

The Garda Síochána and CHILD MENTAL HEALTH



AN TÚDARÁS POILÍNEACHTA
POLICING AUTHORITY



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The Garda Síochána and CHILD MENTAL HEALTH



Outline

1. Background
2. Aims and Methodology
3. Results
4. Recommendations & Future Directions



Background: Child and Adolescent Mental Health



- Approximately half of all mental illness begins by age 14 (Kessler et al., 2005; 2021).
- Irish Context - 1 in 5 youth experiencing emotional distress (Lynch et al., 2006)
 - between 8-25% engaging in self-harm (McMahon et al., 2010)
- Service access is problematic
- Distressed youth in the community and/ or presenting to emergency departments



Background: Criminalisation of the Mentally Ill



- The mentally ill are significantly overrepresented within the CJS
- Evidence of overrepresentation in Irish CSJ (Curran et al., 1999; Curtin et al., 2009)





Background: Role of GS as 1st Responders

- Increased involvement of GS in MH crisis events (Commission on the Future of Policing in Ireland, 2018)
- The GS respond to calls for assistance 24 hours a day - 365 days a year.
- Police officers perceive MH crisis callouts as problematic (Watson and Fulambarker, 2012)





Research Aims

- I. Explore Garda members' perceptions and experiences of the systems in place to manage crisis MH situation involving children.
- II. Obtain expert insight from interviews with key stakeholders regarding their experiences of pathways to child and adolescent psychiatric care involving the GS.
- III. Identify the opportunities and challenges associated with the pathways to child and adolescent psychiatric care via the criminal justice system from the perspective of the Garda members.





Methodology: Phase 1

Semi-structured research interviews were conducted with a sample of Garda members (N= 18)

Sex	Age	Years of Service	Rank
Female: 4	Range: 26-44	Range: 2-23	Garda: 13
Male: 14	Mean: 35.5		Sergeant: 14





Methodology: Phase 2

Semi-structured research interviews were conducted with a sample of other professional stakeholders (N=11) involved in the care pathway under investigation

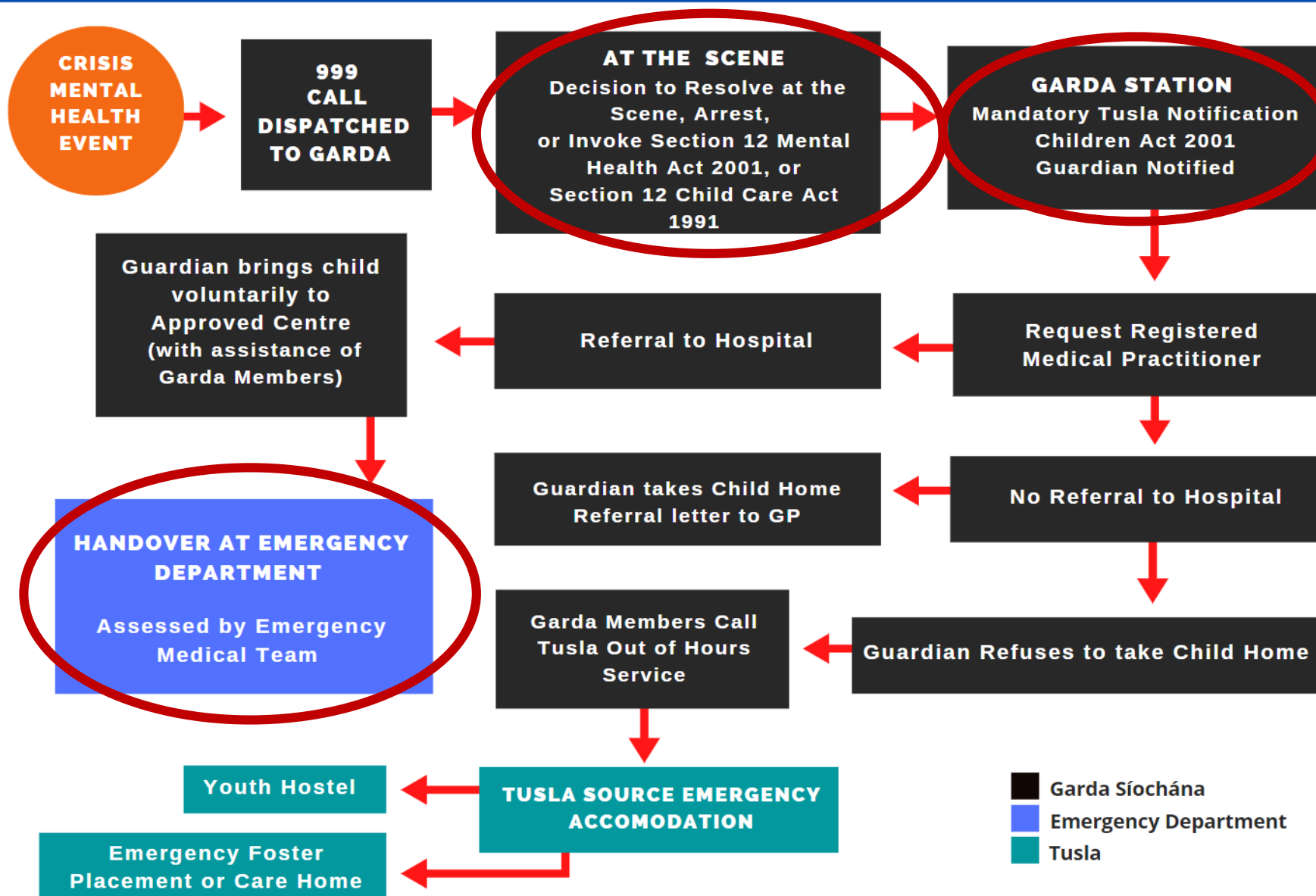
Sex	Age	Years of Service	Profession
Female: 9	Range: 28-56	Range: 3-32	Consultant Child and Adolescent Psychiatrist: 2
Male: 2			Paediatric Emergency Department Doctor: 2
			Paediatric Emergency Department Nurse: 5
			Psychiatric Clinical Nurse Specialist: 1
			Senior Social Work Practitioner: 1





