

Examining How Police Respond to People Experiencing  
Mental Distress in Christchurch, Aotearoa New Zealand

Madeline Hayward

2025

School of Clinical Sciences

A thesis submitted to

Auckland University of Technology

in fulfilment of the requirements for the degree of Doctor of Philosophy

## Abstract

This thesis joins a growing body of research interrogating the role of police as default responders to people experiencing mental distress. There has been little research into how interactions between police and people experiencing mental distress occur in Aotearoa New Zealand and how the preventative operating model of the New Zealand Police is interpreted by police officers in this context.

Two bodies of data informed this research. The first was generated through interviews with four people who had lived experience of interacting with the police while in mental distress. The second was generated through an ethnographic case study of policing (including ride-alongs, focus groups, and interviews) in Christchurch, a city that has experienced multiple unprecedented traumatic events. Frontline officers and officers working on specialist teams were included.

The findings informed by people with lived experience were analysed inductively. This led to the identification of nine domains in the data: 'threats, coercion, and force', 'intimidation and fear', 'demeanour of the police', 'involuntary contact with the mental health system', 'support', 'information', 'who you interact with and who you are', 'loss of faith in the police', and 'envisaging improvements'. These domains predominantly spoke to traumatic and negative experiences with the police. One participant had positive experiences with the police, however, she reflected that this may have been due to her privilege.

The findings informed by the case study of policing were analysed using thematic analysis. This led to the development of one overarching theme: tension. Conceptually, tension centred around participants' and others' mismatched expectations about the role of police (in responding to people experiencing mental distress and more broadly). Four types of expectations were discussed by participants: participants' expectations about the role of police, participants' expectations of health services, the organisation's expectations of officers on the ground, and the public's expectations of the police. Additionally, tension arose from conflicting views among participants. Tension also referred to the challenges that officers experienced in their day-to-day work responding to people experiencing mental distress. The challenges discussed by

participants were a grey zone created by legislation, their training, features of the New Zealand Police organisation, and the post-disaster context of Christchurch.

Comparing the findings from both participant groups led to a strong consensus that the role of police in responding to people experiencing mental distress needs to be reduced, for the sake of police and citizens alike. People experiencing mental distress are having traumatic experiences with the police, and police are finding themselves strained by an unbounded role. The thesis offers several ways of streamlining the role of police: through a co-response model, the development of non-police response models, and investment away from the police force and into mental well-being. Where police do remain involved in these responses, their training must reinforce ways of interacting with citizens to mitigate their distress and conceptualise this as a form of prevention.

## Contents

Abstract .....	i
List of Figures .....	vi
List of Tables.....	vii
List of Appendices .....	viii
Attestation of Authorship .....	ix
Acknowledgements.....	x
Ethics Approval.....	xiii
Chapter 1 Introduction.....	1
1.1    Context .....	2
1.1.1    Police responses to people experiencing mental distress.....	2
1.1.2    My position .....	6
1.2    The setting of the research .....	9
1.2.1    Christchurch .....	9
1.2.2    Aotearoa’s mental health system .....	11
1.2.3    The New Zealand Police .....	12
1.2.4    The global context.....	16
1.3    Research focus .....	17
1.3.1    Methodological and analytical approach.....	17
1.4    Structure of the thesis.....	18
Chapter 2 Literature Review .....	20
2.1    Introduction .....	20
2.2    Methodology.....	20
2.3    Part one: Police responses to people experiencing mental distress .....	21
2.3.1    Challenges for people who have interacted with the police while experiencing mental distress .....	22
2.3.2    Positive experiences and procedural justice.....	26
2.3.3    Challenges for police .....	27
2.3.4    Challenges for the New Zealand Police organisation .....	34
2.3.5    Response models and interventions.....	36
2.3.6    Part one conclusion.....	43
2.4    Part two: The post-disaster context.....	44
2.4.1    Citizen experiences of disaster .....	44
2.4.2    Police experiences of disaster.....	46
2.4.3    Shared trauma.....	48
2.4.4    Part two conclusion.....	50
2.5    Conclusion .....	51



Chapter 3 Methods .....	52
3.1 Introduction .....	52
3.2 Design.....	52
3.2.1 Reflexivity.....	55
3.2.2 Rigour .....	57
3.2.3 Co-production .....	58
3.2.4 Cultural approaches .....	60
3.3 Research strategies .....	61
3.3.1 Lived experience interviews.....	61
3.3.2 Ethnographic case study of policing .....	71
3.3.3 Ride-alongs.....	75
3.3.4 Focus groups .....	82
3.3.5 Key informant interviews.....	85
3.3.6 Informal interviews .....	88
3.4 Analysis.....	88
3.4.1 Data contributed by participants with lived experience .....	88
3.4.2 Data contributed by police participants .....	90
3.4.3 Bringing the data together .....	97
3.5 Conclusion .....	98
Chapter 4 Findings From Participants With Lived Experience.....	99
4.1 Introduction .....	99
4.2 Domain summaries .....	100
4.2.1 Domain one: Threats, coercion, and force .....	100
4.2.2 Domain two: Intimidation and fear .....	102
4.2.3 Domain three: Demeanour of the police.....	104
4.2.4 Domain four: Involuntary contact with the mental health system .....	105
4.2.5 Domain five: Support .....	106
4.2.6 Domain six: Information .....	108
4.2.7 Domain seven: Who you interact with and who you are .....	110
4.2.8 Domain eight: Loss of faith in the police .....	111
4.2.9 Domain nine: Envisaging improvements .....	113
4.3 Conclusion .....	115
Chapter 5 Findings From Police: Part One – Tensions.....	117
5.1 Introduction .....	117
5.2 Overarching theme: Tension.....	117
5.3 Individual role.....	118
5.4 Health services .....	126
5.4.1 Positive relationships with health services.....	135
5.5 Police organisation.....	136
5.5.1 Opportunities away from the frontline.....	139
5.6 Public.....	145

5.7	Conclusion .....	148
Chapter 6 Findings From Police: Part Two – Challenges.....		150
6.1	Introduction .....	150
6.2	A grey zone.....	150
6.3	Training.....	154
6.4	Features of the organisation.....	156
6.5	Post-disaster Christchurch .....	159
6.6	Feeling powerless.....	161
6.7	Conclusion .....	163
Chapter 7 Discussion .....		164
7.1	Introduction .....	164
7.2	Findings from participants with lived experience.....	165
7.2.1	The importance of a trauma-informed humanistic approach .....	166
7.2.2	Inequitable experiences .....	167
7.3	Findings from police .....	169
7.3.1	Navigating tension .....	169
7.3.2	Role strain .....	170
7.3.3	Contending with expectations .....	171
7.3.4	Consequences of role strain.....	175
7.4	Comparison between citizen findings and police findings .....	178
7.4.1	Deepening understandings of ‘Prevention First’ and ‘Trust and Confidence’ .....	178
7.4.2	Tensions are felt on both sides .....	179
7.4.3	Challenging police assumptions about mental health legislation .....	180
7.4.4	Shared aspirations.....	181
7.5	The future.....	181
7.5.1	More response options for people experiencing mental distress.....	181
7.5.2	Investment into mental well-being.....	184
7.5.3	Defunding the police.....	184
7.6	Strengths, limitations, and future research.....	186
7.7	Conclusion .....	190
References.....		193
Appendices.....		219

## List of Figures

<b>Figure 1</b> Preliminary Diagram Representing My Findings .....	93
<b>Figure 2</b> Identifying Tensions Within the Data .....	95

## List of Tables

<b>Table 1</b> Semi-Structured Schedule for Citizen Interviews .....	66
<b>Table 2</b> Semi-Structured Focus Group Schedule .....	84
<b>Table 3</b> Semi-Structured Schedule for Interviews .....	87

## List of Appendices

<b>Appendix A</b> Ethics approval .....	219
<b>Appendix B</b> Tools for lived experience data collection .....	221
<b>Appendix C</b> Tools for police data collection .....	227
<b>Appendix D</b> Ride-along protocols .....	235
<b>Appendix E</b> Recruitment presentation .....	246
<b>Appendix F</b> Transcriptionist's confidentiality agreement .....	252
<b>Appendix G</b> Rachel's narrative .....	253

## Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature \_\_\_\_\_ Date 22/10/2024

## Acknowledgements

First and foremost, I want to acknowledge my supervisors, Jacquie, Katey, and Sarah. I don't think I ever told you this, but when I came across the advertisement to join this project as a PhD student, the colleague who showed it to me was an admirer of each of your work. She said I had to apply because you were all exceptional. You quickly proved her right.

Thank you for your commitment to doing research that helps people. Thank you for guiding me through this project and holding space for all the emotions that came with it. Thank you for teaching me that the emotions were something to embrace. I can honestly say that I came out of every supervision meeting feeling calmer and more capable than I did going into it, which I think is amazing. That is a testament to all the support, encouragement, and advice you gave me. Thank you for pushing me to go deeper with my analysis even though it was out of my comfort zone. Outside of the comfort zone is where growth happens, and you have undoubtedly helped me grow in my research, writing, analysis, critical thinking, and introspection.

I want to also acknowledge my Honours supervisor, Gareth, for shaping the foundations of who I am as a researcher. Among many things, I've brought with me from Honours a commitment to state the assumptions underpinning my thematic analysis and to work alongside communities with empathy, respect, and self-awareness.

I would like to thank all the New Zealand Police staff who helped me complete this project. Thank you for granting me access to collect data in Christchurch, and for making me feel welcome from my first day there. Thank you also for funding the travel and accommodation for my fieldwork.

I would also like to acknowledge the Marsden Fund, which funded the national project my PhD was part of.

To Dave, thank you for assisting me with the interviews and telling me you were always happy to help – that the only token of appreciation you'd be willing to accept

was a chocolate fish. The next time I see you I will have plenty of chocolate fish for you, and that's a promise!

To Tracy, my transcriptionist, and Nina, my proofreader. Thank you for your services, which saved me countless hours. I would like to also acknowledge Sue Knox for her guidance on formatting.

To Kiri – or I should say now, Dr Hunter! I'm so grateful we went through this journey alongside each other. It was so reassuring to touch base with you and I appreciate all your kind words of support along the way. You impress me so much with your grit and I look forward to being continually impressed by your post-PhD life.

Thank you to my support crew of PhD colleagues at AUT, and particularly to Ruth, for getting our support group together and making sure no one was going it alone. Thank you to the staff at AUT. I want to particularly acknowledge the help I received from the wonderful Anaise and Annalise throughout the process of doing the Three Minute Thesis competition.

