded to identify the increasing number of people with mental health who are having continuous contacts with police.**

The call volume and risk to the community demonstrated by these people is comparable to that of chronic offenders. These repeat mental health 'clients' are termed 'Chronic Consumers'; they are mentally ill persons who have repeat interactions with police because their actions are socially inappropriate, disruptive or threatening.

These people may themselves repeatedly call police for assistance with non-emergency problems. These are the people that rarely commit serious criminal offences and only occasionally meet the criteria for EEOs. They are heavily dependent on police to manage their daily lives. Without dedicated intervention they will continue to take away valuable resources from front line officers by consuming hundreds of work hours a week in nuisance files; missing persons, disturbances, disorderly conducts, aggressive begging, trespass, landlord/tenant disputes, shop lifting and the like.

The courts are unwilling to put these people in custody, and if they do it is for short terms that do not solve the problem. The behaviour re-starts immediately upon release. The jobs are continuously investigated, concluded and repeated. This is truly the revolving door.

The solution as witnessed in Surrey and articulated by Constable QUEE, is to designate an officer to work in partnership with Co-responders to monitor the community follow ups, perform risk assessments to case manage 'Chronic Consumers' to re-direct them away from police calls and subsequent involvement in the Criminal Justice System.

**Through case management, appropriate referral and monitoring follow up, the dependant, mentally ill person, is transferred from the police to the mental health service field.**

Overseas experience in the RCMP in Surrey and Vancouver reveals a large reduction in calls for service as well as better and more appropriate service for the client. Rather than acting as a twenty-four hour social service, the police role becomes that of identification and referral. This can only be a realistic objective if the police can provide concrete evidence to the responding organisation as to why a particular individual requires resources.

This is called ‘assertive outreach’ by some law enforcement organisations. It is this response that pays the most for police delivering reduced calls for service because it focuses resources (disproportionally non-police) on identified issues, yet it is the police who are doing the identifying of where the resources need to go.

The principle behind this is not new. It’s problem-oriented policing, working on the recognition that a relatively small number of people are responsible for a large number of calls for service and problems in the community. By identifying these individuals and putting in place preventative measures police will reduce calls to service.

**As Constable QUEE pointed out:**



“...it’s a community based, proactive, client centred approach to managing police calls related to mental health.”

In Surrey and Vancouver, the links between police and mental health professionals pay off in other areas. The professionals liaise with the crown for mental health clients involved with the justice system, complete risk assessments for other specialist sections such as major crimes, child and sex crimes, and missing persons. (Paraphrase from QUEE)

As stated above, the Co-responder Model introduced and functioning in Cairns is an excellent resource but is already becoming stretched. The Co-responder Model is an operational response team. Due to operational demand staff cannot attend all community outreach meetings, conduct the in-depth follow up, meet all the demand for training initiatives or manage long term follow up. That role is already involving in-house training and QPRIME checks of EEO files to ensure compliance with QPRIME manual.

The job of the case manager is to identify those likely to pose a threat, identify resource-intensive individuals and take measures to reduce the number of police contacts. They also provide bulletins to police about potentially dangerous individuals. Police collect information about mental health related calls, allowing them to identify trends or hotspots in need of response.

**Even for people who do not need to be case managed, the QPS computer system QPRIME allows police to enter flags and warnings, especially mental health warnings.**

It is already routine that police enter mental health warnings on a person. Attuned with a police definition of crisis, operational police could send indications of a person or a situation that has the potential to become a crisis situation so that police attending are forearmed.

Even if a crisis response was not applicable, police could enter information on computer flags about triggers and known successful strategies that work with that person.

Many police actions involving mental health consumers will be planned. Even for those that are not, responding police need to be informed.

**For general duties first response, there needs to be flags on QPRIME with a short precis of relevant information. For example, people to call, triggers, subjects to avoid and things to say that work.**

There are several positives to having an officer working as a case manager who can also, when required, co-respond. This system is particularly appropriate for areas where there is an identified need, but the need does not require a multi-person section or twenty-four hour response. Again, this is because that person’s role is actually focusing the resources of other departments.

**THIS WOULD WORK WELL FOR DISTRICTS  
OUTSIDE OF THE METROPOLITAN AREAS.**

## 2. CRISIS DEFINITION

One issue uncovered by this examination is the QPS does not have a definition of a mental health crisis.

The QPS has relied on Queensland Health's definition of a mental health crisis, and this has affected how police approach the issue and also how they respond. It also has the potential of allowing mental health related work to end up back with police, which is not the desired response.

Several comparable law enforcement organisations including the Maui Police Department (MPD), the Service de la Police Ville Montreal (SPVM) and Los Angeles Police Department (LAPD) have their own definitions of Mental Health Crisis.

**THIS IS AN ISSUE THAT THE QPS NEEDS TO EXPLORE.**

## 3. ORGANISATIONAL CULTURAL VALUES

The QPS needs to focus on the moral foundation of policing, best articulated in the Peelian principles from the very beginning. The QPS needs to concentrate on the service, rather than the warrior view of policing and this needs to be reflected in recruiting strategies, in training, in choices for promotion and transfer and messages from police executives.

**THE MOST EFFECTIVE WAY THE QPS CAN DO THIS IS TO VALUE COMMUNICATION SKILLS.**

Skills in the area of investigations and in the tactical area are highly valued. The ability to effectively communicate needs to be valued at least equally. This means that the ability needs to be recognised in criteria that affect promotion, career path and training.

**Constable Carlo De ANGELO, SPVM said:**

*“An issue is organizational culture, but we can change and influence culture through process, because one greatly influences the other.”*

Perhaps understandably the police focus on people with mental illness as subjects; that is, people who are engaging in anti-social or criminal behaviour, are dangers to themselves or others. A dynamic the QPS needs to recognise is dealing with the mentally ill will require effective methods of dealing with mentally ill people as victims and witnesses.

*“VPD data indicates that mentally ill persons are at a much greater risk of becoming victims of crime than the general public. An examination of the victimization rates of persons who have been apprehended under the Mental Health Act in 2012 has shown that this group is more than 15 times more likely to be the victim of crime when compared to the general public. When specifically looking at instances of violent crime, persons suffering from mental illness are 23 times more likely to be victims than the general public.”* (Vancouver Police Department, 2013, p. 2)

Recognising this reality and dealing with the issue will have the effect of a crime prevention initiative. All the basic principles of humanisation and empathy are applicable, but it is important to have organisational and procedural recognition of the specific nature of victimisation of people with mental illness and what that will mean for evidence gathering and initiating a prosecution.

**ANOTHER IMPORTANT CULTURAL VALUE IS THE IDEA OF CONSULTATION AND INVOLVEMENT.**

The QPS routinely consults other stake holding organisations when planning responses to issues and this is best seen in memos of understanding. Mentally ill people, their families and credible advocacy organisations need to be involved in the writing of policy and procedure as well as the writing and delivery of training.

## 4. ISSUES AFFECTING SERVICE IN REMOTE ISOLATED LOCATIONS

There is no single path to success. This is especially true for Queensland which is a large, varied state with high numbers of remote and isolated police stations.

Implementation strategies need to take into account the distinct socio-economic characteristics of individual police districts and even stations.

While being remote and isolated generally provides more challenges than solutions, police in remote isolated areas are often more in touch with social dynamics, are in a better position to gather information, monitor known patients and assist to case manage.

**POLICE OFFICERS IN THESE PLACES HAVE A BETTER KNOWLEDGE OF 'BASELINE' BEHAVIOUR AND THEREFORE CAN MORE QUICKLY IDENTIFY WHEN PROBLEMS ARE DEVELOPING.**

## 5. USE OF TECHNOLOGY

Especially in remote, isolated areas it is unreasonable to expect first responders to know everything, however the use of communications technology, particularly the more mobile sort, enables responders to access information about specific types of mental illness, the manifestations/symptoms of that illness, strategies to confront and defuse the illness.

### PROJECT ECHO

A potential strategy for dealing with crisis situations in remote isolated locations is an American health project, Project Echo.

Communications technology such as Skype, teleconferencing and video linking of professionals, family and consumer are utilised to reveal all issues and get the best outcome. This greatly reduces isolation and enables people in remote areas to access experts and obtain up to date best practise.

There is no reason why this technology should not be used for case management and planning of high-risk situations, and where operational situations allow, resolution of crisis situations.

### MOBILE PHONE APPS AND COMPUTER PORTHOLES

Another technological resource that the QPS is utilising well in other areas is mobile phone apps and computer portholes. Work could and should be done for a mobile phone app around mental illness that has a communications aspect. This concept is applicable to and further discussed when dealing with the subject of cultural effectiveness.

The other important and relatively cheap strategy identified from research is an excellent tool the Victoria Police have. A computer portal 'the mental health knowledge bank' is an intranet portal that police can access for information on such areas as state and local protocols, initiatives, statistics, and research.

It is envisioned that remote and isolated areas will be covered disproportionately by the first tier of response. Regardless of how remote and isolated a location is there needs to be clear inter-agency protocols in place. Communications allow twenty-four-hour contact and access to specialists for advice and guidance. With wide training of officers on the modified CIT model, better trained officers are likely to be spread widely through remoter and more isolated areas. This is one of the specific aims of the second tier.

While the aim is to get all operational police trained to a basic level of understanding and response, wherever specialist policing responses are available they should be utilised. The fact that an officer has basic training should not be a reason not to employ better trained specialists.

**WITH THE RIGHT FOCUS, TRAINING AND INTELLIGENT USE OF TECHNOLOGY, THERE IS NO REASON WHY EVEN THE MOST REMOTE AND ISOLATED LOCATIONS SHOULD NOT HAVE ACCESS TO SPECIALIST ADVICE.**

## PORTABLE SIMULATION TRAINING UNITS

These units are an effective way of placing police, especially inexperienced police in realistic situations, many of these situations derived from real events. By doing this staff get exposure and experience in a secure, risk free environment. There are systems which allow the scenario to change. This has an additional benefit.

Traditionally, role plays are used for training. Quite often role plays are completed with no accouchements and that is a cue to participants that there will not be any use of force involved.

