



Garda Representative Association

Floor 5, Phibsboro Tower, Dublin 7 Tel: (01) 830 3533   @gardarep  mail@gra.ie

Statement Re: Policing Authority Report entitled:

Garda Síochána and Child Mental Health: An Investigation Of Pathways To Crisis Mental Health Care*

*(*Key Findings, Conclusions & Summary of Recommendations included below)*

Brendan O'Connor, Vice President, The Garda Representative Association

“The GRA welcomes this report which gives an insight into how Gardaí are increasingly finding themselves responding to and managing crisis situations that involve mental health.

“The focus of this report is specifically on issues surrounding children but the experience of our members is that the problems highlighted exist across the entire age range. These are very serious incidents and it is not uncommon for Gardaí to be in attendance where there is serious risk of suicide and self-harm.

“Gardaí are not equipped with the training needed to help those in crisis and dealing with such situations can be traumatic and distressing for our members also. We believe Garda management need to engage with the health authorities to draw up clear, easy to follow protocols that clearly define the role and responsibility of each agency, and provide adequate training to support these.

“We cannot say that is shocking that members are not trained as this is indicative of an attitude towards training in An Garda Síochána where the people we represent are tasked with dealing with issues of the utmost importance with little or no training. Despite this lack of training our members will continue to find themselves and their decision making scrutinised and investigated rather than the inadequate organisational procedures, directives and guidelines that are currently in place.”

KEY FINDINGS OF REPORT:

- Garda members demonstrated a great deal of care and thoughtfulness towards the children they encountered, particularly in the context of a MH event. This was evidenced by the high level of compassion, patience and understanding described by participants in their accounts of managing crisis MH call outs. Findings revealed that the child's best interests seem to be at the forefront of Garda members' minds.
- Garda members and Medical Professionals felt that the Mental Health Act 2001 provides them with little guidance when it comes to managing a youth crisis MH event. In particular, participants felt the Mental Health Act 2001 lacks clear provisions regarding the practical application of the act to persons under 18 years of age.
- The lack of youth specific provisions in the Mental Health Act 2001 meant that Garda members were not always confident using it in the context of a youth MH crisis event. As a result, some Garda members described addressing the criminal aspect of the call out (i.e. a public order offence) and they opted to use the criminal law as a means of bringing the child back to the station for assessment by a Doctor. Such findings provide evidence for the unintentional criminalisation of children during a MH crisis callout within the Irish context.
- All 18 Garda members interviewed were unaware of any specific protocols or HQ Directives to guide practice when attending a crisis MH call out involving a child. This perceived lack of formal guidance was a source of significant apprehension and uncertainty for members managing MH crisis incidents at the scene, the Garda Station, and/or the Emergency Department.
- All Garda members interviewed for this study felt strongly that the Garda Station is not the appropriate place to manage a child experiencing a MH crisis. Such sentiments were based on concerns about their ability to ensure the child's safety, the lack of an appropriate room/space to accommodate children in a distressed state, and the potential to cause further psychological distress to the child and their guardians.
- All Garda members felt significantly undertrained in matters of MH and neurodiversity, and ill equipped to manage children experiencing a crisis MH event.
- In the absence of specialist training and formal procedure, Garda members reported employing numerous informal practices to mitigate the distress experienced by children and their guardians, such as making environmental accommodations at the scene/station, offering to have a follow-up call with parents/carers, adopting an age-appropriate interaction style, and involving children and their guardians in the decision-making process.

Participants described such practices as being learned on the-job and informed by common sense, but expressed a wish for more formal and structured training.