To all the flatmates I've lived with these past years, who've graciously heard me whinge about my daily woes and celebrated my successes, I can't thank you enough. Especially Kate, for making me feel less alone while we've grappled with the many ups and downs that come with doing a PhD. I can safely say this process would have been much harder if I hadn't been able to vent to you and get your excellent advice. I meant what I said – the students are lucky to have you!

To all my friends. Your constant support means the world. Thank you for making sure I had plenty of moments of fun over the last few years. I need to particularly acknowledge Meg, Georgie, and Nerys, because I don't think there was a single day during my PhD where we didn't talk. Our group chat is my diary, my therapy, my sounding board, my complaints line, and my comic relief. Thank you. Every step of this journey was immeasurably easier knowing that unlimited love and support was only ever a message away. I am so grateful for you and I very much look forward to messaging you every day for the rest of our lives.

To Li. We met during the second year of my PhD, and after that, even the hard days became good days. Thank you for filling all our day-to-day moments, like cooking



dinner or going to the supermarket, with joy and laughter. Thank you for making any worry seem smaller and more manageable by listening patiently when I shared it with you, even when I'd told you about it a million times before. Thank you for always cheering me on and reminding me that I am capable. Thank you for making my life easier in so many ways. In return, I promise I'll use my newfound free time to play board games with you.

To my family. Emily and Anna, thank you for your constant encouragement and always being there whenever I needed to talk. Thank you for making every trip home so comforting and restorative. Mum and Dad, thank you for everything. Thank you for making it easy to try new challenges because I know you are behind me every step of the way. Thank you for looking after me. I know that at any point, I could have come home if I needed to, or you would have flown to Auckland at the drop of a hat if I needed you to. Thank you for the generosity and selflessness you show us kids. Any accomplishment I have ever had is because of your love and support.

Finally, thank you to all my participants. Thank you for trusting me and sharing your experiences with me. I hope this research does them justice.

## Ethics Approval

The research procedures were approved by the Auckland University of Technology Ethics Committee (Applications 21/390 and 21/87).

## Chapter 1 Introduction

The police, globally and in Aotearoa New Zealand, are frequently and increasingly situated at the forefront of responding to people experiencing mental distress in the community. This is a situation that is posing challenges for people experiencing mental distress and police alike. My research, presented in this thesis, was part of a national research project seeking to identify how these interactions are happening in Aotearoa. Our research is among the first to explore this topic in Aotearoa and the first local research to simultaneously consider the perspectives of police and people with lived experience of these interactions.

The aim of my research was to explore how police are interacting with people experiencing mental distress in Christchurch, Aotearoa. I developed four research questions to meet this aim:

- I. How are police interacting with people experiencing mental distress?
- II. How are police responses to people experiencing mental distress shaped by preventative policy objectives?
- III. What are the experiences of people who have interacted with police while experiencing mental distress?
- IV. How might the traumatic events of the past decade (i.e., earthquakes, terror attacks, and COVID-19 pandemic) have affected these police-citizen interactions in Christchurch?

The first part of this introduction chapter provides context for why I chose these research questions. I begin by briefly providing an overview on the historical context of these interactions and the challenges they can pose for people experiencing mental distress and police officers. Following this, I discuss my position as the researcher, outlining the experiences and motivations that drew me to this topic.

In the next part of this chapter, I discuss where this research was set. This includes sections about Christchurch, the New Zealand Police organisation, and global contexts. I then provide an overview of my methodological and analytical approach to the research. The final part of this chapter outlines the structure of my thesis.

## 1.1 Context

### 1.1.1 Police responses to people experiencing mental distress

In Aotearoa, during the 2022/23 financial year, the police responded to 77,043 mental health-related events, involving a person having a mental health crisis, in distress, or threatening suicide (New Zealand Police, 2023a). The number of these jobs has increased 64% in the last five years. The New Zealand Police predict that they will continue to increase, which they attribute to the impact of social stressors in Aotearoa, including the COVID-19 pandemic and its ongoing impacts (New Zealand Police, 2022a).

#### Terminology

The police might interact with someone experiencing mental distress in a variety of circumstances. The New Zealand Police have two job codes, '1M' and '1X', that specifically refer to jobs where mental health is the main issue.<sup>1</sup> 1M refers to non-criminal events where mental distress is a factor. 1X refers to events related to suicide (Li et al., 2020). The 1M and 1X codes could involve someone who may or may not have a diagnosed mental illness. They capture a spectrum of events, ranging from a crisis event to a concerned neighbour requesting a welfare check.

However, other types of jobs can also involve interactions with people experiencing mental distress. Such other job types could include, for example, someone who is the victim or witness of a crime, someone who has been in a car crash, or someone who is experiencing family harm.

In this thesis, I use the term 'people experiencing mental distress' to capture a wide range of people to whom this descriptor can refer. This term is intentionally people-first; my focus is on the people that police respond to, not the jobs. At times, I use the term 'citizen'. This is used to refer to non-police members of the public (irrespective of whether they are legal citizens of Aotearoa). The ethics documents for my research, which were produced during the earlier stages of the project, use the term 'citizens experiencing mental distress' as the primary terminology rather than 'people

---

<sup>1</sup> Police jobs are subjectively 'coded' based on a determination about what the main feature of the job is. This is typically first decided by the 111 call-takers or dispatchers. Police who then respond to the job can recode it if they feel another code would be more accurate.

experiencing mental distress'. I ultimately shifted away from using this term after reflecting that the term 'citizens' may have been isolating to potential participants who are not legal citizens of Aotearoa. However, at times it has been useful to use the term citizens to make a distinction between police participants and non-police participants.

The decision to use the term 'mental distress', not 'mental health' or 'mental health crisis' is intentional. This term 'mental distress' reflects that the police may be interacting with someone who is distressed but does not have a mental health diagnosis. I conceptualise mental distress as arising from diverse intersecting stressors, such as health, economic, and sociopolitical stressors (Gluckman, 2017). A recent government enquiry into mental health and addiction in Aotearoa suggested that mental distress should be viewed as a "recoverable social, psychological, traumatic, spiritual or health disruption" (Government Inquiry into Mental Health and Addiction, 2018, p. 93). Using inclusive language allows people to self-define what the experience of mental distress means to them.

Additionally, using inclusive language is important because it is a misconception that people with mental illness are the only people who interact with police while experiencing mental distress (Frederick et al., 2018). In Aotearoa, police are often interacting with people who are not engaged with mental health services (Holman et al., 2018). Inclusive language also reflects that someone may be distressed when they interact with the police, but not experiencing a mental health crisis. The majority of international research in this field focuses on mental health crises, leaving non-crisis distress understudied. In Aotearoa, lower-priority<sup>2</sup> 1M calls are disproportionately driving the increased demand upon police (Li et al., 2020). It is important to use language that speaks to the spectrum of mental distress that people are experiencing when responded to by the New Zealand Police.

#### Historical context and prevailing factors

Police have long-standing involvement with people experiencing mental distress. Seminal United States-based research in the 1960s began to draw attention to the role of police responding to people experiencing mental distress in the community. Bittner

---

<sup>2</sup> Police jobs are in the same way subjectively assigned a priority from 1-4, where '1' is the highest priority and '4' is the lowest priority.

(1967a) researched how police were stepping into this role, for example, by making referrals for emergency psychiatric care. It was recognised through ethnographic research that this role, termed “streetcorner psychiatrists” (Teplin & Pruett, 1992, p. 139), posed challenges for police (Bittner, 1967a; Teplin & Pruett, 1992). Police had to use a great deal of discretion in deciding the best way to handle these interactions, which they felt insufficiently trained for (Bittner, 1967a). The frequency of these interactions rose with the closing of large psychiatric hospitals over recent decades and community mental health support often failing to meet the needs of citizens (Dawson & Gledhill, 2013; Lurigio et al., 2008).

Police are still filling a role as first responders to people experiencing mental distress. Police are on-call 24/7, unlike crisis mental health services such as the Crisis Assessment Teams in certain regions of Aotearoa (Te Whatu Ora, 2024). Mental health services may also be inaccessible to a person due to geography, lack of available transport, or the person being deemed by mental health clinicians as not urgently needing specialist mental health care. In Aotearoa, there generally exists a lack of wrap-around services to provide people with diverse well-being support in the community. When these services do exist, they are often under pressure. Consequently, they are often inaccessible, for example, due to long wait-times or restrictive criteria for access (Government Inquiry into Mental Health and Addiction, 2018). So, people may not receive support before reaching a point of significant mental distress, and police may be the only available service at that time.

Police also typically hold legal powers that perpetuate their presence in interactions with people in mental distress. In Aotearoa, police have powers under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (hereafter referred to as ‘the Mental Health Act’ or ‘the Act’) . Section 109 of the Act gives police the power to transport someone they believe to be “mentally disordered”<sup>3</sup> to a place (e.g., emergency department, police station, or mental health facility) to be assessed by a mental health professional. This section applies to “mentally disordered” people in public places, but not on private property. Section 38 of the Act requires police to

---

<sup>3</sup> Here I am using the language of the Act.

assist Duly Authorised Officers<sup>4</sup> (hereafter, 'DAOs') to transport people under the Act to a place for assessment.

There are other legal powers that police may exercise in interactions with people experiencing mental distress. Under Section 14(1) of the Search and Surveillance Act 2012, police can enter private property without a warrant and take action to prevent a risk to life or safety. Under Section 41 of the Crimes Act 1961, anyone (i.e., including police officers) is empowered to use justifiable force to prevent suicide.

### Challenges of these interactions

Interactions between police and people experiencing mental distress are fraught. Though the experiences of citizens were not explored in early literature, we can surmise that police officers' uncertainty about how to resolve situations would likewise leave citizens feeling uncertain about how the police would interact with them. More recently, in international and Aotearoa-based research, people with lived experience have reported that police interactions can serve to elevate their distress (Boscarato et al., 2014; Hunter, 2023; Livingston, Desmarais, Verdun-Jones, et al., 2014; Watson et al., 2008). People experiencing mental distress are often detained in police custody, which is a distressing and high-risk environment for harm (Boscarato et al., 2014; Chappell & Ryan, 2017; Cummins, 2008; Independent Police Conduct Authority, 2015).