**The validity of this training for being able to identify situations where the participants need to choose between communication, use of force and de-escalation is questionable.**

The New York Police Department (NYPD) and the RCMP has invested in portable simulated training. According to trainers at the RCMP, the cost of each system is about USD\$250,000. The author used the non-portable program in Los Angeles, but it is exactly the same as the portable one and it is excellent.

**FOR TRAINING AND UPGRADES, THE QPS SHOULD ACQUIRE  
PORTABLE SIMULATION TRAINING UNITS WHICH TAKE DYNAMIC,  
REALISTIC TRAINING TO REGIONS AND REMOTE, ISOLATED AREAS.**

## 6. STRATEGY OF CROSS HUMANISATION

Police work is dehumanising. Police are overexposed to people who are dishonest manipulators. Police officers are exposed to and use violence. This leads to a desensitisation and 'compassion fatigue' as outlined by Dr Dan Rudofossi (2015, p. 16-17) in his book, *Dealing with the Mentally Ill Person on the Street*.

**THIS PROCESS OF DEHUMANISATION WORKS BOTH WAYS.**

Watching the media response and speaking to stake holders about controversial policing outcomes in the USA, the author came to the conclusion that not only do the police dehumanise mentally ill people so they can cope with dealing with them, there is a real problem with mentally ill people, their families, justice administrators and the broader community dehumanising police.

This is perhaps an understandable response to situations where people are horrified by the outcome of a police incident and are looking for reasons. A simplistic but common narrative is that the police are simply bad people.

**With the strategy of humanisation there are two aspects police need to look at:**

- What police do to retain their humanity, to rehumanise the mentally ill in the eyes of police.
- What could and should we do as an organisation to humanise police in the eyes of those mentioned above.

**NOT ONLY DO POLICE HAVE TO DO BETTER  
DEALING WITH MENTALLY ILL PEOPLE,  
POLICE NEED TO REALLY DO A LOT OF WORK  
IN THE AREA OF REASONABLE EXPECTATION.**

## 7. ATTITUDES OF POLICE

To ascertain the attitudes of police towards the mentally ill, the author spoke to officers in all jurisdictions in various settings. Sometimes in formal interview situations, during breaks from courses, while working together on shifts or in off duty situations.

In the USA and Canada, most but not all officers spoken to were mental health specialists, either co-responders or CIT trained. It was in course situations where the author got to speak to non-specialist police. In NZ there is not yet a specialist mental health section although one is being developed. The author did get the opportunity to speak to operational police attending the Tactical Communications course who were disproportionately traffic branch. However, most officers interviewed in NZ were in training or management roles.

In all jurisdictions, attitudes ranged from the idea that dealing with mental health isn't really police work, through to a reluctant acknowledgement that mental health impacts on police work and therefore is an issue that needs to be dealt with, to those who saw dealing with people affected by mental health as central to the mission of policing.

From the limited dealings the author had with operational NZ police, being an unarmed service, they understood the value of being able to effectively communicate with people in crisis situations and recognised mental health as a growing contributing factor to that.

Only two officers confided to the author that they did not see dealing with mental health as police work. Their observations did not appear to be made out of indifference, but fear of the complexities and the negative publicity for police when things go wrong. One was a Senior Patrol Officer and the other was a Sergeant, Shift Supervisor.

Most police were in the middle acknowledging that mental health impacts on police work and needs to be dealt with in a humane way. Predictably, officers who were CIT trained or working in the 'Cop and Clinician' cars saw mental health as central to the policing mission.

**By way of example, a typical comment from one CIT trained officer in Maui:**



“Looking after those  
who can't look after themselves is what we do.  
I'm proud of that.”

**It should be noted that for the CIT or other specialist officers spoken to, a common theme was having a family member, close friend or loved one who was affected by mental health, having been affected personally by suicide or having had mental illness, mostly Post Traumatic Stress Disorder (PTSD) or depression themselves.**

There seemed to be some sort of personal stake in mental health issues for those who had moved into the specialist area, although that was not true for everyone. Some reported going into that area purely out of interest, or because they had been recruited because of their perceived ability to communicate well.

All specialists asked had the self-image of being higher-level communicators and relying disproportionately on communications to resolve situations.

However, the fact that many officers had a personal motivation for moving into a form of duty that was until recently not seen as a police function is interesting and is something to consider when recruiting and retaining staff.

For complete disclosure, the author was working mostly with specialists and did not get a balanced view, not having the time to talk to high numbers of general duties, non-specialist patrol officers.

**It could be the case that the generally positive attitude towards mental health issues and persons suffering from mental illness may be a direct result of training, working with other professionals and exposure.**

**HOWEVER, THIS GIVES SOME INDICATION  
AS TO THE ATTITUDE IN SOME LAW ENFORCEMENT CIRCLES.**

## 8. DYNAMICS IMPACTING ON POLICE DECISION MAKING

There seems to be a belief that the police view of the person with mental illness will be the determining factor of interactions between police and mentally ill people. But discussions with police revealed a number of other issues that impact greatly on the decisions police make in operational situations.

**The quote, on the opposite page, from an officer (non-specialist) in the USA shines a light on police views not just of people with mental illness, but the issue of mental illness in the context of policing.**

**IT ALSO RAISES A NUMBER OF INTERESTING POINTS THAT IMPACT ON POLICE DECISION MAKING THAT NEED TO BE CONSIDERED BY RESEARCHERS KEEN TO DELIVER BETTER OUTCOMES.**

Considering the dynamics, especially the human ones that impact on service delivery it is probably no coincidence that specialists deliver better outcomes. Author's examination suggests that pre-existing empathy because of personal experience results in a pre-disposition to rely on communications more and a better openness to training.

As mentioned above 'compassion fatigue' and the simple dynamic of dealing long term with mentally ill people takes its toll on service providers. Unfortunately, author could not locate any studies or data on the length of time staff could stay prior to burnout or the point of diminishing returns for that individual (that is where they are contributing more than it is costing them personally) is reached.

Talking to trainers and supervisors especially in LAPD, in comparable specialisations like child abuse there is a recognised 'use by' date for staff.

Staff burnout is also a recognised risk factor in the QPS, with the QPS having been subject to civil actions from covert police and also those dealing with child abuse.

**THERE NEEDS TO BE REAL DATA  
ON HOW LONG PEOPLE SHOULD STAY PERFORMING  
THE CHALLENGING SPECIALIST TASK  
OF DEALING WITH THE MENTALLY ILL.**

**IT NEEDS TO BE CONSIDERED WHEN DEALING WITH  
THE HUMAN RESOURCE REALITIES OF SERVICE PROVISION.**

The following is a quote from an officer (non-specialist) in the USA:

(THIS COMMENT WAS OBTAINED IN THE CONTEXT OF DISCUSSING POLICE FAILURES)

"People make out that when there is a failure, an outcome that is controversial, and all though they are treated as such the two are not one and the same; that it's the officer, training or departmental policy. Sure, sometimes it is. But most times there's a bit more to it than that.

There are so many other factors that you have to consider and balance. If you're in a public situation you have to consider public perception, that the police need to be seen to take decisive action. What the victim wants. How serious the offence is. It's all good to tell me to consider options other than arrest, but where can I take them and who can I give them to? How co-operative is the (I know you don't like the word Matt, but) 'subject' and how likely they are to respond to requests rather than orders. That's not contempt of cop, as you call it, either. If people are challenging our authority on the street, they are not going to obey rules when you're not there.

The police cannot be treated like a joke.

Then of course there is time. Sure I get that these people are disadvantaged. But I have other jobs to go to. I don't apologise for valuing expediency. Expediency is often made out to be lazy and corner cutting, but another word for it is using your time properly. Mental health may be your only focus Matt, but we have a lot of equally important things we have to do. No-one judging us gets just how complicated and difficult it is. They are looking for simple answers like 'the cops just don't care' or 'the cops are stupid and lazy'.

There's a bit more to it than that."

## 9. HUMANISATION OF POLICE

A topic that was noticeably absent from the available reviewed literature and previous examinations was a consideration of police perspective.

‘The police’ were spoken of as a faceless inhuman bureaucracy. The motivating factors, fears, the humanity of the individual officers who end up delivering services in difficult, sometimes life challenging situations were either ignored completely or only touched on.

**THERE IS MUCH WRITTEN ABOUT POLICE THAT IS WRITTEN WITHOUT AN UNDERSTANDING OF THE HUMAN SIDE OF POLICING AND THEREFORE WHAT CAN REASONABLY BE EXPECTED FROM POLICE.**

When having discussions with officers, some of them veterans of more than twenty years, about inappropriate, or just controversial uses of force, fear came out as an important causal factor.

The uses of force discussed went through, force that was justifiable but controversial ‘lawful but awful’, to minor overreactions, through borderline uses of force, right up to outright police brutality.

One officer in an American department, a person with in excess of twenty-five years’ service, was discussing a time where he had used unreasonable force. These were not specifically in mental health situations, but were in emotive, high-risk crisis situations.

**The officer said:**

(THIS CONVERSATION WAS HAD IN THE CONTEXT OF DISCUSSING POLICE BRUTALITY)

“I would not have had admitted it to myself at the time and would have dressed it up as righteous anger, but the simple fact is when I think of every time I’ve gone over the top, it was because I was scared.

I just wanted to end the situation.  
No cop wants to admit that to themselves, but we feel fear too.

When you’re scared you just want the situation to end.  
To be over.”

**For the author, the above comment from an officer put things in perspective.**

**THIS REVEALED A NUMBER OF ISSUES  
AND RECOGNISED A DYNAMIC THAT IS HINTED AT  
BUT NOT REALLY DELVED INTO BY MOST ANALYSIS OF POLICE ACTION;  
THE IDEA THAT POLICE FEEL THAT MOST HUMAN OF EMOTIONS, FEAR.**

Training and experience will assist to manage that fear. But nothing will ever eliminate it. It is part of the human condition and a rational response to the dangers of policing.

