Evaluation of the Mental Health Initiative at the Rotorua Police Station

A report prepared by

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Thank you also to NZ Police, Lakes DHB and Bay of Plenty DHB for providing us with quantitative data for this evaluation.

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Key Findings

Benefits for detainees/arrestees/remandees with mental health issues:

- Co-location of Police Consult/Liaison Nurse at the watchhouse facilitated more timely assessments and if no charges earlier release to community or referral to appropriate care;
- Continuity of care and minimisation of stress for detainees/arrestees with mental health issues as they often knew the Police Consult/Liaison Nurse and were identified and managed appropriately and could be referred more quickly into appropriate treatment;
- Provision of brief intervention and self-referral information.

Benefits for Police

- Accessible and timely assessment of detainees/arrestees/remandees to identify appropriate course of action including release, admission to inpatient, custodial monitoring regimes and management;
- Provision of professional advice and information to Police who feel supported by the Police Consult/Liaison Nurse in dealing with people with mental health issues leading to reduction of risk;
- Timely assessments reduce time and expenses (staff time) in regards to monitoring and holding the person in custody;
- Timely advice and information and reports from Mental Health Services which saved Police and Police Prosecution time and resources.

Benefits for Mental Health Service:

- No Psychiatric Emergency Team (PET) call outs to assess detainees/arrestees at Police Station during Police Consult/Liaison Nurse working hours;
- Regular networking and liaising with colleagues in MHS about cases that had come to Police attention, and provision of advice and facilitation that saved time and gave better outcomes for clients;
- Liaison and co-ordination with police reduced time delays and staff costs e.g. Arranging handovers to key workers, pet and inpatient admissions, arranging appointments for community clients to see police or for inpatients to go to court with escorts (instead of waiting at court).

Areas suggested for development:

- Extending Police Consult/Liaison Nurse hours;
- Co-location of AOD worker and Maori mental health worker to support the Police Consult/Liaison Nurse in her role;
- Routine electronic capture of some Police watchhouse keeper's evaluation form data and the development of a database designed specifically to support the Police Consult/Liaison Nurse role;
- Use of a common shared additional identifier would make it possible to link Police and Health data, and thus, for example, to link a person's repeat detentions with the health interventions received.

Identified good practice and recommendations for pilot sites

- Specialised position that requires specific qualifications, experience and attitude;
- Comprehensive orientation of new Police Consult/Liaison Nurse to position and orientation of police staff to the role including updates for new police staff;
- Visible 'co-location' of Police Consult/Liaison Nurse to promote accessibility;
- Position needs to be responsive to local need and tailor the service accordingly;
- Liaison work is a key to successful implementation of the role therefore it is important to proactively develop and maintain relationships across agencies.

Executive Summary

Overall Finding

The Police Consult/Liaison Nurse position at Rotorua Station was regarded by interviewees as very effective for the timely assessment and facilitation of treatment for detainees/arrestees and was thought to contribute to better outcomes for these people. While the co-location of a mental health nurse with Police provided the opportunities for effective intervention it was undoubtedly the way the Police Consult/Liaison Nurse at Rotorua developed and implemented her role that made it a success.

Introduction

Since 2001 Police have had a mental health nurse working at the Rotorua Police Station to provide assessments and liaison between Police and Mental Health Services to facilitate the treatment of mentally ill detainees/arrestees/remandees. The Police Consult/Liaison Nurse is employed by the Lakes District Health Board (DHB) and comes under the umbrella of their Mental Health Service.

In August 2007, the Police, with the support of the Ministry of Health, commissioned an evaluation of the Rotorua model in order to inform the development of this model in two new pilot sites as part of the Effective Interventions Programme which aims to meet the mental health and AOD needs of offenders to improve their health status and reduce their offending.

This report evaluates the Police Consult/Liaison Nurse role and identifies what is working well and areas for improvement. Key learnings were identified to inform the development of a similar model in other Police watchhouses. The evaluation includes comparative analysis with Tauranga Police Station to see what difference the Police Consult/Liaison Nurse role has had on Police operations and what benefits can be attributed to this role for Police, Mental Health Services and detainees/arrestees.

The Police Consult/Liaison Nurse is co-located in the Rotorua Police watchhouse and works Monday to Friday (8am-4.30pm). Her role consists of three main components: assessment and development of a health and safety management plan for detainees/arrestees/remandees in Police custody; liaison between Police and Mental Health Services and community providers; and education for Police and Mental Health Services.

Benefits of the Rotorua model

Improved management of detainees/arrestees/remandees while in Police custody

The Police Consult/Liaison Nurse greatly contributed to the effective management of detainees/arrestees/remandees with mental health issues due to the following activities:

- Provision of timely assessments and, if no charges, detainee/arrestee released to the community or referral to an appropriate care facilitating earlier treatment and release;
- Assessments informed police and police prosecution whether the detainee/arrestee had a mental health issue and would be more appropriately dealt with by diversion and/or referral to mental health services;

- Discussions with the police consult/liaison nurse helped police prosecutors made decisions about whether they should oppose bail or not; whether they should be seeking a Section 38, (full psychiatric assessment report), Criminal Procedures (Mentally Impaired Persons) Act 2003; and whether a full psychiatric assessment report should be on bail, in custody at prison, or at the forensic inpatient unit at Waikato (Henry Bennett Centre);
- Provision of treatment plans including appropriate monitoring regimes and if necessary administration of medications, leading to increased safety for the detainee/arrestee in the cells and less risk for Police;
- Provision of professional advice and information to Police who feel supported by the Police Consult/Liaison Nurse in dealing with people with mental health issues;
- For the Regional Forensic Service the early identification and provision of assessment and Lakes DHB information facilitated and supported Court Liaison Nurses triage decisions and streamlines court processes.

Perceived reduced impact of detention on mentally ill people

All the interviewees thought that the Police Consult/Liaison Nurse role was very beneficial for detainees/arrestees with mental health issues due to:

- Seamless interface with the Mental Health Service where appropriate to ensure earlier treatment, including updating key workers about current clients so they can provide treatment and support to clients;
- Continuity of care in Police custody as detainees/arrestees with mental health issues often know the Police Consult/Liaison Nurse and she reportedly has a calming effect and good rapport with many of them;
- Liaison with Court and Prison forensic staff helps to ensure they are identified and managed appropriately from the outset and thus helps minimise stress for the person;
- Provision of brief intervention in form of information for self-referral to appropriate services e.g. Addiction Services, Relationship Services.

Early identification and facilitation of support and treatment

- Early identification facilitated by Police Consult/Liaison Nurse in marginal cases where the PET team would not be called by the Police.
- Police felt backed-up by the Police Consult/Liaison Nurse being at the watchhouse so brought more people back to the station who were exhibiting early warning signs of deterioration to be assessed by the Police Consult/Liaison Nurse. Police also discussed people of concern in the community with her.
- Police Consult/Liaison Nurse scanned all the names of those in Police custody and identified known mental health clients that Police did not know had mental health issues.
- The identification of clients who may have lost touch with CMHS and be overdue for their medication. Coming to Police notice provided a contact point where the Police Consult/Liaison Nurse can identify them and provide them with the appropriate medication or set up an appointment for them.

Provision of education and advice to Police and Mental Health Services staff

The Police Consult/Liaison Nurse's education and advisory role included:

- Provision of formal training packages to Police and on occasion to Mental Health Services.;

- Participation in the development of local policy procedures for Police and DHB;
- Provision of expert advice on mental health issues and related criminal justice processes;
- Provision of local knowledge of mental health clients and services was identified as invaluable;
- Accessibility to Police and MHS and responsiveness to their information requests.

A perceived increase in community safety

Interviewees thought the Police Consult/Liaison Nurse position contributed towards community safety through early identification of people with mental health issues and the timeliness of referrals to treatment before their condition deteriorated. The position also acted as a safety net to help stop people slipping through the cracks who were marginal and had not been to MHS or who were clients and for example had not been attending or stopped taking their medication.

Improved interagency relations

All the interviewees thought the Police Consult/Liaison Nurse had greatly enhanced interagency relations and identified more co-ordination and more understanding and accessibility to each other's services. Liaison work is approximately a third of the role.

Comparison with Tauranga

In addition to the presence of a Police consult/liaison nurse in Rotorua, there were other differences and measurement problems between the Rotorua and Tauranga Police Stations that make it difficult to isolate the impact of the Rotorua initiative. For example, annual volumes of recorded offences at the Rotorua Police Station are about one and one half times the volumes at the Tauranga Police Station, and differences in the ethnic composition of those apprehended may also impact on differences in mental health service need. Measurement difficulties prevented a direct comparison being made between the proportion of mental health service clients seen by the Police consult/liaison nurse or an equivalent crisis team nurse at the two stations. However, we can make the following observations in the table below:

Rotorua – Police Consult/Liaison Nurse intervention	Tauranga – No Police Consult/Liaison Nurse
The Police Consult/Liaison Nurse's position is likely to have resulted in more timely assessments for arrestees/detainees during her working hours.	Response times would take longer due to the Crisis Team not being co-located at the Tauranga Station and would be dependent on their workload. No comparison could be made of the response times of the Rotorua PET and Tauranga Crisis Team, which would be variable based on workload.
Rotorua Police obtain information from Police Consult/Liaison Nurse about cases. Police had greater accessibility to a wide range of advice on mental health issues from the Police Consult/Liaison Nurse e.g. on legislation, local knowledge of people with mental health issues, knowledge of services;	Tauranga Police could get information from DAOs in Crisis Team about cases.

and discuss people of concern in the community.	
The Police Consult/Liaison Nurse was more accessible to Police to provide advice, education and role modelling on how to work with people with mental health issues.	It was not the Crisis Team's role to provide education to Police. They had a good relationship with Police and were accessible but had a more limited role focused on their crisis assessments.
The Police Consult/Liaison Nurse's extensive networks and role in interagency liaison facilitated treatment of detainees/arrestees. The advantages of the Police Consult/Liaison Nurse position was that she was located at Police so bridged the two worlds of justice and mental health and was able to facilitate timely treatment.	In Tauranga some of this interagency liaison was part of the work of various health professionals such as DAOs, Court Forensic Nurse, Mental Health Case Workers.
The Police Consult/Liaison Nurse was able to have regular contact with those who were in custody for longer periods, such as remand prisoners, so could provide professional advice on reassessing their condition.	The Crisis team would likely not have the capacity to provide the regular contact with arrestees or those on remand that the Police Consult/Liaison Nurse would be able to as she is located at the watchhouse.

Resource implications

Resource implications for Police

Costs

- Provision of a computer work station in the watchhouse and resources e.g. Photocopying, stationery;
- Potential staff time on increased training on mental health issues;
- Potential to increase the number of marginal suspected mental health persons picked up by police as they take them back to the station for police consult/liaison nurse to talk to/assess (offset by early identification and facilitate treatment before mental health deteriorates)

Cost saving benefits

- Timely assessments during the Police Consult/Liaison Nurse's working hours which could reduce time and expenses (staff time, security guards cost) in regards to monitoring and holding person in custody;
- Timely advice and receiving information and reports from Mental Health Services which saved Police and Police Prosecution time and resources;
- Early identification and facilitating treatment that potentially reduces offending and/or coming to Police attention for mental health issues;

Resource implications for DHBs

Costs

- FTE allocation

- Resources e.g. car, phone, internet at Police, printer
- Potential increase in referrals to DHB Mental Health Service including identification of former and current clients who have not been able to be traced by their case workers

Cost saving benefits

- No Crisis Team call outs to assess detainees/arrestees at Police Station during Police Consult/Liaison Nurse working hours;
- Earlier identification of people with mental health issues and assistance with appropriate treatment more quickly before escalation in illness. This potentially reduces costs in future e.g. may be less likely to need inpatient care;
- Regular networking and liaising with colleagues in MHS about cases that have come to Police attention and gives them advice and facilitation that saves time and gives better outcomes for clients;
- Liaison and co-ordination with Police reduces time delays and staff costs e.g. arranging handovers to key workers, PET and inpatient admissions. Arranging appointments for community clients to see Police or for inpatients to go to Court with escorts (instead of waiting at Court).

Identified good practice and recommendations for pilot sites

- **Personnel –** Importance of getting the right person into the position not only in terms of qualifications and experience but also attitude. Importance of having a good working knowledge of both the criminal justice and health legislation; Police policies and procedures and own Mental Health Services policies and procedures.
- **Appropriate orientation to position –** This is a unique position working at the interface between the criminal justice system and mental health services and requires a thorough orientation. Resources to implement the position should also be in place including internet access to DHB databases at Police Station, car, cellphone etc.
- **Orientation of Police to position –** It is recommended that current Police staff and new staff at the Police Station receive a formal orientation to the Police Consult/Liaison Nurse and their role.
- **Visible 'co-location'** – For the Police Consult/Liaison Nurse position to operate effectively s/he must be accessible and visible to Police in the watchhouse.
- **Local conditions –** The Police Consult/Liaison Nurse needs be responsive to local need and tailor the service accordingly.
- **Liaison role –** A substantial part of the role is liaison work and a key to successful implementation of the role was the ability to proactively develop and maintain relationships across agencies. Daily contact with Community Mental Health Services and attendance at Mental Health Service and interagency forums should be encouraged.

Suggestions for AOD role

- Mini Mental Health Examination and if there are no mental health issues then continue with a fuller screening process for AOD.
- Refer to appropriate services and a copy of the AOD assessment conducted in Police custody should be forwarded to those services.

Challenges and suggestions for development of Rotorua model

- Expand FTE allocation for role in Rotorua to extend hours a Police Consult/Liaison Nurse is on duty e.g. by two shifts, an early and a late shift 7 days a week (Taupo .5FTE will go some way to covering holidays and leave);
- A Māori Mental Health worker (clinical or non-clinical) work alongside the Police Consult/Liaison Nurse to support her work with Māori clients and their whānau;
- An AOD worker working alongside the Police Consult/Liaison Nurse;
- Good housekeeping and monitoring of Police and Health data to ensure its accuracy and completeness.

Recommendations for data collection systems

We recommend that any future initiatives based on the Rotorua model are best supported as follows:

1 For those persons whom Police assess as being in need of care/constant monitoring on either the custody/charge sheet or remand sheet, we recommend that Police electronically capture the 'Watchhouse Keepers' Evaluation of Condition of Person in Custody' information.

2 In addition, we suggest Police consider electronically capturing the information in the Watchhouse Keepers' Evaluation of Condition of Person in Custody, regardless of whether or not the Police assesses the person as being in need of care/constant monitoring or in need the person.

3 A small scale stand-alone initiative-specific computer database, designed first and foremost to meet the needs of the Police consult/liaison nurse. The database specifications should be prepared in consultation with the Rotorua Police consult/liaison nurse, and with other key professionals with whom she works. Input from an evaluator may also be helpful. It is important to identify what the reporting needs are and ensure the appropriate categories are developed to reflect the Police Consult/Liaison Nurse's activities. Once the database has been designed and implemented for a short period of time, we suggest a review to make any database improvements.

Police – Health link

Use of a common shared additional identifier would make it possible to link Police and Health data, and thus, for example, to link a person's repeat detentions with the health interventions received. However, privacy issues would need to be fully addressed first.

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1 Introduction

1.1 Introduction

Since 2001 Police have had a mental health nurse working at the Rotorua Police Station to provide assessments and liaison between Police and Mental Health Services to facilitate the treatment of mentally ill detainees/arrestees/remandees. The Police Consult/Liaison Nurse is employed by the Lakes District Health Board (DHB) and comes under the umbrella of their Mental Health Service.

Anecdotal feedback about the nurse's placement in the position had been very positive and came to the attention of the review of the interface between mental health and alcohol and other drug (AOD) services and the criminal justice system. That review was undertaken as part of the Effective Interventions Programme which aims to meet the mental health and AOD needs of offenders to improve their health status and reduce their offending.

In August 2007, the Police, with the support of the Ministry of Health, commissioned an evaluation of the Rotorua model in order to inform the development of this model in two new pilot sites. Two interim evaluation reports have been submitted during the course of this evaluation and this is the final evaluation report which provides more detail on the implementation of the model and quantitative data associated with outcomes.

1.2 Background to the development of the Rotorua model

The Rotorua model was developed by Police and Lakeland Health Ltd in response to an identified need 'for a close working relationship to ensure timely and adequate Mental Health Services intervention for people in the community who in the course of their contact with the Police staff cause sufficient concern to prompt a request for assessment.' (Proposal for a Consult/Liaison Position between Lakeland Health Ltd, Mental Health Services and Rotorua Police, May 2000.)

When the initiative was being developed the Area Commander and the Director of Area Mental Health Services would meet to discuss issues. No steering group was formed, however it was suggested that a steering group for new pilot sites could include the line manager of the Liaison Nurse and a Custody Sergeant or Senior Sergeant who operates from the watch house.

The Rotorua Model is guided by a memorandum of understanding between Police and Lakes DHB and the relevant Acts and legislation. The 2006 job description describes the position in these terms:

1. The prime focus of this role is to provide consultation and liaison between Lakes District Health Board's Mental Health Services and New Zealand Police for the benefit of individuals who may require mental health care and the community within the Lakes District.
2. The role requires autonomous practice involving a high level of speciality knowledge, skills and attributes in the provision of quality nursing care, across diverse settings.

The Police Consult/Liaison Nurse received a week's orientation when she started in 2001 which included the standard DHB orientation and Police non-sworn orientation package. While this provided the basics about these agencies the Police Consult/Liaison Nurse was left to sort out many of the practicalities (cellphone, computer, car etc) and develop processes (e.g. running sheet, liaison systems) to implement her role. She suggests Police Consult/Liaison Nurses in the new pilot sites would benefit from a tailored training package to orientate them to this specialist role. It would also be important to have processes and resources in place so that when they finish orientation they can start straight away.

An orientation package could include:

- 1 week general orientation to Police and DHB
- 1 week job specific orientation (recommend that the Rotorua Liaison Nurse could develop and deliver this training)
- 1 week ensuring all the systems and resources are in place (note establishing resources such as internet access to DHB databases would need to be initiated as soon as possible.)

The Rotorua Police Consult/Liaison Nurse currently works Monday to Friday from 8am to 4.30pm (40hr week). Her role consists of three main components: assessment and development of a health and safety management plan for detainees/arrestees/remandees in Police custody; liaison between Police and Mental Health Services and community providers; and education for Police and Mental Health Services.

1.3 Rotorua Police Station – profile of detainees/arrestees

The following section starts by presenting some background information relating to the types and volumes of offences recorded by the Police at the Rotorua Police Station and the demographic profile of those with whom Police came into contact in 2006/2007. A profile of those charged or detained more recently at the Station is examined, and associated prevalence rates for some mental health measures and mental health risk indicators for this group are estimated.

In 2006/07 financial year, 25,007 offences were recorded by Police at the Rotorua Police Station. Almost two-thirds (64%) were traffic offences and one fifth (20%) were dishonesty offences (Table 1).

Table 1 Offences recorded by Police at the Rotorua Police Station in 2006/07 according to offence groups

Offence group	Number	Percentage
Violence	1,128	5%
Sexual offences	62	0%
Drugs & antisocial offences	1,301	5%
Dishonesty	5,101	20%
Property damage & new drug offences	876	4%
Property abuses	310	1%
Administrative	268	1%
Traffic	15,961	64%
Total	25,007	100%

Source: NZ Police National Headquarters.

A demographic profile of those apprehended by Rotorua Police for allegedly having committed an offence in 2006/07 is shown in Table 2. Just over four fifths (81%) were male, 70% were aged 30 or under, and just over three quarters (77%) were Māori.

Table 2 Apprehensions by the Rotorua Police in 2006/07 according to demographic groups of offenders

	Number	Percentage
Sex		
Female	826	19%
Male	3,508	81%
Total	4,334	100%
Age group		
16 & under	554	13%
17-20	1,143	26%
21-30	1,361	31%
31-50	1,175	27%
51 & over	101	2%
Total	4,334	100%
Ethnicity		
Māori	3,347	77%
NZ European/Pakeha	834	19%
Pacific	115	3%
Asian	14	0%
Other	10	0%
Unknown	14	0%
Total	4,334	100%

Notes:
1. Percentages may not add to 100 because of rounding.
2. The term 'apprehension' refers to when Police resolve a recorded crime by identifying a person as being responsible for having committed that offence, and dealing with the offender appropriately. The data presented represent the number of apprehensions and not the number of offences or offenders.

Source: NZ Police National Headquarters.

A profile of those charged or detained in August 2007 follows (and compared with that of the 2006/07 group), along with some estimates of prevalence rates for some mental health measures (e.g. detained for reasons of attempted suicide) and mental health risk indicators (e.g. suffering from adverse life events) for this group.

Those charged or detained in the custody of the Rotorua Police Station during August 2007 had a not dissimilar demographic profile (Table 3) to those apprehended locally in 2006/07. However, the August 2007 sample contained a slightly smaller proportion of males (75% compared with 81%) and Māori (72% compared with 77%).

Thirty percent were charged or detained for administrative offences (primarily breaches of bail). The next highest offence groups for which people were charged or detained were for dishonesty offences (23%), drugs and antisocial offences (22%), and violence offences (19%).

In August 2007 about eight percent of people were detained for reasons other than offending. Fifteen people (or 5%) were detained for detoxification, ten (or 3%) because of suspected mental health issues, four (or 1%) for attempted suicide and two (or 1%) for breaches of the peace.