It has also been established that police often use force when they are responding to people experiencing mental distress, internationally and in Aotearoa (Fuller et al., 2015; Holman et al., 2018; Livingston, Desmarais, Verdun-Jones, et al., 2014; Saleh et al., 2018). An independent panel examining equitable policing in Aotearoa recently published data illustrating that more than half of all police Taser usage occurs when they are responding to people experiencing mental distress (Understanding Police Delivery Independent Panel, 2024). For people in mental distress, police contact often features in their pathway to first or continued contact with the mental health system, but this can be coercive and intense (Bradbury et al., 2017; Holman et al., 2018; Lamb et al., 2002; Livingston, 2016). People with lived experience of mental distress largely report that they do not wish to interact with the police when they are distressed, but

---

<sup>4</sup> Duly authorised officers (DAOs) are usually senior psychiatric nurses who are empowered to make applications and arrange assessments under the Mental Health Act.

alternative options are often not available (ActionStation, 2020; Boscarato et al., 2014; Hunter, 2023; Pope et al., 2023; Roguski & Chauvel, 2022).

Nonetheless, positive interactions with the police have been reported in lived experience research, particularly when police treat people with dignity and respect, allow them voice, and conduct a transparent decision-making process. These sorts of positive interactions are in line with an interaction framework known as procedural justice (Watson et al., 2010), which is further discussed in Chapter Two (p. 27).

These interactions necessitate de-escalation and discretion, which often fall outside of police officers' training. Complicating this is the fact that police are often facing a decision about whether to employ a legal mandate or find an informal resolution when they interact with people experiencing mental distress, leading researchers to use the term "grey zone" to describe this sort of police work (Wood et al., 2017, p. 81). Police officers, historically and in recent Australian research, have expressed that responding to people experiencing mental distress is misaligned with what they think of as real police work (Miles-Johnson & Morgan, 2022; Reiner, 1992). In Aotearoa, this tension between responding to people experiencing mental distress and other police jobs is also evident. The New Zealand Police have reported that the increasing demand of mental distress-related jobs is pressuring their organisation's limited resources. In the 2020/2021 financial year, police provided data showing that around half of all mental health call-outs had to be cancelled because police were unable to respond (New Zealand Police, 2021). The New Zealand Police have also expressed concern that their staff's ability to respond to other types of jobs is being negatively affected (New Zealand Police, 2022a). The concepts of tension and misalignment with real police work are reintroduced later in this thesis, as they are highly relevant in the context of my findings.

### 1.1.2 My position

I came to this research with an awareness that police were often responding to people experiencing mental distress, though I have never experienced being either party in one of these interactions. Prior to this research I had never interacted with the police, and growing up I had never really been told that the police were anything but helpful and trustworthy. My personal contact with the mental health system, intermittently



seeing counsellors throughout my time at University, has not featured any experiences that I would consider traumatic or involuntary. My awareness of police responses to people experiencing mental distress, and my motivation to research this topic, were shaped by two main experiences.

Several years ago, when I was an undergraduate psychology student, I became a volunteer helpline counsellor for a youth mental health organisation. We were trained about how to communicate with people – for example, using empathy, a warm tone of voice, active listening, and de-escalation. When we were contacted by people who were suicidal, we were trained about how to do a risk assessment. If we felt like someone was at risk of harm, and we were unable to use de-escalation to make them safer, we would transfer the call to the on-shift Triage counsellor who would potentially make an intervention.<sup>5</sup>

There were some options about what this intervention might look like. Possibly, Triage could call the Crisis Assessment Team most local to the caller. But we were all well aware that the Crisis Assessment Teams would not always be able to respond. They did not cover all parts of the country and it seemed like they were stretched pretty thin.

Another option was calling the police, who were much more able to respond across the entire country. The police would also probably be the first option if the caller was unwilling to receive an intervention, because the police could possibly use their phone number to locate them even if they had not given us their location.

I do not know how interactions between callers and the police played out. My involvement ended after I transferred the call to Triage. We were taught in training that people might (understandably) be scared and unwilling when they were told that we were going to send the police to help them. It definitely seemed odd to me that you would send police to someone experiencing mental distress. I would have felt awful if I knew I were responsible for a situation where someone felt scared or was subjected to the use of police force. I made sense of it by understanding that if someone's life needed to be saved, police were the ones who were most able to do that. I remember someone telling me – I think it was another volunteer – that it had to

---

<sup>5</sup> This was some years ago now. I am not sure whether the procedures are still the same.

be the police, not paramedics, because police were the only agency who had the power to break into someone's home if they needed to save someone's life. Without looking into this any further, I accepted this at face value. As I remember, all of us counsellors were frustrated about the lack of options available.

Around this time, one of my close friends became unwell due to what was later diagnosed as a mental illness. We were deeply worried about them. It all came to a head one night when they admitted to us that they were struggling a lot and felt like they urgently needed help. None of us really knew what to do – I felt useless not knowing how to get them help despite all the helpline training. We eventually encouraged them to call the local Crisis and Assessment Team. A very short conversation ensued, in which the team member asked my friend a few risk-assessment questions. They asked my friend if they like felt they were going to harm themselves that night. When my friend answered 'no', the team member told them that there was nothing the Crisis and Assessment Team could do for them tonight.

It was a horrible feeling not knowing what to do next. Fortunately, when we supported our friend to tell their parents what was going on, they came and helped them move home and find ongoing support.

Calling the police never crossed our minds. Why would it? Our friend wasn't doing anything wrong. What if things were different, though? What if our friend's distress had taken the form of destroying property? What if they had left their house and we couldn't find them? What if they had harmed themselves, and the ambulance didn't turn up for an hour or more? I don't know if we would have called the police, but the thought of police officers standing over our distressed and scared friend – and us being responsible for the police being there – is not a nice one.

In late 2019, while I was finishing my Honours degree in Psychology, I came across an advertisement for a PhD student to join this research project. I thought back to my experiences on the helpline and with my close friend. It was these life experiences that motivated me to examine this research topic and provided me with a little context going into it.

These experiences are what brought me into the research, but my positionality impacted the research throughout. This is always the case in qualitative research, where researchers' values and subjectivity are recognised as an element of the research (Creswell, 2013). Throughout my research journey I have continuously reflected on my positionality. Two more times throughout this thesis I make it explicit how reflexivity guided my approach to the research during "ethically important moments" (Guillemin & Gillam, 2004, p. 262). These moments occurred when a participant was contemplating withdrawing from the research and when I was choosing which analysis strategy to use. These situations, and how reflexivity guided my decision making, are discussed in Chapter Three.

## 1.2 The setting of the research

This research was set in the Canterbury Police district, specifically focusing on the Christchurch metro area police. Several aspects of this setting are relevant to the research: Christchurch and the traumatic events that have occurred there, Aotearoa's mental health system, the New Zealand Police organisation, and the political context at the time of the research.

### 1.2.1 Christchurch

Christchurch is the second largest city in Aotearoa, with a population of around 400,000 people. The median age of a resident of Christchurch is around 37 years, and about 13% of the population is Māori, the tangata whenua (Indigenous people) of Aotearoa, following Pākehā (European; 76%) and Asian (17%) residents as the third-largest group (Christchurch City Council, n.d.-a). Surveys of citizen satisfaction have previously indicated that significantly more respondents in the Canterbury and Southern districts have 'full' or 'quite a lot of' trust and confidence in the police, compared to all other districts (Gravitas Research and Strategy, 2020).

The demographics of Christchurch are fairly aligned with those of Aotearoa's national police force – which is also predominantly Pākehā. Māori make up about 13% of the police force, followed by Pacific (~8%) and Asian (~6%) officers<sup>6</sup> (Los'e, 2023). Police

---

<sup>6</sup> Demographic data for police officers working in Canterbury was not available.

officers in Aotearoa choose which policing district they apply to work in when they join the force, and anecdotally, many choose to remain in, or return to, their hometowns.

Christchurch has been the site of multiple unprecedented traumatic events in the past decade. Following a 7.1 magnitude earthquake in September 2010, tens of thousands of aftershocks have occurred, including a fatal earthquake in February 2011 (Spittlehouse et al., 2014). Massive displacement occurred because of the earthquakes, and around 21,000 people left Christchurch in the following years, though population levels subsequently recovered to pre-earthquake levels (Christchurch City Council, n.d.-a). In March 2019, deadly terror attacks were carried out at two mosques (Crothers & O'Brien, 2020). The COVID-19 pandemic has affected residents since early 2020, with the government's response including a national lockdown (Cumming, 2022). Christchurch's Port Hills area has also been the site of multiple bushfires over the past decade, which have led to the loss of life, property, and States of Local Emergency being declared (Christchurch City Council, 2024, n.d.-b).

The earthquakes, terror attacks, and COVID-19 pandemic have caused significant stress and impacted mental health in the community, for citizens and police alike (Beaglehole et al., 2019; Bell et al., 2022; Briggs et al., 2023; Dorahy et al., 2016; Every-Palmer et al., 2020; Officer et al., 2022; Sampson, 2016; Snell et al., 2014; Spittlehouse et al., 2014; Surgenor et al., 2015; University of Otago, 2024). The mental health impacts of the wildfires have not been documented, but the wildfires are included here because they constitute another potentially traumatic community event and have necessitated police involvement in the response. The impacts of these events will be discussed more in the next chapter, the literature review. I will introduce the framework of shared trauma. I propose that this may be a novel way of understanding how police responses to people experiencing mental distress are affected by police and citizens having experienced the same traumatic event(s).

Christchurch was nominated by the New Zealand Police as one of the three sites for the national research project. Amidst this legacy of traumatic events, Christchurch police report higher amounts of 1X-coded jobs compared to all other policing districts. Additionally, most policing districts report more 1M-coded jobs than 1X-coded jobs; this trend is reversed in the Canterbury and Southern Policing Districts (Evidence Based

Policing Centre, 2018; New Zealand Police, 2017a; Winter, 2022). The metropolitan Christchurch policing area is also a site where mental health initiatives have been put in place by the New Zealand Police, such as a mental health nurse being located in the custody suite (New Zealand Police, 2022b), which is discussed further on page 25. On the ground research has the benefit of exploring how these initiatives impact officers and citizens.

### 1.2.2 Aotearoa's mental health system

It has been recognised that Aotearoa's mental health system is not well-equipped to support people to attain wellness. A 2018 government inquiry into mental health and addiction found that the mental health system lacked a focus on promoting wellness among the entire population. Instead, it focuses predominantly on service provision for people with a diagnosed mental illness, but nonetheless, often even people with a diagnosed mental illness do not receive timely access to holistic, dignified, non-coercive care (Government Inquiry into Mental Health and Addiction, 2018). The inquiry's conclusion that the mental health system is under-resourced is backed up by statistics showing Aotearoa is ranked very low globally for both inpatient (psychiatric hospital beds) and outpatient (community care facilities) psychiatric support (OECD Data, n.d.; Perera, 2020). Aotearoa also reports persistently high suicide rates, with youth suicide rates among the highest in the OECD.<sup>7</sup> Māori are overrepresented in Aotearoa's suicide and mental health statistics (Government Inquiry into Mental Health and Addiction, 2018).

