



NEWS

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Current news

Since February 2008 the NSW Police Force (NSWPF) Mental Health Intervention Team (MHIT) has trained frontline operational police from all across NSW in emergency mental health. Feedback from police officers who have completed the four day MHIT training is overwhelmingly positive; namely because it ensures that participants develop a skill set that can be utilised "on the street" in real operational situations.

Some feedback from our recent March 2011 MHIT participants includes: "very interesting and informative" ... "the skills learnt will be used to identify consumers." One of the most remarkable sessions in the MHIT training is the 'Family Perspectives and Consumer Panel'. One recent MHIT participant, with 23 years of operational experience, noted "[What] a brave group of people who have given us a real life insight into mental illness. One of the best interactive sessions I have been involved in."

The MHIT also provides operational and policy advice to Mental Health Contact Officers in local area commands (LACs) who have emergency mental health issues in their local areas. These issues may relate to persons who frequently present to police and other emergency services, transportation, interagency disputes and other operational issues.



The MHIT was awarded the "Sunflower Award" of Merit from the Schizophrenia Fellowship NSW in October 2010. Award recipients (from left) Inspector Joel Murchie, Manager MHIT; DCoP Field Operations Dave Owens; Supt David Donohue, NSWPF Corporate Spokesperson for Mental Health.

Why MHIT?

The MHIT provides NSW Police Force officers with operational advice and training regarding the policing of acute mental health issues. Our advice is informed by the legislative requirements of the *Mental Health Act 2007* (NSW), policy as outlined in the NSW Emergency Mental Health Memorandum of Understanding, and relevant NSW Police Force policies and guidelines.

Mental Health Intervention Team training is a four day course administered by a range of clinical and operational policing experts. The four day course covers 21 seminars. MHIT training aims to ensure course participants work with mentally ill or disordered people in a sensitive, safe and efficient manner. On average we train approximately 30 people per training month. We deliver a minimum of 10 training sessions per annum.

The MHIT was trialed between February 2008 and June 2009, and has been operational since then. Our corporate goal is to train 1,500 operational police by 2015. To date we have trained over 450 NSW Police Officers and over a dozen clinical professionals and police from other jurisdictions.

Contact details

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Highlights of activities October 2010 to March 2011

October 2010 – The MHIT attended and spoke at the three day Queensland Police Mental Health Forum. MHIT training was held at Glenbrook. The MHIT was awarded the “Sunflower Award” of merit from the Schizophrenia Fellowship NSW. Sergeant Matt Ireland went to Canada as part of a Rotary sponsored mental health and policing research tour. MHIT members attended the Coronial Inquest into the death of Elijah Holcombe.

November 2010 – MHIT training was held at HMAS Penguin in Sydney. The MHIT attended the REMIND on government organisation annual presentation. The MHIT also attended the NSW Consumer Advisory Group Forum on consumers and case management.

December 2010 – The MHIT presented to the NSWPF Domestic Violence Liaison Officers Conference and presented at the NSW Health Accredited Persons Training Course.

January 2011 – MHIT and NSW Department of Health workshops regarding the review of the MOU continue.

February 2011 – The MHIT delivers its training course at Glenbrook. The MHIT delivers training to Domestic Violence Liaison Officers and at the NSW Health Accredited Persons Training Course. The MHIT attends and speaks at the National Mindframes Conference.

March 2011 – The MHIT delivers training at Glenbrook. The MHIT meets with key justice agencies about the Mental Health Frequent Presenters Research Project and participates in NSW Senior Officer Group meetings about the proposed 2011-2016 NSW Mental Health Policy Framework. Supt Jenny Hayes is appointed the Mental Health Contact Officer Western Region Representative. MHIT presents to the Rural Farmers Conference.

Myths about mental illness

This is the third in a four part series on common myths surrounding mental illness. This installment deals with the question, *“Are mental illnesses all the same?”*

- There are many types of mental illness and many kinds of symptoms or effects.
- Though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms – for example many people with schizophrenia may hear voices, while others may not.
- Simply knowing a person has a mental illness will not tell you how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness effectively.
- Mental illnesses are not purely ‘psychological’ and can have many physical features. While a mental illness may affect a person’s thinking and emotions, it can also have strong physical effects such as insomnia, speech impediment, weight gain or loss, increase or loss of energy, chest pain and nausea.

Staffing and the MHIT

Superintendent Donohue is the NSW Police Force Corporate Spokesperson for Mental Health.

Inspector Joel Murchie is the Manager, MHIT.