Table 3 Profile of those charged or detained in custody of the Rotorua Police Station during August 2007 (N=331)

	Number	Percentage
Sex		
Female	83	25%
Male	248	75%
Total	331	100%
Age group		
16 & under	26	8%
17-20	100	30%
21-30	109	33%
31-50	88	27%
51 & over	7	2%
Unknown	1	0%
Total	331	100%
Ethnicity		
Māori	258	72%
NZ European/Pakeha	57	17%
Pacific	8	2%
Asian	3	1%
Unknown	5	2%
Total	331	100%
Offence groups[1]		
Violence	62	19%
Sexual offence	3	1%
Drug / antisocial offence	73	22%
Dishonesty	77	23%
Property damage	16	5%
Property abuse	16	5%
Administrative (including bail breach)	99	30%
Traffic	40	12%
Detained for reasons other than offending[2]		
Drunk / detoxification (1K)	15	5%
Mental health issue (1M)	10	3%
Attempted suicide (1X)	4	1%
Breach of peace (1R)	2	1%

Notes:
1. Some individuals may appear in more than one offence group.
2. Some individuals were detained for more than one reason, and some individuals were also charged with an offence.

Source: Extracted by hand from Rotorua Police Station custody/charge sheets.

The Police evaluations of those in custody[1] during August 2007 showed just over a third of arrestees/detainees were evaluated by Police as being under the influence of alcohol (Table 4). Smaller proportions were evaluated as being under the influence of drugs or solvents (3% and 1% respectively).

Table 4 Police evaluations of the conditions of persons in the custody of the Rotorua Police Station during August 2007 (N=331)

	N	**%**
Evaluated by Police as under influence of		
Alcohol	118	36%
Drugs	9	3%
Solvents	2	1%
Evaluated by Police as showing signs of following behaviour		
Withdrawn	8	2%
Irrational	9	3%
Depressed	15	5%
Overly ashamed	6	2%
Agitated	11	3%
Anxious	8	2%
Evaluated by Police as showing signs or has a history of		
Aggressive behaviour to self or others	37	11%
Health conditions		
Depression	9	3%
Schizophrenia	6	2%
Bipolar disorder	3	1%
Alcohol / drug addiction	12	4%
Hospitalised in a mental health unit in last six months		
Yes	7	2%
Currently under care of a mental health unit		
Yes	7	2%
Key indicators of suicide risk		
First time arrested/detained in Police cell	41	12%
Youth at risk	23	7%
Male	248	75%
Stopped / changed prescription medication	11	3%
Māori	258	78%
Previous attempts / threats to commit suicide	15	5%
Psychiatric history	8	2%
Adverse life events	20	6%
Person injured or ill	14	4%
Arrested as result of a domestic incident / history of family violence	29	9%
Signs of being in pain	9	3%
Any other indicators that person needs care		
Yes	15	5%
Evaluated by Police as in need of care (for any reason)		
Yes	24	7%

Source: Extracted by hand from Rotorua Police Station custody/charge sheets.

1 When Police detain or arrest a person they note a person's mental state, any alcohol or other drug issues and health issues on the charge form.

Five percent of arrestees/detainees were evaluated by Police as showing signs of being depressed, and 3% were thought to have clinical depression. The prevalence of alcohol/drug addiction, schizophrenia and bipolar disorder among those charged or detained that month was estimated at 4%, 2% and 1% respectively. Two percent were thought to have been hospitalised in a mental health unit in the last six months, with the same proportion thought to be currently under such care. Five percent had previously attempted or threatened to have committed suicide, and 2% were thought to have a psychiatric history.

Twenty four (or 7%) were evaluated by a watchhouse keeper/supervisor as being either in need of care or in need of care and constant monitoring (Table 4).[2]

1.4 Outline of Report

Chapter 2 outlines the methodology used to conduct the evaluation. The evaluation tools are included in Appendix A.

Chapter 3 describes the implementation of the Police Consult/Liaison Nurse role and examines the various aspects of the position including assessment and treatment planning, liaison and education and advice. We have examined the benefits of this initiative for key stakeholders and suggestions for improvement or development.

The resources that are needed to implement the Liaison Nurse role are examined in Chapter 4 along with how the funding of the role is allocated between the Police and DHB.

Chapter 5 examines the management of arrestees/detainees who may have mental health issues at Tauranga Police Station to provide a comparative measure to determine what impact the Liaison nurse role is having in Rotorua.

Chapter 6 outlines the information used by Police and Lakes DHB and our recommendations for data systems in the new pilot sites.

The report concludes with a summary of key findings from the Rotorua model including what is working well and lessons for developing the model in other sites.

[2] There was an expectation that all those arrested or detained who were positively evaluated would have a health and safety management plan developed with a health professional.

2 Evaluation Methodology

2.1 Introduction

This chapter provides an overview of the design and methods used to conduct this evaluation.

2.2 Evaluation Objectives

The following evaluation objectives were specified by NZ Police:

1. Describe how the scheme operates, including:

   - Implementation issues, including the development of the relationships with Police and Lakes District Health Board (DHB)
   - Volumes and types of cases, including repeat cases
   - The nurse's direct work with arrestees/detainees
   - Links with other agencies and services, including referrals to mental health/Alcohol and other Drug (AOD) services.

2. Examine the extent to which the position of the mental health nurse at Rotorua Police Station has contributed to:

   a. The effective management while in Police custody of people with
      - mental health problems, including risk of suicide
      - alcohol and drug problems, including intoxicated persons.

   b. Reduced adverse impacts of detention on mentally ill people through reducing stress leading to exacerbation of the condition and ensuring continuity of treatment.

   c. Reduced costs to Police through
      - reduced purchase of medical assistance
      - reduced cost of custodial staff and security guards.

   d. The education and advising of Police staff on mental health issues.

   e. Assisting in diversion decisions.

   f. Improving Police/hospital liaison.

   g. A perceived increase in cost-benefit to the health system from early intervention.

   h. A perceived increase in client and community safety.

   i. Effective liaison with Courts and other local social services.

3. Identify any improvements that could be made to the scheme.

4. Establish what data collection systems should be in place for the further evaluation of this and similar pilots to be developed.

2.3 Evaluation design

The evaluation design includes a process evaluation approach which documents how the Police Consult/Liaison Nurse role is implemented and what is working well and areas that may need some improvement. Knowledge of operational detail and learnings from the Rotorua model are particularly important as a similar model is going to be implemented in other areas.

The evaluation also examines the extent that this initiative has been beneficial for services and detainees/arrestees with mental health issues by using a comparative design with another Police Station. The evaluation sought to identify if there are any differences in the way detainees/arrestees with mental health issues are managed in a station without a Liaison Nurse and verify what benefits there are for services and for detainees/arrestees. Tauranga Police Station was chosen as a comparison site as it is a similar sized station in the same District.

We have used an iterative approach, feeding back results during the course of the evaluation in two interim reports in order to provide for the information needs of developers of the new pilot sites. The interim reports also provided an opportunity to get feedback from policymakers and direct us to areas they were interested in finding out more about.

The work of Police, the Liaison Nurse and other Duly Authorised Officers are guided by legislation and policy documents issued by Police, Ministry of Justice and the Ministry of Health and District Health Board. A list of these documents identified as being important to the work of this initiative are listed in Appendix A.

2.4 Evaluation Tools

This evaluation used both quantitative and qualitative data to determine the effectiveness of the Police Consult/Liaison Nurse position. The following methods were used to conduct this evaluation.

2.4.1 Document review

To provide information on the establishment, development and operations of this initiative we reviewed relevant documentation including:

- Policy documents
- Memorandum of understanding between agencies
- Operational documents including procedures and protocols
- Job description of police consult/liaison mental health nurse position
- Screening and assessment tools used
- Data collection tools relating to initiative.

2.4.2 In-depth interviews

To investigate the implementation of the Liaison Nurse role and how it impacted on various aspects of Police and Mental Health Services we conducted 21 in-depth semi structured interviews. Fifteen interviews were conducted in Rotorua and 6 interviews were conducted in Tauranga to provide an overview of how persons with mental health issues were managed at Tauranga Police station. Appendix B for interview guides, information sheets and consent forms for the Rotorua and Tauranga interviews.

Interviewees were canvassed from a wide variety of positions within the following organisations:

Rotorua

- 7 Rotorua Police members (including 1 Police Prosecutor)
- 5 Lakes DHB Mental Health Service staff
- 2 Regional Forensic Service workers – Courts and Prison
- 1 Community Provider of treatment services.

Tauranga

- 5 Tauranga Police members
- BOPDHB Mental Health Service - Crisis Team member.

Interviewees were asked to sign a consent form including if they would like to check any quotes used from their interview and if they consented to the interview being taped. Most interviews were taped which provided an accurate documentation of the interview for coding and analysis.

2.4.3 Quantitative analysis and review of data collection systems

A NZ Police analyst supplied information relating to recorded offences and apprehensions for the Rotorua and Tauranga Police Station in 2006/07.

We undertook a manual search of Rotorua Police Station custody/charge sheets for August 2007 in order to obtain additional information relating to the mental health initiative that was not routinely recorded on Police databases.[3] Two staff in different sections of the Police Station confirmed that 'Watchhouse Keepers Evaluation of Condition of Person in Custody' information for each individual is not routinely entered onto the Police National Intelligence Application (NIA) computer system.

All those arrested for allegedly having committed an offence, detained under section 109 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 or taken into custody under section 41 of the Crimes Act 1961 have a custody/charge sheet completed. Demographic information, charges (if laid), other reasons for being detained (e.g. for drunkenness), and most information from the 'Watchhouse Keepers Evaluation of Condition of Person in Custody' section was extracted for each person and entered into an Excel spreadsheet for counting.[4]

With the liaison nurse's permission, we were also able to extract information from the liaison nurse's own records for August 2007 from:

- 'Mental Health Services Data Recording Form – v.1 2005' forms about the volumes of clients, types and location of service contacts (e.g. unplanned intervention at the Rotorua Police cells), and referrals she made; and
- 'Mental Health Services Form v.1 2006' forms about how she allocated her work (e.g. consultation and liaison).

[3] This may be a key learning point for data collection systems for the new pilots.
[4] We did not have sufficient time to extract similar information from remand sheets.

Analysts at the Lakes and Bay of Plenty Health Boards supplied information relating to volumes and demographic profile of clients seen by mental health staff at the Rotorua and Tauranga Police Stations during 2002-2006. Some additional information relating to types and location of service contacts (e.g. unplanned intervention at the Police cells), and allocation of time to type of work (e.g. co-ordination) about the Rotorua initiative was also provided.

2.5 Limitations of Evaluation

It is never easy to quantify the extent to which any initiative, such as the Rotorua mental health initiative, makes a difference in a 'real world' situation. While the Tauranga Police Station provides some useful comparison information, there are other differences (e.g. ethnic profile) between the Stations besides the existence of the initiative itself.

There appear to be differences either in the way mental health service data is recorded between the Lakes and Bay of Plenty District Health Boards or the way our requests for information were interpreted, making it difficult for the evaluators to be certain valid 'like with like' comparisons could be made. Our request for information about volumes of clients seen at the Rotorua Police Station, for example, resulted in being supplied with service and location contact information that reached beyond the Station, since service contact of the 'co-ordination' type may well occur in the community or in a hospital setting.

There also appear to be some issues relating to the way in which the Rotorua liaison nurse's data is integrated with data for the Lakes District Health Board mental health services as a whole which results in data being lost along the way. For example, some information regarding to whom the Rotorua liaison nurse refers her clients to appears to get over-written in the larger Lakes DHB dataset.

Evaluative material was collected over a three month timeframe – August through to October 2007.

3 Implementation of Police Consult/ Liaison Nurse role

3.1 Introduction

This chapter details the implementation of the Police Consult/Liaison nurse role and examines the three main components to the position:

1. Assessment and treatment planning
2. Liaison and facilitation of interagency relations
3. Education and advisory role

The nurse reported that the role had developed and changed over the years. Discussions highlighted the importance of responding to local need and the local service environment which has implications for the development of this initiative in other areas.

What triggers the involvement of the Police consult/liaison nurse in an arrestee/detainee's care?

This section describes how a combination of factors - signs of behaviour associated with mental illness, or suspected mental health conditions, currently or previously hospitalised in a mental health unit, having a higher number of key indicators of suicide risk – and the sum of these factors, was likely to lead the Police to the view that an arrest/detainee was in need of care, and thus trigger the involvement of the Police consult/liaison nurse or a Psychiatric Emergency Team (PET) nurse in the arrestee/detainee's care.

Firstly, Table 5 presents some figures regarding the crossover from Police evaluations of need to health professionals' development of health and safety management plans. Of the 24 people charged or detained at the Rotorua Police Station that Police evaluated as being in need of care in August 2007, health and safety management plans were found attached to the associated custody/charge sheets of 22 (or 92%). Health professionals also developed health and safety management plans for nine people (or 30% of all people with health and safety management plans) whom the Police had not assessed as being in need of care.

Table 5 Association between Police evaluations of persons "in need of care / constant monitoring" and development of health & safety management plans developed by health professionals

	Health & safety management plan developed by a health professional?		
Evaluated by Police as in need of care / constant monitoring?	Yes	No	Total
Yes	22	2	24
No	9	298	307
Total	31	300	331

Source: Extracted by hand from Rotorua Police Station custody/charge sheets which had a health and safety management plan attached.

Of the 31 health and safety management plans, 22 (or 72%) were developed by the Police consult/liaison nurse or a member of the PET for reasons related to suspected mental health issues (Table 6). Four were developed by the Police consult/liaison nurse and 18 by a PET nurse. A further five plans were developed, but it was not clear from the plan as to the type of health professional involved.

Table 6 Reasons for development of health and safety management plans for persons in the custody of the Rotorua Police Station during August 2007

Reason	Number	Percentage
Mental health (incl suicide risk)	22	72%
Intoxication	1	3%
Chronic physical condition	3	10%
Unknown	5	16%
Total	31	100%

Source: Extracted by hand from the health and safety management plans.

A profile of those 22 persons charged or detained at the Rotorua Police Station during August 2007 for whom either the Police consult/liaison nurse or a PET nurse developed a health and safety management plan is shown in Table 7.

Their profile in terms of sex, age and ethnicity is almost identical to the profile of all those charged or detained at the Rotorua Police Station that month (see Table 3). However, the profiles differ in relation to the types of offences for which they are charged or detained (Table 7). For example, only about one in ten (9%) persons charged or detained who had suspected mental health issues were alleged to have committed violent offences compared with nearly two in ten (19%) of all persons charged or detained at the Rotorua Police station that month. Also, 36% of those persons charged or detained who had suspected mental health issues were alleged to have committed dishonesty offences compared with 23% of all persons charged or detained that month.

As expected, the prevalence of mental health issues and attempted suicides was higher among those detained with suspected mental health issues for whom health and safety plans were developed than among all those charged or detained (prevalence of mental health issues 50% compared with 3%; prevalence of attempted suicides 18% compared with 1%). The prevalence of drunkenness/need for detoxification was also higher among those detained with suspected mental health issues for whom health and safety plans were developed (18% compared with 5%).

Table 7 Profile of those persons in the custody of the Rotorua Police Station with suspected mental health issues for whom health and safety management plans were developed in August 2007 (N=22)

	Number	Percentage
Sex		
Female	6	27%
Male	16	73%
Total	22	100%
Age		
17-20	3	14%
21-30	13	59%
31-50	6	27%
Total	22	100%
Ethnicity		
Māori	16	73%
NZ European/Pakeha	6	27%
Total	22	100%
Offence group[1]		
Violence	2	9%
Sexual offence	0	0%
Drug / antisocial offence	3	14%
Dishonesty	8	36%
Property damage	1	5%
Property abuse	0	0%
Administrative (incl bail breach)	3	14%
Traffic	2	9%
Detained for other reasons [2]		
Drunk / detoxification (1K)	3	14%
Mental health issue (1M)	11	50%
Attempted suicide (1X)	4	18%

Notes:
1. Some individuals may appear in more than one offence group.
2. Some individuals were detained for more than one reason, and some individuals were also charged with an offence.

Source: Extracted by hand from Rotorua Police Station custody/charge sheets and health and safety management plans.

Those detained with suspected mental health issues for whom health and safety plans were developed were also more likely to be evaluated by Police as showing signs of being withdrawn, irrational, depressed, agitated or anxious (Table 8 compared with Table 4). They were also more likely to be thought to have a mental health condition – depression, schizophrenia, a bipolar disorder, or an alcohol/drug addition – or to be currently or previously under the care of a mental health unit. Prevalence rates of key indicators of suicide risk also tended to be higher. Eighteen (or 82%) were evaluated by Police as in need of care (for any reason).

Table 8 Police evaluations of the conditions of persons in the custody of the with suspected mental health issues for whom health and safety management plans were developed during August 2007 (N=22)

	N	%
Evaluated by Police as under influence of		
Alcohol	6	27%
Drugs	1	5%
Solvents	1	5%
Evaluated by Police as showing signs of following behaviour		
Withdrawn	4	18%
Irrational	5	23%
Depressed	5	23%
Overly ashamed	0	0%
Agitated	3	14%
Anxious	3	14%
Evaluated as showing signs or has a history of		
Aggressive behaviour to self or others	4	18%
Health conditions		
Depression	3	14%
Schizophrenia	2	9%
Bipolar disorder	1	5%
Alcohol / drug addiction	3	14%
Hospitalised in a mental health unit in last six months		
Yes	3	14%
Currently under care of a mental health unit		
Yes	3	14%
Key indicators of suicide risk		
First time arrested/detained in Police cell	3	14%
Youth at risk	0	0%
Male	16	73%
Stopped / changed prescription medication	5	23%
Māori	16	73%
Previous attempts / threats to commit suicide	9	41%
Psychiatric history	4	18%
Adverse life events	8	36%
Person injured or ill	1	5%
Arrested as result of a domestic incident / history of family violence	3	14%
Signs of being in pain	2	9%
Any other indicators that person needs care		
Yes	7	32%
Evaluated by Police as in need of care (for any reason)		
Yes	18	82%

Source: Extracted by hand from Rotorua Police Station custody/charge sheets and health and safety management plans.

Clearly, those persons charged or detained at the Rotorua Police Station who were evaluated as exhibiting signs of behaviour associated with mental illness, or suspected mental health conditions, or currently or previously hospitalised in a mental health unit, or having a higher

number of key indicators of suicide risk were more likely to be evaluated by Police as in need of care. A combination of these factors, and their total, was likely to trigger a referral to a mental health nurse and for the arrested or detained person to have a health and safety management plan developed.

In addition, for persons held at the Rotorua Police Station on remand pending their next court appearance (or after being sentenced to imprisonment), the words 'AT RISK UNIT' usually hand written on the top of their remand sheet, almost always triggered a referral to a mental health nurse.

3.2 Qualifications and qualities for Police Consult/Liaison Nurse role

3.2.1 Key qualifications and experience for conducting this role

Essential to be a Duly Authorised Officer (DAO)

A DAO fulfils the functions of a Duly Authorised Officer under the Mental Health (Compulsory Assessment and Treatment) Act 1992. As a DAO the Liaison Nurse provides Police with advice, assistance and transportation advice for people who come to Police attention who are mentally disordered and who fulfil the criteria of the Mental Health (Compulsory Assessment and Treatment) Act.

Working at the interface between mental health services and criminal justice can be challenging as these areas operate under different paradigms with different focuses. The Police Consult/Liaison Nurse position therefore crosses two 'worlds' and discussions during the evaluation highlighted the importance of having the right kind of person in this position. Some of the key qualifications and skills identified as being necessary for this job include:

- Registered Nurse with mental health specialty practice;
- Duly Authorised Officer (DAO) so they can request police assistance;
- 5 - 6 years of rounded experience, especially in Community Mental Health, Crisis team;
- Very good assessment skills as important to be able to discern between bad behaviour and mental illness and to recognise medical conditions;
- Good working knowledge of mental health and criminal justice legislation so they can be clear on how this guides their role in a justice setting and maintain appropriate boundaries e.g. In regards to sharing information (this could be provided through training)
- Autonomy and flexibility to work within the Police culture
- A current Annual Practising Certificate
- Evidence of post-registration professional development[5]
- Current drivers licence.

The Police Consult/Liaison Nurse position has become a highly regarded, specialist nursing position. The Lakes DHB job description (2006) provides full specifications. Health managers emphasised the importance of preserving the nurse's professional identity particularly through maintaining competencies, standards and registration.

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[5] The Liaison Nurse recommended post registration courses in the Criminal Procedures (Mentally Impaired Persons) Act 2003, Mental Health (Compulsory Assessment and Treatment) Act 1992, Privacy Act 1993, and Alcoholism and Drug Addiction Act 1966.

The experience of the Rotorua Police Consult/Liaison Nurse in working with local services and her knowledge and rapport with many of the mental health clients were identified by interviewees as invaluable for dealing with clients in an appropriate and timely way.

3.2.2 Identified qualities for successfully implementing this role

The Rotorua interviewees who worked for a variety of organizations in different positions were all very complimentary about the work the Police Consult/Liaison Nurse did and how she went about it. A substantial part of the role is liaison work and a key to successful implementation of the role was the ability to proactively develop and maintain relationships across agencies. Nearly all the interviewees mentioned how accessible the Police Consult/Liaison Nurse was; not only due to her co-location at Police but also that she followed-up quickly on their requests and queries. This role involved a two way relationship where she contacted many of them on a regular basis, sometimes daily, as well as them contacting her. The following interviewee identified how important relationships and networks were to the Police Consult/Liaison Nurse's work,

> *You're frontline and you deal with acutely unwell people and your risk assessment skills, your clinical skills and your networks have to be strong. Especially relationships, like I see her weaving in and out like a whāriki mat. She is the essence of making that happen.*

The Police Consult/Liaison Nurse had a lot of respect and credibility due to her clinical skills and interviewees valued her assessments and advice about cases.