The Pathway...

GARDA MEMBER CONTACT THROUGH TO MENTAL HEALTH ASSESSMENT: CHILD AND ADOLESCENT PATHWAY





The Scene: Behavioural Presentations

*“It could be that the child has locked themselves into a bathroom or bedroom and you can hear them tossing stuff around... Shouting threats of violence”
[GARDA].*

*“A 16-year-old girl and she was on top of a bridge in (place name) ...she said that she wanted to die”
[GARDA]*





The Scene: Practice



“We've a lot of young Guards here at the minute, I would always kind of tell them, find a comfort zone within the house and that may be the child's bedroom...it might be a particular toy, or it might be a particular item of clothing or a blanket or something, and then get the situation to where it's a relatively calm level and then try and talk the whole matter through. And like we don't receive any formal training in that... you're learning as you go and what you think at that time” [GARDA]





The Scene: Challenges

“We need more training and support, in a situation like that we are going off our own experience. We are constantly assessing the situation and making judgement calls – using our common sense because we don’t have a clear-cut procedure. For that reason, it puts us under a lot of pressure – we want to know we are doing the right thing and not making things worse.” [GARDA]



The Station: “A Place of Safety”

“We as Guards aren't medical professionals so if we made a judgement call to bring someone back here under the Mental Health Act, it's because we think they are a danger to themselves or to others. That we think if we leave this person here, they could do something to themselves and it could be fatal so that's why I'm bringing them back... We call the Doctor, and of course the Doctor could talk with him and say look, that's grand. He's ok, there's no issues there, this, that and the other. I have to go with what the Doctor says then” [GARDA]





The Station: Challenges

- Logistics & Resources

“Like we make do- we go to the kitchen, we will get the lads on break here to go and have a break in a different station and kind of use community Guards to entertain the child, you know it’s not an ideal place, but it is the only place that is available” [GARDA]

- Safety

“I stepped out of the Doctor’s room here in the station for a second and [a child] tried to hang themselves. When I stepped back in they had taken off [a piece of clothing] and wrapped it around their neck... We had to go and get a ligature knife to remove that, I remember when we were screaming for help and they were on the ground, their lips and nostrils were blue.” [GARDA]



The Paediatric Emergency Department

“There's no specific protocol that I'm aware of but often they would just ring, look we're on the way with such and such a child, X, Y and Z has happened and they might just let us know so that we can prepare a space, they'd have to check the child in, bring the child through, now more often than not it's the Guard that brings the child through directly to us and, one of us triage nurses or whoever will kind of handle the registration process.” [Nurse]





The Paediatric Emergency Department: Challenges

- Clinical Setting

- Legislation

- Protocol - Restraint

"I need to know where my role begins and ends. I also need to know where and when it gets to the point where another professional is obliged to take over and is in charge. Currently, that is not clear, it needs to be in black and white."

[GARDA]

- Good rapport...despite challenges





So what?



1. Garda members felt significantly undertrained
2. Garda members employ informal practices to mitigate distress
3. Psychological Burden
4. Crisis Intervention
5. An appropriate environment for assessment and treatment
6. Interagency working





Recommendations



1. Specialist Education and Training
2. Youth Focused Protocol and Procedure
3. Developing Interagency Relationships
4. Crisis Intervention
5. Garda Wellbeing
6. Future Research



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