Sergeant Matt Ireland is the Project Coordinator.

Darrin Cowan is the Senior Clinical Adviser for MHIT and his position is funded by NSW Health.

Gina Andrews is the NSW Police Force Senior Mental Health Policy Officer with the MHIT.

Team interview

Each newsletter in 2011 we will interview a different member of the Mental Health Intervention Team. This newsletter we interview Inspector Joel Murchie, Manager of the MHIT.



How long have you been the Commander?

I have been the Commander of the MHIT since July 2009.

What are your key responsibilities as MHIT Commander?

I am responsible for managing mental health policy, strategy and training for the NSW Police Force. I also provide operational advice and guidance on mental health issues to frontline officers, and provide an effective organisational linkage to both government and non government mental health stakeholders.

Why does the management of mental health and policing matter?

Police in the frontline are regularly called upon to interact with, or resolve incidents involving persons living with a mental illness. These interactions are often challenging and involve complex issues and the potential for unpredictable behaviour to be exhibited by the mental health consumer. It is important to ensure that police have an appropriate level of awareness and skill that allows them to enact their powers under the Mental Health Act safely and effectively. We also strive to ensure that our partner agencies are working proactively with us in order to achieve better outcomes for these mental health consumers.

What do you like about your job?

I enjoy the challenge of managing such a complex policy area, the interaction with fellow officers - both with regards to incident resolution and via their attendance at our four day training program, and the knowledge that

with their assistance we are making a major difference in the lives of those people within the community who are living with a mental illness.

Tell us what the MHIT training is all about

The MHIT training program is an intensive four day specialised education package designed to assist frontline officers in managing persons experiencing a mental health emergency event. The package seeks to educate police with respect to identifying behaviours in the field indicative of mental illness, and provide them with tools such as communication strategies, risk assessment, de-escalation and crisis intervention techniques, and to gain an understanding of the *Mental Health Act 2007*, as well as the Memorandum of Understanding between the NSWPF, Ambulance Service and NSW Health.

The course is carefully designed to present to attendees an effective mix of clinical theory and relevant hands on operational skills that they can utilise in the field on a daily basis. This ensures the operational relevance of the program and leaves graduate MHIT specialist officers well placed to contribute to the better outcomes for mental health consumers that we strive for. We are extremely proud of the course and the officers that complete the training.

The recognition of the MHIT concept as best practice has been further enhanced by a recent 'Sunflower Award' from the Schizophrenia Fellowship of NSW and the on-sale of the MHIT concept and training package to the ACT Uniform Policing Branch of the Australian Federal Police.

2011 courses	
April 2011	Glenbrook, Sydney
May 2011	HMAS Penguin, Sydney
June 2011	Glenbrook, Sydney
July 2011	Sydney (venue to be advised)
August 2011	HMAS Penguin, Sydney
September 2011	(venue to be advised)
October 2011	(venue to be advised)
November 2011	(venue to be advised)
December 2011	(no course)

MHIT alumni

We now have over 450 MHIT alumni, and we would like to keep in regular contact with you, providing you with updated information and support where possible. A good proportion of MHIT alumni will also be our NSWPF Mental Health Contact Officers. Accordingly, the MHIT Team has undertaken to now send a combined MHCOs and MHIT alumni quarterly MHIT newsletter. Our NSWPF MH knowledge Map, and the MHIT section on the NSWPF internet site, is regularly updated with information. We

will send you email alerts when relevant information is uploaded. Please let us know if you have any questions you would like answered in future newsletters, or if you have developed any innovative practices subsequent to your MHIT training, and if there is any support we can give you as MHIT alumni. Please email us at #MHIT@police.nsw.gov.au. Each newsletter we will feature a different MHIT alumni.

MHCO interview

Inspector Traci Watt at Burwood LAC and MHIT alumni graduate from 2010.



The Mental Health Contact Officer (MHCO) portfolio is delegated to one duty officer in each of the 80 local area commands across NSW. The MHCO should be knowledgeable of mental health legislation, policy and operational issues pertinent to their region and local area command. To ensure an adequate knowledge base, the MHCO is expected to have completed the four day Mental Health Intervention Team Training. MHCOs are expected to be actively involved in their NSW Health Area Health Service Local Protocol Committee. From time to time the region representative may be involved in managing interagency disputes.

Inspector Traci Watt shares with us some of her journey as a MHCO:

What does being a MHCO involve?