In regards to working in the Watchhouse environment, interviewees said it was important to have someone who was not too 'prim'. An officer summed up what many of the interviewees said,

> *Equally important is the type of person you are and Jeanette is the right person for the job. She's got a great attitude . . . But from time to time things get a little bit colourful you know in our job. Sometimes we are a little bit rough and ready and if you're a little bit precious around that, this isn't the place for you to be.*

3.3 Management and supervision of Police Consult/Liaison Nurse

The Police Consult/Liaison Nurse is employed by Lakes District Health Board and her line manager is a Clinical Manager situated within Te Ngako, Community Mental Health Services. In regard to mental health issues, the Police Consult/Liaison Nurse goes to her line manager or the line manager of the person in the other situation. If the situation involves the Mental Health Act and the Director of Area Mental Health Services needs to know then she will go to them.

The Police Consult/Liaison Nurse does not have a specific Police contact for issues; rather it depends on what the issue is. If it is a custody issue she will see the Custody Sergeant, likewise if it is a community issue she will go to the Community Senior Sergeant, sectional issue then Section Sergeant. The Senior Custody Senior Sergeant is in contact with her most days and she briefs him on current detainees/arrestees with mental health issues.

3.4 Information sharing

The Police Consult/Liaison Nurse had to establish protocols for information sharing in this new position, which was initially challenging. She is guided by the Health Information Privacy Code in regards to information she shares with other agencies. Police information is guided by the Privacy Act. Knowledge of these Acts is identified as essential for anyone doing this role. The Police Consult/Liaison Nurse has attended courses run by the Privacy Commissioner to keep up to date on privacy legislation.

All of the Police Consult/Liaison Nurse's documentation is owned by the DHB. The Police Consult/Liaison Nurse does not have direct access to Police information systems due to Privacy Act considerations and only requests general information on criminal histories from Police if she felt she needed it to help her assess risk and safety.

Police interviewees said the Police Consult/Liaison Nurse will not disclose information on medical issues but she will tell them if the person is one of the Mental Health Service clients.

3.5 Initial contact, assessment and treatment planning

3.5.1 Initial contact

The Police contact the Police Consult/Liaison Nurse about anyone who has been flagged during arrest or detainment and who may have mental health issues (see section 3.1). Police will request that the Police Consult/Liaison Nurse assess a detainee/arrestee. She is also proactive and will check charge sheets and the white board in the watchhouse with names of detainees/arrestees when she comes to the station in the morning to see if any Mental Health Services clients have been involved with the Police. If the Police detain or arrest someone outside the hours the Police Consult/Liaison Nurse works they will contact the Psychiatric Emergency Team (PET) to assess the person.

Police may also ask the Nurse's advice about someone they are concerned about in the community. The Police Consult/Liaison Nurse advises the Police and uses her knowledge of services to link Police in with the appropriate service either through referral or so the Police can contact them directly.

There are four types of detainees/arrestees identified for assessment:

a. detained by police under Section 109 of the Mental Health (Compulsory Assessment and Treatment) Act 1992
b. arrested by police
c. in the community (not detainees or arrestees) and identified as of concern by police, such as Community Police Officer
d. prisoners who have come from Waikeria Prison or Auckland Regions Women's Corrections Facility or the forensic inpatient unit at Henry Bennett Centre and are remanded in Police custody (remand prisoners).

3.5.2 Assessment and treatment plan

The risk assessment tools, referral forms and treatment plans used by the Police Consult/Liaison Nurse are:

Screening and Assessment Tools and Treatment plan (Lakes DHB)

- Mini Mental Health Status Examination
- Mental Health Service Psychiatric Emergency Team (PET) /DAO Contact Form [Police Consult/Liaison Nurse will send original to relevant District Health Board Community Mental Health Service (Adult, Child/Youth or Elderly) and a copy to PET with full assessment and management plan, including risk identification & management]
- Community/Inpatient Mental Health Services Comprehensive Assessment [Police Consult/Liaison Nurse will complete this if a new person is being referred into Lakes District Health Board Mental Health Services and send to either CMHS or MHS Inpatient at Rotorua Hospital along with the PET/DAO contact form]. This comprehensive assessment contains the following documentation:
  - Mental Health Services Consent to Treatment
  - Client details and comprehensive history
  - Current social situation
  - Community Mental Health Services Prescription Sheet
  - Mental Health Services Focus of Care Plan
  - Risk Assessment tool 1: Current and historical record of harm to self or others
  - Risk Assessment tool 2: Formulation: Pathway to harming behaviours: Pattern description
  - Risk Assessment tool 3: Treatment plan and risk reduction

The Police Consult/Liaison Nurse will send a copy of the *Mental Health Service PET /DAO Contact Form* to the PET so that when the Police Consult/Liaison Nurse is off duty the PET are aware of the needs of that person. This document provides more in-depth detail about a person's mental health status. If the detainee/arrestee is an existing Mental Health Service client then the original Mental Health Service PET/DAO Contact Form will be sent to the person's DHB key worker.

Police documents

- Custody Charge Sheet (includes Watch House Keepers' Evaluation of Condition of Person in Custody)

The standard procedures for developing treatment plans in Police Custody are included in the Police documents:

- [Treatment plan] Health and Safety Management Plan for Person in Custody
- [Treatment plan] Health Professional Record of Examination.

These documents are Police orientated and focus on safety, the observation regime and medications required and what to do if they are concerned that a person's mental health is deteriorating.

Security and safety of Police Consult/Liaison Nurse

In regards to the security and safety of the Police Consult/Liaison Nurse while assessing a person at the Police Station, the Police may or may not be present dependent on risk. The Police Consult/Liaison Nurse always tells Police and they unlock the cells and bring the person to the interview room, which has a glass window and is visible to the watchhouse area. The door is left open in most cases and the officers are always close by and aware of her movements.

3.5.3 Assessments inform Police and Police Prosecution

Interviewees were complimentary about the Police Consult/Liaison Nurses assessment skills which highlighted the importance of gaining credibility and respect among the different agencies she interacted with. Examples of interviewees' comments were,

> *She makes sound decisions, I've never felt the need to question one and nor would I be justified in doing so anyway because, of course, she's the expert and it's a great position.* (Police)

The outcomes of assessments help inform Police and Police Prosecution if the detainee/arrestee has a mental health issue or not. In some cases if they have a mental health issue and have not committed a serious offence they would be more appropriately dealt with by diversion and referral to mental health services. The Police Consult/Liaison Nurse is in contact with the Police Prosecutors on a daily basis and notifies them when someone with a mental health issue is in custody and due to appear in Court. A Prosecutor said this early notification from the Police Consult/Liaison Nurse assisted them in getting the 'ball rolling early' and combined with her notifying the Court (Forensic) Police Consult/Liaison Nurse this meant early identification and more timely processes in Court.

Discussions with the Police Consult/Liaison Nurse helped Prosecutors make decisions about whether they should oppose bail or not. Her assessment and advice also helped them make decisions about whether they should be request that the Court direct a full psychiatric assessment is prepared under section 38 of the Criminal Procedure (Mentally Impaired Persons) Act 2003 and whether the defendant should be on bail, in custody or at the forensic inpatient unit at Waikato (Henry Bennett Centre) while the report is being prepared.

She would also arrange with the Prosecutors a suitable time for mental health inpatients to appear in Court so they would not have to wait around the Court with their escorts. This made it a less stressful process for the inpatient as well as reducing costs of escorts.

Prosecutors used the Police Consult/Liaison Nurse as a point of contact to request information from the Mental Health Service. This also saved time. The Prosecutor interviewed said they had frequently contacted her because of her familiarity with issues related to the new Mental Health statutes.

3.5.4 Management and monitoring of people in Police custody

Once the detainee/arrestee has been assessed a treatment plan is established if they continued to be held in Police custody. The treatment plan includes appropriate monitoring and administration of medications if required.

Monitoring

The Police procedures for monitoring of people in custody and prisoners are outlined in the Police policy P203 (Ten-One 223/12, 290/27). The policy specifies two monitoring regime levels for those assessed in need of care. Frequent monitoring means that Police need to directly observe a person at least five times per hour at irregular intervals. Persons identified as needing constant monitoring because of warning signs indicating suicidal tendency or adverse health or presentation with a mental condition are observed directly without interruption. This does not include CCTV as a method of constant monitoring.

Police tend to err on the side of caution and they can only lower the level of monitoring on the authority of a DAO or contracted health professional who has assessed the detainee/arrestee. A person's health and safety is not static and Police Policy P203 recommends reassessing whenever their status changes such as remanded in custody or have additional charges laid against them. An advantage of having the Police Consult/Liaison Nurse based at the station is that she can provide expert reassessment of those on remand as she visits them daily. Police would not necessarily call in the PET team to do this.

Administering medications

Part of the Police Consult/Liaison Nurse's job is to administer medications for those with mental health issues and monitor the prisoner's medicine cabinet. She either returns or disposes of any medication not claimed by prisoners and liaises with Police about returning medication to people as soon as possible.

Supplies of medications are not stored on site at the Police Station. Personal medication belonging to prisoners is stored in a medicine cabinet. If the Police Consult/Liaison Nurse requires medication she obtains a script from the doctor and goes to the pharmacy that Police use.

Role in general medical assistance

The Police Consult/Liaison Nurses role has been interpreted as "anything medical" by some Police members. *'She's a good port of call for general advice and then if she doesn't know or if she's not certain she'll just refer us to the right place.'* (Police) The Police Consult/Liaison Nurse is not registered to provide general medical care and is registered as a mental health nurse. The Police Consult/Liaison Nurse said she frequently gets asked by Police about medical issues and refers them on to get medical assistance. This may include the Nurse ringing a doctor for them. We understand that Comprehensive Nurses can be registered to provide both psychiatric and medical care.

Transportation

When necessary the Police Consult/Liaison Nurse assists in transporting persons to prison or hospital. On occasion she has been called out to assist Police with cases and assisted in transporting them back to the Station.

3.5.5 Alcohol and other Drug issues

For persons with mental health and alcohol and/or other drug (AOD) issues the Police Consult/Liaison Nurse screens for AOD issues with the Substances and Choices Scale contained in the Comprehensive Mental Health Assessment.

The Police Consult/Liaison Nurse does not conduct a screen for people who only have alcohol and other drug issues. The Police Consult/Liaison Nurse refers them to the DHB addiction resource team. Depending on the urgency of the person's condition the Police Consult/Liaison Nurse will organise for the person to see the duty counsellor the same day otherwise she will give the person information so they can self refer. The AOD community providers prefer self-referrals because of the self-motivation factor. No assessment is passed on to Addiction Services from the Police Consult/Liaison Nurse, only a referral and the information that they do not have a mental health issue.

In regards to how a Police Consult/Liaison Nurse position in other Police areas would work with AOD only detainees/arrestees, the Rotorua Police Consult/Liaison Nurse recommended doing a Mini Mental Health Examination and if there were no mental health issues then continue with a fuller screening process for AOD. Similar to the current Police Consult/Liaison Nurse practice with mental health clients, she would refer to appropriate services and a copy of the AOD assessment conducted in Police custody would be forwarded to those services. Focusing on AOD only would essentially double the Police Consult/Liaison Nurse's workload and volumes in an area need to be taken into consideration for FTE allocation.

Many interviewees noted that the PET did not like to do assessments on people in Police custody who were intoxicated because it is difficult to assess their mental health condition. They would delay the assessment until the person had sobered up. However, Police wanted support in dealing with the person as soon as possible and would be required to constantly or frequently monitor the person until the PET came. The Police Consult/Liaison Nurse has recently done some education/liaison work with each service to look at ways the services can support each other to prevent this becoming a major issue.

Managing intoxication

If Police find someone on the street who is intoxicated and have not committed an offence they first try to get them back home if there is someone there to look after them. If they are paralytic and vomiting they take them to the hospital. If they are argumentative and will not give the Police their address and the Police cannot ensure that they will be safe then they hold them in the Police cells until they sober up in accordance with the relevant legislation. If they are also exhibiting signs of mental health issues the Police called the PET. Interviewees emphasised that having no detoxification centres was a major service gap and it was both inappropriate and a serious risk managing intoxicated people in Police cells.

3.6 Pathways of detainees/arrestees with mental health needs

There are different pathways for detainees/arrestees with mental health needs. The pathways are dependent on the severity of their offending, whether they receive bail or not and what their sentence is. This section provides a brief overview of how the Police Consult/Liaison Nurse's role facilitates the assessment and service delivery to detainees/arrestees with mental health needs.

In cases where a person has been detained or arrested for a very minor charge and the Police Consult/Liaison Nurse assesses them as acutely unwell she will refer them straight to Mental Health Services. The Police Consult/Liaison Nurse may discuss her assessment with the

arresting officer and Police prosecutor and it is up to the police whether they go ahead with the charge or not.

In the case of more serious offences where the person needs urgent health assistance it depends if they are eligible for Police bail or not. If they are eligible for bail then the nurse will refer the person to Community Mental Health Services or arrange admission to the hospital depending on the severity of their mental health condition.

Where an offender is not Police bailable they will be going to Court and the nurse will liaise with the Court Forensic Nurse and inform them of her assessment and treatment plan while in custody. The Police Consult/Liaison Nurse will check with police whether they are going to oppose bail at Court for an arrestee with mental health issues which could mean they will not be bailed and therefore Forensic Services will become involved.

If not bailed and the Court orders a forensic mental health assessment report, the Police Consult/Liaison Nurse liaises with Forensics and Mental Health Services and Police so the offender can move out of Police custody into either forensic inpatient care or to the forensic team at the prison, as soon as possible. In order to get a person assessed in the forensic inpatient unit, the Courts require an opinion in writing from a psychiatrist (a health assessor as defined under the Criminal Procedure (Mentally Impaired Persons) Act 2003) stating why it is desirable for the assessment to take place in a hospital/secure facility. In these cases the Police Consult/Liaison Nurse will arrange for a psychiatrist to assess the person in Police custody.

Boundaries and allocation of tasks between the Court Forensic Nurse role and Police Consult/Liaison Nurse role are clearly maintained through a 'team' approach, discussion and consultation.

Table 9 summarises the pathways of detainees/arrestees identified with mental health issues and AOD issues.

Table 9: Pathways of detainees or arrestees with mental health needs and AOD issues in Rotorua

Detainee or Arrestees statutory status ⇨	**Assessment by Police Consult/Liaison Nurse of arrestees mental health status** ⇨	**Police Consult/Liaison Nurse role in providing for mental health needs** ⇨
Detainee Police detained for assessment	No mental health issue	No intervention
	Addiction only issue	Provide information for self referral to Alcohol & Drug Addiction Services
	Other issues	Provide information on appropriate services e.g. Relationship Services
	Mild mental health issue	Provide brief intervention (inform about services they can self refer to, provide education, counselling), Community Maori Mental Health counselling Services

	Moderate to severe mental health issues	Refer to DHB CMHS or to Inpatient, and/or Māori Mental Health Services via Intake Worker (also notifies services at multidisciplinary meeting and current clients Key worker)
Arrestee Police bailable	No mental health issue Addiction only issue Other issues Mild mental health issue Moderate to severe mental health issues	No intervention Provide information about Alcohol & Drug Addiction Services Provide information about appropriate services e.g. Relationship Services Provide brief intervention (inform about services they can self refer to, provide education, counselling), Community Maori Mental Health counselling Services Refer to DHB CMHS or to Inpatient, and/or Māori Mental Health Services via Intake worker (also notifies services at multidisciplinary meeting and current clients Key worker)
Court bailable/police have not opposed bail	No mental health issue Mild mental health issue Moderate to severe mental health issues	No intervention Provide brief intervention (inform about services they can self refer to, provide education, counselling), Community Māori Mental Health counselling Services Refer to DHB CMHS or Inpatient, and/or Māori Mental Health Services (also notifies services at multidisciplinary meeting and current clients Key worker)
Not Court bailable – Remand prisoner	No mental health issue Mild, moderate to severe mental health issues	No intervention Liaise with Court Forensic Nurse – ring before Court to provide information on who is appearing with mental health issues and provide copy of assessment. Development of treatment plan while in Police custody including monitoring plan and administering any prescribed medications.
Court ordered mental health assessment under the Criminal Procedure (Mentally Impaired Persons)	Forensic assessment at Police Station Forensic Inpatient assessment at inpatient unit	Liaise with Court Forensic Nurse Organise Psychiatrist to assess prisoner in police custody for their opinion in writing to Courts that person requires forensic inpatient assessment. The Police Consult/Liaison Nurse will

Act 2003(section 38)		escort all those that require inpatient assessment to the forensic inpatient unit. This is approximately 2% of people the nurse sees. Depending on risk the Liaison will be accompanied by Police.
Sentenced to prison	No mental health issue Mild, moderate to severe mental health issues	No intervention Liaise with Prison Forensic Team – notify prison that person with mental health issue being transported to prison and provide assessment done in Police custody, treatment plan and medication information, plus details of other Community MH staff that may have been involved in that person's care prior to their imprisonment.

3.7 Referral processes

Some of the main benefits of the Rotorua model were the Police Consult/Liaison Nurse's facilitation of referrals and knowledge about who to contact and where to refer to. Many commented on how referrals were able to be made more quickly and it was a 'smoother' process. The Police Consult/Liaison Nurse's referral processes come under the umbrella of the Lakes DHB Mental Health Service and any memorandum of understandings they may have with external providers. However, not all the services the Police Consult/Liaison Nurse provides information for self referral to detainees/arrestees have MOUs with the Mental Health Service.

Discussions with the Police Consult/Liaison Nurse highlighted the importance of having a good working knowledge of the services in the area in order to know suitable places to refer people to. For example the nurse has good links with the Regional Forensic Service and residential services (see section 3.8 for details on how referrals are processed for these services). Her access to DHB information on bed availability also facilitated quick referrals for cases that required inpatient care.

It was noted that different boundaries between DHB and Police districts have implications for referrals to different health and justice facilities.

Referrals and good liaison with mental health services were facilitated by the nurse attending meetings (e.g. Community Mental Health Service (CMHS) allocation meetings and multidisciplinary meetings), daily visits to CMHS and informal discussions with colleagues in the mental health area.

The key stakeholders interviewed thought that prompt referrals had resulted in greater opportunities for early intervention. This was seen as a major benefit. It appeared that the nurse had very good credibility both with police and mental health services and therefore they responded positively to her requests in regards to referrals and courses of action. A worker from Mental Health Services said for them there was:

'.. an improved awareness of the clients presenting to Police which enabled them to be seen quicker and commence or recommence treatment. Access to assigned key worker and responsible Clinician'.

The Police Consult/Liaison Nurse's role is to provide crisis assessment and she does not as a matter of course follow-up on detainees/arrestees to ensure they complete their appointments or recovery plan after referral. If the detainee/arrestee is referred to the Lakes DHB Mental Health Service they are assigned a key worker to manage their case. However, it should be noted that the Police Consult/Liaison Nurse often will make appointments for detainees/arrestees and if they are being released from custody she may take them to CMHS, for example, to introduce them to their key worker.

3.7.1 Referrals to Community Mental Health Services (CMHS)

The Police Consult/Liaison Nurse refers to the Mental Health Service via the CMHS Intake worker or initiates referrals via other mental health professionals. This section outlines the referral process and benefits of the Police Consult/Liaison Nurse role. The Police Consult/Liaison Nurse provides the CMHS Intake worker with assessments and information on people she sees at the Police Station. The Intake worker's role is to provide a triage service including logging, processing and referring clients to the appropriate clinicians within Mental Health Services.

The Police Consult/Liaison Nurse may see people at different stages of their contact with CMHS including:

- New clients – the Police Consult/Liaison Nurse provides an initial assessment to the CMHS Intake worker who processes the referral;
- Current clients – the Police Consult/Liaison Nurse provides information about the client to the Intake worker to add to their case file notes. The Police Consult/Liaison Nurse will also ring their key worker to update them on what has been happening with their client.
- Former clients – Former clients of the service may inform Police during questioning that they have had mental health issues in the past. The Police Consult/Liaison Nurse will see them and reassess their mental health state if police have concerns about their current mental state or the person request and pass this assessment on to the Intake worker to add to their case file. Even if they require no further treatment the Police Consult/Liaison Nurse will still provide the Intake worker with information to update their files;
- Deferred referrals – Another group are deferred referrals where the Police Consult/Liaison Nurse provides an initial assessment to the CMHS Intake worker of a person who does not come to CMHS at that stage. At a later stage they may be referred by their GP or self refer after reflection on the discussion they have had with the Police Consult/Liaison Nurse. In these cases the Intake worker already has the initial assessment provided by the Police Consult/Liaison Nurse.

Psychiatric assessment at the station

The Police Consult/Liaison Nurse will organise a psychiatrist to review the client at the Police Station if needed, especially if medications are required. The Intake worker observed that this was done 'in a very good, timely manner.'

Type of information passed to CMHS Intake worker

The information the Police Consult/Liaison Nurse provides the CMHS Intake worker includes:

- Assessment of mental health condition at the time; and
- Note that the information passed on does not include type of charges.

Benefits of Police Consult/Liaison Nurse role in CMHS referral process

Having a Police Consult/Liaison Nurse based at the Police station resulted in:

- Persons with mental health problems often being identified and assessed sooner (note especially marginal cases where the PET team not called; also Police more aware and backed-up by Police Consult/Liaison Nurse so bring more people back to station and discuss people in the community with her). Some may be exhibiting early warning signs of deterioration.
- Police being made aware of which persons in their custody may have a mental health condition. This may not always be obvious.
- CMHS workers being updated quickly on the status of some of their clients. They may not be aware that their clients have come to Police attention. Once they know, they are in a position to provide better support for them.
- The identification of some clients who may be overdue for their medication. Clients in this category are usually difficult for CMHS workers to follow up with, but by coming to Police notice, this provides another contact point where their key worker or the Police Consult/Liaison Nurse can provide them with the appropriate medication or set up an appointment for them.
- The Police Consult/Liaison Nurse assessing people in Police custody who may be presenting with strange behaviour which was not serious enough to call in the PET team. Police only call the PET team when the Police Consult/Liaison Nurse is not working.
- This saves on resourcing for the Mental Health Service.

