



Mental health awareness training for police

Police at Mount Druitt have for the past 18 months have been developing and running a training program enabling Police to carry out a mini assessment on the mental state of people they are asked to transport to hospital on the grounds of mental illness. The Mental Health In-Service Program for police was initially a pilot project but is now being rolled out to other Stations with Blacktown next in line.

Jo Feeney from Bungarabee House, Blacktown Mental Health Unit has been closely involved in the development of the Training Program and continues to assist with program modifications. The original aim of the program was to promote better partnership between Blacktown City Mental Health and Mount Druitt Police Service and has already succeeded in developing better understanding and communication between the two parties. One of the main learning objectives of the Mental Health In-Service Program is to help police differentiate between mentally ill and mentally disordered clientele. Under the Mental Health Act, people not fitting the preset criteria of 'mentally ill' will not be admitted to a Mental Health Unit. Police learn to understand the difference by recognising various behaviours, as well as developing skills to make them feel more comfortable in managing clients with mental health problems.

Chief Inspector Wayne McMatten at Mount Druitt Police commended the development of the 4 Phase Training Program which involves 5 – 6 hours training for police completed over a 12 -16 month period. He also assured MHCC that nothing had changed in Police responsibilities to people with a mental illness under the Mental Health Act. People who are assessed as having a mental illness will be taken to a Mental Health Unit for further assessment and treatment. Bungarabee House encourages police to bring people in for assessment if they are at all in doubt.

There have been some concerns about the care of those not assessed as mentally ill. For example, people in extreme distress who may have a personality disorder and/or be affected by drug and alcohol issues are considered to be mentally disordered. Ms Feeney explained that anyone considered at acute risk to themselves or others would be taken to a mental health unit or the nearest Emergency Department. If they are medically compromised they would go to the Emergency Department. If a person appears to be drug and alcohol affected and is being threatening to themselves or others, or displays violent or criminal behaviour they will be taken to the Police Station. General annoyance will not warrant any Police action although people deemed to have a personality disorder may be issued with an AVO if the complainant wishes. If the person otherwise appears stable, the Police may choose to report the case to the local Mental Health Team to follow up for further assessment or referral. Jo Feeney reported police already developing a greater awareness of mental health problems which has reduced waiting time at Bungarabee House, as well as less transfers. She has seen new levels of trust and support develop between the Mental Health Unit and Mount Druitt Police and is positive about the Program being used more widely. She did however stress the importance of police getting to know how the local service operates as protocol varies at each Mental Health Unit.

While it is great to hear about the success of the program and the partnerships being developed, MHCC is still concerned that some people may be marginalised in the process of assessment. Of particular concern are those with a personality disorder and/or drug and alcohol problems. It is important that these people are not neglected by falling through the gaps of service provision. It is now well known that people with personality disorders, with proper referral to programs such as dialectical behaviour therapy or cognitive behaviour therapy, can begin to lead a more stable lifestyle. If people with such disorders can find a way to access suitable therapies they can be taught to identify & correct negative, irrational thoughts that exacerbate illness symptoms and begin to think about life situations in a more realistic & constructive manner.