It is an important link between NSWPF and NSW Health organisations. By listening to issues raised by the relevant stakeholders and staff they can be addressed in a timely manner, good practices are identified and ultimately it can reduce the amount of police intervention in consumers suffering from mental illnesses.

Do you have a personal interest in mental health?

Yes, someone close to me has suffered a mental illness and I have been able to see the mental health system from both perspectives.

What successes have you had in this role?

In one particular case a consumer was a frequent absconder from a mental health facility. In recent times when police attended the consumer's address to return him it often resulted in a siege situation. As a result of consultation with the Director of Clinical Services a plan was put in place where the consumer provided his unit keys to hospital staff. When noticed missing staff would attend the address and return the consumer without police intervention. At this stage this has significantly reduced the risk to both police and the consumer.

I have also developed a close relationship with the Director of Clinical Services and local community health staff, it has afforded me the opportunity to address any issues that arise and communicate the results with those involved.

What are the challenges?

Having one of the largest mental health facilities in the state we of course have a large number of absconders and missing patients, monitoring them and finding ways to minimise the risk to the NSWPF is a constant challenge.

NSW Mental Health policy, procedures and legislation are very different to ours, particularly pertaining to their management of short term leave for consumers. This often results in a considerable amount of missing persons reports to our command; as such it is often one the biggest concerns staff have in regards to mental health issues. The challenge is ensuring staff are aware of their policies, our obligations and that each report is risk assessed appropriately.

How do you engage the frontline police in their role under the Mental Health Act (2007)?

I encourage all staff to make contact with me about any mental health issues they believe need addressing, I also provide them with feedback. Junior staff in particular are a point of focus, ensuring they have the tools to effectively deal with persons with mental illness and that there are avenues available through which issues can be openly discussed. I actively seek staff to undergo the MHIT course. There is also an excellent course called Understanding Mental Illness run out of Rozelle Hospital, and from all reports it has been well received by the police that attend.

What was your experience in the MHIT Training?

I found the MHIT course to be invaluable; it provided a number of tools to assist me both in my role as a contact officer and dealing with mental health consumers. I particularly enjoyed the consumers' panel and it helped affirm the fact that even though someone may suffer a mental illness they still should be treated with dignity.

Have you been to any jobs recently where you have utilised your MHIT training?

No, though I have had to make regular calls to either the emergency department or mental health facility to ensure they comply with our MOU.

What experience have you had with the other mental health stakeholders such as NSW Health and Ambulance Service of NSW?

Overall the experience has been great, I've developed some excellent working relationships with members from NSW Health (Community and Mental Health). Inconstancy of staff among stakeholders can make this more difficult but in the majority I've found we are all working toward a common goal and communication is the key.

I also wish to state that over the past two years I have received invaluable assistance from the Mental Health Intervention Team. Having had to contact them on several occasions they have always been willing to assist, even addressing one issue at the State level. I encourage any MHCO who are having difficulties to make contact.

Mental Health Policy update October 2010 to March 2011

NSW Emergency Mental Health Memorandum of Understanding news.

In 2010 The NSW Mental Health Interdepartmental Committee (IDC) began its review of the MOU with the expectation that the MOU will be launched at the end of the first quarter in 2011. We are in the final stages of negotiating the revised policy content of the MOU with NSW Health, and are currently focused on respective agencies' transportation responsibilities under the *Mental Health Act 2007*.

The rationale for the current MOU review is to bring the existing MOU into line with the *Mental Health Act 2007*. However, this review has also given us the opportunity to clarify policy direction on a number of issues: Declared Mental Health Facilities, revised MOU key performance indicators, the NSW Police Force / NSW Health Interhospital Transportation Guidelines, interagency information exchange, interagency response to mental health frequent presenters, and more details on the role and responsibilities of the Local Protocol Committees.

Any operational comments concerning the existing MOU can be emailed to #MHIT@police.nsw.gov.au

In the interim, it is important to note that the existing MOU still applies.

The NSW Police Force & NSW Health Interhospital Transportation Guidelines.

NSW Police Force's corporate position is that **police vehicles are NOT to be used in interhospital transports**; and police are to only be involved in interhospital transports agreed high risk transports when NSW Health has exhausted all other reasonable alternatives available (i.e. sedation, waiting until relevant NSW Health resources are available) and the clinician and police involved agree that it is a high risk situation necessitating police involvement. This policy position will be integrated into the revised MOU.

Legal clarification on parameters of police interagency information exchange on mental health consumers in acute and non acute situations.