Benefits to Clients

- The Police Consult/Liaison Nurse position can facilitate early treatment by identification and referral to MHS or other appropriate services. Facilitation includes updating key workers about current clients so they can provide treatment and support and identify if they require medication.
- The PET team may not be available to see somebody straight away, for example someone who is extremely suicidal or the family is worried about so the Police will have to pick them up and hold them until the PET team can assess them. If the Police Consult/Liaison Nurse is there she can assess them straight away.

(No) Suggestions for improvements

All the interviewees who were involved in referrals were asked if they had any suggestions for improving the referral processes. All of them thought the referral processes worked well and had no suggestions for improvements.

3.8 Liaison role and interagency relationships

All the interviewees thought the Police Consult/Liaison Nurse had greatly enhanced interagency relations and identified more co-ordination and more understanding and accessibility to each other's services. This section provides more detail about some of those inter-relations.

The Police Consult/Liaison Nurse will call into the Community Mental Health Services daily to catch up with her manager and colleagues. She attends the follow Mental Health Services meetings:

- CMHS daily allocations meetings
- MHS multidisciplinary meetings 3 times a week
- Mental Health Nurse Peer Review meetings (weekly)
- DAO monthly meetings that also include peer review.

As well attending Mental Health Service Meetings and occasional Police meetings the Police Consult/Liaison Nurse regularly attends a number of interagency meetings including:

- Forensic Services and Mental Health Services (monthly)
- Family Violence Interagency meeting (weekly)
- Opioid Action Group.

3.8.1 Co-location of Police Consult/Liaison Nurse with Police

The Rotorua model demonstrates the importance of the Police Consult/Liaison Nurse being located in the Police Station and being easily accessible and 'seen'. The Police Consult/Liaison Nurse currently shares an office with the Custody Sergeant in the watch-house so is right on the spot. When the Police Consult/Liaison Nurse first started in Rotorua she used to regularly attend Police weekly muster meetings and suggested this would be a good thing for a new Police Consult/Liaison Nurse to raise their profile and establish credibility by providing advice at the meetings. The Rotorua Police Consult/Liaison Nurse no longer finds it necessary to attend these meetings and sees it is more efficient for Police to seek her out in regards to specific cases.

> *That's the key, that's yeah that's a point worth stressing that the essence of the liaison or the success of the liaison is having her here.* (Police)

The Rotorua Police officers we interviewed who had worked in other Police Areas, were asked to compare Rotorua with their previous experience and all found having the Police Consult/Liaison Nurse co-located at the station to be very beneficial. The main benefits identified were they were able to get assessments and advice on managing detainees/arrestees in the cells much more quickly than waiting for a crisis team (although it was noted that the PET team response time was pretty good especially compared to places like Auckland). Another major benefit was the Nurses local knowledge of people with mental health issues and her contacts with the Mental Health Services and community providers. She was therefore able to quickly assess the situation and give Police advice and make contact with the appropriate services if needs be.

> *Police over the years have really policed in isolation and what we are working out now is that to get the job done we need to have strategic partners and that's the main part of my job and as I see it having Jeanette on board is an extremely valuable partner.* (Police)

> *She's great help to us when we bring in people that are probably mentally disaffected, that are acting a bit strange and things like that and it's always good to have her there to bounce ideas off and fire them through to her. She has an awesome knowledge of our local patients and things like that.* (Police)

> *Someone can come in down there and people won't know who the heck the person is and then she'll come along and know who they are and know how to deal with them and that type of thing, because she has that knowledge.* (Police)

A Section Sergeant thought that frontline Police were more willing to bring people into the station that they were not sure about and ask them to come back and have a talk with the Police Consult/Liaison Nurse. 'That's quite good because it might put them on the right road to recovery and bring things to her (Police Consult/Liaison Nurse) attention quite early.'

One Police interviewee thought that Police Consult/Liaison Nurse provided the Police with more options and fills in gap in providing advice and support,

> *I think we have more options with Jeanette. I think back pre-Jeanette it was almost up to us to make the decision which I don't think was perhaps entirely appropriate and a lot of the time Police would be on the side of caution, call the PET team. But the PET team is a psychiatric emergency team, it's not a service that you should call on basically every day of week just because you want advice and that sort of thing. You know, in my opinion they're for the psychiatric emergencies. Jeanette's fills the gap between the psychiatric emergency team and something that we didn't have and that's the advice, the guidance, the support which is equally as important because not every mental health person is an emergency.* (Police)

A senior officer thought it was very important to have right person in there as Police Consult/Liaison Nurse and for the Police to accept 'that they come in with the qualifications and knowledge to actually tell us how to look after these people instead of thinking that we know how to do it best…. just having a better understanding of that.'

Liaison from a Police perspective

The following are examples provided by police briefly describe how the Police Consult/Liaison Nurse assists them in their duties in various sections of the Police. These provide an example of how the Police Consult/Liaison Nurse role can be used in various ways and develop to met the needs in local situations.

<u>Liaison with prison to transfer custody</u>

> *We had a guy in custody who should have been over at Waikeria but through a transport difficulty that we had he was still in our custody here. He was schizophrenic and we had no way of getting him over to Waikeria in the general muster and Jeanette spoke to their at risk unit over there and spoke to the person in charge of the forensic mental health team and got this individual transferred over there which was good because he presented a significant risk to himself, certainly to other prisoners and to the police as well.* (Police)

Liaison with Inpatient unit

> *The best thing is the knowledge of the people that direct liaison with the hospital staff which cuts downs the work for us. You know we will ring ward 4 up here and say we've got such and such here - are they known to you or whatever. But Jeanette will sort all that out . . . so it's her knowledge of the local people.* (Police)

Liaison with Rotorua Police Inquest Officer

The Inquest Officer would ask the Police Consult/Liaison Nurse if the deceased was known to the Mental Health Services. If so, then the Police Consult/Liaison Nurse facilitates getting the necessary reports from the Mental Health Service to the Inquest Officer. This reportedly saves a lot of time as it can take up to a week to find out if the deceased was known to Mental Health, where the Police Consult/Liaison Nurse has access to the DHB database and can tell the Officer straight away. The Inquest Officer also found the Police Consult/Liaison Nurse's advice on wording requests to the hospital and her liaison with the hospital to get the information required for the Coroner was invaluable.

Liaison with Family Violence Co-ordinator

The Police Consult/Liaison Nurse had almost daily contact with the Family Violence Co-ordinator and attended the weekly interagency family violence meetings to discuss cases. The Police Consult/Liaison Nurse provides information and advice about families where there are mental health issues or issues are developing and this is showing up as family violence.

3.8.2 Liaising between Police and Mental Health Services

Interviewees from both services thought the Police Consult/Liaison Nurses' education and liaison role provided them with more information about the other service and understanding of professional boundaries and interpretation of others expectations, objectives and needs.

For example an interviewee who had worked on the PET team prior to the Police Consult/Liaison Nurse starting her role said they found that it was previously more time consuming to try and see a detainee/arrestee at the Police Station for follow-up. Now often the Police Consult/Liaison Nurse co-ordinated this and they found this saves a lot of time. This respondent also found it good that the Police Consult/Liaison Nurse would arrange for a suitable time to take a mental health client down to the Police Station to sort out issues such as a non-trespass order or lay a complaint. This makes it less stressful for mental health clients who are usually under a lot of stress at the time.

For remand prisoners and those detained in custody the Police Consult/Liaison Nurse will pass on information about them to the PET team over the weekend. Likewise the PET team will pass on assessments they have done out of her working hours.

If CMHS have an incident and need Police urgently due to an escalating situation they will contact the Police Consult/Liaison Nurse and ask her to bring the Police down and sort it out. In the case of an emergency they would use 111. It was noted by several interviewees that the Police Consult/Liaison Nurse knew a lot of the clients, especially the ones that came to Police attention regularly and that she had a good rapport with many of them. The Police Consult/Liaison Nurse was often able to calm situations whether they were in the Police cells, at CMHS or some other location.

An example was given of how the Police Consult/Liaison Nurses unique location between services and local knowledge of clients can help identify marginal cases and prevent people from slipping through the gaps was as follows:

> A person had been referred by their GP to CMHS however they decided not to attend any appointments. Because no risk issues were identified and the person did not meet the criteria for the Mental Health Act to make appointments mandatory they were discharged back to their GP. Some time later this person came to Police attention and was assessed by the Police Consult/Liaison Nurse at the station. The Police Consult/Liaison Nurse had concerns about this person but they were still refusing any Mental Health follow-up and there was still no justification for using the Mental Health Act. The Police Consult/Liaison Nurse checked the previous assessment when they were first referred by their GP and with the combination of information became even more concerned about their potential risk factors. The Police Consult/Liaison Nurse was able to liaise with the Court Forensic Nurse and recommend a psychiatric assessment through forensic services which was directed by the Court. That person is now attending the Mental Health Service and maintaining some wellness they did not previously have. The Court Forensic Nurse may not have necessarily requested a psychiatric assessment as they were currently not presenting risk factors. The Police Consult/Liaison Nurse was able to tap into prior assessment at CMHS and this combined with her assessment started to create a picture where she thought it was well worth getting a Court directed psychiatric assessment which this person was required to go to.

3.8.3 Liaising with Po Te Atatu - Māori Mental Health Services

The Police Consult/Liaison Nurse works closely with Po Te Atatu, Lakes DHB Māori Mental Health Service, for Māori with mental health needs. Po Te Atatu are a small unit with a Māori Mental Health Team that provides an on call 24/7 service and work parallel to the Psychiatric Emergency Team (PET). The Police Consult/Liaison Nurse is very aware of their roster so that she can call on Māori Mental Health Community Nurses or Support Workers to support her with any Māori clients that come to Police attention or she is concerned about in the community.

The Tangata Arahi (Manager) of Po Te Atatu reports they have an excellent relationship with the Police Consult/Liaison Nurse and work closely with her on cases. The team find her really easy to access and easy to get advice that can help them with their client and whānau they are working with. As well as touching base regularly with the Police Consult/Liaison Nurse, the Māori Mental Health Team have an opportunity to discuss cases at the MHS multidisciplinary team meetings held three times a week. During these meetings the Police Consult/Liaison Nurse will notify them about cases that have come to Police attention and may be referred to them via the MHS after an assessment or possibly the Courts. The Māori Mental Health Team found this really useful as it helped prepare them for clients.

Po Te Atatu have a person from their unit who works alongside the Intake worker in the triage role. This is to provide access to and the choice of a Māori Mental Health Service for every Māori person that comes in. If they come in for clinical reasons Po Te Atatu offer nurses to work alongside clinicians to meet the needs of Māori clients and their whanau.

The Tangata Arahi said that many of their clients had a history with the justice system and what the Police Consult/Liaison Nurse has done is improve and develop the relationship between Police and MHS. *'She facilitates, advises and sort of like the in-between that breaks down the walls and the barriers so we can all work together for the client and whānau.'*

This interviewee attributed the improved relationship with Police to the education that the Police Consult/Liaison Nurse provided on how to work with the MHS. The Tangata Arahi said she would like to see more education with the MHS where Police could deliver training on their role and how they would like the service to work with them.

The advice and facilitation the Police Consult/Liaison Nurse gives to the Māori Mental Health Team who are working with clients involved with Police reportedly makes the journey easier for everyone. Her local knowledge of clients and good rapport with them was also commented on and helped to de-escalate situations. The Māori Mental Health Team has had feedback from their clients saying that they felt respected and they had never had that kind of encounter before with police. The Police Consult/Liaison Nurse explained things to them in language they could understand. As the clients say they are 'mad not bad'.

The suggestions for improving the Police Consult/Liaison Nurse role included extending the hours and having a Māori Mental Health worker (clinical or non-clinical) work alongside the Police Consult/Liaison Nurse to support her work with Māori clients and their whānau.

3.8.4 Liaising with Regional Forensic Services (Court and Prison)

The Regional Forensic Service is based at Health Waikato and covers the wider Midland region providing services to the Lakes, Taranaki and Bay of Plenty DHB's. Included in their service provision are Forensic Mental Health Nurses who work as Court Police Consult/Liaison Nurses and as Inreach Mental Health Nurses working in the prisons in the region.

Two Forensic Mental Health Nurses who are part of a team who rotate work at Rotorua District Court and Waikeria Prison were interviewed for this evaluation. They have contact with the Police Consult/Liaison Nurse for both their court and prison work which is outlined below. One of the Forensic Nurses is liaison with Lakes DHB and attends monthly interagency meetings with the Community Mental Health Service, which the Police Liaison Nurse also attends. The purpose of this meeting is to discuss their common cases who are in prison, seen in the Courts and are currently in the Forensic Wards, Henry Rongomau Bennett Centre (HRBC), Health Waikato, Waikato DHB.

Rotorua District Court

The role of the Court Liaison Nurse from the Regional Forensic Service is to provide an indication to the Judge that there are mental health issues that may impact on whether a defendant is fit to plea and may require a fuller assessment by a psychiatrist under section 38 of the Criminal Procedure (Mentally Impaired Persons) Act 2003. They have regular contact with the Police Consult/Liaison Nurse as she will let the Court Liaison Nurses know if there is anyone in Police custody who is appearing in Court who has a mental health issue and provide them with her assessment and often some background information. The Police Consult/Liaison Nurse will ring either before Court or up to several days before depending on when the alleged offender was detained and scheduled to appear. The Court Nurses were very

enthusiastic about their liaison with the Police Consult/Liaison Nurse and thought it was of benefit to the alleged offender, the Court, Police and their service. The advantages included:

- The Police Consult/Liaison Nurse provides the Court Nurses with background information and a point of contact for Lakes DHB information. As a forensic service the Court Nurses have access to a national database that tells them if a person has been admitted as an inpatient, however the database does not inform them of admissions to community based services. The Police Consult/Liaison Nurse can access Lakes DHB database and inform them if the person has been admitted to their CMHS.
- The Police Consult/Liaison Nurse provides them with her assessment of the person which is regarded as very valuable for several reasons. Both of these interviewees regarded the Police Consult/Liaison Nurse conducted thorough and accurate assessments and as one nurse pointed out having a second assessment done in a different location provided a better picture of a person's mental status. Multiple assessments over time helped distinguish 'bad' behaviour from a mental illness.
- The Police Consult/Liaison Nurse's information can speed up the process in several ways. By providing the Court Nurses with information prior to Court they can ask their Forensic Service to check the National Mental Health database and have that background information on the person before Court starts.
- Having background knowledge about a person and the Police Consult/ Liaison Nurse's assessment assists the Court Nurses in their assessment and triage recommendations to the Judge. This can prevent unnecessary remands where a person is recommended for a full psychiatric assessment and the person can be dealt with on the day. It can also reduce standdown times for the brief mental health assessment conducted by the Court Nurses as they already have the background information. The additional information provided by the Police Consult/Liaison Nurse can therefore make a difference to an alleged offender's experience of going to Court by streamlining the process.
- The forensic nurses valued the consultation they had with the Police Consult/Liaison Nurse where they discussed the best outcomes and planned together the best course of action. A nurse stated,

  > *Often if we get a bit stuck and can't find that information then Jeanette is more than willing and happy to help us if it is within her role something she could help us and back us up and support us as well.*

Due to these benefits the Police Consult/Liaison Nurse position reportedly enhances the Court Liaison Nurse's processes compared to other Courts they work in.

Information sharing

There were no issues in regards to information sharing and the Forensic Nurses thought that information was shared only for the appropriate health care of that person. The Forensic Nurses did not have access to the criminal history of the person and their focus was on mental health issues. One Forensic Nurse attributed part of the reason for the lack of issues with information was the monthly interagency clinical case meetings between the Regional Forensic Service and Lakes DHB where they discussed all shared cases.

Prison

The Police Consult/Liaison Nurse will notify the Forensic team at prison that someone with mental health issues is coming from Police custody and will provide them with her assessment including advice on managing this person. The Forensic Nurses said this can save a lot of confusion and means a smoother transition into prison and better health outcomes for prisoners as they are generally more settled when they get to prison and the prison staff are ready for them. This also makes it safer for everyone including custody staff and the prisoner as they know how to treat them to get the best outcomes.

> *When a person arrives from other areas we often find that people arrive and they tick the box that they have had contact with mental health services so we are tracking the information after they have arrived. Generally it is the other way round when they are coming from Rotorua.* (Forensic Nurse)

Interagency collaboration

For the Forensic Nurses interviewed the Police Consult/Liaison Nurse provides a valuable link between their services, Mental Health Services, Police and Courts (particularly for Police prosecutors and Court Liaison Nurses).

A Forensic Nurse highlighted the Police Consult/Liaison Nurse's ability to act as an interpreter between the two cultures of Police and Mental Health Services and explain the objectives and limits of either service to the other.

> *The position is as much about Jeanette's manner of working as it is about the position. Her style of work, the way she networks and interacts with the clients makes it like it is and to our benefit.* (Forensic Nurse)

Suggestions for improvement

There were no issues or barriers identified and the only suggestion for improvement from both forensic nurses was that there should be more Police Consult/Liaison Nurses around the country, 'Hope they do roll it out, it can only enhance the service, it can't do anything wrong.' (Forensic Nurse)

3.8.5 Liaising with community providers

The community provider representative interviewed for this evaluation was from Bainbridge House, which provides supported living services to persons with mental health and alcohol and other drug issues (AOD). Bainbridge House is contracted by Lakes DHB and have four community houses with accommodation for 12 people. Two houses are for mental health clients; one house is for AOD clients who are waiting to go to treatment or have just returned from residential treatment; and the fourth house provides crisis accommodation for persons with mental health issues and AOD issues. They stated that their clients did have contact with the justice system from time to time although it was not a regular occurrence.

The Bainbridge House worker interviewed said that they would contact the Police Consult/Liaison Nurse in regards to their clients who had either come to Police attention or required Police assistance to get advice on the best course of action for their client. The worker found the Police Consult/Liaison Nurse a useful liaison between their clients and the Police.

For example they had a client who had been sexually assaulted and the worker discussed this with the Police Consult/Liaison Nurse prior to bringing the woman to the police station.

The Police Consult/Liaison Nurse contacts Bainbridge House to find out if suitable accommodation is available for detainees/arrestees who are able to be bailed. The Police Consult/Liaison Nurse does not directly refer as it is the person's assigned Community Mental Health worker who does the formal referral process. However, it is the Police Consult/Liaison Nurse who instigates the referral and liaises with Bainbridge House and the CMH worker. For example in the case of a young person who was being held in Police custody who had a mental health diagnosis the Police Consult/Liaison Nurse contacted Bainbridge House to see if they could place them there while they were going through the court process. The client was bailed to Bainbridge House address and the Police Consult/Liaison Nurse maintained contact with this client during the court process. The Bainbridge House worker interviewed reported the support the client received from their service and the Police Consult/Liaison Nurse along with their own input worked really well and really helped the client change their life around.

The worker interviewed said they work collaboratively with the Police Consult/Liaison Nurse for the best outcome for the person. They considered for their service and for clients the important aspects of having the Police Consult/Liaison Nurse co-located with Police were,

> *Just knowing that you have someone with mental health expertise there, it is kind of like a safety net. I know I can pick up the phone and if I have any query about someone going to Court or someone detained in the cells I can ring her and get her advice. It also works the other way, she knows what sort of place we are here, and if she knows someone that would thrive in this type of environment then she has a place to refer them to.*

3.9 Education and advisory role

3.9.1 Education for Police

The Police Consult/Liaison Nurse has become an expert about legislation that guides practice in the interface between Police and Mental Health Services such as the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Criminal Procedure (Mentally Impaired Persons) Act 2003. Consequently the Police Consult/Liaison Nurse is used by both agencies as a resource in regards to legislation. She has also provided formal education sessions to Mental Health Services and Police about practice and procedures guided by the legislation.

The Police Consult/Liaison Nurse found that when she first started working with Police it was important to provide them with information about Mental Health Services generally to explain the various aspects of the service.

There is currently no formal process for providing new officers with orientation about the Police Consult/Liaison Nurse role and this process has been implemented informally. However, Rotorua Police have asked the Police Consult/Liaison Nurse to provide education sessions for the new officers who will be employed for their new cell block and to provide a teaching session on mental illness at their training days. The Police Consult/Liaison Nurse also suggested there is an opportunity to provide more training on mental health issues and the Mental Health Act with new recruits during their training at Police College.

The nurse in collaboration with police and medical practitioners has developed a number of training packages. For example she has recently finished delivering training to police on dealing with methamphetamine users. Another example is when the Police Consult/Liaison Nurse first started this position she developed a wallet sized information sheet for Police summarising sections of the Mental Health Act Amendments 1999 relating to Police involvement with mental health patients. This gave frontline Police a quick reference guide to sections of the Act applicable to specific situations and to the authorisation of certain medical personnel to request Police assistance.