Dr Daniel Rudofossi (Psy.D., Ph.D and former NYPD Sgt) recognises the complexity of police officers responding.

**To consolidate and paraphrase:**

Rudofossi makes the valid point that any examination of police action that does not take into account the humanity of police officers is flawed. Most police officers have a real desire to help others, but their survival instinct and fear of injury will always take precedence and be paramount.

Rudofossi goes on to clarify that this does not mean that law, policy, procedures and training have no meaning, but that law, policy and procedures written without that understanding are flawed.

**This principle applies to police accountability, which is discussed more fully later.**

## 10. FEAR OF LOSS OF AUTHORITY/CONTROL

Fear comes in different forms. It is not just a fear of death or bodily harm. Police control most situations through their authority.

**Therefore, to police officers, a threat to authority is not just a personal affront but a challenge to their ability to control a situation.**

Police fear losing control of any situation. This is why police react in a way that is viewed as an overreaction by some to protect their authority. It's a desire to maintain control of a situation that has the potential to spin out of control.

None of this is to say that police don't lose perspective. Police action often becomes an end in itself, and the initial goal of the action is forgotten. It's difficult for police in operational situations to recognise when the point of diminishing returns is reached. It's difficult to have the presence of mind to be able to recognise that and take a step back.

**THIS TOPIC WAS THE CAUSE OF MUCH DISCUSSION BETWEEN  
THE AUTHOR, TRAINERS AND MANAGERS.**

**SOMETIMES IT IS IMPOSSIBLE TO DELINEATE BETWEEN MISSION FOCUS AND DUTY.**

## 11. REASONABLE EXPECTATION

The police organisational response needs to manage reasonable expectation. This should be done in partnership with mental health professionals, people with mental health, their families, credible advocacy organisations, other stakeholders and police unions for credibility.

**HATE AND STIGMATISATION OF POLICE  
ARE REAL.**

This hate and stigmatisation does not just exist in people from lower socio economic brackets. In fact, in the author's personal experience, these people are broadly sympathetic of police. Stigmatisation exists in academia, the legal fraternity, the media and other branches of the establishment.

**When hate masquerades as criticism the distinction between hate and criticism are blurred. This has the effect of creating a police 'siege mentality'.**

One dynamic revealed during the enquiry is that some police perceive the justice administration establishment, and many in academia, as having a distorted perspective of what a desirable outcome is, and an unrealistic image of what sorts of desirable outcomes are actually achievable.

As much as police may have sympathy for a person whose mental illness results in a crisis situation, it is not realistic to expect police not to protect themselves or execute their duty to protect the community because of mental illness.

**It's all a matter of perspective:**

- To the police officer, his or her safety is paramount, and their duty runs a close second. The safety of the person with mental illness is a consideration, but not paramount.
- To the person with mental health and their families, the safety of the person is paramount and a diversion from criminal justice system runs a close second. The safety of the police officer, while a consideration, is not paramount.

**BOTH PERSPECTIVES ARE HUMAN AND PERFECTLY UNDERSTANDABLE.**

If it comes to the point where the person with mental illness is a threat to the officer there is an irreconcilable situation where there is, unfortunately, a win/lose situation.

This author makes no apology for asserting that in those situations a win, a positive outcome is the police officer coming away alive. If that takes the death of the person with mental illness, this is unfortunate but demanded by the circumstances.

Luckily, these situations are comparatively rare. Most situations are not this extreme and allowing of win/win situations. These situations are thankfully rare, but the reality must be acknowledged.

**FOR POLICE, THE PRIMARY GOAL HAS AND WILL ALWAYS BE  
OFFICER SURVIVAL AND SAFETY.**

**TO EXPECT ANYTHING ELSE IS A DENIAL OF THE REALITY OF HUMAN NATURE  
AND AN UNACHIEVABLE GOAL.**

**The following quote was obtained from a Canadian police officer:**

(THIS CONVERSATION WITH THE AUTHOR WAS HELD IN THE CONTEXT OF POLICE BEING ABLE TO CONTROL OUTCOME THROUGH DE-ESCALATION AND COMMUNICATIONS.)

“I feel that many of these guiding principles, which sound great are actually not there to assist us in any way, but only there to be used as weapons against us when something controversial happens.

There seems to be this feeling that the death of any citizen at any time, regardless of the circumstances would have been avoidable if the police had of just done something different.

I’m sure that is true sometimes, but it’s not true all the time.

And it seems that no-one else gets that, other than cops.

I like the idea of this stuff, but it’s not always going to work.”

This officer’s perception is not new. Subordinates need to know that they are being judged by managers fairly. That they are not expected to be supermen and women. That goals are reachable, reasonable, objectively quantifiable and measurable. Police may have power in society, but they are actually servants of and therefore subordinates of the community through the justice administration process.

The very nature of justice administration means that police will often be judged by outcomes rather than process. The community and justice administrators will not tolerate outcomes that are lawful, but awful. This creates a rather circular catch-22 situation for police and as articulated by the officer’s quote (on the page opposite), can lead to a degree of cynicism.

**Failing to recognise the humanity of police risks creating a gulf between service providers and everyone else, including people with mental health and their families.**

It creates a barrier to making an accurate estimate of how people, especially those who provide services should act. It’s easy to make grand, moral arguments about what people deserve. But this is where being high-minded can easily slip into a lack of perspective and professionalism.

Likewise, it’s one thing to analyse and examine. It’s another to hypothesise, editorialise and moralise. In fact, looking at the human condition it’s not just that it’s easy to hypothesise, moralise and editorialise, its actually hard not to.

What is even harder, so much so that it’s not really a topic that is broached, is managing expectation to a reasonable level, especially in situations of high emotion and where moral authority is up for grabs.

**THIS IS SOMETHING THAT THE POLICE AND THOSE TRULY INTERESTED IN SOLUTIONS  
NEED TO WORK TOGETHER ON.**

## MANAGING EXPECTATIONS TO A REASONABLE LEVEL:

**There are simple things that can be done to fulfil this goal of managing expectations to a reasonable level:**

- Involving people
- Cross training
- Involvement with government and non-government organisations
- Involvement in the education process
- A police de-brief

### INVOLVING PEOPLE

Police should be involving people with mental health issues, their families and credible advocates in the planning and delivery of training.

The Co-responder Model is especially effective, because when people work together with a common purpose and a consistency of mandate, they naturally develop empathy, start speaking the same language and problem solve themselves.

In times of trouble when police have been involved in controversial actions having people outside of the police explaining the situation has increased credibility.

### CROSS TRAINING

Cross training is a great strategy and relatively inexpensive. Cross training is particularly effective because it facilitates cross understanding and gets people working together. The CIT training that the author attended in Maui did this particularly well. Defence solicitors were invited, prosecuting attorneys, ambulance officers, parole officers, sheriffs, prison authorities and even a district court judge attended.

The training also involved people suffering from mental health, their families and credible advocate organisations. A family member who was a previous serving police officer attended and incidents involving police in mental health crisis situations were discussed. They were particularly effective.

## INVOLVEMENT WITH GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS

Police involvement with government and non-government organisations that exist to deal with the issue of mental health should also extend beyond training.

In Australia this means working with organisations like the Health Department, ReachOut, Headspace, Mental Health Australia, Multicultural Mental Health, Asia Australia Mental Health and SANE Australia. Working with these organisations can be particularly effective.

In Vancouver, police produced an education package “*What to Expect from the Police*” that outlined law, policy, procedures and included possible outcomes for people with mental health and their families. It went as far to explain what happens not just on scene, but behind the scenes in communications rooms when communications and dispatch officers get a call.

It used multimedia including social media, and utilised technological innovations such as phone apps, YouTube videos and DVDs. It went down to details such as things to have ready before making a phone call and information to have ready to give to responding police.

### INVOLVEMENT IN THE EDUCATION PROCESS

Police need to involve people from outside organisations with their training but also need to involve themselves in education and training of other justice administrators.

There is a perception among some police that poisoning of young minds against the police starts at university with some law lecturers who have political agendas and are anti-police. Police need to become involved in that education process.

### A POLICE DEBRIEF

Utilising a police debrief is a particularly effective method. At the end of most incidents police have a debrief amongst themselves to discuss the incident from the point of improving responses. If it is appropriate, police should consider having a separate debrief where police, especially the responding or specialist police go to clients and their families to explain what happened and to put things in perspective.

Overseas experience suggests that this is a particularly effective strategy for maintaining reasonable expectation. It can assist to prevent relatives’ public criticism of police because people understand how and why things happened.

## 12. STIGMATISATION OF POLICE AND ITS EFFECTS ON MORALE AND SERVICE DELIVERY

*“In any question regarding justice administration, there is always a question as to balance and proportion.”* (Cunneen, 2005)

This has an implication for what the middle ground is, and what perspective is truly impartial. This impacts on this particular topic because one person’s uncomfortable truth is another’s vilification.

The issue of which perspective is truly balanced, impartial and objective while acknowledged is too complicated to be discussed here.

**A CONSISTENT THEME THAT KEPT COMING UP DURING THE ENQUIRY WAS STIGMATISATION OF POLICE.**

This is a real issue that does have an impact on service deliverers and therefore affects service delivery. This is a subject that probably would benefit from research and study by appropriately qualified persons.

It has already been widely accepted that society hold police to a higher standard. Further, police have powers of arrest, firearms, training, and have authority. With some justification because of this they are perceived as being powerful rather than powerless.

**WHILE IT IS TRUE THAT POLICE HAVE AUTHORITY,  
IN MANY OF THESE CIRCUMSTANCES POLICE FEEL POWERLESS  
AND IT IS PEOPLE JUDGING POLICE, NOT UNDERSTANDING THIS,  
THAT MAKES POLICE SO INDIGNANT.**

**When discussing use of force, especially controversial uses of force, or situations where officers had shot and killed people (and there were some officers who spoke to the author that have been in this unenviable situation) they all said:**

(OR WORDS TO THAT EFFECT, AT THE END OF TELLING THEIR STORIES.)

“... what else was I supposed to do?”