The government enquiry recommended several significant changes so that everyone can access timely, culturally aware, community-based care that supports ongoing wellness. Additionally, it recommended that the socioeconomic determinants of health be addressed (Government Inquiry into Mental Health and Addiction, 2018). Since the release of the enquiry's report, there has been governmental investment into mental health, but by no means a consensus that the mental health system has consequently meaningfully improved.

---

<sup>7</sup> However, it should be noted that suicide represents the complex interaction of many socioeconomic and environmental causes, not just mental health resourcing.

### 1.2.3 The New Zealand Police

#### Relevant teams

The New Zealand Police force comprises many different teams and units (New Zealand Police, 2024a). This research focused on the Public Safety Team, Family Harm Team, Neighbourhood Policing Teams, and Police Negotiations Team.

The Public Safety Team is mainly referred to throughout this thesis as frontline police. The Public Safety Team is comprised of 'general duties constables' whose role is to respond to emergencies and prevent crime (New Zealand Police, 2024a). These police officers patrol communities in police cars and are typically dispatched as the first responders to jobs that are reported to the police. They are generally the unit that respond to jobs 'happening now' as well as make enquiries and take statements for active jobs. All new police officers begin on the frontline and are supervised throughout an initial provisional period into fully qualified constables.

The Family Harm Team is focused on jobs related to family harm. They work family harm incidents to provide wrap-around support and do prevention. Typically, frontline police will make the first response to family harm job and make an initial safety plan. Then, after frontline police have coded the job '5F' (i.e., family harm job), the job is then triaged to the area's Family Harm Team. Each team meets regularly with other relevant agencies (e.g., Oranga Tamariki,<sup>8</sup> Corrections, and Women's Refuge). Together, representatives from these agencies review family harm investigations, identify risks, and put in place safety plans and other follow-up supports (New Zealand Police, 2023). In Canterbury and Waikato, these interagency meetings happen daily as part of an Integrated Safety Response (ISR) model (New Zealand Police, 2021, n.d.-a).

The Neighbourhood Policing Teams are teams located in specific neighbourhood communities (New Zealand Police, n.d.-c). These communities are chosen based on having high rates of crime and vehicle crashes. Neighbourhood Policing officers aim to have a highly visible presence in the community so they can work collaboratively with the community to identify and prevent crime and crashes. There are two Neighbourhood Policing Teams in Christchurch, in the neighbourhoods of Aranui and

---

<sup>8</sup> Oranga Tamariki is the New Zealand Government agency responsible for the well-being of children.

Phillipstown. These teams work closely alongside partner agencies such as the Christchurch City Council, Ministry of Social Development, and Kāinga Ora<sup>9</sup> (New Zealand Police, n.d.-d).

The Police Negotiations Team comprises officers who also hold other full-time roles in the police. If it is deemed that a job in the community requires negotiators, the local on-call Negotiation Team officers will be paged and respond. These types of jobs are diverse and can include armed offenders, hostage situations, and intentions of suicide, for example (New Zealand Police, n.d.-e).

### Training

Mental health-related training for police recruits in Aotearoa includes: learning about the Mental Health Act and its application; information about mental illness and how to respond to people experiencing mental distress; information about suicide and how to interact with people threatening or attempting suicide; the connections between mental health and family harm, violent crime, alcohol and drugs. There is a mixture of facilitated sessions, scenario-based training, and reading/study materials. Qualified officers on all teams have ongoing access to training sessions and e-learning modules, as well as on-the-job access to an app that has information, resources, and strategies for responding to people experiencing mental distress. Lived experience perspectives are incorporated into this training (M. Cole, personal communication, August 17, 2023).

Due to the deployment of police negotiators to jobs involving suicide, these officers receive additional specialist training around mental health and suicide prevention. While qualifying for this team, officers undergo a training course that has a mental health focus and includes learning from a psychiatrist and someone with lived experience of attempting suicide. Officers on the Negotiation Team also have ongoing training days that can have a mental health focus, supported by mental health and suicide prevention specialists (M. Cole, personal communication, August 17, 2023).

---

<sup>9</sup> Housing New Zealand.

Additionally, the New Zealand Police recently announced that from January 2024 the training programme for all recruits would be updated, with one change being to add more of a focus on mental health (New Zealand Police, 2023c).

### Organisational values and goals of the New Zealand Police

There are three key aspects of the New Zealand Police organisation's values and operational goals pertinent to this research.

The first is a stated commitment to Te Tiriti o Waitangi – the Treaty of Waitangi. Te Tiriti is the foundational document of Aotearoa and represents an agreement between the British Crown and many Māori Rangatira (chiefs) at the time when Aotearoa was first being colonised (Orange, 2023). Upholding the three articles of Te Tiriti is an obligation of all Crown entities in Aotearoa, including the New Zealand Police organisation. The New Zealand Police have outlined how they will meet this commitment (New Zealand Police, n.d.-b):

- Article One (Kawanatanga): Improving Police capability to address Māori issues, as a requirement of being an active and engaged Treaty partner.
- Article Two (Tino Rangatiratanga): Enabling iwi to have ownership of decision making that affects Māori. Creating strong relationships with tangata whenua in order for Police and Māori to jointly reduce offending and victimisation within Māori communities.
- Article Three (Ōritetanga): Ensuring Māori have access to justice and receive equal treatment before the law.

Despite this, Māori experience inequity within the criminal justice system. At all points of the criminal justice system, Māori are disproportionately represented compared to non-Māori with similar offences (Department of Corrections, 2017; Quince, 2007). The recent independent panel report into equitable policing in Aotearoa reinforced this long-standing finding, showing that being Māori increases the likelihood of prosecution by 11% compared to being Pākehā, controlling for all other variables (Understanding Police Delivery Independent Panel, 2024). The police have stated that unconscious bias within their organisation may be a contributing factor towards unequal outcomes for Māori, admitting that officers may be harsher towards Māori when they have the discretion to do so (Harley, 2015). However, this approach has been critiqued as a way



for the organisation to avoid acknowledging deeper-seated racism in police systems and policies (Buttle, 2017). Inequitable outcomes also exist for Māori who interact with the police while experiencing mental distress, which is discussed further in the literature review chapter.

The second aspect of the New Zealand Police organisation relevant to this research is their Prevention First operating model. This model requires police to put the victims of crime at centre of their service delivery and aim to prevent crime and victimisation at every opportunity. To achieve victim-focused practice, police have a stated commitment to enacting their core values of professionalism, respect, integrity, commitment to Māori and Te Tiriti, empathy, and valuing diversity. Additionally, delivering this operating model has seen police identify six drivers of demand to direct their preventative focus on, one of which is mental health<sup>10</sup> (New Zealand Police, 2017c). The application of Prevention First to police interactions with people experiencing mental distress is discussed further in the literature review chapter (p. 34).

The final aspect of the New Zealand Police organisation discussed in this research is the organisation's commitment to trust and confidence. The New Zealand Police have stated that their work is founded on the principle of policing by consent, defining this as "the belief that there must be broad public support for a police service's actions in order for policing to be effective" (Evidence Based Policing Centre and New Zealand Police, 2023, p. 5). The public's trust and confidence in the police is regularly surveyed. A national survey recently estimated that around 70% of people have high trust and confidence in the police, based on the answers of ~8,000 respondents. The proportion of people reporting high trust and confidence in police has had a statistically significant decline over recent years (Evidence Based Policing Centre and New Zealand Police, 2023). Māori are less likely to report high levels of trust and confidence in the police (Evidence Based Policing Centre and New Zealand Police, 2023), as well as Pasifika respondents and people living in more economically deprived areas of New Zealand (Gravitas Research and Strategy, 2020). This lower trust and confidence among Māori

---

<sup>10</sup> The others are alcohol, rangatahi (youth), whānau (families), roads, and organised crime and drugs.

respondents is occurring whilst Māori are being treated inequitably by police. Trust and confidence is discussed again in the next chapter (p. 35).

#### 1.2.4 The global context

This research took place from 2020-2024. During this time, there was significant global scrutiny towards policing, catalysed by the murder of George Floyd by a police officer in the United States in 2020. Global protests occurred and the topics of police brutality and racism were spotlighted (Cheung, 2020). There was mainstream attention towards police reform (Boudreau et al., 2022) and a philosophy of defunding the police, meaning redistributing police funding to support alternative agencies to take on aspects of current police work, such as responding to mental distress (Levin, 2020). In the discussion chapter of this thesis, I revisit this philosophy in relation to my findings.

Trust and confidence in police has tended towards a decline globally over the last several years, including in jurisdictions such as the United States, United Kingdom, and parts of Australia (Evidence Based Policing Centre and New Zealand Police, 2023). The latest survey of trust and confidence towards the police in Aotearoa showed a decline from previous years, and the authors theorised that this could (among other things) be associated with the global political context:

Policing jurisdictions have faced testing times in the last few years, and the decline in public trust and confidence in Police may, in part, be associated with [...] the international drop in confidence in policing in general caused by some particularly gross failings in police behaviors and service in some countries. From the continuing focus on the Black Lives Matter movement in North America, to the criminal actions of individual officers in the UK – international policing has rarely been out of the headlines in this period – and not for the right reasons. (Evidence Based Policing Centre and New Zealand Police, 2023, p. 6)

The authors of this survey also flagged the COVID-19 pandemic as another factor that may have damaged public trust and confidence in the police. The authors of the survey reflected that police have been involved in enforcing the government's pandemic response. Some people in Aotearoa did not agree with the response, culminating in large protests at Parliament during which the police were heavily involved in enforcement (Evidence Based Policing Centre and New Zealand Police, 2023). Since the beginning of the pandemic there has been international recognition that the role of

police in pandemic responses may threaten public perceptions of police legitimacy (Horning & Chenane, 2024; Sandrin & Simpson, 2022; Sheldon, 2021), and some Aotearoa-based research indicates this has been the case (Deckert et al., 2024)

### 1.3 Research focus

The current international research base tells us that police responses to people experiencing mental distress are fraught. A small amount of Aotearoa-based research concurs with this. However, the majority of research on this topic focuses on mental health crises and takes a quantitative approach. There is a need to conduct research that adopts a broad conceptualisation of mental distress and uses qualitative methods to uplift the voices and experiences both of people who have experienced mental distress and on the ground police officers. Doing ethnographic research in Aotearoa can provide essential insights into how a broad spectrum of police responses are currently happening, how these are experienced by people experiencing mental distress and police, and what unique local, national, and organisational factors influence this.