> *Yes there is information that's provided by Jeanette to myself and other police staff, that's invaluable in dealing with persons that are mentally disordered. Techniques on how to speak to mentally disordered people and her assistance in training staff . . . she does that both formally and informally. She attends section or police training days and also provides information to us on an ad hoc basis in terms of the people that we are dealing with on that day but applying that, you know, in terms of a general principle yeah this is something you can look for, this is something you should be aware of, here's a good technique etc.* (Police)

Education is also provided through informal contact with police at the station. A lot of issues get discussed in the tea room and over a 'cuppa'. An officer commented on this:

> *Well that's sort of going on pretty much all of the time because she is part of – while she is employed by the Health Board she's really part of the Police and she is in there talking and she talks the talk and walks the walk, you know, she knows the jargon and its like she just belongs to us. So that is going backwards and forwards all the time.* (Police)

3.9.2 Education for Mental Health Services

The nurse's brief is to provide education to police to develop their skills in recognising and dealing with people with mental health issues. Interestingly the education role in practice works both ways and the nurse also provides education to her mental health colleagues on the Police context, criminal justice processes and legislation.

The Intake worker said the Police Consult/Liaison Nurse had a lot of knowledge about the criminal justice system and she and her colleagues would often phone her and ask her advice on justice issues that affected their clients.

Examples of training provided to MHS include:

- Police Consult/Liaison Nurse delivered a seminar to CMHS on the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Criminal Procedure (Mentally Impaired Persons) Act 2003 to inform them which sections of the Acts they can use when they need the Police.
- The Senior Custody Sergeant (Colin) and the Police Consult/Liaison Nurse conducted a training package for staff at the mental health ward at Rotorua Hospital about reporting missing mental health persons (including AWOLS).

3.9.3 Policy and procedure guidelines

The Police Consult/Liaison Nurse also has a role in the development of policy and procedures guidelines with Lakes DHB and Rotorua Police in regards to the interface between Police and

Mental Health Services. For example she participated in developing policies and procedures relating to:

- AWOLS
- Transfer of mental health clients into police custody
- Guide to use new padded cell being built in new cell block at Rotorua Police
- At Risk monitoring form of detainees/arrestees with mental health issues in Police custody (also now used with intoxicated detainees)
- Rotorua Police policy for reporting missing mental health patients.[6]

3.10 Proportion of Police consult/liaison nurses' time spent on different aspects of her role

3.10.1 Non-direct client contact

The proportion of time the Police consult/liaison nurse spent on non-direct client contact aspects of her role is shown in Table 10. This is estimated to be about 30% of the Police Consult/Liaison Nurse's total time however further data analysis of her own files would have to be done to verify this. The highest proportions of her non-direct client contact time were allocated to audit (38%) and consultation (33%). About one quarter (24%) was spent on administration (including meetings), and 3% each on education and supervision (including of students).

Table 10 Proportion of non direct client contact time the Police consult/liaison nurse spent on different aspects of her role 2002-2006

Allocation of time	
Audit (incl professional development, inservices, multidisciplinary team meetings, quality activities incl development of policies & procedures), Clinical Audits, PDP.	38%
Consultation & Liaison – clinical support & advice to health services & Police where no NHI is required. Includes debrief, formal & informal, participating & facilitating	33%
Administration – includes case notes, treatment plans and meetings	24%
Education	3%
Supervision (incl of students)	3%
Total	100%

Source: Supplied by Lakes District Health Board from Mental Health Services Data Recording Form – v.1 2005.

3.10.2 Direct client contact

Volumes and types of client cases the Police consult/liaison nurse cared for

Of the 14,806 unique clients cared for by the Lakes District mental health services over the five years, 2002 to 2006, the Police consult/liaison nurse cared for 895 (or 6%). These clients (Table 11) had a slightly different demographic profile to those charged or detained in the custody of the Rotorua Police Station during August 2007 (Table 3), and those detained with

[6] This Policy was introduced by the Senior Custody Sergeant [check] and modeled on South Auckland's and adapted for Rotorua. It includes categorizing the missing person into serious, medium or low risk.

suspected mental health issues for whom health and safety management plans were developed (Table 7). In comparison to the August 2007 sample of arrestees/detainees the clients cared for by the Police consult/liaison nurse between 2002 and 2006 were slightly more likely to be female, young and less likely to be Māori (Table 11).

Table 11 Profile of those unique clients the Police consult/liaison nurse cared for during 2002 to 2006 (N=895)

	Number	Percentage
Sex		
Female	295	33%
Male	599	67%
Unknown	1	0%
Total	895	100%
Age		
16 & under	52	6%
17-20	117	13%
21-30	231	26%
31-50	387	43%
51 & over	107	12%
Unknown	1	0%
Total	895	100%
Ethnicity		
Māori	481	54%
NZ European/Pakeha	322	36%
Pacific	12	1%
Asian	7	1%
Other ethnicity	59	7%
Unknown	14	2%
Total	895	100%

Source: Lakes District Health Board

Types of service contact with clients

The types of service contact the Police consult/liaison nurse had with her clients and some others close to them over the five year period is shown in Table 12. Nearly six in ten (59%) service contacts involved inter-agency care co-ordination and nearly three in ten (33%) involved unplanned interventions, crisis assessments, treatment, care planning and discharges.

Table 12 Types of direct service client contact the Police consult/liaison nurse had with clients and family/whanau members in 2002-2006 (N=3,269 contacts)

Types of service contact	N	%
Unplanned interventions[7] - crisis assessments, treatment, care planning, review & discharge services, early psychosis intervention	1,077	33%
Inter-agency care co-ordination led by Mental Health Services	1,934	59%
Time with family / whanau discussing issues re treatment, care, or management of client	201	6%
Other	57	2%
Total	3269	100%

Source: Lakes District Health Board

Note: The Police consult/liaison nurse was highly likely to have more than one service contact/client.

Time spent on each type of service contact

The percent of time the Police consult/liaison nurse spent on various types of service contact and the average amount of time/type of service contact is shown in Table 13. About 41% of her time was spent on unplanned interventions involving the client in assessment and treatment to stabilise symptoms in urgent situations which required an immediate response. An additional 4% of her time was also spent on assessment and treatment work of a less urgent nature. About 49% of her time was spent on care-coordination and 5% spent with clients' families/whanau discussing clients' treatment and care.

Unplanned interventions averaged 61 minutes each, other assessments/treatment/care planning/review/discharge 43 minutes, inter-agency care co-ordination 35 minutes, and time with family/whanau 32 minutes.

Table 13 Number of contacts, total amount of time, percent of total time, and average time/ type of service contact the Police consult/liaison nurse had with clients and family/whanau members in 2002-2006 (N=3,269 contacts)

Types of service contact	Number of contacts	Total amount of time (minutes)	% of total time	Average time (minutes)
Unplanned interventions requiring assessment & treatment	954	57670	41%	61
Assessments, treatment, care planning, review & discharge	123	5250	4%	43
Inter-agency care co-ordination led by Mental Health Services	1,934	68483	49%	35
Time with family / whanau discussing issues	201	6365	5%	32
Other	57	1920	1%	34
Total	3269	139748	100%	43

[7] 'Unplanned interventions' relate to any crisis intervention and co-ordination.

The evaluators requested figures from Lakes District Health Board on the numbers of repeat clients cared for by the Police consult/liaison nurse. The DHB was unable to furnish this request, but was able to provide figures on a new type of service contact compared with the same type of service contact for individual clients. Of the 3,269 contacts, 2,243 were new contacts, and 1026 were repeat contacts.

The location in which the service contact took place included the Police cells, a community-based residential mental health service, psychiatric in-patient services, or in their own home. Over two thirds of unplanned interventions and crisis assessments/treatment/care planning/review/discharges took place in the Police cells.

August 2007 sample

The types of service contact the Police consult/liaison nurse had with her clients in August 2007 is shown in Table 14. Her service contacts during that month were about evenly split between unplanned interventions (51%) and inter-agency care co-ordination (47%). About 81% (21 of 26) of unplanned interventions occurred at the Rotorua Police Station cells.

Table 14 Types of service contact the Police consult/liaison nurse had with her clients in August 2007 (N=51)

Types of service contact	Number	Percentage
Unplanned interventions	26	51%
Assessments, treatment, care planning, review & discharge services	0	0%
Inter-agency care co-ordination led by Mental Health Services	24	47%
Unknown	1	2%
Total	51	100%

PET service contact with clients

The types of service contact PET nurses had with their clients over the same five year period is shown in Table 15. By contrast, nearly all (99%) service contacts involved unplanned interventions.

Table 15 Types of service contact PET nurses had with clients in 2002 – 2006 (N=16,262)

Types of service contact	Number	Percentage
Unplanned interventions	16,026	99%
Assessments, treatment, care planning, review & discharge services	29	0%
Other	207	1%
Total	16,262	100%

3.10.3 Referral to services for August 2007 sample

Finally in this section, Table 16 provides a breakdown of the types of groups to whom the Police consult/liaison nurse referred her clients to for the month of August 2007. The referral information is not accessible within the Lakes DHB information management system.

Just over half (55%) of her clients were referred back to a justice provider (Police/Justice/Corrections) and about one quarter (24%) were referred to adult community mental health services.

Table 16 Types of groups to whom the Police consult/liaison nurse referred her clients in August 2007 (N=51)

Referral to	Number	Percentage
Police/Justice/Corrections	28	55%
Adult community mental health services	12	24%
General practitioner	4	8%
Child, adolescent and family mental health services[1]	2	4%
Family/ whanau / significant other	2	4%
Accident and Emergency	1	2%
Mäori provider	1	2%
Psychiatric inpatient service	1	2%

Note 1: These two referrals were coded as either to Child, adolescent and family mental health services or to Adult community mental health services.

3.11 Identified benefits for Police, MHS and community

The following benefits of the implementation of the Liaison Nurse role were identified for the different groups of key stakeholders, detainees, arrestees, Police, Mental Health Services, Regional Forensic Services, Community providers and the community.

3.11.1 Detainees/arrestees with mental health issues

All the interviewees thought that the Police Consult/Liaison Nurse role was very beneficial for detainees/arrestees with mental health issues including:

- Provision of timely assessment and if no charges release to community or referral to appropriate care (e.g. Inpatient, cmhs, gp, family) facilitating earlier treatment;
- Provision of information for self-referral to appropriate services e.g. Addiction services;
- Provision of treatment plan including appropriate monitoring regime and administration of medications leading to increased safety for the detainee/arrestee in the cells;
- Seamless interface with mental health service where appropriate to ensure earlier treatment, including updating key workers about current clients so they can provide treatment and support and identify if they require medication;
- Continuity of care in police custody as detainees/arrestees with mental health issues often know police consult/liaison nurse and she reportedly has a calming effect on them (as opposed to police in uniform) and de-escalates situation;
- Liaison with court and prison forensic staff helps to ensure they are identified and managed appropriately from the outset and thus helps minimise stress for the person;

- For marginal cases without charges police bring in for talk with police consult/liaison nurse and if appropriate assessment which can lead to early identification of issues and facilitate treatment.

3.11.2 Police

Police were overwhelmingly positive about the Police Consult/Liaison Nurse and the role she played. The Police interviewed worked in a variety of areas including supervising the watch house and general duties, family violence, inquests and community policing.

Identified benefits

- Police Consult/Liaison Nurse very accessible and responsive to their requests;
- Feel supported by Police Consult/Liaison Nurse in dealing with people with mental health issues because she provides timely assessments,
- Police Consult/Liaison Nurse is a source of information on mental health issues and she provides timely expert advice and information Police require to fulfil their duties;
- Increased safety – Police reported the detainee/arrestee and staff are not so at risk because they have expert advice on how to properly manage them in the cells;
- Police Consult/Liaison Nurse's local knowledge of mental health clients and services is invaluable.
- Detainees with mental health issues are spending less time in custody.

> *Her close liaison with police staff, her local knowledge and previous experience with, well it's the same thing really, with patients, her knowledge base in terms of where we might go for additional help or where patients might be referred to. . . .We can get advice, assistance and assessments when required in a timely fashion, that's invaluable from where I sit.* (Police)

> *For me just having a health professional working in our watch house or our custody areas who can advise and guide the staff on ways to manage people with mental health or drug and alcohol issues. To recommend levels of monitoring, and that's a biggie, because often, we sort of have two levels, but often you will go and look on the board and we are monitoring them every hour or every 30 minutes or whatever because that is what Jeanette has recommended. . . . And I think just having the liaison between here and the ward and having someone who can make things happen for us basically and get them into the ward when they should be there.* (Police)

> *I'd just like to say I really firmly believe that these positions should be introduced into the Police and that by managing these groups of people the way we have been I think we are fortunate that people haven't died in our cells or injured themselves more in the cells. I really think that it can only be a positive for the organisation and if they could build us some detox centres!* (Police)

> *Really before she came I think mentally ill persons were treated as any other normal prisoner. I don't think there was a great deal of understanding around mentally affected persons and I think Police then thought they'd discharged their duty if they'd rung the PET team and the PET team come and do the assessment. Now that still happens evenings and weekends because Jeanette can't be there 24 hours a day, seven days a week. But I think that through Jeanette being attached to the station it has raised awareness of – well first of all, it has raised awareness around who is mentally affected, are they intoxicated, are they under the influence of hallucinogens or are they a mentally affected person or are they just having us on.* (Police)

The best things would be Jeanette herself, the qualities she brings to the position. The personality of the person you have and I think she's just the right person for the job. The accessibility and the availability of information and the expertise that she brings. Probably pretty broad but that's really it in a nutshell. (Police)

3.11.3 Mental Health Service, Regional Forensic Service and community providers

Mental Health Service personnel were also very positive about the Police Consult/Liaison Nurse and her role. The interviewees identified positive outcomes for Mental Health Services, Regional Forensic Service and community providers in regards to smoother liaison with the Justice system and clearer understanding of justice processes and needs of the police.

Identified benefits

- Early notification and update on clients who have come into Police contact;
- The Police Consult/Liaison Nurses location with Police and knowledge of the justice system meant she was a great resource for information and advice about ways to manage a clients situation;
- The Police Consult/Liaison Nurse was able to liaise and facilitate between services providing an interpretation of the others processes and requirements;
- for the Regional Forensic Service the early identification and provision of assessment and Lakes DHB information facilitates and supports Court Liaison Nurses triage decisions and streamlines court processes.
- Minimises stress for arrestees with mental health issues as they are identified and managed appropriately and can be referred more quickly into appropriate treatment.
- Provides another avenue for tracking clients who have lost touch with their case workers.

I think the good open communication. She's very good at letting us know what's happening with current clients of mental health service that are involved with the Police and what the plan is for them as well. (CMHS worker)

Her accessibility, her ability to access information either from Police or Lakes. . . . I see the role as working brilliantly. It is that interface between three services really between the Court, health and the police in that environment where we are all linked with a common purpose, not the Court in general. I see her as being the link there that makes it a lot easier to work. (Forensic Nurse)

3.11.4 Community

Interviewees were asked if they thought the initiative contributed towards community safety. All said that it would mainly in an indirect way due to early identification of people with mental health issues and the timeliness of referrals to treatment before their condition deteriorated. The position also acted as a safety net to help stop people slipping through the cracks who were marginal and have not been to MHS or who were clients and for example had not been attending or stopped taking their medication. One interviewee summed up the general comments,

I can't think of any specifics in that regard no but enhancing community safety, more effective and accurate diagnosis, more timely, more effective liaison with other support agencies,

absolutely. I think that's all got to have positive spin-offs for the community as a whole. (Police)

3.12 Suggestions for development

There were only a few suggestions for improving or developing the role. The main suggestion was the Police Consult/Liaison Nurse role could be expanded to cover more hours and coverage during holidays and leave. Some interviewees thought the position could be rostered around the clock while others thought it could be covered by two shifts, an early and a late 7 days a week.

An AOD worker could work alongside the Police Consult/Liaison Nurse to work with detainees/arrestees who had alcohol and drug only issues.

As stated the Tangata Arahi of Po Te Atatu (Māori Mental Health Services) also suggested having a Māori Mental Health worker (clinical or non-clinical) work alongside the Police Consult/Liaison Nurse to support her work with Māori clients and their whānau.

The Quality and Risk Manager of MHS stated that she would like to see '*more quality monitoring and benchmarking once other services are up and running. Collecting meaningful data that will support Service delivery and feedback to the service as part of the Quality and Risk Forum promoting improved links back to the Service'*.

4 Resourcing

4.1 Introduction

This Chapter describes the resources that are required for the Police Consult/Liaison nurse to be effective in the position, and how the position might be further enhanced.

4.2 Hours of work

The Police Consult/Liaison Nurse is based at Rotorua Police Station and works Monday to Friday 8am – 4.30pm (40 hours a week). Office hours were identified as being good for conducting a lot of the interagency collaborative work the Police Consult/Liaison Nurse does. However, if a case comes in at 3pm the Police Consult/Liaison Nurse either has to stay on and see it through or hand it over to the PET. The biggest resourcing issue was that there was only 1FTE allocated to the Police Consult/Liaison Nurse initiative in Rotorua. A 0.5FTE is being established for Taupo and will provide additional capacity.

The key stakeholder interviews identified how important and useful this role had become to their work and this was highlighted by many of them saying how much they missed the Police Consult/Liaison Nurse when she was on leave. Many suggested that the role could be expanded to cover more hours. Suggestions included the role being covered 7 days a week (by roster), working in two shifts early and late with a cross-over period. It was suggested that larger centres would need a Police Consult/Liaison Nurse 24/7.

4.3 Resources required for position

Resources identified as necessary for the Police Consult/Liaison Nurse to conduct her work:

- **Laptop with internet access to DHB (e.g.** Email and patient information, availability of unit beds). It was noted that it can take time to sign off on remote internet access to DHB. The DHB information is secure as the computer is set up to lock down if the Police Consult/Liaison Nurse is away from her desk for more than several minutes and only herself or the DHB IT administrator can unlock it.
- **Printer –** the Police Consult/Liaison Nurse does not have access to a printer at Police and this was identified as a significant gap requiring the Nurse to collect printing from the CMHS office.
- **Car and car park** at Police station – in Rotorua's case parking is difficult around the Police station so Police have provided the nurse with a sign for her car to say she is on official police business. The Police Consult/Liaison Nurse requires a car to go to daily visits to CMHS, attend meetings at various locations and to take detainees who have been released home (this may be in conjunction with Police in consideration of safety).
- **Cellphone**
- **Office space** – the nurse shares a small office space in the Rotorua Police watchhouse which is not ideal. However, Police are currently developing this station with a new cell block based on an Australian design. They have included a separate office for the nurse in the new watch house and suitable cells for arrestees/detainees identified as having mental

- health issues. The Rotorua Police regard the nurse as a valuable part of their team and the inclusion of dedicated space for her in the new design confirms this.

4.4 Allocation of funding between Police and DHB

Outline of resources the nurse needs to do the job well.

DHB

- Police Consult/Liaison Nurse's salary
- Car
- Cellphone
- Computer

Police

- Landline
- Office space
- General stationery, photocopying and fax machine
- Locked cabinet for confidential information

Resource gaps:

- Printer - the Police Consult/Liaison Nurses computer is linked to a printer at her CMHS office which means she can not print documents at Police station.

4.5 Resource implications for Police

Costs

- Provision of work station in the watch house and other resources as outlined in 4.4;
- Potential staff time on increased training on mental health issues;
- Potential to increase number of marginal suspected mental health persons picked up by police as they take them back to station for Police Consult/Liaison Nurse to talk to/assess (offset by early identification and facilitate treatment before mental health deteriorates).

Cost saving benefits

- Timely assessments during Police Consult/Liaison Nurses working hours which could reduce time and expenses (staff time, security guards cost) in regards to monitoring and holding person in custody;
- Timely advice and receiving information and reports from Mental health Services which saved Police and Police Prosecution time and resources;
- Early identification and facilitating treatment that potentially reduces offending and/or coming to Police attention for mental health issues.

4.6 Resource implications for DHBs

Costs

- FTE allocation;
- Resources outlined in 4.4;
- Potential increase in referrals to DHB Mental Health Service including identification of former and current clients who have not been able to be traced by their case workers.

Cost saving benefits

- No Crisis Team call outs to assess detainees/arrestees at Police Station during Police Consult/Liaison Nurse working hours;
- Earlier identification of people with mental health issues and facilitate appropriate treatment more quickly before escalation in illness. This potential reduces costs in future e.g. May be less likely to need inpatient care;
- Regular networking and liaising with colleagues in mhs about cases that have come to police attention gives them advice and facilitation that saves time and gives better outcomes for clients;
- Liaison and co-ordination with Police reduces time delays and staff costs e.g. arranging handovers to key workers, PET and inpatient admissions. Arranging appointments for community clients to see Police or for inpatients to go to Court with escorts (instead of waiting at Court).

4.7 Resourcing issues

Resource gaps

There has been no other person trained to do the Police Consult/Liaison Nurse position so that when the nurse is absent for any reason there has been no one to cover her position. Emergency assessments are covered by the Psychiatric Emergency Team (PET) out of office hours or when Jeanette is on leave. However, the many other aspects of the nurse's role are not covered which has been seen as a serious gap. Recently a .5FTE has been allocated to provide a Police Consult/Liaison Nurse for the Taupo area. This will mean there is someone who is trained in the position who can cover for the Rotorua nurse when she is on leave for example.

The main service gaps identified by police and CMHS were:

- A detoxification centre for police to use for intoxicated people (identified as the biggest problem)
- A facility for youth arrested by police for non-bailable offences with mental health issues
- Facilities in the cell block for those who may self-harm (this will improve with the opening of the new cell block)

4.8 Suggestions for development

There are potential benefits if the Police Consult/Liaison Nurse's educational role were to be expanded and if there was more than one FTE in that position in the case of covering more shifts and the co-location of other providers such as an AOD worker and a Māori Mental Health Worker.