There is no greater way of articulating a sense of powerlessness than asking that question, especially when telling a story where the person knows the outcome, even if it saved their own lives or the lives of others, was undesirable and controversial.

Being in Los Angeles during the height of publicity about the police shootings and subsequent rioting in Baltimore, discussions with police revealed a subject that was not previously conceived of, that being the vilification of police. How this affects the perceptions, mindset, morale of police and how it in turn affects service delivery, openness to training and changes in policy and culture.

This report will not deal with the rights or wrongs of any particular incident that caused public outcry. Nor should any of these observations be interpreted as a defence of all police action. This author is not suggesting that the media should not hold police accountable or demand the greatest of transparency. Nor is this a suggestion that all media and public criticism stemmed from ill intent.

For complete clarity, that is not the opinion of this author. However, some comments that tried to pass off for constructive criticism were vilification that stemmed from intellectual laziness and preconceptions. Police were stereotyped and categorised. Legitimate issues were used as a smoke screen for people who hate police or who had some other agenda.

In the author’s subjective opinion there were many tragedies that resulted from this. It wasn’t just the impacts on the lives of innocent individual officers or their families, or even the sometimes, unjust loss in confidence in police and the justice system.

**THE PARTICULAR TRAGEDY OF THIS SITUATION WAS THAT REAL ISSUES  
THAT NEEDED TO BE RAISED AND ADDRESSED WERE NOT  
BECAUSE THIS VILIFICATION HAD CREATED A ‘SIEGE MENTALITY’  
NOT JUST IN INDIVIDUAL POLICE BUT ENTIRE ORGANISATIONS.**

Criticism of police must be reasonable, measured and based on a consistently applied principle. Among many of the police the author spoke to, including highly educated executive level commissioned officers, there were questions about how constructive some of the criticism was.

This does create real cynicism in the police and impacts greatly on police morale. This in turn impacts on perceptions of the validity of criticism. This can quickly develop into police developing a ‘siege mentality’ which benefits no-one.

As stated above, none of this means that the media and police themselves should not be aware of police brutality, racism or stigmatisation of the mentally ill and other minorities. All this unacceptable conduct does exist.

But if police are judged by aberrations rather than a balanced view of course of conduct, they quickly form the opinion that the issue is not making things better for the vulnerable, but because the person has another agenda or simply hates police.

## QUOTES FROM VARIOUS OFFICERS IN NORTH AMERICA:

“Reading some of the things that have been written or said in public, if you changed the word ‘police’ or the even wider ‘law enforcement’ to Muslim, Black or Jew, you’d be charged with racism.

Yet somehow, it’s OK to say those things about police.

I don’t know exactly how many law enforcement officers there are in America but there must be hundreds of thousands if not in the millions. Those officers would go to millions of jobs every week, most of which are performed not just without conflict, but without controversy, even from those arrested.

Yet somehow, we are all racists.

All depraved, power crazed, neo-Nazis and there’s a problem with police.  
It’s just not right.”

“It’s always the fault of someone in a uniform. You can see why this would happen. Imagine you’re a coroner, a lawyer or academic faced with tearful relatives asking the perfectly reasonable question, “Why is my son/father/mother/daughter dead?”

It would take a brave person to get up and tell the truth – that they are just dirt-bag criminals or people who took too many drugs and made bad decisions. You’d be criticised for siding with the police for just telling the truth.

I’m convinced that the people in charge of these enquires are at least as much concerned about appearing appropriately sympathetic and feel they when they blame police, they are not blaming the officer, but their training or the organisation. It makes them feel better about themselves and allies them with who they see as the ‘victims’.

Strangely they see the victims not as members of the community who’s safety was threatened, the police whose lives were threatened, but the person who was shot, tasered, arrested or whatever.

It’s easy to make organizations or systems responsible. It’s more socially acceptable and less morally judgmental to do that.”

“These people who may have law degrees, criminology qualifications or whatever  
are somehow suddenly experts on policing.  
Hell, I’ve got a degree; I don’t think they are nothing.  
But to have them judging us?

They have never been cops, seen an angry man high on crystal meth,  
had anyone try and kill or hurt them.  
It’s like me reading a lot of books about World War II,  
watching Saving Private Ryan  
and claiming I know what it was like on the beaches at D-day.”

“Do we hear about the no doubt hundreds of situations where police officers’ lives  
were threatened and were resolved without a death?

No. Of course not. And why?

It’s simple. They (I mean the media and the rest of the establishment), hate us.

Civilised people don’t hate blacks, Hispanics like me or Jews anymore.

It’s socially unacceptable. And that’s right and good.

But everyone needs someone to hate and civilised people hate the police.

That’s apparently OK.

I like to really make people cringe when they start saying things about the police and I ask  
them if this is actually happening because I’m Hispanic.

Watching them squirm and the cogs in their heads turn is just funny.”

# COMMON THEMES THAT CAME UP FROM SPEAKING TO OFFICERS:

- A distrust of the motivations and aims of some critics. That is a perception that many commentators do not care about the people they say they champion or the issues they say they care about, its actually about attaining attention, power, moral and/or political authority.
- Commentators actually exploiting for political or personal reasons, the people they claim to champion.
- A perception that police will be defined by aberrations, mistakes and transgressions rather than a balanced view of police course of conduct.
- Commentators not understanding the challenges, difficulties and dangers of policing.
- Commentators forming an unrealistic expectation of achievable outcomes.
- Commentators expecting police to not protect themselves (sustain death and injury) to achieve outcome of resolution with subject not getting hurt.
- A perception that police lives are expendable to commentators/establishment figures.
- That much of the criticism was actually a method of demeaning the good, necessary work done by police to gain moral authority.
- A distrust of the results and recommendations of judicial enquires and academic studies because of inherent bias against police.
- A distrust of judiciary and justice administration establishment, a belief that police will always be held vicariously responsible for the actions of offenders.
- That perceptions held by police were shaped more by their daily experiences than anything else, even credible 'big picture' studies.

- Establishment and authority figures seem quick to empathise with mentally ill people/offenders but have no empathy for police.
- A lack of consistent application of principle – police are held to different standards, police are guilty until proven innocent, due process and protection of citizens' rights do not apply to police, and police are subject to trial by media.
- A feeling of powerlessness.
- That the feeling of powerlessness was in direct opposition to how they were actually judged. Police felt, and indeed were, powerless in the face of decisions independent of police will – by subjects to police action (offenders of people suffering from mental health issues, or just in crisis) but judged by those in authority and the establishment as if they were in fact, the people in power and could control the outcome.

It seems challenging for many commentators not to lump police into a category or stereotype. It matters a lot when people categorise and stereotype the vulnerable. But it surely should matter just as much when this is done to police.

When criticism is being levelled, who is doing the criticism and the perceived or even suspected intentions and motivation of the criticiser matter, especially to those being criticised.

We need a society where police listen to criticism from the media and community.

The author saw situations where hate of police, vilification and stigmatisation of police was hiding behind a smokescreen. This caused a situation where police stopped listening and real issues that actually needed to be addressed were not.

**THE 'SIEGE MENTALITY' BENEFITS NO-ONE;  
NOT THE POLICE, NOT THE COMMUNITY THEY SERVE  
AND ESPECIALLY NOT THE MOST VULNERABLE.**

## 13. POLICE SELF-IMAGE

Research indicates that there is a divergence between how the police are seen, how police see themselves and what the bulk of what policing actually involves.

*“The general public and police themselves tend to think of police primarily as enforcers of criminal law, but historically police practice has always incorporated a broader mission of population security, health, and good order.”* (Wood, Swanson, Burris & Gilbert. 2011, p. 5)

Yet, despite the fact that police spend very little of their time doing what the public may perceive as ‘real police work’, for example, conducting arrests, they are nonetheless measured and evaluated as if this were the case.

*“Police organizations are judged by others, and themselves, in terms of their effectiveness in crime control.”* (Wood, Swanson, Burris & Gilbert. 2011, p. 5)

*“The challenge for policing from a health perspective is that the authority to wield force and to assign people at least the provisional status of ‘criminal’ may have the effect of obscuring, if not delegitimizing, an explicit health and social welfare role for police. If the descriptions and stories of police work that constitute the self-understanding of the police officer’s role do not include therapeutic or social work themes, they are not likely to be enacted in practice.”* (Shearing & Ericson, 1991) (Wood, Swanson, Burris & Gilbert. 2011, p. 6)

**THESE QUOTES INDICATE THAT POLICE UNDERSTANDING OF THEIR ROLE AND ACCOMPANYING SELF-IMAGE IS IMPORTANT.**

A number of candid conversations in varying situations with a large number of police in all the jurisdictions validated these quotes. The conversations revealed the self-image of officers, that is how they saw themselves and their role influenced how they would approach calls generally, how much time and effort they would put into different calls including those they knew involved mentally ill and other vulnerable people.

**During conversations with an officer on how police could and should go about their duties in the context of dealing with minorities and the marginalised, the officer said in the most serious of tones:**

“Matt – We (the police) don’t lose. At all. Ever.  
We can’t lose, and we won’t lose.”

It is important to note that the following is the author’s subjective interpretation that stemmed from the context of the conversation. This comment could reasonably be interpreted to imply that the speaker had the self-image of a soldier against crime. An officer battling with the criminal elements in the community.

If there is a war against crime, it is a guerrilla one not unlike recent military experiences in the Middle East, and previously in Vietnam. This understanding is important because guerrilla war is not like conventional war and has an effect on the mindset and world view of soldiers fighting it. Allies and supporters one minute are enemies and critics the next.

It should be no surprise that this ambivalence develops into a guerrilla war mentality among some police where they see themselves in an urban jungle fighting a Middle Eastern insurgent or Viet Cong, who may be a victim appealing for help one minute and a threat to their security the next.

Clearly to this officer it was difficult to maintain the perspective of a public servant cooperating with a basically law-abiding community against criminal and anti-social elements that exist in any society rather than a soldier against criminality.

**An officer’s individual answers to these two questions are very important when it comes to delivering services, especially to the vulnerable:**

- Are the police soldiers against crime or public servants of the community?
- Are these two roles and functions at odds, one and the same, or at varying times complimentary?