#### 1.3.1 Methodological and analytical approach

My research was shaped by a co-production approach (Carr & Patel, 2016; Kidd & Edwards, 2016; Roper et al., 2018; Thom et al., 2022), where some members of my broader research team have lived experience of mental distress, and a partnership was formed to do this research in collaboration with the police.

I had two participant groups. These were people with lived experience of interacting with police while experiencing mental distress, and police officers. I took a qualitative approach to the research. For the lived experience group, I did interviews with the intention of co-producing narratives of police engagement. For the police, I did an ethnographic case study featuring interviews, focus groups, and ride-alongs in police cars.

I analysed the data contributed by participants with lived experience using a general inductive approach (Thomas, 2003). This led to the development of nine domains summarising features of participants' interactions with the police. One participant wished to co-produce her narrative of police engagement and share it in full. Her

narrative is appended (Appendix G, p. 253). The data contributed by police participants was analysed using Braun and Clarke's (2022) approach to reflexive thematic analysis. The decision to analyse the two datasets with different methods was ultimately arrived at due to the dataset from participants with lived experience being much smaller than the dataset from police participants. I consequently concluded that attempting a thematic analysis of the data contributed by participants with lived experience would do a disservice to participants' voices and falsely portray their experiences as less valid than those reported in the police findings; my decision-making process is elaborated on in Chapter Three (p. 88). The findings from the two participant groups are presented separately in the three findings chapters. In the discussion chapter, I bring the two sets of findings together.

#### 1.4 Structure of the thesis

The next chapter of this thesis is a literature review. The first part of this chapter aims to provide an overview of the international and local research on police responses to people experiencing mental distress. The second part of the chapter additionally reviews literature on the post-disaster context of Christchurch. I introduce the concept of shared trauma as a potential theoretical basis for understanding police responses to people experiencing mental distress in post-disaster contexts. In this chapter, I identify the gaps in the current literature base that this thesis aims to address.

Chapter Three describes the methods of this research. I first discuss my research paradigm, outlining which assumptions underpinned this approach. I next describe the research strategies and, finally, my approach to analyses.

Chapter Four presents the findings contributed by citizens with lived experience of mental distress. Inductive thematic analysis led to the development of nine domains: 'threats, coercion, and force', 'intimidation and fear', 'demeanour of the police', 'involuntary contact with the mental health system', 'support', 'information', 'who you interact with and who you are', 'loss of faith in the police', and 'envisaging improvements'.

Chapters Five and Six present the findings contributed by police. Thematic analysis led to the development of one overarching theme, 'tension'. These chapters explore

different aspects of the tensions experienced by police when they respond to people in mental distress. Chapter Five focuses on conceptual tensions relating to the role of policing and Chapter Six focuses on challenges in participants' day-to-day jobs.

Chapter Seven is the discussion. This chapter concludes the thesis. In this chapter, I discuss key findings in the context of past research and theory. I compare the findings contributed by participants with lived experience to those contributed by police, and then consider what these findings might mean for the future of police responses to people experiencing mental distress.

## Chapter 2 Literature Review

### 2.1 Introduction

The purpose of this chapter is to contextualise the present research by presenting existing literature, policy, and theory. The first part of the chapter focuses on prior research about police responses to people experiencing mental distress. I discuss three main topics: the challenges these responses pose for people experiencing mental distress, the challenges these responses pose for police, and different types of response models and interventions that have been proposed to combat these challenges. This section also bridges existing research to the Aotearoa policing context by including policy documents from the New Zealand Police.

The second part of this chapter reviews literature related to the post-disaster context of Christchurch. I first discuss the impacts that disaster can have on the well-being of citizens and police in a community, particularly focusing on the earthquakes, terror attacks, and COVID-19 pandemic that have affected Christchurch. I then propose shared trauma as a novel framework for understanding how the post-disaster context of Christchurch might impact upon the interactions between police and people experiencing mental distress.

The chapter concludes with a summary of key trends in the literature and how the present research will advance knowledge on this topic.

### 2.2 Methodology

This chapter presents a narrative literature review (Sukhera, 2022). I searched the databases PsycINFO, PsycARTICLES, SAGE Full Text Collections, SocINDEX, and Google Scholar. For part one of this chapter, my initial search terms for each database were a variation of 'mental distress or mental health or mental illness or mentally ill' and 'police or policing'. I focused on papers published in the last 10 years, in English, from Canada, the United States, the United Kingdom, Australia, and Aotearoa. However, I was flexible with these boundaries. For example, I have included foundational papers that were published more than 10 years ago, as it became clear to me that some earlier research has significantly shaped current thinking in the field. Published theses

and dissertations were included. Additionally, part one includes grey literature from the New Zealand Police to situate research within the Aotearoa policing context.

For part two of this chapter, I began with the terms 'Christchurch' and 'earthquakes or terror attacks' and 'mental health'. My focus was on finding Aotearoa-based research published in the wake of these disasters. However, I also subsequently expanded on the term 'Christchurch' to learn more about the mental health impacts of traumatic events based on international literature. As in part one of this review, published theses and dissertations were included.

The search strategy was non-systematic and iterative. After my initial exploratory searches in 2020, I developed the focus of my review and conducted subsequent searches, pursuing areas that seemed pertinent based off my initial searches and readings of papers. For example, once I became aware of the phenomenon of shared trauma, I conducted a search with the terms 'shared trauma' and 'police or policing'. I also hand-searched the bibliographies of some papers. I continued searching the literature throughout my doctorate to ensure the review was up to date.

This review is non-exhaustive. It is intended to provide a rich and meaningful summary about why police interactions with people experiencing mental distress are a pressing research topic, with relevance to the New Zealand Police organisation, and why Christchurch presents a unique post-traumatic context within which to examine these interactions. Approximately 100 papers are included across all the topic areas.

The content of this chapter has been organised by common themes, presenting my interpretation of this body of work. I have also provided critique to this knowledge base, to illustrate why the present research was needed.

### **2.3 Part one: Police responses to people experiencing mental distress**

As discussed in the introduction chapter, police have long-standing involvement in responding to people experiencing mental distress (Bittner, 1967a; Chappell & O'Brien, 2014; McLean & Marshall, 2010; Morabito, 2018; Teplin & Pruett, 1992). Globally and in Aotearoa, police continue to be at the forefront of responses to people experiencing mental distress (Livingston, 2016; New Zealand Police, 2023a). Their coverage of all

geographical areas at all hours of the day, and the legal powers afforded to police officers, tend to position police as first responders to mental distress.

Nonetheless, previous research has identified that the interactions between police and people experiencing mental distress are challenging from the perspectives of both parties. This section of the literature review will focus on past research that has highlighted these challenges. However, there is also an acknowledgment of positive interactions between police and people experiencing mental distress and the role of procedural justice in facilitating these. The final part of this section discusses approaches that have been taken in international and local contexts to improve police responses to people experiencing mental distress.

### 2.3.1 Challenges for people who have interacted with the police while experiencing mental distress

The body of research exploring what it is like for people to interact with the police while experiencing mental distress is small, but growing. Common among the studies that do exist is a finding that police interactions are often experienced negatively, with features like police use of force and detainment in police custody representing particularly harmful outcomes. However, there is also a common finding across these studies that police interactions can be positive, if police actions are procedurally just.

#### Negative experiences and use of force

Several key studies from Canada, the United States, and Australia have confirmed that people commonly report negative interactions with the police (Boscarato et al., 2014; Faubert, 2023; Livingston, Desmarais, Verdun-Jones, et al., 2014; Watson et al., 2008). Across these qualitative studies, participants commonly describe several key features defining negative interactions with the police. These include the police taking an over-reactive approach, verbally abusing the person in distress, and being disrespectful towards them. When police act this way, participants commonly feel humiliated and view the interaction as unfair, dissatisfying, and coercive. Participants also often report feeling intimidated, with police asserting power over them and being left feeling like a criminal (Boscarato et al., 2014; Faubert, 2023; Livingston, Desmarais, Verdun-Jones, et al., 2014; Watson et al., 2008).



This international literature also shows that police are often using force when they interact with people experiencing mental distress. For example, one quarter of participants in a Canadian study had sustained a minor injury during a police interaction due to use of force such as handcuffs, physical restraint, or being pushed or punched (Livingston, Desmarais, Verdun-Jones, et al., 2014). The use of police force can be deadly. United States-based research has reported that people experiencing mental distress, compared to those not, are more likely to be killed during interactions with the police (e.g., Fuller et al., 2015; Saleh et al., 2018).

To date, there has only been a small number of studies exploring this topic in Aotearoa, but the findings of these studies indicate that the trends seen in the international literature are also occurring here. A recent qualitative study explored the experiences of people in Aotearoa who had interacted with the police while they were attempting suicide, or who were supporting a whānau (family) member who was (Hunter, 2023). Participants shared a mixture of negative and positive experiences with the police. Negative interactions were consequential; participants who were attempting suicide at the time of the interaction noted that a negative interaction with the police worsened their mental state.

Aotearoa-based research also echoes international findings about the use of police force on people experiencing mental distress. Research by Holman et al. (2018) analysed data from the Waikato region and found that the use of force (typically handcuffs) was present in 78% of interactions (Holman et al., 2018). A study by O'Brien et al. (2011) analysing national statistics on Taser use additionally found that the New Zealand Police were disproportionately using Tasers during mental health emergencies. Recent research has reinforced this finding by showing that over half of the times police discharge Tasers, they are responding to people experiencing mental distress, and that the use of Tasers during mental health-related jobs has roughly doubled since 2017 (Understanding Police Delivery Independent Panel, 2024). In Aotearoa, people experiencing mental distress are more likely to be killed during an interaction with the police (O'Brien et al., 2021).

A unique perspective offered by Aotearoa-based research is how police interactions are experienced by whānau Māori.<sup>11</sup> As discussed in the introduction chapter, Aotearoa-based research has identified that Māori are overrepresented in police responses to people experiencing mental distress (Holman et al., 2018) and that police are disproportionately using Tasers on Māori and Pacific peoples (O’Brien et al., 2011; Understanding Police Delivery Independent Panel, 2024). Māori are also generally overrepresented in mental health statistics and have less access to care than non-Māori (Gassin, 2019; Government Inquiry into Mental Health and Addiction, 2018; Russell, 2018). This topic is therefore highly relevant for Māori, as it represents the intersection of inequities for Māori in the criminal justice and mental health systems.