5 Tauranga Police Station comparative analysis

5.1 Introduction

This chapter examines operations at Tauranga Police Station in regards to the processing of detainees/arrestees with mental health problems and/or alcohol and drug problems. The purpose of examining Tauranga Station is to provide a comparison site with Rotorua to see what difference the Police Consult/Liaison Nurse role has had on Police operations and what benefits can be attributed to this role for Police, Mental Health Services and detainees/arrestees.

Tauranga Police Station was chosen because it is a similar size station within the same Police District.

In 2006/07 financial year, 16,220 offences were recorded by Police at the Tauranga Police Station – about two thirds the volume of offences recorded at the Rotorua Police Station. Like Rotorua, about two thirds (69%) of recorded offences were traffic offences and violence offences comprised about 4%. (Table 17)

Table 17 Recorded offences at the Tauranga Police Station in 2006/07 according to offence groups

Offence group	Number	Percentage
Violence	635	4%
Sexual offences	40	0%
Drugs & antisocial offences	807	5%
Dishonesty	2,804	17%
Property damage & new drug offences	572	4%
Property abuses	191	1%
Administrative	27	0%
Traffic	11,144	69%
Total	16,220	100%

Source: NZ Police Headquarters.
Note: Percentages may not add to 100 because of rounding.

A demographic profile of those apprehended by Tauranga Police for allegedly having committed an offence in 2006/07 is shown in Table 18. Over four fifths (83%) were male, 69% were aged 30 or under, and just over half (51%) were Māori (compared with 77% in Rotorua).

Of the 27,537 unique clients cared for by the Bay of Plenty mental health services over the five years, 2002 to 2006, 983 (or about 4%) were cared for by a crisis team nurse at the Tauranga Police Station.

Table 18 Apprehensions at the Tauranga Police Station in 2006/07 according to demographic groups

	Number	Percentage
Sex		
Female	438	17%
Male	2,093	83%
Total	2,531	100%
Age		
16 & under	368	15%
17-20	637	25%
21-30	728	29%
31-50	692	27%
51 & over	106	4%
Total	2,531	100%
Ethnicity		
Māori	1290	51%
NZ European/Pakeha	1121	44%
Pacific	37	1%
Asian	50	2%
Other	16	1%
Unknown	17	1%
Total	2531	100%

Source: NZ Police Headquarters.
Note: Percentages may not add to 100 because of rounding.

The clients cared for by a crisis team nurse at the Tauranga Police Station over the five year period were more likely to be female, older, and less likely to be Māori than those apprehended (Table 19).

The interviewees in Tauranga included five Police personnel and one member of the Mental Health and Addiction Service crisis team. The police interviewees said that the majority of people they dealt with who had mental health issues were people who attempt suicide or who are threatening to. A second group is people they have already arrested and then become concerned about their mental health particularly in relation to harming themselves or others. A smaller proportion of people they dealt with were identified as behaving erratically in public, most of these people have not committed an offence and they found that often they had not been taking their medication. Police said they regularly dealt with people under the influence of alcohol and drugs.

The main type of mental health issues the Crisis Team came across were suicide attempts including overdoses and people becoming intoxicated and threatening to take their own life or their partners. They saw quite a lot of domestic violence. Other call outs included people disturbing the peace who were mentally unwell.

Table 19 Profile of unique clients crisis team saw at Tauranga Police Station 2002-2006 (N=983)

	Number	Percentage
Sex		
Female	339	34%
Male	644	66%
Total	983	100%
Age		
16 & under	52	6%
17-20	117	13%
21-30	231	26%
31-50	387	43%
51 & over	107	12%
Unknown	1	0%
Total	895	100%
Ethnicity		
Māori	300	31%
NZ European/Pakeha	589	60%
Pacific	22	2%
Asian	7	1%
Other ethnicity	41	4%
Unknown	24	2%
Total	983	100%

Source: Bay of Plenty District Health Board.
Note: Percentages may not add to 100 because of rounding.

5.2 Tauranga Police practices with detainees/arrestees with mental health and AOD issues

5.2.1 Police processes with suspected mental health detainees/arrestees

Police determine the appropriate course of action based on what the person has done (offended or not) and whether they may harm themselves or others. When Police decide to arrest or detain someone with suspected mental health issues and assessed as in need of care they notify the on duty DAO in the Crisis Team to come and assess the person.

If a person has not committed an offence Police would try to put them in their interview room rather than the cells, to await assessment from the DAO. If they may harm themselves or others they are normally put in the receiving area (glass holding cell or suicide monitoring cell) as Police have more control over them there.

There was a legal risk to Police holding people without charge. Police could detain people who exhibited mental health behaviour in public under section 109 (Mental Health (Compulsory Assessment and Treatment) Act 1992). However, often Police were called to people's homes by their family and required to remove them to the station to await assessment by the DAO. This was identified as a serious gap in the legislation.

If the person has been arrested the Police conducted the standard charge sheet assessment and if there were signs of mental health issues they assess the person's risk using the Prisoner

Management Assessment Form (PDMF) which determines the monitoring regime (constant or frequent). As noted a monitoring regime cannot be down graded without the assessment of a DAO or other medical practitioner.

Tauranga Police Station currently employs jailors who work on a rostered basis. This was recently instituted because Tauranga Police Station is required to accommodate more remand prisoners due to over crowding in prisons. Jailors are non-sworn staff who are responsible for the management of prisoners in the cell block including monitoring according to risk. They also transport prisoners to prison. The jailors are an extra resource cost to Tauranga Police but are very important as they free up the time of sworn staff who may otherwise be required to monitor prisoners.

5.2.2 Police processes with detainees/arrestees under the influence of AOD

The management of persons under the influence of alcohol and/or drugs follows the same process as Rotorua. If they have not offended the Police will try to take them home or if very intoxicated the hospital. The OC of Tauranga Station said,

> *Sometimes best place for them is hospital but sometimes hard for staff to judge at what stage they should be taking them to the hospital. I encourage that to happen if they are very intoxicated.*

Otherwise they are detained at the Police station until they detoxify for their own safety. Police have noticed an increasing use of methamphetamine which can increase the potential for violence and erratic behaviour. On occasion they have had to call the Police doctor to come in and give them a sedative because they are going ballistic and could harm themselves.

For those people under the influence of AOD who are exhibiting signs of mental illness they call the DAOs to assess. However as noted the DAOs do not like to assess while a person is intoxicated so they hold them until morning under frequent or constant monitoring.

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Police said detoxifying people in the cells presents a number of risks to them and the detainee/arrestee and would prefer to take them to a more appropriate facility where they could be medically monitored. The mental health unit at the hospital will not examine a person who has displayed or made threats to commit suicide and is intoxicated. Police have to hold them until they are sober.

The following table summarises the pathways of detainees and arrestees with mental health and AOD needs in Tauranga. This table has some comparisons with Table 19 in Chapter 3.

Table 19: Pathways of detainees or arrestees with mental health needs and AOD needs in Tauranga

Detainee or Arrestees statutory status ⇨	Police action ⇨	Medical intervention by: Duly Authorised Officer from BOPDHB Mental Health and Addiction Services Crisis Team/ Police Surgeon/ Psychiatrist ⇨
Detainee – no offence Police detain for person's own safety and so they do not harm others.	Suspected mental health issues e.g. attempted suicide, erratic behaviour in public. Either held in interview room, glass holding cell or suicide monitoring cell Under influence of alcohol and exhibiting signs of mental health issues e.g. threatening to kill self. Police monitor until sober and then DAOs can assess then police release. Under influence of alcohol. Not exhibiting signs of mental health issues. Will take home if someone there to look after them. If no address then either take to hospital if very serious; or take back to Police Station. Held at Police Station in cells until sober and then released. With regulars develop a profile to try and get intervention under Alcohol & Drug legislation but have found this difficult. Other issues	DAO's called to assess and advise on appropriate course of action e.g. release back into community or admit to Mental Health inpatient unit at Tauranga hospital. DAO's called to assess and advise on appropriate course of action as above. DAO's will only assess when detainee is sober. DAO will provide information for person to self refer to Community Alcohol & Drug Service (CADS) if appropriate. No intervention for alcohol addiction DAO may give info on other services they can use
Arrestee – arrested for committing an offence	No mental health issue Mental health issue identified through charge sheet questionnaire go on to PMAF assessment of risk. Instigate monitoring regime until DAO assess and advise. Under influence of alcohol or drugs, exhibiting no signs of mental health	No intervention DAO's called to assess and advise on appropriate monitoring regime. If medication required call doctor for script. Medication can be administered by Watch House Keeper or Jailor No intervention

	issues. Monitor regularly until detoxified then release. Under influence of alcohol and/or drugs exhibiting signs of mental health issues e.g. threatening to kill self. Police monitor until sober and then DAOs can assess and advise on monitoring regime etc. Other issues	 DAO's called to assess and advise on appropriate monitoring regime. DAO's will only assess when detainee is sober. If medication required call doctor for script. Medication can be administered by Watch House Keeper or Jailor. DAO will provide information for person to self refer to Community Alcohol & Drug Service (CADS). DAO may give info on other services they can use
Not Court bailable - Remand Prisoners	No mental health issue Mild, moderate to severe mental health issues	No intervention DAO advise on monitoring regime and Watch house keeper or Jailor administers any medications.
Court ordered mental health assessment (section 38)	Forensic assessment at Police Station Forensic Inpatient assessment at inpatient unit -police escort to inpatient unit	Organised by Court Forensic Nurse
Sentenced to prison	No mental health issue Mental health issue and coming from Police custody to prison Police transfer custody accompanied by Health and Safety Management Plan.	No intervention Forensic Unit at prison may know if prisoner arriving with mental health issue if notified through section 38 process [check] or possibly their mental health case worker. However many they do not know about until prisoner ticks intake form that says they have had mental health issues. Rotorua they tend to know beforehand and are prepared for them.

Note: DAOs will liaise with people's GPs and families if they are given permission.

5.2.3 Perceived competency of Police recognising and dealing with mentally ill

The Police interviewed said that generally staff were competent in recognising and dealing with people with mental health issues but there was always room for improvement. Experience counted for a lot and the more senior staff tended to be more competent than junior staff.

Police were trained to do the general assessment of prisoners when they came in and if mental health issues were identified they would use the Prisoner Management Assessment Form to assess risk and help them determine how the prisoner should be managed. Police in general have a 'duty of care' which means when a member of police 'detains or arrests a person, the police officer subsequently takes on a duty to protect and keep the person safe from harm.'

(Custodial Management: Suicide Awareness Training, Facilitators Guide: 27, Custodial Suicide Management: Annex One.)

The Crisis Team worker also thought that the more experienced Police were more competent at dealing with people with mental health issues. However, they noted that some of the newer trainees could think that someone had mental health issues where in fact they did not.

The Area Tactical Response Manager said having spent time at Rotorua Police Station he saw the advantages of having a mental health nurse co-located at the station including increasing the confidence of staff to work with those with mental illness.

> *The staff who work on a regular basis in that custody area where they are having that constant liaison with the mental health nurse they seem to be more confident dealing with mental health issues there. Our staff often lack the training and the experience in dealing with these issues and it does cause them some stress in dealing with these situations.*

5.2.4 Police training and education

It is mandatory for all police staff to undertake the Custodial Management: Suicide Awareness Training that is a revised training package that was introduced in 2006 (P202 – Mandatory Training). The jailors employed at Tauranga have also undertaken this training. There was also some training on the use of legislation in regards to people with mental health issues. However there was no specific training around assessing or dealing with people with mental health.

In regards to training around drugs and alcohol a few years ago Tauranga Police received training on the effects of methamphetamine, what to look out for, the behaviour changes and about labs which was very useful. An officer suggested updated training in this area would be very beneficial. This training package on methamphetamines was also delivered to members of the Mental Health Service at Tauranga by Police.

Police interviewed thought that training in the area of mental health and alcohol and drug issues was very important however they did struggle to fit more into their already busy training programme for staff. They indicated that at some point they had to rely on people better qualified in the field such as the DAOs.

The Mental Health Service at Tauranga did not provide any training or education to Police. However the Crisis Team worker recalled a joint training had been arranged by MHS some time ago.

5.2.5 Impact of detention on mentally ill

When asked what sort of impact they thought detention had on mentally ill people interviewees agreed that it may have an adverse affect. It was noted that the suicide cell at Tauranga Police station was quite grim and the station lacked space and facilities to deal with these type of detainees/arrestees. A Police officer said,

> *Detention in the cells is not appropriate for people with mental illness. We don't have the medical background or facilities to assist them when they are starting to rark up.'* (Police)

Several Police suggested they would like better restraint equipment as handcuffs were not appropriate and people could still harm themselves against the walls. Tauranga station does not have a padded cell.

Police thought that the cells were not the appropriate place for people who were under the influence of alcohol or drugs and placed both Police and the detainees at risk. It also used a lot of Police resources because they required constant or frequent monitoring. One Officer thought that while it was not an appropriate place for them it did not have a great deal of effect on them.

Suggested improvements

The Addiction Assessment at Tauranga Court pilot was mentioned as a possible link to assess offenders in custody. At present a brief addiction screen is only conducted at Court.

Police interviewees thought that the Rotorua model sounded like a very good idea as it would solve timeframe issues. The only issue would be accommodation of a Police Consult/Liaison Nurse as Tauranga Station was pushed for space.

As mentioned above an officer thought Police should be issued with a more appropriate method of restraint other than handcuffs so detainees could not hurt themselves or others.

Appropriate place for detoxification rather than Police cells.

5.3 Crisis Assessment Team

This section provides a broad overview of the Bay of Plenty DHB Mental Health and Addiction Services interactions with Police, including the assessment of detainees/arrestees and requests for Police assistance. The main operational contacts are between the Duly Authorised Officers (DAOs) on the Crisis Team and watchhouse staff.

5.3.1 Police request for assessment at Police Station

Police contact the DAOs who work for the crisis team to notify them that they have picked up a person suspected of having mental health issues and ask it they could come and assess them. The Mental Health Act Amendments 1999 section 109 stipulates that a person apprehended by Police for appearing mentally disordered in a public place should be assessment within six hours. When the DAOs can get to the Police Station to conduct an assessment is dependent on their workload. The Tauranga Crisis team work on a 24/7 roster with three members on the morning shift and a change over period with the afternoon shift between 3-6pm with 5-6 members and then three members on after 6pm. There is one person on during the night shift.

The DAOs will check their database first to see if the detainee/arrestee has had contact with the mental health service previously and also conduct a national search on the IBA database to see if they have had contact with other areas. They then assess the detainees/arrestees at the station and advise on the appropriate course of action. If the person is to remain in custody they will advise on the most appropriate monitoring regime and if medication is required. The Crisis Team DAOs do not administer medications to prisoners and this is done by the jailors or the Watchhouse keeper.

The Crisis Team worker interviewed for this evaluation noted that a lot of the people they assessed for Police were not charged. Police detained many of the people they saw for their own safety, for example suicide attempts and people under the influence of alcohol and/or drugs exhibiting mental health signs. Police would ask the Crisis Team to come in and review their monitoring regime for remand prisoners, for example if someone is suicidal. '*Sometimes we are not keen on that because it means we are holding the risk where they are not really involved in our service. But we are happy to do that.*'

5.3.2 Mental Health Service request Police assistance

The Mental Health Service call on Police assistance for the following reasons:

- To assist with transportation of people to hospital for assessment but are resistant Mental Health Act Amendments 1999 (section 41);
- Police are notified when a patient leaves the mental health unit without permission (AWOL);
- A missing persons is filed with Police when a case workers client is missing;
- Notify Police when someone has gone back into the community, for example an elderly person and they are quite paranoid and calls the Police, just be aware that they are there. 'Usually Police will ring us first and say do you know so and so – we say yes';
- Request Police assistance at the inpatient unit to contain a situation when a patient becomes very aggressive. While the unit does have security guards patients reportedly respected the authority of Police.

5.3.3 Referrals and liaison

The Crisis Team referred detainees/arrestees within their mental health service and sometimes liaised with a person's GP and family with their permission. Those assessed for suicide attempts are usually sent home to be supported by family and are closely followed up by a mobile nursing unit who visit daily.

People assessed at the police station who have drug and alcohol addiction problems are given information about the Community Alcohol and Drug Service (CADS) they can self refer to.

The Crisis Team worker said it was very helpful to liaise with the Court Forensic Nurse to get the history of a person in Police custody. The Court Forensic Nurse use to work for the Crisis Team so they did give him notification of who was coming to Court that they had assessed at the Police Station.

It is outside of the Crisis Team's scope to liaise with the Forensic Unit at the prisons or give them notification about prisoners transferring from Police custody.

Suggested improvements

The only suggestion for improvement was the quality of the police cells, which Tauranga Police also commented on. The Crisis Team worker noted the increasing numbers of people coming to Police attention and particularly the increased alcohol and drug use of young people.

5.4 Interagency relations

The main interaction Tauranga Police had with Mental Health Services was the DAOs from the Crisis Team. All those interviewed said the relationship between the two services was very good and they all worked well together.

> *In Tauranga we actually have a very good working relationship with Police. They are very supportive of us and we are supportive of them. They are usually very pleased to see us as the person is taking up time and space and the station here is very small.* (DAO)

The Police generally felt supported by the mental health service they received. They identified some issues which were not seen as problems with the DAOs but rather lack of resourcing and gaps in policy and legislation.

- Time spent monitoring detainees/arrestees waiting for DAOs to arrive to conduct assessment.
- There was frustration among some of the Police staff in regards to the criteria for entering the mental health service. Sometimes staff thought people should qualify but they did not meet the current criteria. Police had to release them if they had not committed an offence; however they had concerns that they may harm themselves or others.
- Having to hold a person who was under the influence of drugs and alcohol and exhibited signs of mental illness until they had detoxed before the DAOs would assess them. Frustration that there were no appropriate facilities to take these people to be monitored and cared for by medical professionals.
- One officer expressed concern that there was no legislative back up when they asked by the hospital to restrain patients so they could give them medication.

Referrals

Police did not generally refer detainees/arrestees with mental health and AOD issues to other services apart from contacting the DAO and where necessary the Police doctor. Police would liaise with the family if they had one and they may refer family members to contact Victim Support to provide them with information about available services.

A Tauranga officer observed that they had a lot of people who got extremely intoxicated and used the Police Station as a motel. For those people they will start getting a profile together to see if they can get something through the Courts through the AOD legislation. His understanding is it is very difficult to get any assistance through that legislation.

Interagency forums and liaison

The OC Tauranga station said he had occasional contact with the person in charge of mental health unit in hospital to see if there are any problems and how things are going. 'We do have some contact every few months via phone. Police like to think if there are any issues we could resolve them between ourselves.'

There were currently no higher level interagency forums between Police and Mental Health Services.

Sharing information

As with Rotorua, both Police and the Mental Health Service are guided by legislation. Police only required information on someone's mental health if related to their offending. One Officer provided an example,

> *A lot of people will use their mental health issues as an excuse for their offending. If you talk to the people at mental health first and get their opinion, 9 out of 10 times they think this person should be held accountable for their actions. There are the occasional times this guy would not have any concept of what they have done but most of the time they do.* (Police)

Police said that the Mental Health Service was good at providing information in a general sense; they did not pass on specific details but would give advice on whether the person knew right and wrong.

5.5 Resource implications for Police

The main resource implication for Tauranga Police dealing with people with mental health issues and alcohol and drug issues was in terms of staff time. While the use of jailors to manage and monitor detainees/arrestees freed up sworn staff it was a significant additional cost. There was no separate budget for jailors in regards to monitoring detainees with mental health issues (funded to manage remand prisoners only). It was noted there could be further delays when the DAO indicated that further assessment was required because of the time getting doctors to the police station. The Tauranga interviewees acknowledged that there was a lot of pressure on resources in Mental Health Services that contributed towards time delays of the Crisis Team.

The other issue was the DAOs did not assess detainees/arrestees who were under the influence of alcohol or drugs and Police had to hold them until they had detoxified. Similar to Rotorua this bought up the issue of there being no detoxification centres, or appropriate facilities with those with AOD and mental health issues to detoxify and be cared for.

Police interviewees thought that any initiative that could speed up assessments and advise on the most appropriate way to deal with people would be beneficial, particularly when they were holding people without criminal charges.

5.6 Comparison with Rotorua Police Station

Annual volumes of recorded offences at the Rotorua Police Station are about one and one half times the volume of recorded offences at the Tauranga Police Station. In 2006/07, the Rotorua Police Station and Tauranga Police stations respectively recorded 25,007 and 16,220 offences.

While the profile of those apprehended by Police in Rotorua and Tauranga is similar in terms of sex and age distributions, the ethnic breakdown differ. Just over three quarters of those apprehended in Rotorua were Māori as opposed to just over half in Tauranga.

No direct comparison can be made between the proportion of mental health service clients seen by the Police consult/liaison nurse or an equivalent crisis team nurse in the two stations. Over a five year period the Police consult/liaison nurse had contact via the Rotorua Police Station with about 6% of all Lakes DHB mental health service clients. However much of the

contact was likely to have occurred in other locations (especially contact in the form of coordination). About 4% of Bay of Plenty mental health service clients were seen by a crisis team nurse at the Tauranga Police Station over the same time frame.

The working relationship between Tauranga Police and the Mental Health Service Crisis Team was very good. There was liaison at a senior operational level to identify and solve any issues. However there was no liaison at a strategic policy level where policy change could be implemented.

The Tauranga Police identified resource constraints in the Mental Health Service that could cause time delays in the Crisis Team response at the Tauranga Police Station. Policy and legislative concerns were also identified including: the DAOs and Mental Health Ward at Tauranga Hospital would not assess anyone intoxicated; section 109 removal from a persons home rather than public place; on occasion Police being asked to restrain patients at the Mental Health Ward so they can be given medication; and definitions of who comes under the umbrella of the mental health service.