Of course, it is tempting to pick the pleasanter sounding one. But for what it is worth, in the author’s opinion, there is no simple answer to these questions. At various times police will have to take on one, the other, or all roles, occasionally all in the same eight-hour shift.

Treating a member of an organised crime gang or a career criminal the same as a powerless vagrant is not enlightened. It’s foolish. Doing so doesn’t increase that officer’s credibility and legitimacy, it decreases it.

Further, a person subject to police action may be defined by the public and authorities as vulnerable, but in their own way and in their own spheres of influence actually be very powerful. It is dependent on the situation, the job and who police are dealing with.

**THE ISSUE IS, OF COURSE, BEING ABLE TO KNOW WHEN TO TAKE ON WHICH ROLE.  
THIS IS THE CHALLENGING PART.**

## 14. ATTITUDES OF PEOPLE WITH MENTAL HEALTH ISSUES TO POLICE

As outlined in methodology, the author used a free-flowing conversational style that relied heavily on self-reporting and this was the same for civilians.

Some conversations were structured around ascertaining the person's attitude towards police. During those times, the author would try and avoid telling the person that he is a police officer. But if the issue came up, or the author was asked, he told the person.

**THE THEMES THAT WERE RE-OCCURRING WHEN GAUGING THE ATTITUDE OF PEOPLE WITH MENTAL HEALTH TO POLICE ARE LISTED ON THE FACING PAGE.**

Some of these desires are contradictory. Some contradictory statements came from the same individual. From this and other conversations, the key to effective communication with people with mental health issues or in crisis is empathy.

The final themes of a respect for police and an acknowledgement that police were doing beneficial work was common to a number of people spoken to and reveals that many people with mental health have some empathy with the police situation.

The author was surprised by the mainly positive responses from interviewees about the way police officers dealt with people in mental health crisis situations. Around two thirds of responses were positive.

**FOR COMPLETE DISCLOSURE, THERE WERE SOME VERY NEGATIVE AND CRITICAL COMMENTS, BUT BY ENLARGE THE RESPONSES WERE WITH SOME QUALIFICATIONS, POSITIVE AND UNDERSTANDING OF THE POLICE ROLE.**

## THEMES THAT WERE REOCCURRING WHEN GAUGING THE ATTITUDE OF PEOPLE WITH MENTAL HEALTH TO POLICE WERE:

- A desire to decide outcome.
- For police to respect their decisions.
- Desire for police to listen.
- Hope that police would understand their situation.
- An expectation for police to de-escalate.
- A desire for police to approach in a calm, professional manner.
- Fear of police.
- Dislike of being forced to take medication.
- Lacking personal safety because of living on the street or in other vulnerable situations.
- Fear of being institutionalised.
- Fear of being left to fend for themselves.
- A desire for police not to insult, demean or stigmatise.
- For some, feelings that sometimes it was better to not call the police when victimised or feeling suicidal and sustain all the risks that entailed.
- For some, feelings it was better to call the police and sustain all the risks that entailed rather than face mental illness, victimisation and suicidal thoughts alone.
- An acknowledgement that police duties were largely beneficial for them and the community.
- With certain qualifications, a surprisingly high respect and even affection for police.
- A feeling of powerlessness both against mental illness and treating authorities including police.

A CONVERSATION I HAD IN MAUI WITH A  
PERSON WHO SUFFERS FROM MENTAL  
ILLNESS:

**Author:** What do you expect from the police?

**Person:** I know I'm not easy to deal with when I'm sick. To be fair, most of the police are actually pretty good, and I'm not just saying that because you're a cop. I know that sometimes, I don't help by drinking and doing other things. But when I get like that, I really need someone to talk to me, not at me. Right now, you're not scary, especially with your accent and all. But I'm sure with your uniform and game face on, you're scary and people find you scary. Don't forget that. When police talk at me, my scared turns to anger. When I'm like that, I hear the things I say and I know they are wrong, I see the things I do and I know they aren't right and I don't like it. But there's nothing I can do. It's like I've lost it.

**Author:** What does this mean for your free will?

**Person:** I'm sorry?

**Author:** The idea that you make the choices in your life, that you can make right choices and wrong choices even in the heat of the moment. That you control how you act.

**Person:** But when I'm like that, I need someone to calm me down, not scare me up. Like I said, I don't like myself when I'm like that and later I hate what I've done.

**Author:** But the police are scared too. They don't want to get hurt either. And they have a job to do.

**Person:** But you're the police.

**THE CONVERSATION PETERED OUT AFTER THE LAST COMMENT BECAUSE THE AUTHOR  
REALISED THE MAGNITUDE OF EVERYTHING THAT SIMPLE COMMENT,  
“BUT YOU’RE THE POLICE” IMPLIED.**

Talking later to other stake holders the author came to the realisation it's not just that person who holds this expectation, it's the entire community. The person didn't have the answer of how police could make things happen, but this in no way diminished the expectation.

Interestingly, the respondent did not answer the question of what the implications were for their free will or acknowledge a duty to co-operate with the lawful exercise of authority, and while that issue is actually pivotal, answering that question is beyond the scope of this paper.

**THE COMMENT,  
“BUT YOU ARE THE POLICE”  
WAS LOADED WITH MEANING, EXPECTATION AND EVEN HOPE.**

**HOPE THAT THE POLICE WOULD FIND  
AND PROVIDE SOLUTIONS.**

**THAT SOMEHOW, THE POLICE WOULD COMPENSATE  
AND BRIDGE THE GAP.**

## 15. CULTURAL COMPETENCY

*“Culture refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, organizational or social groups. The knowledge and values shared by society, a set of learned beliefs, values, and behaviours, the way of life shared by the members of society. It is the shared values, traditions, norms, customs, arts history, intuitions and experience of a group of people. The group may be identified by race, age, ethnicity, language, national origin, religion or other social categories or groupings. It’s ‘the way things are done’.” (Rampased, 2015)*

Indigenous culture has some truly beautiful aspects but is not a good thing in itself. It is not the job of police officers to preserve and promote Indigenous culture.

For police understanding culture is a tool used to communicate with a view of carrying out the duties of police to keep the peace and preserve law and order. Respecting and understanding culture doesn’t mean agreeing with or accepting it because there are parts of non-English speaking background including Indigenous culture that are not compatible with the Western view which is entrenched in law, policy and procedure.

**In crisis situations involving Indigenous people, knowledge of culture can mean the difference between a successful and an unsuccessful resolution.**

**THIS IS WHY POLICE NEED TO UNDERSTAND AND BE WILLING TO DISCUSS ISSUES THROUGH THE PRISM OF UNDERSTANDING EVEN IF THEY DO NOT AGREE WITH OR ENDORSE THE SPECIFIC CULTURAL VALUES.**

**Andrew Van EDEN, Justice and Special Projects Officer, Tsleil-Waututh Nation, North Vancouver said:**

“You need to have a broader conversation. You don’t have to agree, but you need to have the idea that you need to understand each other.

You can’t have success if you don’t understand each other.”

## ACTIONS THAT POLICE CAN USE:

**While there is no sequence of cultural buttons that can be pressed to guarantee an outcome there are actions that police can use and even systemise to boost the chances of a desirable outcome:**

### A ‘MODERN CULTURAL WAY’

Even for the most remote and isolated areas, there is a ‘modern cultural way’ of dealing with things.

This ‘modern cultural way’ is in fact, a synthesis of culture, where Indigenous people have assimilated Western values and where non-Indigenous people have assimilated some Indigenous values.

In this sense, the process of colonisation continues. However there is no reason why police should not reach out and do what they can to bridge the gap of understanding.

**Marita BAILEY, Clinical Director, Sitka Counselling said:**

“It’s a change in attitude.

What we are really talking about (the process of colonisation) is a top down approach. It’s when foreigners came in and said our way is better. It’s our way or the highway.

They came in with that top down approach.

What I feel like we are starting to see in our community is it’s not so much that top down approach. It’s a collaborative effort. We understand that there are barriers.

We are each bringing our strengths and weaknesses to the table, but we are definitely collaborating on the effort. We are not saying it’s your way or my way. You win or you lose, it’s very much a synthesis is the right word in this sense.

It’s much more collaborative ... There is this sense that well OK, I may be the boss, but my way isn’t the only way, so let’s figure out an approach that is best for the community.”

## A TAILORED RESPONSE

Police should recruit widely to seek and obtain a mix of cultures in the organisation enabling a tailored response.

This is not just true for the organisation, but also for specialist mental health response. For some cultures there are issues that are taboo and words that cannot be used. As much as is operationally possible these issues and words should be avoided.

For minorities where police do not have members who speak the language and understand the culture, appropriate cultural guides should be identified and used to give advice regards cultural matters to police resolving the crisis. They are to act as advisors. These cultural advisors could be contacted as part of planning or resolution of a crisis incident.

## USE OF LANGUAGE

Language is one of the greatest bridges across culture and a great tool to use to demonstrate good will.

Each officer performing duties, excluding relieving and short-term rotations, in Indigenous communities should be encouraged to learn five words of the local Indigenous languages to demonstrate respect and a degree of solidarity. These five words could be simple, most commonly used words such as hello, goodbye, yes, no and thank-you.

If the officer wanted to follow up and learn more, the initial barrier has been broken down. For places like Coen in Queensland with three separate language groups in one small town, this will require learning 15 words and learning who speaks what language, but the gesture matters. For places like Aurukun, which is all Wik speaking, this is not so difficult.

## A CULTURAL KNOWLEDGE BANK

The Victoria Police *'Mental Health Knowledge Bank'*, accessible via computer was discussed.

Arguably there should be a cultural knowledge bank as well, with links between the mental health porthole and the cultural porthole. Considering that Indigenous culture in Queensland is not homogenous there would need to be a tailored response for each cultural and language group.

This needs to be available in a simple, easy to access and understand form such as a video presentation stored on the QPS police computer server. Rather than just a broad cultural understanding, the information needs to cover specific issues relevant to crisis intervention and resolution.