### Police custody

Another concerning aspect of police interactions with people experiencing mental distress, highlighted in the international literature, is detainment in police custody. For example, Australian participants who were interviewed by Boscarato et al. (2014) described long wait times in police custody before being attended to by mental health personnel, during which their distress intensified. The detainment of people in mental distress can have harmful outcomes. Cummins (2008) noted that for all citizens, police custody constitutes a place where self-harm and suicidal behaviour is common; the experience of being detained is stressful, dehumanising, and police are ill-trained to provide mental health support for distressed detainees. In some instances, the police detainment of people experiencing mental distress results in death (Chappell & Ryan, 2017).

However, in circumstances where police detainment is used, Cummins (2012) posits that an opportunity exists for mental health needs to be assessed. Many people in police custody have unmet mental health needs, but are seldom connected to mental health services. It is therefore recognised to be important that police have workable partnerships with mental health agencies to facilitate this (Cummins, 2012).

In Aotearoa, police cells are one context where police can detain someone under the Mental Health Act for the purposes of facilitating a psychiatric assessment. However, local research has echoed international research by highlighting the unsuitability of

---

<sup>11</sup> Literally meaning ‘Māori family’; used in this research to refer to Māori citizens.

detaining people experiencing mental distress in police cells. Reports by the Independent Police Conduct Authority and the Government Inquiry into Mental Health and Addiction have found that police custody in Aotearoa constitutes a high-risk environment for harm, e.g., through undetected overdose, self-harm, and suicide attempts (Government Inquiry into Mental Health and Addiction, 2018; Independent Police Conduct Authority, 2015). Additionally, submissions received from the public about Aotearoa's mental health legislation have highlighted negative experiences of people who have experienced detainment in the cells (Roguski & Chauvel, 2022).

Following the 2015 Independent Police Conduct Authority report, the New Zealand Police have implemented practices that aim to reduce the detainment of people experiencing mental distress in police cells. The New Zealand Police currently operate under the directive that officers should transport someone to have a psychiatric assessment in "the least restrictive environment that is possible" (Ministry of Health, 2021, p. 10), either in the person's home or in a health setting such as an emergency department. This directive is supported by a memorandum of understanding made between the Police and the Ministry of Health. This memorandum states that police cells should be used as a last resort, for example, if someone is behaving violently and cannot be assessed in another environment (Ministry of Health, 2021).

To support people who are in police custody (e.g., who have been charged by police or are being transferred from prison to court), several police stations in Aotearoa have also trialled having a mental health nurse located in the custody suite. The role of this nurse is to facilitate identification and support of mental health needs of people in custody. This initiative has had positive outcomes such as quicker identification and triaging for people in custody in mental distress, enhanced pathways for referrals, and support for police officers (Paulin & Carswell, 2010).

The Christchurch Central Police Station is one of the only stations where police still have access to a mental health nurse in the custody suite. The role of this mental health nurse has evolved beyond attending solely to the needs of citizens in custody and now includes providing advice and coordination to frontline officers during their responses in the community to people experiencing mental distress (New Zealand Police, 2022b). However, little is known about how the presence of this nurse changes

the experience for people experiencing mental distress who are taken to the cells, nor about how frontline police officers work alongside this nurse.

### Neurodivergence

International research suggests that people who are neurodivergent often have negative interactions with the police. This includes, but is not limited to, people with autism, a brain injury, attention-deficit/hyperactivity disorder, and/or an intellectual disability (Baldry & Dowse, 2013). For example, in a survey study based in England and Wales, people with autism and their parents expressed that they were largely dissatisfied with how police had responded to them. The same study also surveyed the perspectives of police officers, who said while they attempted to adjust their approach to generate better interactions for people with autism, they were also largely dissatisfied with how these interactions went (Crane et al., 2016). A mixed-methods study considering the perspectives of people with autism living in Canada similarly found that most participants viewed their interactions with the police unfavourably (Salerno & Schuller, 2019). In both studies, participants (both participants with autism and police participants) observed that police did not have many resources available to help them interact with people with autism – for example, access to a space they could interview people with autism that was not the police station, or training that made them aware the behaviour of people with autism can be misinterpreted by police (Crane et al., 2016).

Aotearoa-based research offers similar conclusions. People with autism have reported in interviews their negative experiences with police in Aotearoa and their resulting unease about interacting with the police (Breen, 2021). Neurodivergence is not a focus of the present research, but it is nonetheless important to acknowledge that people who are neurodivergent and have interacted with the police while experiencing mental distress are often subject to negative experiences.

### 2.3.2 Positive experiences and procedural justice

While international and local research clearly highlights that police interactions are often received negatively by people experiencing mental distress, other research suggests that positive interactions do happen between police and people experiencing mental distress. In particular, research consistently demonstrates that positive

interactions occur when police enact procedural justice. Procedural justice describes an interaction where police work together with citizens, treating them with dignity and respect, allowing them voice, conducting a transparent decision-making process, building trust and not showing bias (Watson et al., 2010). It is about how decisions are arrived at more so than the decisions themselves (Elliott et al., 2012). Procedural justice is an important foundation for positive police and citizen relationships broadly, for example, for enhancing perceptions of police legitimacy (Hinds & Murphy, 2007) and thus cooperation with police and compliance with the law (Sunshine & Tyler, 2003). Procedurally just interactions are important for victims of crime and for people experiencing civil commitment (Elliott et al., 2012; McKenna et al., 2000).

The role of procedural justice in interactions between the police and people experiencing mental distress has been highlighted in several key studies from the international literature (Boscarato et al., 2014; Jones & Thomas, 2019; Livingston, Desmarais, Greaves, et al., 2014; Watson et al., 2008). What was identified to have generated positive interactions for participants in these studies was being treated fairly and with dignity and respect, in line with procedural justice. However, it appears that procedural justice is a feature currently lacking from police interactions with people experiencing mental distress in Aotearoa. Participants interviewed in recent Aotearoa-based research indicated that their negative interactions with the police, in the context of a suicide attempt, lacked procedural justice principles (Hunter, 2023). More exploration is needed to determine whether procedural justice and/or other factors can enhance positive interactions between police and people experiencing mental distress in Aotearoa.

### 2.3.3 Challenges for police

The previous section focused on the perspectives of people experiencing mental distress, illustrating that 'what police do' is highly consequential for people experiencing mental distress. This section will draw on literature highlighting police perspectives, similarly focusing on 'what police do' when they interact with people experiencing mental distress. Specifically, the types of decisions that police can make during these interactions, and how these decisions come to be made, is the focus of attention.

## Decision making

Decision making is presented in this section as the central challenge facing police officers when they interact with people experiencing mental distress. Centralising decision making in this way allows for a contextualised discussion of other factors that are known to complicate these interactions from the police perspective, like involuntary hospitalisation and legislative requirements.

Mental health-related jobs often have multiple ways that police could resolve them and present a challenge for police in deciding which resolution to choose. Lurigio et al. (2008) put forward that police typically have three goals when interacting with someone in mental distress: 1) exerting control over the person, in the sense of containing or arresting them, 2) de-escalating the situation, to stop harm being experienced by an individual or others, and 3) facilitating access to support outside of the criminal justice system. Contending with these three goals can be difficult and police often need to decide which to prioritise. Police may experience situations where someone is experiencing mental distress, but also behaving in a way that police perceive to be threatening, dangerous or criminal. In situations like these, police can feel a tension about whether they should focus on enforcing the law (which they may view as their main function) or focus on providing support to the person experiencing distress by assuming more of a counsellor-type role (being sensitive, supportive, and de-escalating distress) – yet the officer may never have been trained in how to do this (Lurigio et al., 2008). An additional challenge to meeting these goals occurs when police feel the action they want to take is not supported by resources in the community, like the availability of support outside of the criminal justice system (Faubert, 2023). It has been noted, for example, that police may perceive arrest to be the most helpful response for a person in mental distress, because a lack of mental health resources in their community means they are more likely to receive treatment for mental or psychiatric issues in prison than in the community (Lurigio et al., 2008).

### *Factors influencing decision making*

Considering the international literature, there seem to be several influences on how police make decisions when they respond to people experiencing mental distress. One is training. If police are not well-trained to recognise the signs of mental distress, they may instead attribute someone's behaviour to the influence of drugs or alcohol (Lamb

et al., 2002). A police officer's level of awareness around issues experienced by people with mental illness can also influence their decision making, as demonstrated by Australian vignette-based research (Godfredson et al., 2010). Knowledge of legal processes is also important. Research from the United States has suggested that police may be able to use mechanisms of diverting people in mental distress from the criminal justice system (Barrett & Janopaul-Naylor, 2016; Compton, Anderson, et al., 2017; Compton, Halpern, et al., 2017), but it is generally acknowledged that this outcome depends on options for diversion being available, feasible, and known about by police (Lamb et al., 2002).

Additionally, external resources or constraints can impact officers' decision making. Morabito (2007) conceptualised that a police officer's decision to use arrest (or not) in mental health-related events is influenced by "horizons of context" (p. 1583). This conceptualisation built on observational work by Bittner (1967a) and describes how the situational and contextual features of an interaction guide police officers' decision making. Examples of these features include police workload, perceptions of the community's mental health resources and their effectiveness, characteristics of the officer and the person in mental distress, and the severity of any criminal behaviour (Morabito, 2007). The relevance of this framework was demonstrated by Wood et al.'s (2017) observational research of police officers in Chicago. This research showed that police officers were influenced by these contexts, such as mental health resources in the local area, when they tried to make decisions in situations that were not clear-cut. Wood et al. (2017) termed decisions like this the "grey zone" (p. 81), which is a key concept discussed shortly in its own section.

The idea that police officers navigate constraints on their decision making was supported by research by Godfredson et al. (2010) focusing on police officers in Australia. Participants in this study often reported a discrepancy between the 'ideal' and 'likely' outcome they would choose in an interaction with someone experiencing mental distress, which suggests that perceived constraints prevented participants from resolving a situation in the way they would like to. A majority of participants indicated they would not like any form of additional training around responding to people in mental distress, implying they perceived that constraints arose from external resourcing issues.

Some research has explored the factors impacting police officers' decision making during responses to people experiencing mental distress in Aotearoa. Van der Harst (2021) interviewed police officers about situations where they accompanied someone in mental distress to the emergency room. The findings indicated that police officers who had a friend or family member with mental illness tended to interact with people in mental distress more effectively.

