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Training police to better respond to people with mental illness

Abstract

Police officers encounter people with mental illnesses every day, whether they are perpetrators, victims, or witnesses of crime. In 2013 alone, NSW police responded to more than 40,000 mental health incidents; while in Victoria, the police apprehend one person every two hours and take them to hospital for assessment

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Training police to better respond to people with mental illness

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Surprisingly few police have the knowledge and skills to know how to deal with people in crisis. Shutterstock

Police officers encounter people with mental illnesses every day, whether they are perpetrators, victims, or witnesses of crime. In 2013 alone, NSW police responded to more than 40,000 mental health incidents; while in Victoria, the police apprehend one person every two hours and take them to hospital for assessment.

Surprisingly few police have the knowledge and skills to know how to deal with mentally ill people in crisis. In fact, fewer than 10% of frontline officers in New South Wales have had mental health training.

It is the rare and tragic cases where mentally ill people cause serious harm to others or are themselves harmed or killed by police that receive media attention. But sadly, the police use force, including lethal force, against a disproportionate number of people suffering from a serious mental illness.

So the recent announcement that New South Wales police will roll out a one-day intensive training program to assist *all* operational police officers to work with people with mental illness is most welcome.

Training requirements

Police officers are clearly experienced in dealing with a range of difficult people and the management strategies they employ often work well. The challenge police face when encountering a person in a mental health crisis, however, is that the person may be irrational and find it difficult to communicate their distress to police.

A survey of 3,500 police officers in Victoria found that encounters with mentally ill people pose considerable practical difficulties, in terms of knowing how to deal with them and how to find appropriate supports for them.

Research shows that variation in officers' understanding of mental illness, including whether police officers know someone with a mental illness in their private lives, helps determine how police decide to deal with mentally ill people.

Police officers require training and experience to work effectively with mentally ill people. Such training must cover three main areas: understanding mental illness; identifying those with mental illness who may be in crisis; and communicating and interacting with them in a non-violent way to reduce their distress and de-escalate them.

Most importantly, the training needs to involve opportunities to develop and practice communication and de-escalation skills.

Existing programs

Internationally and nationally, police mental health training programs are highly variable and few have been carefully tested to determine their efficacy in achieving the training aims.

Perhaps the most well-known is the Crisis Intervention Team program (CIT), which was developed in the city of Memphis, Tennessee in the United States. It consists of five days of training in understanding the signs and symptoms of mental illness, meeting and speaking to people with mental illness, learning de-escalation techniques, and engaging in role playing scenarios.

The original four-day NSW Mental Health Intervention Team program was adapted from this, and includes simulations, with the new one-day course incorporating key practical aspects of the full course.

Research evaluating the CIT program – and the four-day program in NSW – has been mostly positive. But it is yet to be seen whether the one-day course will realise the benefits of the more comprehensive four-day course.

A recent innovative training program for police has been developed in Canada where actors, trained to depict people with mental illnesses, including those in crisis, engage in carefully developed role play interactive scenarios with police.

A program evaluation shows the training was well-received by police officers and produced a number of benefits, including increased recognition of mental health issues and decreased physical interactions with mentally ill people.

All Victorian police officers participate in a one-day training exercise that includes a simulation involving a person with a mental illness. Mental Health First Aid is another mode of training embraced by some police forces.

Training is no panacea

Some researchers have been critical of the focus on training, however, noting that it cannot make an appreciable difference without additional infrastructure support for the police and for people with mental illness with whom they come into contact. It is unfortunate that, even with

the announced training advances, so little time and resources are dedicated to assist police to work more effectively with people with mental illnesses.

Large scale US-based research has found that a specialised crisis response unit is a critical factor in improving police-mental health interactions. The crisis units are a safe form of short-term accommodation for those in crisis and are staffed by a multidisciplinary team of health professionals. Over a short period (72 hours), people can be stabilised, triaged, and linked into mental health services. Such programs have reduced the number of arrests by one third.



The situation in many parts of Australia, however, is vastly different. In Victoria, for instance, police often spend hours trying to obtain a mental health assessment for a person whom they apprehend. Hospitals struggle to accommodate them and busy emergency departments are not designed for them. Our experiences show that the same difficulties are seen around the country.

Variation in officers' understanding of mental illness accounts for some of the the variation in how they try to resolve encounters with the mentally ill. AAP Image/NSW Police Media

On its own, training can help officers better understand mental illness; they may also learn helpful skills for dealing with people who may be irrational. However, better outcomes for people with mental illness who encounter the police will require a whole-of-government response, including the implementation of safe crisis units and the provision of mental health services.