

Police and mental health in the ACT: Challenges and solutions | The Canberra Times

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Psychological crises are not a crime. Yet, 40 per cent of police attendances in the ACT are mental health related, very few of which relate to actual offending.

Advocates have long questioned the role of police in responding to mental health distress. Police are questioning their role, too. As ACT's Chief Police Officer Deputy Commissioner Neil Gaughan contends, mental health crises are out of police scope.

Police officers new to the force are seldom aware they will be at the coalface of mental health emergencies. While police receive mental health training, they are not mental health experts and cannot provide a therapeutic response. According to research from Queensland University of Technology, many police officers are not confident in their abilities to deal with mental health issues.

Psychological crises reflect a person's health, relationships, finances, employment - the entirety of their life. They can be crises of meaning, extending from experiences of trauma, compounded in social isolation.

They rarely relate to crime or criminality. According to SANE Australia, 96 per cent of violent crimes are committed by people who do not have a mental illness. Research consistently shows that people with mental illnesses are more likely to be victims of violence than perpetrators.

Generally, Triple Zero calls relating to welfare checks or someone behaving erratically will be fielded by police. If police decide a person could pose an immediate risk to themselves or others, they can detain them for a mental health assessment. It's a decision not taken lightly - it can lead to traumatic outcomes.

A detained person has no choice but to attend hospital. Police can use force and restraint to ensure attendance. The person - now considered a patient - is placed in a secure area of an emergency ward, in a room they can't leave, accompanied by two police officers, until their wait time is over.

Just like any emergency visit, this wait can last hours. Without therapeutic support, and with law enforcement agents looming over you, this wait can feel traumatic.

This model of crisis response is stigmatising, and even punitive. Being imprisoned at the emergency department exacerbates feelings of anxiety, paranoia, distress, feelings of powerlessness and helplessness - escalating crisis.

Detainment may lead to longer term impacts, too, such as when applying for jobs that require a psychiatric evaluation. Involuntary treatment persists on personal records.

In the ACT, the Police Ambulance and Clinician Early Response (PACER) model has helped to reduce some of these issues.

Under PACER, a mental health worker and paramedic attends calls alongside police. The team make a mental health assessment on the scene, eliminating long wait times. They can work with people and their loved ones to determine appropriate care, and make referrals to out-of-hospital services.

Because of PACER, fewer people are hospitalised involuntarily and are more likely to have their needs met in the community. Police time, and space in emergency wards, can be allocated more efficiently. The ACT government has renewed their funding commitment to PACER and this is a positive result for Canberrans.

There are limitations to the PACER model though. In many cases, simply seeing a uniformed police officer can escalate distress, no matter how compassionate the attending police officer is.

Knowing that your neighbours have seen police attend your house may also worsen feelings of shame, stigma, and humiliation.



📷 We need greater emphasis on crisis prevention. Picture Shutterstock
Moreover, police still respond to many mental health emergencies alone, and it is impossible to request PACER during a Triple Zero call.

Deputy Commissioner Neil Gaughan's call to rethink the role of police in mental health aligns with public health evidence across the globe. The CAHOOTS program - a specialist, non-police mental health support team - has been successfully running in the US state of Oregon for more than 30 years and they have discovered that less than 5 per cent of welfare checks or cases of suicidal distress require police back-up.

We also need greater emphasis on crisis prevention. Multiple underlying causes of distress - cost-of-living pressures, discrimination, loneliness, lack of stable housing or employment - need to be addressed to promote widescale, collective wellbeing.

The right service, delivered at the right time, will further keep at-risk people engaged in stable education or employment and connected with their communities. They reduce risk of escalation of distress and hospitalisation.

The Mental Health Community Coalition ACT represents services that deliver care across the Canberra community. These services put roofs above heads, food in bellies, and non-judgemental support in times of need.

Unfortunately, these much-needed services are reporting record turn-away rates due to high demand and resource exhaustion. Greater funding to the sector could reduce pressure on emergency services and offer greater opportunities for Canberrans to thrive. We need to design a system that offers practical ways forward for people experiencing crisis.

Sirens may unfortunately always form part of our mental health response, but more can be done to make police attendance a truly last resort.

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