It is also clear that police officers in Aotearoa are often in situations where they have discretion about which action to take. This is evident in the bias that exists in the way police choose to treat whānau Māori they interact with in various types of situations, not limited to those where someone is experiencing mental distress. Māori are more likely to have their first police interaction result in a proceeding and being charged than Pākehā (JustSpeak, 2020; Understanding Police Delivery Independent Panel, 2024). Māori are also disproportionately charged for cannabis offences, despite police being legally mandated to have discretion about whether to take a criminal justice approach for these offences (Ministry of Justice, 2020).

Police in Aotearoa have also reported feeling limited in their responses to people in mental distress by institutional barriers, such as having limited time to spend on each response, and a paucity of other resources, such as mental health services not having the resources to admit patients (Davey et al., 2019). However, little is known about the decision making of police officers in Aotearoa when they interact with people experiencing mental distress.

### *Involuntary hospitalisation*

Decisions around initiating involuntary hospitalisation, under the mandate of mental health legislation, are a key challenge for police officers interacting with people experiencing mental distress. A general reluctance from police to initiate involuntary hospitalisation, by transporting people in mental distress to a setting where they will be assessed by a health professional, has long been observed since seminal early studies by Bittner (1967a) and Teplin and Pruett (1992). Bittner observed that police were discerning as to how involuntary commitment to a psychiatric hospital draws many parallels to having someone jailed. Police often did not feel comfortable deciding whether someone experiencing mental distress met the threshold for this coercive



option, therefore, they would find an alternative to initiating involuntary hospitalisation unless they felt it was abundantly justified. Police also reported frustrations such as spending a great deal of time with a person in a psychiatric hospital waiting room, or encountering the same individual multiple times because they had been admitted then quickly released from hospital (Bittner, 1967a). The latter is often referred to as a “revolving door policy” and may indicate insufficient health resourcing to provide ongoing support or solutions for someone experiencing mental distress (Godfredson et al., 2011, p. 192).

Teplin and Pruett (1992) similarly identified multiple factors complicating police officers’ decisions about whether to initiate the process of involuntary hospitalisation, including perceptions that the person experiencing distress would not meet the hospital’s criteria for involuntary hospitalisation. Other complexities identified in their research included situations where hospitals would not accept someone who was acting violently, and that initiating hospitalisation required time and administrative work for police. Therefore, police largely perceived that their options were arresting the person in distress, or taking no formal action (Teplin & Pruett, 1992).

Complexities with initiating involuntary hospitalisation remain a factor in the decision making of police officers on the ground (Faubert, 2023). Police officers in Aotearoa typically initiate involuntarily hospitalisation by taking someone in mental distress to a general hospital’s emergency department, rather than a psychiatric hospital (van der Harst, 2021). Nonetheless, van der Harst, through interviews with police officers, identified that many of the challenges associated with involuntary hospitalisation for police officers identified in early literature are still present in contemporary Aotearoa policing. For example, police officers indicated that escorting someone in mental distress to the emergency department was often time consuming for police and absorbed time that could have been spent on core duties, because they needed to wait with the person in distress until they were assessed by health professionals. Participants also said it was challenging to gauge whether someone would meet the threshold for involuntary admission to the hospital, as decided by a psychiatrist. They felt that people in distress frequently did not meet this threshold but would return to the community and still present to police as needing support. They identified this

situation as the aforementioned 'revolving door' and said it led to feelings of frustration and cynicism.

There remains a need for further research to explore complexities arising from the emergency department for police officers in Aotearoa. While we have some insight into how police officers experience the emergency department itself, we do not yet have an understanding of how factors related to the emergency department inform their decision making when they interact with people experiencing mental distress in the community.

#### *A grey zone navigating legal mandates*

Another key challenge to police officers' decision making identified in the international literature relatedly arises from legal mandates. In their observational research of policing in Chicago, Wood et al. (2017) found that officers often experienced situations where they were unsure if they had the legal backing to take formal action (like arresting someone in distress or involuntarily taking them to the hospital), yet felt that 'doing nothing' would be inadequate. Wood et al. (2017) used the term "grey zone" (p. 81) to describe this space that officers become stuck in.

Wood et al. (2017) findings built on those of Bittner (1967a) and Morabito's (2007) horizons of context, by demonstrating that the situational and contextual features of an interaction guide police officers' decision making within the grey zone. For example, police may be in a situation where the person they are interacting with does not wish to be taken to the hospital to speak to a mental health team. Police might feel that getting this person mental health support is the right thing to do, but they are unsure about whether they can invoke mental health legislation to involuntarily transport the person to hospital. Wood et al. (2017) noted that what often happens in practice is that police find ad hoc solutions somewhere in the grey area between legal action and doing nothing. Doing so hinges off the situational and contextual features of the interaction. In the exemplary situation, police might know that there is a community mental health provider that the person will be happier to talk to than hospital staff. It has been noted, in contemporary research and long-standing findings, that in the grey zone police officers prefer to find these sorts of ad hoc solutions rather than invoke legal mandates (Bittner, 1967a; Wood et al., 2017).

Wood et al. (2017) highlighted that research about this grey zone is important because this is likely where most interactions take place. Informal police actions are typically not recorded or analysed, so there is a paucity of understanding about how police navigate these situations and what resultant outcomes are most common. Given that police officers in Wood et al.'s research were influenced by factors such as availability of mental health resources in an area, research into the grey zone can also help to provide solutions that are informed by local resources (or lack thereof).

### *Consequences of decision making: Gatekeeping and criminalisation*

The decisions that police officers arrive at when they interact with someone experiencing mental distress are highly consequential. Police are often in a position where they can decide whether or not to use a formal criminal justice response (e.g., arresting someone). This ability has earned them the title of gatekeepers (Lamb et al., 2002). If police view arrest as the most appropriate thing to do, rather than, say, helping someone talk to a mental health team, this person has now been put in contact with the criminal justice system, with resulting consequences for their life. Imprisonment, for example, constitutes a loss of personal freedoms, low or no opportunities for rehabilitation (Buttle, 2017), and the absence of a therapeutic environment in which mental health can improve or even be prevented from deteriorating (Jordan, 2011; Teplin, 2000). Once a person has been criminalised, future criminal justice involvement is more likely (JustSpeak, 2020), and police may treat them differently on the basis of having a criminal record (Stolzenberg et al., 2021; Teplin, 2000), thus creating a vicious cycle.

Criminalisation also poses challenges for the criminal justice system in terms of resourcing (Lurigio et al., 2008). Drawing on data from Aotearoa, there is an overrepresentation of people with mental illness in prisons (Department of Corrections, 2017). In 2015, 62% of newly sentenced prisoners had experienced a mental health or substance use disorder (Department of Corrections, 2016) and 91% of all prisoners have received one of those diagnoses in their lifetime (Department of Corrections, 2017). The New Zealand Government has focused on investing funds to support mental health and addiction in Aotearoa New Zealand prisons, including building dedicated mental health beds (Department of Corrections, 2019), but it must

be queried whether this money could instead be invested in initiatives that keep people with mental illnesses out of prison.

### 2.3.4 Challenges for the New Zealand Police organisation

In this section of the review, I shift the focus from published research to policy documents of the New Zealand Police. The international literature about police decision making during responses to people experiencing mental distress can only tell us so much about what police officers in Aotearoa do during these responses – and why. The way that the unique policy of the New Zealand Police impacts on police officers' actions on the ground is an unexplored, but relevant, topic.

#### Alignment with police policy

As discussed in the introduction chapter, three key aspects of New Zealand Police policy, relevant to this topic, are: a commitment to Māori and Te Tiriti o Waitangi, the Prevention First operating model, and enhancing public trust and confidence in the police.

Regarding the first of these, under their commitment to Māori and Te Tiriti, the New Zealand Police have stated that they will ensure Māori receive equal treatment before the law. However, regarding mental distress-related jobs, Māori are overrepresented (Holman et al., 2018) and disproportionately experience the use of Tasers during these interactions (O'Brien et al., 2011; Understanding Police Delivery Independent Panel, 2024). As such, mental distress-related jobs represent a scenario where the police are experiencing challenges meeting this commitment.

Regarding 'Prevention First', this operating model directs police to practice in a way that prevents harm at every opportunity, with a focus on six drivers of demand, one of which is mental health. Under Prevention First, police are committed to being victim focused. This is achieved by enacting the core values of professionalism, respect, integrity, commitment to Māori and Te Tiriti, empathy, and valuing diversity. These values are theoretically consistent with procedural justice, though the application of this framework to policing in Aotearoa is not well understood. The New Zealand Police have also established that partnerships with communities and other service providers are a key aspect of delivering Prevention First (New Zealand Police, 2017c, 2023a). These types of partnerships could theoretically provide police with contextual support

to navigate decision making during responses to people experiencing mental distress, but again this is a topic that has not previously gained research attention.

In general, the potential for police to do preventative work around mental distress is understudied, both internationally and in Aotearoa. Research in this space has primarily focused on how police can have better interactions with people experiencing mental distress, for example, through having increased training or adopting specialised response models (discussed in the next section of this chapter). In other words, existing research focuses on how police *react* to mental distress-related jobs.

In Aotearoa, there have been efforts from the New Zealand Police organisation to proactively improve responses to people experiencing mental distress. One example is implementing e-learning modules within their organisation, aimed at educating police officers to reduce discrimination towards and communicate more effectively with people experiencing mental distress. Lived experience voices are centred in this training (Davey et al., 2019). Another is the use of a mental health triage line, where 111 callers can be transferred to speak with mental health practitioners (New Zealand Police, 2017b). It is possible that the police take other preventative actions in this area that are not highly visible. As such, research is needed to explore what Prevention First looks like on the ground and what impact this operating model, and its underlying values, are having on people who interact with the police while experiencing mental distress. Additionally, research needs to take a broad view of how police operate in conjunction with partner agencies to deliver Prevention First. International literature has identified that interagency partnerships with mental health services are an important aspect of community mental health policing, yet challenges exist in creating interagency coordination and workable partnerships (Godfredson et al., 2011; Hollander et al., 2012) including in Aotearoa (Davey et al., 2019).