## USE OF TECHNOLOGY

Queensland police also are rolling out Q-LITE tablets which are tablets that have a police computer interface which would enable remote, roving access to these portholes.

A cultural phone app should be completed for downloading onto officers' mobile phones or Q-LITE tablets with the five words for learning and some other brief cultural information.

The Tsuu-T'ina Nation Police Service (TTNPS) in Calgary have developed an excellent culture and language phone app that they use for educating their youths and for newcomers to the reserve.

The author has seen this app and it could be used as a model.

## 16. GUIDING PHILOSOPHY AND PRINCIPLES OF TRAINING

Training should work from a moral foundation, the mission of policing. Making sure there is a focus on the service ethic, on problem solving and lessening of use of force.

Training cannot and should not be done in silos. There is a special danger if communication and de-escalation training is provided separately from officer safety and survival.

### Quote from a Canadian officer:

“We regularly train with firearms and OST but the majority of our work, our major use of force is tactical communications and yet, we do not regularly train on this, give updates, put things in context and give relevance. We just assume everyone knows it and is good at it. They’re not.”

All training needs to work from the idea that police lives matter too, and it is unreasonable to ask police to risk their lives or grievous bodily harm. De-escalation cannot be perceived or framed as an alternative strategy to preserving life, including police lives and property. It must be part of the strategy.

Unfortunately, this means conceding that there are times when de-escalation is not viable with all that implies. Any and all training needs to be conceived of and delivered through the prism of this understanding, or it will become a meaningless joke.

**This is exemplified by the quote (on the page opposite) from an LAPD Training Officer that I spoke with.**

The operational skills training must give a balanced view of danger to police. While the dangers of policing are real, training should not contribute to an overinflated perception of danger. Police should be trained to be careful but not paranoid.

**AS PART OF THIS STRATEGY TRAINING NEEDS TO FOCUS ON THE ETHIC OF SERVICE  
AND THE SELF-IMAGE OF OFFICERS SHAPING THEM AS SERVANTS,  
NOT SOLDIERS AGAINST CRIME.**

### Quote from an LAPD Training Officer:

“What we are trying to teach is that communication is **not** an alternative to OST, it’s a part of it.

Also that the outcome of the incident will depend on your response as an officer and that your actions can de-escalate.

Having said that, nothing can and should replace the idea of officer safety.

You notice we did have some situation there, where officers had to utilize their firearms.

We are training them to survive.

Communication is a central part of that strategy.”

## HOLDING POWERS IS A PRIVILEGE.

Training, both at the academy, and importantly in follow up, needs to focus on the topic of legitimacy, and that holding powers is a privilege.

That police hold power for the reasons articulated in the police oath and any use of those powers outside of that reason is illegitimate. People in a democracy only accept the exercise of power and authority in so much as it contributes to a higher aim. Increasingly, it seems that the success of any police action will be primarily judged by the extent to which the use of force is avoided or minimised.

The training must also focus on the idea that it isn't about the officer's power or preservation of authority.

### Police need to ask themselves:

- What have I done today, in this encounter, on this traffic stop, on this call to service to earn the privilege of holding these powers and policing this community?
- What have I demonstrated about myself and my organisation?
- How have my actions contributed to the legitimacy of my organisation?

## POLICE FEELINGS OF POWERLESSNESS.

There also needs to be addressing of the issue of police feelings of powerlessness and helplessness.

While it is true that there will always be issues outside of the control of police that determine the outcome of a situation, the police approach, the communication and tactics can influence outcome.

Police need to get real information from credible sources to overcome the feeling of helplessness and fatality.

*“...you (police) can with certain insights, passion and reason affect a choice to a person who has committed to killing him/herself to delay or even reverse that choice.”* (Rudofossi, 2015, p. 9)

This should be part of a broader strategy to raise the profile of communications.

## COMMUNICATIONS.

The QPS should produce police testimonials to show the relevance and usefulness of communications training in critical incidents. Not only should these be used in training, they should also be easily available on the police intranet and have these testimonials advertised on the QPS screen savers.

For the tiered response, training should also recognise that dealing with mentally ill people is a different sort of policing. Confrontational tactics that may be effective in dealing with criminal situations are probably not the most effective tools for dealing with people with mental health issues.

*“We know from listening to mental health service users that the best interactions with police are where staff are patient, calm, explain the process, give one message at a time, ask what would help and empathise with how the person is feeling.”* (Royal New Zealand Police, 2015, p. 1)

Specialist training must re-focus attention on equipping police with the necessary skills to accurately assess situations. To identify individuals who may have a mental health problem or who are under the influence of alcohol and drugs.

**POLICE NEED TO BE TAUGHT A RANGE OF COMMUNICATION AND NEGOTIATION SKILLS  
TO RESOLVE OR DEFUSE THESE SITUATIONS WITHOUT THE USE OF FORCE,  
OR, WHERE THE USE OF FORCE IS UNAVOIDABLE,  
THEY NEED TO BE TAUGHT HOW TO USE FORCE IN A WAY  
THAT MINIMISES THE RISK OF HARM TO THEMSELVES AND MEMBERS OF THE PUBLIC.**

## DE-ESCALATION TRAINING SYSTEMS.

There are a number of de-escalation training systems that the author witnessed that the QPS should explore with a view to ascertaining applicability to the various tiers.

### Besides using previously mentioned CITs, there is also:

- Verbal Judo Courses
- LAPD Mental Health Intervention Training (MHIT) Course
- RCMP Mental Health First Aid Course
- LivingWorks Applied Suicide Intervention Skills Training (ASIST) Workshop
- Royal New Zealand Police (RNZP) Communications Course
- CERT Systems(NZ) Defensive Tactics Courses

## 17. ROLE OF POLICE COMMUNICATIONS OPERATORS/DISPATCHERS

The American term for communications operators is dispatchers.

*“Dispatchers are quite often the first representatives of the justice system that the public contact when emergency assistance is required. They can help ensure that police get the vital information they need to assist to resolve the situation. They can ensure persons with mental illness in crisis are referred appropriately. Initial training and ongoing consultation with mental health professionals is essential to help communications operators discharge this vital responsibility. Law enforcement agencies should provide both communications operators and officers with up-to-date training and listings of crisis resources to which persons in crisis can be referred.”* (International Association of Chiefs of Police, 2010, p. 17-18)

**POLICE COMMUNICATIONS OPERATORS NEED TO BE INCLUDED  
IN THE QUEENSLAND RESPONSE.**

# CONCLUSION

**THIS REPORT WAS WRITTEN BASED ON MY INVESTIGATION INTO THE QUESTION:**

**“How can police deliver effective, culturally competent services to people suffering mental health crisis situations, in a way that delivers the best outcome for all involved?”**

## **MY CONCLUSIONS ARE:**

**Policing is not a science.**

**It is difficult to define and recognise the correct exercise of discretion, the appropriate exercise of coercive power, situational awareness, confidence, effective communication, and the ability to be able to quickly and accurately detect and assess real risk.**

**It is even more difficult to systemise and teach these concepts.**

**There is no formula that we can teach police to properly respond to mentally ill people, or threats to officers’ lives.**

**Police should be taught self-awareness and how principles of de-escalation will preserve their lives, the lives of the community and the lives of Indigenous people with mental illness.**

**People with mental health, families, advocates, justice administration establishment, media, Indigenous people and the community should remember the humanity of police, and that dealing with this complex situation requires the awareness and response from everyone.**

# RECOMMENDATIONS:

- That mental health as an issue is recognised at executive level as an issue of importance for the QPS.
- The QPS develops a comprehensive strategy for addressing the needs of people with a mental illness who come in contact with police. This strategy includes specialised policing response with tiers that incorporates case management.
- That for crisis response, Queensland cease making distinctions between mental health and drug/alcohol induced psychosis.
- That the Queensland Police consider articulating their own definition of 'crisis'.
- Consumers of mental health services, their families and credible advocates should be engaged in planning, delivering, and monitoring the impacts of the specialist response.
- Relevant police training is completed with stakeholders and justice administrators to overcome 'silos'.
- The QPS develops functionality in QPRIME that will allow police to identify if an occurrence has a mental health component.
- That the QPS explore and facilitate the use of technology and experts to assist service provision, especially to remote and isolated areas. This is including, but not limited to, portable training simulators, computer information portholes and phone apps.
- That cultural phone apps with 'five words' are developed for distribution to operational police working in Indigenous communities.
- That as part of a strategy to raise the profile of communications, police produce testimonials to show the relevance and usefulness of communications/cultural training in critical incidents, that this is used in training but also easily available on the police intranet and that this is advertised on QPS screen savers.

- That specialist officers are regularly screened for burnout.
- That every new person that mental health specialist officers attend to, they give a leaflet or computer access information to the subject and family, "*What to Expect When You Dial 000*" based on the LAPD models.
- That 'ride along' process and procedures are changed so that it's common for people to 'ride along' with Queensland police.
- That the police consider a change of EEO forms including more information from police regarding previous behaviour, security risks and known normal baseline behaviours.
- Recognition that vilification of police exists as an issue, effects police morale and service provision to the community.
- That police reach out to stakeholders, those holding police accountable and the community, to educate regarding police perspectives about the need to protect themselves and reasonable expectation of outcome.
- That appropriate study and research be completed for each police district for the real, as opposed to perceived, level of danger officers face in the course of their duties.
- Police are educated about actual, not perceived attitudes and trust levels as a method of overcoming siege mentality.
- That the QPS focuses on the service aspect of policing in recruiting, recruit training and updates.
- That the QPS organisationally recognises communications skills and values them.
- That those with recognised high levels of communications skills are identified and recruited for mental health specialist response.