The differences compared to the Rotorua Police Station:

- More timely assessment during the Police Consult/Liaison Nurse's working hours. There was no comparison made of the response times of the PET and Crisis Team, which would be variable based on workload.
- Tauranga Police could get information from DAOs about cases. Rotorua Police highlighted the accessibility and wide range of advice on mental health issues they could get from the Police Consult/Liaison Nurse e.g. on legislation etc, local knowledge of people with mental health issues, knowledge of services; and discuss people of concern in the community.
- The Police Consult/Liaison Nurse provided advice, education and role modelling on how to work with people with mental health issues;
- The Police Consult/Liaison Nurse's extensive networks and role in interagency liaison facilitated treatment of detainees/arrestees. In Tauranga some of this interagency liaison was part of the work of various health professionals such as DAOs, Court Forensic Nurse, Mental Health Case Workers. However, the advantages of the Police Consult/Liaison Nurse position was that she was located at Police so bridged those two worlds of justice and mental health and was able to facilitate timely treatment.
- The Police Consult/Liaison Nurse was able to have regular contact with those who were in custody for longer periods and remand prisoners so could provide professional advice on reassessing their condition.

6 Data collection systems

6.1 Introduction

This Chapter looks at the data accessed or collected by the Police and the Mental Health Services that is pertinent to the Police consult/liaison nurse's role. It suggests what data collections to be put in place for the further evaluation of this and similar pilots.

6.2 Police information

To recall, subjects are in the custody of the Police at the Rotorua Police Station because they have been:

1. Arrested for allegedly having committed an offence;
2. Detained under section 109 of the mental health (compulsory assessment and treatment) act 1992;
3. Detained for detoxification under section 37a of the alcoholism and drug addiction act 1966;
4. Taken into custody under section 41 of the crimes act 1961 (prevention of suicide or certain offences); or
5. Remanded pending their next court appearance or after having been sentenced to imprisonment.

The Police enter personal data relating to Groups 1-4 above onto a custody/charge sheet and for Group 5 onto a remand sheet.

The 'Watchhouse Keepers Evaluation of Condition of Person in Custody' section of each sheet requires Police to make an assessment, based on a range of indicators (see Table 20 below) as to whether a person in their custody is either 'not in need of specific care', 'in need of care' or 'in need of care and constant monitoring.'

Unfortunately, the information contained within the evaluation section is not currently entered onto a Police computer database. In addition, other information relevant to whether a person has a health and safety management plan developed may only be hand written on a remand sheet (e.g. 'AT RISK UNIT').

The Police consult/liaison nurse is given access to the custody/charge and remand sheets by Police.

Table 20 Information included on the evaluation section of Police custody/charge and remand sheets

Under influence of
- Alcohol
- Drugs
- Solvents

Showing signs of following behaviour
- Withdrawn
- Irrational
- Depressed
- Overly ashamed
- Agitated
- Anxious

Showing signs or has a history of
- Aggressive behaviour to self or others

Health conditions
- Depression
- Schizophrenia
- Bipolar disorder
- Alcohol / drug addiction

Hospitalised in a mental health unit in last six months
- Yes

Currently under care of a mental health unit
- Yes

Key indicators of suicide risk
- First time arrested/detained in Police cell
- Youth at risk
- Male
- Stopped / changed prescription medication
- Māori
- Previous attempts / threats to commit suicide
- Psychiatric history
- Adverse life events
- Person injured or ill
- Arrested as result of a domestic incident / history of family violence
- Signs of being in pain

Any other indicators that person needs care
In need of care/care and constant monitoring

6.3 Health information

The link between an individual's Police and Health data occurs at a paper level. One copy of an individual's Health and Safety Management Plan is physically attached to the person's custody/charge or remand sheet.

From her base at the Rotorua Police Station, the Police Consult/Liaison Nurse accesses client information stored on Lakes District Health Board databases to inform her work. She has access to:

- Clinical Information System (CIS) which has detailed information about a client's recent contact with the health system (including with hospital emergency department)
- Patient Management System (PMS) which has historical information about a client's contact with the health system (but does not include information about a client's contact with hosptial emergency department).

Using instructions entitled 'Instructions for the clinical data form v.10 – September 2005' the Police Consult/Liaison Nurse manually records information pertaining to each client with whom she has contact – their name, date of birth, NHI number, the service code (e.g. unplanned intervention), location code (e.g. Police cells), time (in minutes) and group to whom she refers the client to (e.g. Adult community mental health services) – on the Mental Health Services Form v.1 2006.

She also apportions and manually records her time to various categories (including audit/professional development, consultation and liaison) on the Mental Health Services Data Recording Form – v.1 2005.

It is our understanding that most of the data from both forms (the Mental Health Services Form v.1 2006 and Mental Health Services Data Recording Form – v.1 2005) is entered onto Lakes District Health Board databases. However, some data may be only partially recorded or possibly over written, such as data about the group to whom the Police Consult/Liaison Nurse refers clients to. This was confirmed by a Lakes District Health Board mental health services advisor.[8]

The Police Consult/Liaison Nurse has found it helpful to establish two of her own computer files in ACCESS:

- One contains each of her client's NHI number, surname, first name, date of birth and history of service contact; and
- The other contains a list of clients who have either attempted suicide, have thoughts of suicide, or have actually suicided.

6.4 Recommendation for data collection systems in pilot sites

The following recommendations are suggested to provide information to evaluate the pilot sites and to further inform Police and DHB policy and processes. Electronically capturing information on people's condition in custody would provide data for analysis on the potential demand for the Police Consult/Liaison Nurse service and estimations of additional treatment services required to meet the needs of additional referrals generated by this position. It would also provide better estimations for Police on the volume and type of detainees/arrestees they encounter with mental health, intoxication or other health conditions they have to manage in custody (or detain). The data could contribute to discussions between Police and DHBs to further develop their processes together.

[8] She was of the view: 'If the [Police consult/liaison nurse] refers clients to an NGO this is not captured in our system. However, if she refers them within our service then this is captured but is recorded against the clinician who has picked up that client.'

6.4.1 Police

1. For those persons whom Police assess as being in need of care/constant monitoring on either the custody/charge sheet or remand sheet, we recommend that Police electronically capture the 'Watchhouse Keepers' Evaluation of Condition of Person in Custody' information.

The information could be used to obtain a conservative estimate of the potential demand for the Police consult/liaison nurse service over a certain timeframe.[9]

The information could be queried electronically to identify repeat detentions (e.g. by a second appearance of a PRN number) by those in need of care/constant monitoring for mental health reasons over a certain timeframe. It could also be used to examine repeat detentions in relation to types of charges.

2. In addition, we suggest Police consider electronically capturing the information in the Watchhouse Keepers' Evaluation of Condition of Person in Custody, regardless of whether or not the Police assess the person as being in need of care/constant monitoring.

The information would provide the Police and Health with estimates of prevalence of need for mental health and other health assistance by those in Police custody, and with information which Police and Health could use to refine their assessment decision making processes about persons in need of care/constant monitoring and for whom health and safety management plans need to be developed.

6.4.2 Health

Our experiences of making some requests for Lakes DHB statistical information that could at best only be partially answered (e.g. referral information, repeat clients) and our lack of confidence in some of the figures received, lead us to the view that any future initiatives based on the Rotorua mental health model are best supported by a small scale stand-alone initiative-specific computer database, designed first and foremost to meet the needs of the Police consult/liaison nurse. We recommend:

- The database specifications be prepared in consultation with the Rotorua Police consult/liaison nurse, with other key professionals with whom she works, and with input from an evaluator;
- The database be designed and implemented;
- The database be reviewed after a short period of time (e.g. one month), with the review findings being used to make database improvements.

The database could provide accurate demographic and health information on those seen by the Police consult/liaison nurse, on the interventions provided (type, time, date), and referrals made to Mental Health Services and other treatment providers. This would also provide data for the DHB's to estimate the need for any additional treatment service capacity due to referrals generated by the Police Consult/Liaison Nurse position.

[9] See Table 5.

6.4.3 Police – Health link

Special care will always need to be taken with the sharing of client information between a DHB employed Police consult/liaison nurse and the Police. One of the main reasons for this is because it is for the courts, and not the Police, to make judgements about whether a person's mental state is such that the person is capable of forming the intent to commit a crime and judgements about the type of sentence to impose.

Use of a common shared additional identifier would make it possible to link Police and Health data, and thus, for example, to link a person's repeat detentions with the health interventions received. Privacy issues would need to be fully addressed prior to going down this route.

7 Conclusion

7.1 Introduction

This chapter summarises the key findings from the evaluation of the Police Consult/Liaison Nurse role and identifies learnings that may be useful for the development of the pilot sites and makes recommendations for a data collection system.

The overall finding was that the Police Consult/Liaison Nurse position at Rotorua Station was regarded by those interviewed as very effective for the timely assessment and facilitation of treatment for detainees/arrestees and was thought to contribute to better outcomes for these people. While the co-location of a mental health nurse with Police provided the opportunities for effective intervention it was undoubtedly the way the Police Consult/Liaison Nurse at Rotorua developed and implemented her role that made it a success. The Police Consult/Liaison Nurse, Jeanette Knight, is highly regarded by the Rotorua interviewees who often complimented her on her skills, knowledge, accessibility and responsiveness and great attitude.

7.2 Benefits of Rotorua model

The evaluators were tasked with examining the extent to which the position of the Police Consult/Liaison Nurse contributed to improvements in a number of areas. We have identified a number of benefits this role has had for key stakeholders who include: Police and Police Prosecution, DHB/Mental Health Services, detainees/arrestees, community providers, Regional Forensic Service and the community.

Management of detainees/arrestees/remandees while in Police custody

The Police Consult/Liaison Nurse focused on people with mental health issues or those with mental health and AOD issues. Those with AOD issues only were given information to self refer to an addiction service.

The Police Consult/Liaison Nurse greatly contributed to the effective management of detainees/arrestees/remandees with mental health issues due to the following activities:

- Provision of timely assessments and if no charges release to community or referral to appropriate care (e.g. Inpatient, cmhs, po te atatu, gp, family) facilitating earlier treatment. The outcomes of assessments help inform police and police prosecution if the detainee/arrestee has a mental health issue or not. In some cases if they have a mental health issue and have not committed a serious offence they would be more appropriately dealt with by diversion and referral to mental health services.
- Provision of treatment plans including appropriate monitoring regimes and if necessary administration of medications leading to increased safety for the detainee/arrestee in the cells and less risk for police;
- Provision of professional advice and information to Police who feel supported by the Police Consult/Liaison Nurse in dealing with people with mental health issues.. Discussions with the Police Consult/Liaison Nurse helped Prosecutors make decisions about whether they should oppose bail or not. Her assessment and advice also helped

- them make decisions about whether they should request that the Court direct a full psychiatric assessment is prepared under section 38 of the Criminal Procedure (Mentally Impaired Persons) Act 2003 and whether the defendant should be on bail, in custody or at the forensic inpatient unit at Waikato (Henry Bennett Centre) while the report is being prepared.

Perceived effect on impact of detention on mentally ill people

All the interviewees thought that the Police Consult/Liaison Nurse role was very beneficial for detainees/arrestees with mental health issues including:

- Seamless interface with Mental Health Service where appropriate to ensure earlier treatment, including updating key workers about current clients so they can provide treatment and support and identify if they require medication;
- Continuity of care in Police custody as detainees/arrestees with mental health issues often know Police Consult/Liaison Nurse and she reportedly has a calming effect and good rapport with many of them;
- Minimisation of stress for arrestees with mental health issues as they are identified and managed appropriately and can be referred more quickly into appropriate treatment;
- Liaison with Court and Prison forensic staff helps to ensure they are identified and managed appropriately from the outset and thus helps minimise stress for the person; for the Regional Forensic Service the early identification and provision of assessment and Lakes DHB information facilitates and supports Court Liaison Nurses triage decisions and streamlines court processes;
- Provision of information for self-referral to appropriate services e.g. Addiction Services, Relationship Services.

Early identification and facilitation of support and treatment

- Early identification facilitated by Police Consult/Liaison Nurse in marginal cases where the PET team would not be called by the Police.
- Police felt backed-up by the Police Consult/Liaison Nurse being at the watchhouse so brought more people back to the station who were exhibiting early warning signs of deterioration to be assessed by the Police Consult/Liaison Nurse. Police also discussed people of concern in the community with her.
- Police Consult/Liaison Nurse scanned all the names of those in Police custody and identified known mental health clients that Police did not know had mental health issues.
- The identification of clients who may have lost touch with CMHS and be overdue for their medication. Coming to Police notice provided a contact point where the Police Consult/Liaison Nurse can identify them and provide them with the appropriate medication or set up an appointment for them.

The education and advising of Police staff on mental health issues

The Police Consult/Liaison Nurse provided formal training packages to Police and on occasion to Mental Health Services. She also participated in the development of local policy procedures for Police. In addition, the Police Consult/Liaison Nurse was a source of information on mental health issues and related criminal justice processes and she provides timely expert advice and information to Police, Police Prosecution and to Mental Health Staff. Her local knowledge

of mental health clients and services was identified as invaluable and all the Rotorua interviewees noted that the Police Consult/Liaison Nurse was very accessible and responsive to their requests.

A perceived increase in client and community safety

Interviewees thought the Police Consult/Liaison Nurse position contributed towards community safety in an indirect way due to early identification of people with mental health issues and the timeliness of referrals to treatment before their condition deteriorated. The position also acted as a safety net to help stop people slipping through the cracks who were marginal and not been to MHS or who were clients and for example had not been attending or stopped taking their medication.

Improved interagency relations

All the interviewees thought the Police Consult/Liaison Nurse had greatly enhanced interagency relations and identified more co-ordination and more understanding and accessibility to each other's services.

7.3 Comparison with Tauranga

In addition to the presence of a Police consult/liaison nurse in Rotorua, there were other differences and measurement problems between the Rotorua and Tauranga Police Stations that make it difficult to isolate the impact of the Rotorua initiative. For example, annual volumes of recorded offences at the Rotorua Police Station are about one and one half times the volumes at the Tauranga Police Station, and differences in the ethnic composition of those apprehended may also impact on differences in mental health service need. Measurement difficulties prevented a direct comparison being made between the proportion of mental health service clients seen by the Police consult/liaison nurse or an equivalent crisis team nurse at the two stations.

However, we can make the following observations:

- The Police Consult/Liaison Nurse's position is likely to have resulted in more timely assessments for arrestees/detainees during her working hours. (No comparison could be made of the response times of the PET and Crisis Team, which would be variable based on workload.)
- While Tauranga Police could get information from DAOs about cases, Rotorua Police could not only get such information but also greater accessibility to a wide range of advice on mental health issues from the Police Consult/Liaison Nurse e.g. on legislation, local knowledge of people with mental health issues, knowledge of services; and discuss people of concern in the community.
- The Police Consult/Liaison Nurse provided advice, education and role modelling on how to work with people with mental health issues.
- The Police Consult/Liaison Nurse's extensive networks and role in interagency liaison facilitated treatment of detainees/arrestees. In Tauranga some of this interagency liaison was part of the work of various health professionals such as DAOs, Court Forensic Nurse, Mental Health Case Workers. However, the advantages of the Police Consult/Liaison Nurse position was that she was located at Police so bridged those two worlds of justice and mental health and was able to facilitate timely treatment.

- The Police Consult/Liaison Nurse was able to have regular contact with those who were in custody for longer periods and remand prisoners so could provide professional advice on reassessing their condition.

7.4 Resource implications

Resource implications for Police

Costs

- Provision of a computer work station in the watchhouse and resources e.g. Photocopying, stationery;
- Potential staff time on increased training on mental health issues;
- Potential to increase the number of marginal suspected mental health persons picked up by Police as they take them back to the station for Police Consult/Liaison Nurse to talk to/assess (offset by early identification and facilitate treatment before mental health deteriorates).

Cost saving benefits

- Timely assessments during Police Consult/Liaison Nurse's working hours which could reduce time and expenses (staff time, security guards cost) in regards to monitoring and holding person in custody;
- Timely advice and receiving information and reports from Mental Health Services which saved Police and Police Prosecution time and resources;
- Early identification and facilitating treatment that potentially reduces offending and/or coming to Police attention for mental health issues.

Resource implications for DHBs

Costs

- FTE allocation
- Resources e.g. car, phone, internet at Police
- Potential increase in referrals to DHB Mental Health Service including identification of former and current clients who have not been able to be traced by their case workers.

Cost saving benefits

- No Crisis Team call outs to assess detainees/arrestees at Police Station during Police Consult/Liaison Nurse working hours;
- Earlier identification of people with mental health issues and assistance with appropriate treatment more quickly before escalation in illness. This potentially reduces costs in future e.g. may be less likely to need inpatient care;
- Regular networking and liaising with colleagues in MHS about cases that have come to Police attention gives them advice and facilitation that saves time and gives better outcomes for clients;
- Liaison and co-ordination with Police reduces time delays and staff costs e.g. arranging handovers to key workers, PET and inpatient admissions. Arranging appointments for community clients to see Police about matters concerning them, or for inpatients to go to

Court with escorts at a certain time (instead of waiting at Court potentially for day waiting to be called to hear matter).

7.5 Identified good practice and recommendations for pilot sites

Personnel

- Importance of getting the right person into the position not only in terms of qualifications and experience but also attitude.
- Importance of having a good working knowledge of both the criminal justice and health legislation; Police and Mental Health policies and procedures.

Appropriate orientation to position

- This is a unique position working at the interface between the criminal justice system and mental health services and requires a thorough orientation.
- Resources to implement the position should also be in place including internet access to DHB databases at Police Station, car, cellphone etc.

Visible 'co-location'

- For the Police Consult/Liaison Nurse position to operate effectively they must be accessible and visible to Police who work in the Watchhouse.

Local conditions

- It was identified as important to respond to local need and the local service environment which has implications for the development of this initiative in other areas.

Liaison role

- A substantial part of the role is liaison work and a key to successful implementation of the role was the ability to proactively develop and maintain relationships across agencies. Contact could be daily with some stakeholders and the Police Consult/Liaison Nurse was noted for her timely response.
- Referrals and good liaison with mental health services and justice were facilitated by the nurse attending meetings within Mental Health Service (e.g. multidisciplinary meetings) and interagency forums e.g. Family Violence meetings and Lakes DHB/Regional Forensic Services meetings.

Suggestions for AOD role

In regards to how a Police Consult/Liaison Nurse position in other Police areas would work with AOD only detainees/arrestees, the Rotorua Police Consult/Liaison Nurse recommended doing a Mini Mental Health Examination and if there were no mental health issues then continue with a fuller screening process for AOD. Similar to the current Police Consult/Liaison Nurse practice with mental health clients, she would refer to appropriate services and a copy of the AOD assessment conducted in Police custody would be forwarded to those services.

It should be noted that AOD services generally prefer people to self refer as this shows they have the motivation to change.

7.6 Challenges and suggestions for development of Rotorua model

The main suggestion from interviewees for developing the Police Consult/Liaison Nurse role was to extend the hours to provide more coverage. Some interviewees suggested the position could be rostered around the clock while others thought it could be covered by two shifts, an early and a late shift 7 days a week. The planned .5FTE position based at Taupo may go some way to covering the Rotorua Police Consult/Liaison Nurses holidays and leave.

There were suggestions of supporting the Police Consult/Liaison Nurse role by having a Māori Mental Health worker (clinical or non-clinical) work alongside or be available on call to the Police Consult/Liaison Nurse to support her work with Māori clients and their whānau.

There was a suggestion an AOD worker could be co-located at the Watchhouse to work alongside the Police Consult/Liaison Nurse.

A challenge in Rotorua was in regards to collecting data that fully documented the work of the Police Consult/Liaison Nurse. The Police Consult/Liaison Nurse herself had developed some good systems and kept good records for her purposes. However, probably due to the uniqueness of the role not all the information she collected was captured in Lakes DHB databases. The Quality and Risk Manager of Lakes MHS stated that she would like to see '*more quality monitoring and benchmarking once other services are up and running. Collecting meaningful data that will support Service delivery and feedback to the service as part of the Quality and Risk Forum promoting improved links back to the Service'*.

We have provided recommendations in regards to data collection systems in the following section and in general we recommend good housekeeping and monitoring of Police and Health data to ensure its accuracy and completeness.

7.7 Recommendations for data collection systems in pilot sites

We recommend that any future initiatives based on the Rotorua model are best supported as follows:

1 For those persons whom Police assess as being in need of care/constant monitoring on either the custody/charge sheet or remand sheet, we recommend that Police electronically capture the 'Watchhouse Keepers' Evaluation of Condition of Person in Custody' information.

2 In addition, we suggest Police consider electronically capturing the information in the Watchhouse Keepers' Evaluation of Condition of Person in Custody, regardless of whether or not the Police assesses the person as being in need of care/constant monitoring or in need the person.

3 A small scale stand-alone initiative-specific computer database, designed first and foremost to meet the needs of the Police consult/liaison nurse. The database specifications should be prepared in consultation with the Rotorua Police consult/liaison

nurse, and with other key professionals with whom she works. Input from an evaluator may also be helpful. It is important to identify what the reporting needs are and ensure the appropriate categories are developed to reflect the Police Consult/Liaison Nurse's activities. Once the database has been designed and implemented for a short period of time, we suggest a review to make any database improvements.

Police – Health link

Use of a common shared additional identifier would make it possible to link Police and Health data, and thus, for example, to link a person's repeat detentions with the health interventions received. However, privacy issues would need to be fully addressed first.