- Garda members described an undercurrent of dread and fear when dealing with individuals under 18 years, particularly in the context of a crisis MH call out. These negative emotions were related to a perceived lack of knowledge, feeling professionally ill-equipped to deal with such cases, and fear that they might make the situation worse as a result.
- Garda members were fearful about the personal, family and professional implications of their actions, and often carried these anxieties with them well beyond the crisis event itself.
- All participant groups (Garda members, Medical Professionals, Social Worker) expressed concerns about the management of MH crises by the Garda Síochána alone, in the absence of other supports.
- All professionals interviewed for this study referred to the lack of an appropriate environment to assess and treat children experiencing a crisis MH event. The multiple settings and professional bodies involved mean that children and their parents/carers must endure a disjointed and drawn-out care pathway that has the potential to exacerbate their distress.
- A high level of mutual respect and camaraderie was detected across professional groups. However, a lack of detailed understanding regarding the nature of each individual's and organisation's role, along with the legislative and bureaucratic parameters within which each professional works, were highlighted as major instigators of interagency tension and conflict. Participants believed that increased interagency training could be a game changer in terms of strengthening interagency rapport, which would in turn enhance future collaborative working, information sharing, and communication.

CONCLUSIONS:

This study reveals that children and adolescents who experience mental illness in Ireland represent a neglected cohort when it comes to policy and planning of care pathways. It also demonstrates that the resource requirements of Garda members acting as frontline personnel, responsible for providing emergency care services to this vulnerable group are similarly overlooked. Insufficient training, a lack of procedural guidance, and an absence of clear youth-focused MH legislation all emerged as significant challenges for Garda members. They described feeling as though they are stumbling around in the dark when faced with crisis MH call outs. In the aftermath of crisis mental health call outs involving children, Garda members described

feeling fearful and unsure about the validity of their decision-making, are cognizant of personal and organisational responsibilities to these children, and plagued by the 'what ifs' of the case well past case resolution. These findings identify child and adolescent crisis mental health events as source of significant psychological burden for Garda members.

SUMMARY OF RECOMMENDATIONS:

Specialist Education and Training: Implement an education programme for new Garda recruits and qualified Garda members that specifically focuses on the child/family-officer interaction, communication and positive engagement. Psycho-education on child and adolescent mental health in general and crisis presentations specifically, including the area of neurodiversity, were considered essential to better equip Garda members. Mental health training should be developed and delivered collaboratively with frontline Garda members with experience in the field and with mental health experts.

Providing Information to the Public: Develop an information leaflet containing a list of MH resources and services that are available to parents/carers and children. This resource should be made available for distribution by professionals working on the frontlines of youth crisis MH events.

Youth Focused Protocol and Procedure: Establish an interagency protocol that maps out the crisis MH care pathway and provides a clear definition of the roles, jurisdiction, and responsibilities of each professional/agency.

Developing Interagency Relationships: To alleviate friction and promote interagency rapport, communication, and information sharing between the GS, Tusla and Medical Professionals, efforts should be made to increase opportunities for structured interagency engagement, such as joint training.

Crisis Intervention: Explore the feasibility of rolling out a multi-agency Crisis Intervention model of care for adults and children, specifically designed for crisis MH management as outlined in the report published by the Commission on the Future of Policing (2018). The recent launch of a pilot crisis intervention programme within the Limerick Garda Division is a welcome step towards this goal. It is recommended that careful consideration be given to the pilot programs applicability to youth crisis MH events.

Garda Wellbeing: Consideration should be given to how current GS systems and procedures may be improved to alleviate Garda member stress and burden. This may be achieved by locating gaps in knowledge and procedure, and adopting a collaborative bottom-up approach involving key stakeholders (e.g. first responders) to update policy and procedure in a way that is beneficial for the organisation, its members and the public.

Future Research: Further inquiry is needed to understand the intricacies of these complex encounters between the GS and children in crisis. Specifically, a nationwide study with a representative sample of Garda members, General Practitioners, Emergency Department Medics, and Social Workers is required to provide a comprehensive understanding of youth crisis MH pathways, from contact with the GS through to MH assessments and treatment. Future research exploring the experiences of the children and families who have had contact with the GS because of a youth crisis MH event is also essential to ensure that the perspectives of all parties are represented and explored.

Useful Links:

<https://www.rte.ie/documents/news/2021/11/the-garda-siochana-and-child-mental-health-final.pdf>

<https://www.irishtimes.com/news/crime-and-law/over-reliance-on-garda%C3%AD-in-mental-health-crises-sees-children-criminalised-report-1.4718491>