# BIBLIOGRAPHY

Council of State Governments Justice Centre. (2008). *Improving Responses to People with Mental Illness: The essential elements of a specialized law enforcement-based program*. Retrieved from [https://www.bja.gov/Publications/LE\\_Essential\\_Elements.pdf](https://www.bja.gov/Publications/LE_Essential_Elements.pdf)

Council of State Governments Justice Centre. (2012, December). *Statewide Law Enforcement/Mental Health Efforts: Strategies to support and sustain local initiatives*. Retrieved from [https://www.bja.gov/Publications/CSG\\_StatewideLEMH.pdf](https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf)

Cunneen, M. (2005, September 24). *Living Within the Law*. The Sydney Morning Herald. Retrieved from <http://www.smh.com.au/news/national/margaret-cunneens-lecture/2005/09/23/1126982234942.html>

International Association of Chiefs of Police. (2010, June). *Building Safer Communities, Improving Police Response to Persons with Mental Illness*. Retrieved from <http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf>

Rampased, D. (2015). *Maui Police Department, Crisis Intervention Training Notes*.

Royal New Zealand Police. (2015, Issue 1). *Police Mental Health Team Newsletter*.

Rudofossi, D. (2015). *Dealing with the Mentally Ill Person on the Street: An assessment and intervention guide for public safety professionals*. Illinois: Charles C Thomas Publisher Ltd.

Vancouver Police Department. (2013, September 13). *Vancouver's Mental Health Crisis: An update report*. Vancouver Police Lead Author Tim Szkopek-Szkopowski, Planning and Policy Advisor. Contributors Deputy Chief Constable Adam Palmer, Deputy Chief Constable Doug LePard. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/mental-health-crisis.pdf>

Wood, Jennifer and Swanson, Jeffrey W. and Burris, Scott and Gilbert, Allison. (2011, March 9). *Monograph: Police Interventions with Persons Affected by Mental Illnesses: A critical review of global practices*. Retrieved from <http://ssrn.com/abstract=1781909> or <http://dx.doi.org/10.2139/ssrn.1781909>

# ACKNOWLEDGEMENTS

**I am extremely grateful to the Winston Churchill Memorial Trust for providing this opportunity to enquire into the issue of mental health and police response.**

While the subject is important and no person applies knowing that success is impossible, I had concerns that my rank and lack of tertiary qualifications would weigh against me, that the cultural focus was too narrow and not wide enough to fulfil the criteria 'to benefit all of society'.

I do not mind articulating that I was pleasantly shocked to receive the message that I had been granted the honour of a fellowship and will remain eternally grateful to the Trust and board for their vote of confidence.

I hope this report is of value and does not disappoint.

## THERE ARE MANY PEOPLE THAT I WOULD LIKE TO THANK:

- **Firstly, thank you to my family.** Without the support of my excellent wife, Kate MOLONEY, her mother, Joyce WATTS and partner, my father, Alan MOLONEY and the understanding of my three children, Elliana, Zaliah and Zacchaeus, I could never have been away for so long.
- **Thank you to Professor Ernest HUNTER**, whose tireless efforts with our Indigenous people are inspirational.
- **Thank you to Inspector Donni MACKAY**, who's constant championing of innovation is exemplary, this examination could not have happened without your references and support.
- **Thank you to the QPS**, an organisation which I have been a part of for more than half my life, and I must acknowledge the tolerance of the QPS allowing me to take leave to go away for such a long time. This tolerance did not go unnoticed nor was taken for granted by me.

**I WAS STATIONED AT THE SMITHFIELD POLICE STATION WHEN I UNDERTOOK THIS STUDY THAT INVOLVED THREE MONTHS LEAVE AND I WOULD LIKE TO THANK MY STATION COLLEAGUES FOR THEIR SUPPORT:**



## I WOULD ALSO LIKE TO SPECIFICALLY MENTION THE FOLLOWING QPS OFFICERS:

(THERE ARE MANY MORE WHO ASSISTED ME ON MY JOURNEY AND IF YOUR NAME IS UNMENTIONED IT IS NOT THAT YOU WERE UNNOTICED OR UNAPPRECIATED)

- **Inspector Mark JACKSON** for his support and encouragement.
- **Senior Sergeant Edward LUKIN** and **Senior Sergeant Michael MITCHELL** for their support and indulgence.
- **Inspector Paul JAMES** for his understanding.
- **Assistant Commissioner Paul TAYLOR** for his support
- **Superintendent Brett SCHAFFERIUS** for his support.
- **Acting Senior Constable Justin HEINEMANN** for his understanding.

## FURTHER I WOULD LIKE TO THANK THESE PEOPLE WHO ASSISTED WITH AND CONTRIBUTED TO THIS PROJECT:

- **David KEMPTON**, former Member for Cook and staff.
- **Terry PIPER**, Balkanu Cape York Development Corporation.
- **Grace UHR**, Cairns Post.
- **Former Superintendent Jim O'DONNEL**, former QPS.
- **Senior Sergeant Greg GILES**, QPS.
- **Julian LESSOR**.

# FELLOWSHIP ITINERARY - 2015

## MAUI, HAWAII – 22ND APRIL TO 1ST MAY

Host Organisation/s:

- Maui Police Department (MPD).



Actions:

- Attend CIT training (including interviews with consumers and families).
- Attend 'ride alongs' with MPD.
- Review training, policy and procedures for mental health interventions.

### SPECIAL THANKS TO:

- Dr Dara RAMPASED.
- Chief Tivoli FAAUMU, MPD.
- Residents of Maui Respite Care Centre.
- Lieutenant Jeraul PLADERA, MPD.
- Melissa KING-HUBERT, Easter Seals Program Hawaii.
- Deputy Corporation Counsel Moana LUTEY, Department Corporation Counsel County of Maui.
- Patrol Officer Rick TAKSUSHI, MPD.
- Sergeant Alan BROWN, MPD.
- Patrol Officer Jerry BERREAQ, MPD.
- Participants (too numerous to mention individually) of MPD CIT Course.



## SITKA, ALASKA - 2ND TO 8TH MAY

Host Organisation/s:

- Alaska State Troopers (AST).
- Sitka Police Department (SPD).



Actions:

- Review training and procedures for mental health interventions for both law enforcement organisations.
- Attend 'ride alongs' with SPD.

### SPECIAL THANKS TO:

- Lieutenant Commander Chad GOEDEN, AST, Public Safety Training Academy.
- Staff and recruits (too numerous to mention individually) of the Public Safety Training Academy.
- Patrol Officer Bradley WHEELER, SPD.
- Lieutenant Lance EWERS, SPD.
- Lieutenant Jeff ANKERFELT, SPD.
- Sergeant Dan DOZOIS, SPD.
- Chuck MILLER, Sitka Native Education Program Coordinator.
- Marita BAILEY, Clinical Director Sitka Counselling.
- Bill BRADY of Sheldon Jackson (Indigenous) Museum.
- Charlie BEAN of Sheldon Jackson (Indigenous) Museum.
- Amy ZANUZOSKI, Executive Director for Sitka Counselling.
- Very Reverend Father Michael BOYLE, St Michael's Orthodox Cathedral.



## VANCOUVER, CANADA – 9TH TO 16TH MAY

### Host Organisation/s:

- Simon Fraser University (SFU).
- Vancouver Police Department (VPD).
- Integrated First Nations Unit (IFNU), West Vancouver Police Department (WVPD)/Royal Canadian Mounted Police (RCMP)
- Tsleil-Waututh Nation.



Tsleil-Waututh Nation

### Actions:

- Obtain literature for review.
- Attend SFU.
- Meet and interview police from VPD and IFNU WVPD/RCMP.

### SPECIAL THANKS TO:

- Professor Simon VERDUN-JONES, School of Criminology, SFU.
- Associate Professor Martin ANDERSEN, School of Criminology, SFU.
- Adam VAUGHAN, SIMTEC Researcher, School of Criminology, SFU.
- Martin ANDRESEN, Ph.D., School of Criminology, SFU.
- Katherine BRINE, BA Psychology, MA Student School of Criminology, SFU.
- Sergeant Denis DIONNE, IFNU WVPD/RCMP.
- Constable Heidi FEHLAUER, IFNU WVPD/RCMP.
- Constable Atousa MERCIER, IFNU WVPD/RCMP.
- Constable Taylor QUEE, Surrey RCMP.
- Sergeant Lynn NOFTEL, VPD Mental Health Unit.
- Andrew Van EDEN, Justice and Special Projects Officer, Tsleil-Waututh Nation, North Vancouver.



## LOS ANGELES, CALIFORNIA – 16TH TO 23RD MAY

### Host Organisation/s:

- Los Angeles Police Department (LAPD).
- Los Angeles Police Department, Air Support Division (LAPD ASD).



### Actions:

- Review policy and procedures LAPD.
- Attend Mental Health Intervention Training (MHIT).
- Attend 'ride alongs' with mental health specialist police.
- Interview police and service providers.



### SPECIAL THANKS TO:

- Special thanks to Detective III Charles DEMPSEY, LAPD.
- Special thanks to Lieutenant Brian BIXLER, LAPD.
- All members (too numerous to individually mention) of LAPD System-wide Mental Assessment Response Team (SMART).
- Officer Joe GUTIERREZ, LAPD.
- Dianna HAMED, Los Angeles County Deputy Mental Health.
- Pilot Officer/Pilot Rudy VILLARREAL, LAPD, ASD.
- All participants (too numerous to individually mention) at LAPD MHIT training.



## BREAK FROM PROJECT – 24TH MAY TO 8TH JUNE

### Actions:

- During this time, met and interviewed Dr Daniel RUDOFOSI Psy.D., Ph.D. and former NYPD Sergeant. (This meeting was not on the original itinerary, it was a contact made whilst completing the study, and a welcome addition to the itinerary.)

### SPECIAL THANKS TO:

- Dr Daniel RUDOFOSI.

## CHICAGO, ILLINOIS – 9TH JUNE

### Actions:

- Interview Professor Amy WATSON.

### SPECIAL THANKS TO:

- Professor Amy WATSON.

## ARLINGTON (WASHINGTON D.C.), VIRGINIA – 10TH TO 14TH JUNE

### Host Organisation/s:

- Arlington County Community Services Board (ACCSB).
- National Alliance on Mental Illness (NAMI).
- Arlington Police Department (APD).