Appendix A: Documentation utilised by Police Consult/Liaison Nurse

The following documents were provided by the Police Consult/Liaison Nurse and Police. These can be made available to the project team if required.

Police Consult/Liaison Nurse Job Description (June 2006)

Screening and Assessment Tools (Lakes DHB)

- Mental Health Service PET /DAO Contact Form [Police Consult/Liaison Nurse will send a copy to PET with full assessment and management plan]
- Mental Health Services Consent to Treatment
- Community/Inpatient Mental Health Services Comprehensive Assessment [Police Consult/Liaison Nurse will send a copy to either CMHS or MHS Inpatient at Rotorua Hospital]
- Community Mental Health Services Prescription Sheet
- Mental Health Services Focus of Care Plan
- Risk Assessment tool 1: Current and historical record of harm to self or others
- Risk Assessment tool 2: Formulation: Pathway to harming behaviours: Pattern description
- Risk Assessment tool 3: Treatment plan and risk reduction.

Police documents

- Custody Charge Sheet (includes Watch House Keepers' Evaluation of Condition of Person in Custody
- [Treatment plan] Health and Safety Management Plan for Person in Custody
- [Treatment plan] Health Professional Record of Examination.

The 2006 Job Description for this position outlined the importance of the candidate having knowledge of the following legislation and regulations:

- Alcoholism and Drug Addiction Act 1966
- Children's and Youth Persons Act 1989
- Crimes Act 1963
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- Health and Disability Code of Consumers' Rights 1996
- Health and Disability Commissioner Act 1994
- Health Practitioners Competency Assurance Act 2003
- Human Rights Act 1993
- Lakes District Health Board Quality Framework
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Misuse of Drugs Act 1975 and Regulations 1977
- National Mental Health Sector Standards 2001

- Te Tahuhu Improving Mental Health 2005-2015. The Second New Zealand Mental Health and Addiction Plan 2005
- New Zealand Bill of Rights Act 1990
- Nursing Council of New Zealand Code of Conduct 2004
- Nursing Council of New Zealand Competencies for Scope of Registered Nurse 2005
- Official Information Act 1982
- Privacy Act 1993
- Protected Disclosures Act 2000
- Protection of Personal and Property Rights Act 1988
- Summary Offences Act 1981
- Te Ao Maramatanga New Zealand College of Mental Health Nurses Standards of Practice 2004
- Te Ao Maramatanga New Zealand College of Mental Health Nurses Advanced Competencies 2002
- Treaty of Waitangi Act 1975 and its application to the health setting.

The following legislation and policy documents were also provided by the nurse and police during the familiarization visit:

- Mental Health Service Procedure – Mental Health Services Clinical/Admin Manual
- Crimes Act 1961 41 Prevention of suicide or certain offences
- P100 – Evaluation of Persons detained in Police Custody and Prisoners (Ten-One 136/10, 290/27)
- P200 – Custodial Suicide Prevention (Ten-One 223/12, 290/27)
- P201 – Responsibilities (Ten-One 223/12, 290/27)
- P202 – Mandatory Training (Ten-One 223/12, 290/27)
- P203 – Monitoring People in Police Custody and Prisoners (Ten-One 223/12, 290/27)
- P204 – Staff Safety (Ten-One 223/12, 290/27)
- P206 – Accommodation Arrangements (Ten-One 223/13, 290/27)
- P207 – Privacy (Ten-One 223/13, 290/27)
- P208 – Suicide Attempts (Ten-One 223/13, 290/27)
- P209 – Suicidal Tendencies: Safety Alerts (Ten-One 223/13, 290/27)
- P210 – Equipment - (Ten-One 223/13, 290/27)
- Custodial Suicide Management: Annex One and Annex 2
- Custodial Management: Suicide Awareness.

Data Collection Tools

- Instructions for the Clinical Data Form v.10 – September 2005
- Mental Health Service Data Recording Form – v.1 2005 (nurse's running sheet)
- Mental Health Services Form v.1 2006 (contact and referral form)
- Police Consult/Liaison Client Contact Details.

Appendix B: Evaluation Tools

Rotorua evaluation tools

Evaluation of the Mental Health Initiative at Rotorua Police Station Information Sheet

Tena koe

The New Zealand Police have commissioned an independent evaluation of the mental health initiative currently operating in the Rotorua Police station. Since December 2001, a mental health nurse has been located at the Rotorua Police Station to assist Police with arrestees/detainees who present with mental health issues. The Police Consult/Liaison Nurse is contracted by Lakes District Health Board (DHB).

Purpose of evaluating this initiative

The evaluation will assess how the initiative is contributing to the management of arrestees/detainees with mental health and alcohol and other drug issues and the liaison between Justice and Mental Health Services. The evaluation will potentially contribute to the development of further Mental Health/AOD watch-house nurse projects, and further improvements to the Rotorua project if required.

The evaluation team

Dr Sue Carswell and Judy Paulin have been contracted by the NZ Police to conduct this evaluation.

What the evaluation involves

The evaluation will identify how the initiative is working, what is working well, what are barriers to more effective implementation and any suggestions for improvements.

To do this we will conduct a number of evaluation activities during August to October including:

- Familiarisation visit and consultation meetings
- Documentation review
- Interviews with key stakeholders
- Analysis of quantitative data collected by Police and Mental Health Services

To see whether changes in outcome measures can be attributed to the initiative or to some other competing events we will be collecting information from a comparative site. Tauranga has been chosen because it is a similar area in the same District.

We will be discussing with you in more detail what we propose to do and getting your input as to the best way to go about it.

The evaluation findings will be available in early 2008.

Contacting us

Please feel free to contact either Sue Carswell the principal evaluator or Alison Chetwin who is the Police Evaluation Manager with any questions you may have.

Sue Carswell
Email: sue@carswellconsultancy.com
Mobile: 021 167 9141
Work: (03) 312 8212

Alison Chetwin
alison.chetwin@police.govt.nz
DDI: (04) 474 9568

Evaluation of the Mental Health Initiative at Rotorua Police Station
Invitation to take part in an interview

Tena koe

The New Zealand Police, with support from the Ministry of Health, have commissioned an independent evaluation of the mental health initiative currently operating in the Rotorua Police station. Since December 2001, a mental health nurse has been located at the Rotorua Police Station to assist Police with arrestees/detainees who present with mental health issues. The Police Consult/Liaison Nurse is contracted by Lakes District Health Board (DHB).

Purpose of evaluating this initiative

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Invitation to take part in an interview for the evaluation

You are invited to take part in an interview for the evaluation. As a professional who works in this area it is important to find out your views and experience of the initiative. It is your choice whether you take part in an interview and you can also choose not to answer certain questions or stop the interview at any time.

Privacy and confidentiality

The interview is private and confidential which means only the evaluator will see your interview and your name will not be used in the evaluation report. Quotes from your interview may be used in reports without your name. However, you may be identifiable by your job position and the interviewer will ask you if you would like to check any quotes from your interview before they are used in reports.

Interview time and place

If you agree to be interviewed we will arrange a time and place that is convenient for you. Sue Carswell will be in Rotorua from the 28th – 31st August to conduct interviews. However, if none of these days suit you Sue will arrange a suitable time for a telephone interview. The interview should take about an hour and if you agree the interview will be taped for the purposes of accuracy. The tape and interview transcript will be kept confidential in a secured location and then destroyed.

What will be done with the evaluation information?

An Evaluation Report will be submitted to the New Zealand Police and the Ministry of Health later this year and the evaluation findings will be available in early 2008. The Evaluation Report will document how the Mental Health Initiative at Rotorua Police Station has been operating and identify what has been working well along with what are the barriers to more successful operation and suggested improvements.

Contacting us

Please feel free to contact either Sue Carswell the principal evaluator or Alison Chetwin who is the Police Evaluation Manager with any questions you may have.

Sue Carswell
Email: sue@carswellconsultancy.com
Mobile: 021 167 9141
Work: (03) 312 8212

Alison Chetwin
alison.chetwin@police.govt.nz
DDI: (04) 474 9568

Evaluation of Mental Health Initiative at Rotorua Police Station
Informed Consent Form

I agree to take part in an interview for the evaluation of Mental Health Initiative at Rotorua Police Station. I have had the evaluation explained to me, and I have read the Information Sheet, which I may keep for my records.

I understand that agreeing to take part means that I am willing to be interviewed by the evaluator. I have had the chance to talk about this study with the evaluator and I am satisfied with the answers I have been given.

I understand that my participation is voluntary, that I can refuse to answer any of the questions asked by the researcher, and that I can stop the interview at any time.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be in any reports about the Rotorua Mental Health Initiative. I understand that quotations from my interview may be used in reports but that my name will not be used. However, certain professionals may be identifiable by their designation and I understand that I will be given an opportunity to check my quotations.

[ ] Please tick if you would like a summary of the evaluation findings.

[ ] Please tick if you would like to check quotes
I understand that I will be given quotations from my interview for my approval before these are included in any reports on the evaluation.

Contact details:

____

____

I ______________________________ (full name) hereby consent to take part in an interview for the evaluation of the Mental Health Initiative at Rotorua Police Station.

Signature: ______________________________

Date: ______________

Evaluation of the Mental Health Initiative at Rotorua Police Station
Interview Guide for Police Consult/Liaison Nurse

Instructions for interviews

- Read through the information sheet and informed consent form with the participant and answer any questions they may have.
- If they agree to be interviewed ask them to sign the informed consent form.
- Ask the participant if they consent to the interview being taped and assure them that this will be kept confidential.
- Reassure participant that this interview is confidential.
- If the interview is not taped please take notes and provide a summary of the interview.
- This is a semi-structured interview with open questions that allow the participant to express their perspectives and share their experiences of the Mental Health Initiative at Rotorua Police Station.

Interview Questions

Police Consult/Liaison Nurse role
Initial contact, assessment and treatment planning

1. What presenting issues you become involved with? (all new arrivals or only a selection of them)
2. Can you tell be more about the assessment or screening you do?
3. What are the pathways of arrestees with mental health needs?
4. How do you work with AOD needs and AOD services?
5. How is intoxication managed?
6. How are treatment plans developed for those in Police custody on remand?
7. Can you tell me more about how you work with Police in terms of managing detainees/arrestees or those in the community.

   Prompts:
   - assisting in diversion decisions.

Education role

8. Can you tell me more about your education role?

Prompts:

- What are the main areas of education you focus on? (with Police, with CMHS)
- Do you provide any orientation for new officers arriving at Rotorua?
- Are there any areas of education that you think need to be focused on more?
- Do you think the education part of your role is well enough resourced?

Liaison role and interagency relationships

9. Generally do you think your role has facilitated interagency collaboration? If so, in what ways do you think the role has helped to do this? (explore any changes in Police/Hospital liaison, Courts and Mental Health liaison)

10. Can you tell me more about your liaison role with forensic services?

Prompts:
- Courts
- Waikeria Prison
- Inpatient

Referral processes

11. Can you explain the referral process to me?
12. Which services do you refer to?
13. How accessible and/or receptive are local services?
14. What kinds of information are given and how is it passed on?
15. How effective do you thing the referral processes are?

Prompts:
- Are there any problems with the referral process?
- How do you think this position impacts on referrals in terms of time and service delivery?
- Have you got any suggestions for improving the referral process?

Perceptions of role

16. What difference do you think your role has made for the detainees/arrestees with mental health issues?

Prompts:
- Has this position made any difference to their experience being held in detention
- How do you think this has facilitated their treatment?
- Do you think this has effected client and community safety in any way?

17. What would you identify as working well in this initiative and how does this compare to previous practice?
18. Have you found any issues or barriers to your role and delivering your service effectively?
19. Have you got any suggestions for areas where this initiative could be improved?

Resourcing

20. Are there any other resources you need to do the job well that have not been identified in the first interim report?
21. How are medications stored?
22. How is the funding of resources allocated between Police and the DHB?
23. Are there any issues in regards to resourcing?

Security

24. Is an officer present at all times with you?
25. How are situations handled when an officer is not with you?

Thank them very much for the interview.

Ensure you have contact details for participant if they would like to check quotes.

Evaluation of the Mental Health Initiative at Rotorua Police Station
Interview Guide for key stakeholders

Instructions for interviews

- Read through the information sheet and informed consent form with the participant and answer any questions they may have.
- If they agree to be interviewed ask them to sign the informed consent form.
- Ask the participant if they consent to the interview being taped and assure them that this will be kept confidential.
- Reassure participant that this interview is confidential.
- If the interview is not taped please take notes and provide a summary of the interview.
- This is a semi-structured interview with open questions that allow the participant to express their perspectives and share their experiences of the Mental Health Initiative at Rotorua Police Station.

Interview Questions

Contact with other key stakeholders

1. What contact have you had with the Police Consult/Liaison Nurse?

Education role

2. Have you received any education from the Police Consult/Liaison nurse?
3. [Police] If so, how useful was this for you when dealing with people with mental health issues?
4. [CMHS] How useful was this for you when dealing with the Police and other justice agencies?

Liaison role and interagency relationships

5. Do you think the Police Consult/Liaison Nurse role has facilitated interagency collaboration? If so, in what ways do you think the role has helped to do this? (explore any changes in Police/Hospital liaison, Courts and Mental Health liaison)
6. [Police] Do you feel more supported in dealing with people with mental health issues?

Referral processes

7. Do you receive referrals from the nurse or refer people to her at all?
8. How effective do you think the referral processes are?
9. *Prompts:*
    - Are there any problems with the referral process?
    - How do you think this position impacts on referrals in terms of time and service delivery?
    - Have you got any suggestions for improving the referral process?
10. What kinds of information are given and how is it passed on?

Perceptions of role

11. Do you think the Police Consult/Liaison Nurse position has made any difference for the detainees/arrestees with mental health issues?

Prompts:

- Has this position made any difference to their experience being held in detention?
- Do you think this has facilitated their treatment in any way?
- Do you think this has effected client and community safety in any way?

12. What would you identify as working well in this initiative and how does this compare to previous practice?

13. Have you found any issues or barriers to the Police Consult/Liaison Nurse delivering their service effectively?

14. Have you got any suggestions for areas where this initiative could be improved?

15. Resourcing

16. [Nurse, Police & DHB] How is the funding of resources allocated between Police and the DHB?
17. Are there any issues in regards to resourcing?
18. [Police & DHB] Are additional services purchased?
19. [Police] Do you think this position has helped reduce costs for police in any way?

Prompts:

- For example has this position reduced the purchase of medical assistance for detainees/arrestees with mental health issues?
- Has it reduced the cost of security guards.

20. [CMHS] Do you think there are any cost-benefits to the health system from this role?

Prompts:

- In terms of early intervention?

Security

21. [Police] Is an officer present at all times with the nurse?
22. [Police] How are situations handled when an officer is not with the nurse?

Thank them very much for the interview.

Ensure you have contact details for participant if they would like to check quotes.

Tauranga Interview Tools

Evaluation of the Mental Health Initiative at Rotorua Police Station – Comparative site analysis at Tauranga Police Station Invitation to take part in an interview

Tena koe

The New Zealand Police, with support from the Ministry of Health, have commissioned an independent evaluation of the mental health initiative currently operating in the Rotorua Police station. Since December 2001, a mental health nurse has been located at the Rotorua Police Station to assist Police with arrestees/detainees who present with mental health issues. In order to better understand what impact the Police Consult/Liaison nurse role is having we are comparing practice at Tauranga Police station. Tauranga was chosen because it was a similar size station situated within the same Police District.

Purpose of evaluating this initiative

The evaluation will assess how the initiative is contributing to the management of arrestees/detainees with mental health and alcohol and other drug issues and the liaison between Justice and Mental Health Services. The evaluation will potentially contribute to the development of further Mental Health/AOD watch-house nurse projects, and further improvements to the Rotorua project if required.

Dr Sue Carswell and Judy Paulin have been contracted by the NZ Police to conduct this evaluation.

Invitation to take part in an interview for the evaluation

You are invited to take part in an interview for the evaluation. As a professional who works in this area it is important to find out your views and experience working with people with mental health issues who have come to Police attention. It is your choice whether you take part in an interview and you can also choose not to answer certain questions or stop the interview at any time.

Privacy and confidentiality

The interview is private and confidential which means only the evaluator will see your interview and your name will not be used in the evaluation report. Quotes from your interview may be used in reports without your name. However, you may be identifiable by your job position and the interviewer will ask you if you would like to check any quotes from your interview before they are used in reports.

Interview time and place

If you agree to be interviewed we will arrange a time and place that is convenient for you. Sue Carswell will be in Tauranga on the 20th September to conduct interviews. However, it this does not suit you Sue will arrange a suitable time for a telephone interview. The interview should take about 40 minutes and if you agree the interview will be taped for the purposes of accuracy. The tape and interview transcript will be kept confidential in a secured location and then destroyed.

What will be done with the evaluation information?

An Evaluation Report will be submitted to the New Zealand Police and the Ministry of Health later this year and the evaluation findings will be available in early 2008.

Contacting us

Please feel free to contact either Sue Carswell the principal evaluator or Alison Chetwin who is the Police Evaluation Manager with any questions you may have.

Sue Carswell
Email: sue@carswellconsultancy.com
Mobile: 021 167 9141
Work: (03) 312 8212

Alison Chetwin
alison.chetwin@police.govt.nz
DDI: (04) 474 9568

Evaluation of Mental Health Initiative at Rotorua Police Station
Informed Consent Form

I agree to take part in an interview for the evaluation of Mental Health Initiative at Rotorua Police Station. I have had the evaluation explained to me, and I have read the Information Sheet, which I may keep for my records.

I understand that agreeing to take part means that I am willing to be interviewed by the evaluator. I have had the chance to talk about this study with the evaluator and I am satisfied with the answers I have been given.

I understand that my participation is voluntary, that I can refuse to answer any of the questions asked by the researcher, and that I can stop the interview at any time.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be in any reports about the Rotorua Mental Health Initiative. I understand that quotations from my interview may be used in reports but that my name will not be used. However, certain professionals may be identifiable by their designation and I understand that I will be given an opportunity to check my quotations.

[ ] Please tick if you would like a summary of the evaluation findings.

[ ] Please tick if you would like to check quotes
I understand that I will be given quotations from my interview for my approval before these are included in any reports on the evaluation.

Contact details:

____

____

I ______________________________ (full name) hereby consent to take part in an interview for the evaluation of Mental Health Initiative at Rotorua Police Station.

Signature: ______________________________

Date: ______________

Evaluation of the Mental Health Initiative at Rotorua Police Station
Interview Guide for Tauranga key stakeholders

Instructions for interviews

- Read through the information sheet and informed consent form with the participant and answer any questions they may have.
- If they agree to be interviewed ask them to sign the informed consent form.
- Ask the participant if they consent to the interview being taped and assure them that this will be kept confidential.
- Reassure participant that this interview is confidential.
- If the interview is not taped please take notes and provide a summary of the interview.
- This is a semi-structured interview with open questions that allow the participant to express their perspectives and share their experiences of processes for dealing with arrestees/detainees with mental health issues at Tauranga Police station.

Interview Questions

Current Police practice (questions for Police)

1. What are the main types of mental health issues Police come across in Tauranga?

2. Can you explain to me how you currently deal with detainees/arrestees with suspected mental health issues?

Prompts:

- Find out procedure for dealing with different types of mental health conditions e.g. suicide risk.
- What mental health services do you call on?
- Do you call on any other services like security guards?
- What are the main issues you find dealing with people with mental health issues?

3. How do you deal with alleged offenders with suspected alcohol and drug issues?

Prompts:

- How is intoxication managed?
- What are the main issues you find dealing with people with alcohol and drug issues?

Police training and education about mental health

4. How competent do you feel recognising and dealing with people with mental health issues?

Prompts:

- Do you find it easy to recognise between bad behaviour and people who have a mental health condition?
- What about recognising the difference between people who are on drugs or intoxicated and those with a medical condition including mental health issues?

5. What kind of training about mental health issues have you received?

   How about alcohol and drug issues?

6. Have you any suggestions for further training or information you would like about mental health or alcohol and drug issues, or procedures and legislation?

Police access to information about mental health clients and knowledge of services

7. If you required information about a person's mental health history/status for your inquires, who would you contact? Are there any issues obtaining this information?

8. Do you ever refer or contact a service about a person you are concerned about with mental health issues? Alcohol and drug issues? (this question relates to community policing and Police diversion)

9. Do you feel well informed enough about the services that are available in this area?

Current Mental Health Service practice with Justice clients (questions for key stakeholders in Mental Health Services)

10. What are the main types of mental health issues police come across in Tauranga?

11. Can you explain to me your role with clients who are in Police custody?

Prompts:

- Are their any issues to carrying out your role?
- Have you got any suggestions for improvements?

12. How competent do you feel Police are recognising and dealing with people with mental health issues?

Questions for all key stakeholders

Impact of detention on detainee/arrestee

13. What kind of impact do they think detention can have on mentally ill people?

14. Can you identify any areas where this could be improved?

Interagency relationships

15. What is your view of the current relationship between police and mental health services?

Prompts:

- What do you think is working well?
- Do you have any suggestions for improvement?

16. Do you know of any interagency forums Police and Mental Health Services and alcohol and drug services are involved in together in this area?

Resourcing

17. [Police] Are there any issues in regards to resourcing?

Prompts:

- What do you identify as the main costs? (police time spent monitoring prisoners and waiting for services, cost of calling on medical assistance, security guards)

18. [MHS] Can you identify any resourcing issues in the provision of mental health services to Police?

Main issues and suggestions for improvement

19. What do you think are the main issues with the way people with mental health issues are dealt with in Police custody?

20. Have you any suggestions for improvements?

Thank them very much for the interview.
Ensure you have contact details for participant if they would like to check quotes.