The NSWPF fact sheet '*Legality of police interagency information exchange on mental health consumers 2010*' can be used to guide police interagency interactions at a local level involving consumers. A copy of this fact sheet can be found on the NSWPF Mental Health Knowledge Map.

The revised MOU will also provide a more detailed interagency policy direction on the issue of interagency information exchange.

Declared Mental Health Facilities (DMHF).

On 13 November 2009 the first round of emergency departments were gazetted as DMHF under section 109 of the *Mental Health Act 2007*. This first round saw 34 emergency departments across NSW declared under the "mental health emergency assessment" class. Under this class, people detained under the *Mental Health Act* can be presented for short term detention for the purposes of initial assessment, immediate care, and where necessary, arranging transfer to an inpatient unit. Since November 2009, the emergency departments at Bega and Bowral hospitals have also been gazetted as DMHF. There is anticipated to be further sites gazetted as DMHF during 2011 and beyond. NSW Health is investigating the use of Audio Visual Links, and other resources, in regional health facilities with the aim to remedy the vast distances police have to travel to DMHFs in some regional centres.

The MHIT encourages our NSW Police Force Mental Health Contact Officers (MHCOs) to gather relevant COPS data to substantiate our requests to NSW Health for additional DMHF. We encourage our MHCOs to keep quality data (numbers of MH incidents attended and time involved in transport) – especially if you are a LAC affected by not having a DMHF in your catchment. NSWPF data on this issue is used in policy discussion with NSW Health, with the aim to alleviate agencies' transportation issues in regional NSW.

Since September 2011 NSW Department of Health executives have reassured NSWPF that the gazettal of additional DMHF is a business priority. The MHIT will keep you posted with progress.

NSW Government Research Project: Identifying mental health frequent presenters to NSW Police Force, Ambulance Services NSW and NSW Health

The goal of the project is: To describe the group of persons with mental health disorders who are mental health frequent presenters to emergency services (police, ambulance and health) in order to inform the development of appropriate service models for this group.

The research has two phases. Phase one of this project was completed in February 2011 and looks at frequencies of a cohort of mental health frequent presenters from the year 2005 and how these persons accessed services in the respective agency between the years 2001-2009. A key finding of this research was that out of the 2005 cohort, whilst MHFPs comprise 7% of actual individuals police interact with under the Mental Health Act, they are disproportionately responsible for 23% of the mental health events that police responded to 2005. This seminal research will be made available soon on the NSW Police Force internet and intranet.

Phase two of this research project seeks to look in detail at the 2005 cohort of 1010 mental health frequent presenters known to police and how this cohort then interacted with NSW Health and Ambulance Services NSW. Phase two is the subject of a current NSW Population Health Research Council Ethics Committee application and will require additional funding.

The MHIT will keep you posted on our progress on this important and police relevant research.

NSW Police Force Mental Health Region Projects

At the June 2010 NSWPF Mental Health Senior Officers Group workshop the six NSWPF Mental Health Contact Officers Region Representatives agreed to undertake projects on a range of mental health topics that have either corporate priority or local relevance.



NSW Police Force

Region projects include: an assessment on DMHFs in regional NSW and their impact on policing; the relevance of the NSW Health 24 hour phone line to operational policing of community mental health; the nexus between mental illness and inebriates; suicide prevention; mental health frequent presenters; police role in mental health assessment court transportation; police referral versus admission rates under Section 22, *Mental Health Act*; and the development of a framework for assessment of region and LACs performance on mental health.

In December Region sponsors submitted project updates. MHCO Region sponsors are expected to present project updates to NSWPF executive and mental health contact officers in August and September this year.

Law Reform Commission consultation and youth

In February the MHIT provided detailed advice via NSWPF executive to the NSW Law Reform Commission's consultation review of 'Young People with Cognitive and Mental Health Impairment in the Criminal Justice System'. Final advice to the Law Reform Commission noted that NSW Police Force considers that, in general, young people with cognitive and/or mental health impairments should be treated the same as other young people, with particular allowances made to ensure their safety and understanding of processes and relevant legislation and policies.

We also noted that police actively employ (where applicable) diversion options for persons with cognitive impairment and/or mental illness from the criminal justice system. In those cases where persons with cognitive impairment and/or mental illness do enter the criminal justice system, police are committed to their being treated equitably.

Interrelated, NSWPF is currently reviewing its 'NSW Police Force Youth Policy' and the MHIT has been actively contributing to the drafting process. It is intended that the MHIT will undertake to draft several fact sheets (for operational police resource use) on the topics of 'mental health, policing and youth' and 'community policing, youth and suicide'.