### Actions:

- Review intervention models used by mental health stakeholders, Police, Sheriff and the Courts.
- Review law, Police policy and procedures relating to mental health interventions.
- Complete ‘ride alongs’ with crisis intervention trained police.



## SPECIAL THANKS TO:

- Leslie WEISEMAN, ACCSB.
- Chief of Police M. Jay FARR, APD.
- Captain Brian BERKE, APD.
- Captain Darrin CASSEDY, APD.
- Lieutenant Robert DESO, APD.
- Officer Marling MONTENEGRO, APD.
- Matthew T. FOLEY, Public Defender, County of Arlington.
- Chief Magistrate Bruce C. ADAM, Supreme Court, Virginia.
- Public Defender Matthew FOLEY.
- Jay TERNENT Assistant Director of Corrections.
- Robert CAROLLA, NAMI.
- Laura USHER, NAMI.
- Ron HONBERG, NAMI.



## MONTREAL, CANADA – 14TH TO 22ND JUNE



### Host Organisation/s:

- Service de police de la Ville de Montréal (SPVM).  
(Montreal Police Service)

### Actions:

- Review law, Police policy and procedures related to mental health crisis and interventions.
- Complete 'ride alongs' with police dealing with mental health.
- Meet and liaise with organisations that provide services to First Nations people.



## SPECIAL THANKS TO:

- Agent Michael ARRUDA, SPVM.
- Constable Carlo DeANGELIS, SPVM.
- Commandant Khanh Du DINH, SPVM.
- Constable Marie PINEAULT, SPVM.
- Constable Laurent DYKE, Section Emrri, SPVM.
- Eric LEFEBURE, Criminologist.
- Constable Giovanna DiSTEFANO, SPVM.
- Antoon A. LEENAARS, C. Psych, Clinical Psychologist.
- Intelligence Officer Sophie FORTIN, SPVM.
- Brett PINEAU, Executive Director, Native Friendship Centre of Montreal.





## OTTAWA, CANADA – 22ND JUNE



Host Organisation/s:

- Royal Canadian Mounted Police (RCMP), First Nations Unit.

Actions:

- Interview RCMP, First Nations Unit members regards tools for cultural effectiveness.

SPECIAL THANKS TO:

- Superintendent David THORNE.
- Staff Sergeant Jeff POULETTE, National Aboriginal Policing Service, RCMP.
- Sergeant Kurt KAMOTZKI, National Aboriginal Policing Service, RCMP.
- Greg MULLER, Communications Strategist.



## WINNIPEG, CANADA – 22ND TO 25TH JUNE



Host Organisation/s:

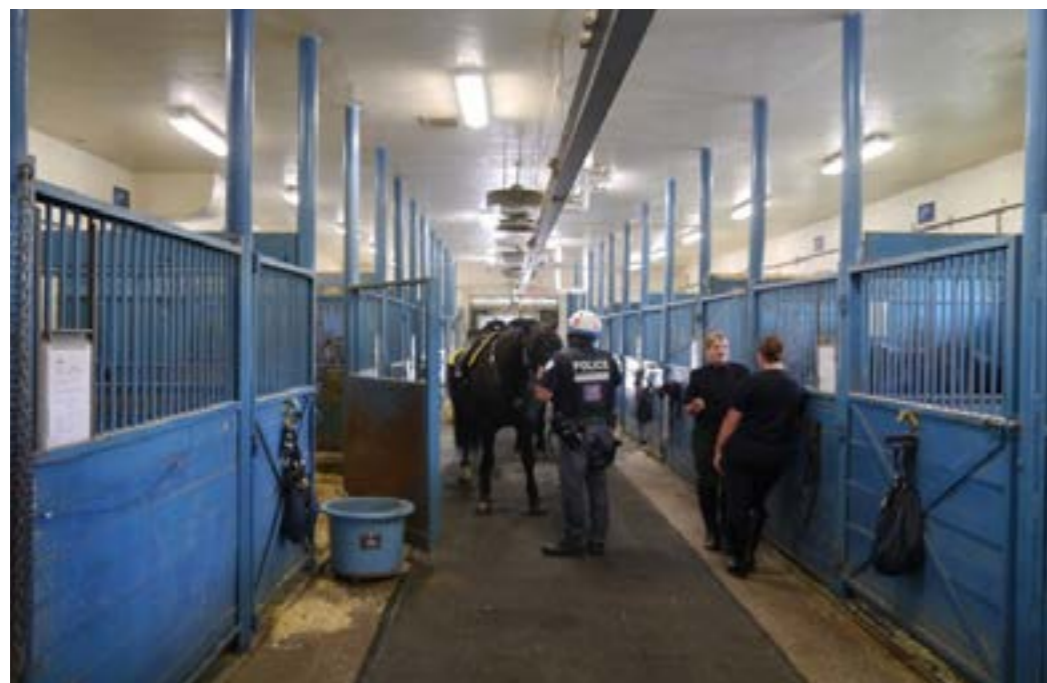
- Winnipeg Police Service (WPS).

Actions:

- Review WPS policy and procedures.
- Interview Staff Sergeant Robert CHRISTMAS author of *Canadian Policing in the 21st Century – A frontline officer's perspective*.
- Interview executives WPS regards mental health as a priority issue.

SPECIAL THANKS TO:

- Detective Sergeant Ester SCHMEIDER, WPS Homicide Unit.
- Staff Sergeant Bob CHRISTMAS, WPS.
- Superintendent David THORNE, Deputy Chief Operations, WPS.
- Constable Eric HOFLEY, WPS.



# TSUU-T'INA FIRST NATION (near Calgary), CANADA – 25TH JUNE TO 3RD JULY

Host Organisation/s:

- Tsuu-T'ina Nation Police Service (TTNPS).
- Calgary Police Service (CPS).

Actions:

- Work with and attend 'ride alongs' with First Nations police officers.
- Review policy and procedures regards crisis intervention and mental health detentions.
- Interview and observe CPS Cross Cultural officers.



## SPECIAL THANKS TO:

- Sergeant Steven BURTON, TTNPS.
- Sergeant Clint HEALY, TTNPS.
- Sergeant Shane POWERS, TTNPS.
- Constable Willie Big Smoke, TTNPS.
- Constable Cindy PROVOST, CPS.
- Constable Jamie "JR" FOX, CPS.
- Constable Chris KELLY, CPS.
- Constable Jon PRYSTAYKO, CPS.
- Acting Sergeant Roy FAIRBROTHER, CPS.
- Graham LENTON, International Police Association.





Host Organisation/s:

- Royal New Zealand Police (RNZP).
- Kites Trust, Wellington (Kites)

Actions:



- Review training, philosophy, policy and procedures regards mental health.
- Investigate current mental health project being run by RNZP.
- Investigate 'Whare Tapa Wha' (Four Walls) Well Being Intervention model.
- Complete Tactical Communications Training.

SPECIAL THANKS TO:

- Special thanks to Shona Munro.
- Inspector Tracy PHILLIPS, RNZP.
- Inspector Sue DOUGLAS, RNZP.
- Inspector Tracey THOMPSON, RNZP.
- Insp Sean McManus, RNZP.
- Snr Sgt Phillip TAIKATO, RNZP.
- Joanne DUNCAN, Teaching and Learning Advisor, Royal New Zealand Police College (RNZPC).
- Sgt Darrin PUTT, RNZP.
- Sgt James BRADLEY, RNZP.
- Amanda LUCKMAN, Project Specialist, Kites.
- Colleen BELL, Property and Services Officer, RNZP.

# INDEMNITY CLAUSE

I understand that the Winston Churchill Memorial Trust may publish this report, either in hard copy or on the internet or both, and consent to such publication.

I indemnify the Winston Churchill Memorial Trust against any loss, costs or damages it may suffer arising out of any claim or proceedings made against the Winston Churchill Memorial Trust in respect of or arising out of the publication of any report submitted to the Winston Churchill Memorial Trust and which the Winston Churchill Memorial Trust places on a website for access over the internet.

I also warrant that this final report is original and does not infringe the copyright of any person, or contain anything which is, or the incorporation of which into the final report is, actionable for defamation, a breach of any privacy law or obligation, breach of confidence, contempt of court, passing-off or contravention of any other private right or of any law.

# FOR FURTHER INFORMATION CONTACT:

**Matthew J.A. MOLONEY**

**Sergeant, Queensland Police Service**

**2014 Winston Churchill Memorial Trust Fellow**

**With Dr Dan Rudofossi, co-author *Aborigine Trail: Trials, Travail, and Triumph Using Psychology with Aborigine Police*, published by Teneo Press, 2019. (available through Amazon)**

**Address: C/o Smithfield Police Station  
1117 Captain Cook Highway  
Queensland, 4878  
Australia**

**Phone: (07) 4057 1900  
Mobile: 0491 163 527**

**Email: [mattjmoloney@bigpond.com](mailto:mattjmoloney@bigpond.com)**

# COVER ARTWORK STORY

I approached the Lockhart River Art Gang to commission a piece of art that would depict the mental health struggle that Indigenous people face today.

The Art Gang manager recommended Geoffrey Warradoo, an emerging artist. Serendipitously, Geoff and I were acquainted from my time in Lockhart River.

**THIS IS WHAT GEOFFREY SAID ABOUT HIS PAINTING WHEN I ASKED HIM WHAT WAS HIS INSPIRATION BEHIND THIS PIECE:**

*“While this painting represents myself, it also represents everybody. The painting is about when I was in the Mental Health Ward because I was hearing voices.*

*The blue spots are good life. How I was educated, was a good worker, had a good life before the voices overtook me.*

*The veins represent the bloodlines that run through the human body.*

*The people in the veins are the voices, the personalities in my head. Whenever I start thinking good things about myself they laugh at me; when I think or say that my life has meaning, value and point. I feel their power all the time in my life. I have a particular voice that asks me why I think I’m worthy of love.*

*I put the four spears in to indicate how people, especially Indigenous people, are trapped inside what they are now, today.*

*The brick wall represents a jail, but a jail of the mind and the spears are the things, the thoughts and voices, that keep people in the jail of their minds.”*