Regarding 'trust and confidence', the New Zealand Police state that they "seek to police with the consent of the public" (New Zealand Police, 2023a, p. 6) and aim to operate in a way that leads to the public having high trust and confidence in the police. Annual surveys report on the public's perceptions of the police. In the latest survey, 69% of the public had high trust and confidence in the police. While this was a significant decline from previous years, the New Zealand Police characterised this as an

overall high level of public trust and confidence. However, as discussed in the introduction chapter, lower rates of trust and confidence in the police are consistently reported by Māori respondents (Evidence Based Policing Centre and New Zealand Police, 2023), as well as Pasifika respondents and people living in more deprived areas of New Zealand (Gravitas Research and Strategy, 2020). This suggests that police experience a challenge in consistently realising preventative, victim-focused policy.

This section of the chapter has explored the challenges that arise for police and citizens when police interact with people experiencing mental distress. In the next section, the focus is on what interventions have been trialled to alleviate these challenges and improve these interactions.

### 2.3.5 Response models and interventions

In research into how police responses to people experiencing mental distress can be improved, the two main foci are 1) enhanced training for police officers and 2) specialised response models.

#### Enhanced training

##### *Crisis Intervention Team training*

The Memphis Crisis Intervention Team (CIT) model has been implemented across the United States and worldwide (University of Memphis CIT Centre, n.d.). It originated after the high-profile police shooting of a Black man with a history of mental illness in Memphis, Tennessee, in 1987. In response, the Memphis police worked with the United States National Alliance on Mental Illness to develop a specific response model for police to use when interacting with people in mental distress. Under this model, certain police officers get specialised trained in mental health. It is these officers who then respond to mental health-related calls, either as the first responder or after being called in by the first responding officer. At least one CIT-trained officer must be on every shift. CIT officers undergo 40 hours of training, which is designed to enhance their ability to do de-escalation, maintain safety during responses to mental distress-related jobs, and recognise whether and how to refer someone to mental health care either formally (via hospital) or informally via community resources. The CIT model also includes establishing ongoing partnerships between CIT-adopting police departments and mental health agencies (University of Memphis CIT Centre, n.d.).

The CIT model has been highly praised. It is viewed as easily transferrable between police departments (Lurigio et al., 2008). Positive findings such as reduced arrests have been touted (Franz & Borum, 2010). However, research is ambivalent as to whether the CIT model consistently delivers positive outcomes. Positive initial outcomes, such as enhanced verbal de-escalation skills and perceptions of self-efficacy among CIT-trained officers, may decline after the training's conclusion (Davidson, 2016). A systematic review and meta-analysis by Taheri (2016) found no evidence that the CIT model reduces arrests or police officers' use of force. A review by Rogers et al. (2019) found that CIT tended to have positive outcomes for police officers, such as enhanced satisfaction and a self-perception of using less force. However, there was a lack of evidence that CIT led to improved officer and citizen safety or reduced arrests. Both reviews demonstrated some evidence that CIT models enhance officers' choices to divert people in mental distress from the criminal justice system (Rogers et al., 2019; Taheri, 2016) but more robust research is needed to make conclusions. Peterson and Densley (2018) concluded that the current research base on CIT is not yet consistent enough in its methods or findings to conclude that CIT can be considered an evidence-based practice. Research has indicated that people with lived experience of interacting with the police while experiencing mental distress liked the idea of Australian police undergoing CIT training, as they perceived this would improve their ability to de-escalate and identify mental distress, but they felt that the usual 40-hour training programme might not be enough (Boscarato et al., 2014).

### *Service-user led training*

It is important to centre the voices of people with lived experiences of mental distress in efforts to improve police responses to people experiencing mental distress. In several studies, people with lived experience have identified what they feel police training and responses need. Participants in Canada have identified that the police should have better training on how to communicate with someone experiencing mental distress, prioritise the use of non-violent responses, and have (mental) health personnel present during their responses to mental distress-related jobs (Livingston, Desmarais, Verdun-Jones, et al., 2014). Participants in the United States have identified that police should be calm and patient, while giving the person experiencing mental distress the chance to explain themselves (Watson et al., 2008). They reported wanting

to be treated like a human and wanted police to know more about mental illness, both in the sense that they wanted police to ask about their mental state during their encounter and that they wanted police to be trained about how to interact with people experiencing mental distress.

The voices of people with lived experience (often referred to as ‘service users’) have been incorporated into training for police officers and it has been demonstrated that police officers find this approach to training useful. In a UK study where service users delivered two workshops to police officers, police were significantly more likely to endorse key destigmatising messages after the workshops, for example, that “people with mental health problems are far less of a danger than most people believe” (Pinfold et al., 2005, p. 127). However, there was no significant evidence that police’s hypothetical actions towards people with mental illness changed in reality after the workshops (Pinfold et al., 2005).

In Aotearoa, Davey et al. (2019) have developed service-user led training for the police via e-learning modules. The goals of this training are to bring about behaviour change and reduce discrimination. The modules are focused on reducing stigma and supporting police to engage with people in mental distress in more positive ways. Stories of service users are included, both positive experiences with the police and those that featured challenges. Police have reported finding these modules helpful and informative. Their self-reported ability to recognise mental distress and engage empathetically with someone in mental distress has been shown to improve after completing the training. A strength of these e-learning modules is that the training can be widely disseminated, though its creators noted that face-to-face training may be able to generate more positive effects (Davey et al., 2019). However, as with the UK-based study above, it is unclear whether this training translates to changes in police officers’ actions towards people in mental distress in reality. The impact of this training approach can be further explored by researching the experiences of people who have interacted with the police while experiencing mental distress.

### *Procedural justice training*

As discussed above, there is evidence that interactions with police are viewed more positively by people experiencing mental distress, and by citizens generally, when



these interactions are procedurally just. In recognition of this, procedural justice training is an emerging initiative among police agencies in the United States (Council on Criminal Justice Task Force on Policing, 2021). The intent of this approach is to train police officers to practice in a way that is more procedurally just, thus increasing citizens' perceptions of procedural justice and accordingly enhancing trust in the police and compliance with the law.

There are two forms of procedural justice training: script-based training and skills-based training (Council on Criminal Justice Task Force on Policing, 2021). Skills-based training appears to increase officers' belief that procedurally just methods are more effective and increase their use of procedurally just behaviours. It is currently unclear whether procedural justice training reduces officers' use of force (Council on Criminal Justice Task Force on Policing, 2021). More research is needed into this type of training and specifically its application to police interactions with people in mental distress. However, given findings based on lived experiences of these interactions show that procedural justice is an important element when police respond to people experiencing mental distress, this type of training could be impactful at improving these interactions. There is some research showing that the training improves citizens' perceptions of police, but findings about whether the training has positive outcomes in other domains (e.g., empathy, perceived fairness, willingness to cooperate with the police) are mixed, and long-term effects have not been shown (Council on Criminal Justice Task Force on Policing, 2021).

### Co-response teams

Various co-response models have been developed for police responses to mental distress-related jobs. These models feature police officers responding to mental distress jobs alongside non-police workers with mental and/or physical health expertise, sometimes as self-dispatched first responders (e.g., Bailey et al., 2022) and sometimes arriving to an event after the first-responding police have identified that a co-response team would be appropriate (e.g., Lamanna et al., 2017). A consideration of the latter approach is that regular police respond first and assess whether the situation is safe for the co-response team. However, people with lived experience of mental distress in Australia have expressed a preference for co-response teams to arrive independently of, or at the same time, as regular police (Boscarato et al., 2014).

A rapid research review by Marcus and Stergiopoulos (2022) explored the outcomes of various response models, including police-led models (such as CIT), co-response models, and non-police response models. This review reported on 62 articles from the international literature. The findings showed that the touted benefits of co-response teams – that they reduce the use of force and arrests, enhance provision of follow-up support and referrals, facilitate shorter wait times in emergency departments and less apprehension under Mental Health Acts, and decrease hospital admissions – generally had some support. However, these results were mostly not strong or conclusive across studies. Methodological weaknesses in evaluation studies were noted as limiting the conclusions that can be drawn. Obtaining the interagency collaboration required to run co-response teams was noted as a challenge across various models (Marcus & Stergiopoulos, 2022).

Where co-response teams have been implemented internationally, they have been experienced positively by people experiencing mental distress (Boscarato et al., 2014; Evangelista et al., 2016; Marcus & Stergiopoulos, 2022). Co-response teams have been found to enhance perceptions of procedural justice and police officers' communication and de-escalation, familiarity with mental distress, and knowledge of resources (Evangelista et al., 2016; Furness et al., 2017; Lamanna et al., 2017). Participants from Canada said they valued when the co-response team treated them with compassion and empathy and took an empowering approach, working together with them collaboratively. No participants said they felt criminalised during co-responses (Lamanna et al., 2017).

#### *The New Zealand Police co-response teams*

The New Zealand Police piloted a co-response team in the Wellington district between 2020 and 2021. This pilot followed a 2018 New Zealand Government inquiry into mental health and addiction (Government Inquiry into Mental Health and Addiction, 2018), which identified crisis responses to people experiencing mental distress as an aspect of mental health care in Aotearoa where change was needed. The authors of the enquiry envisaged that people in crisis should be able to experience a response from a well-trained, compassionate team who could de-escalate the situation, where police fulfil the role of backup and support to the mental health professionals

(Government Inquiry into Mental Health and Addiction, 2018). This was recognised by the New Zealand Police who committed to piloting a co-response model.

Police knows that a multiagency approach is required to provide a world class response to the effects of mental distress. We work closely with partner agencies and provide input into national, regional, and local strategies and service plans. We want to ensure increases in demand can be managed and that people in mental distress and crisis get the right help at the right time. [...] the intent of reducing Police's current role as being the primary provider of mental health crises response. (New Zealand Police, 2022a, p. 28)

This co-response team was made up of a police officer, a mental health clinician, and a paramedic. It was intended that this team would respond to jobs related to mental distress and also provide guidance to other on the ground responders. The key goals of this team were providing safe, dignified responses, being able to do mental health triaging at a person's home (rather than in police cells or emergency departments), and reducing the use of police detention under the Mental Health Act (Every-Palmer et al., 2022).

The pilot reported successful outcomes. During responses by this team, the majority of mental health assessments happened in the person's home. The emergency department was utilised less and wait times were shorter. The ability to make referrals for follow-up support was enhanced. People who received a response from the co-response team reported positive experiences and satisfaction with the team. Successful collaboration between participating services was reported (Every-Palmer et al., 2022).

The New Zealand Police began to implement co-response teams in other police districts and in August 2023 announced that these teams will be introduced nationwide over the next several years (Beehive.govt.nz, 2023). Given the promising outcomes of the pilot, this could be a very positive step for police responses to people experiencing mental distress. However, there is a continued need to research these responses. The understanding of police and citizen experiences of these responses is not complete. It can also be observed that implementing a co-response team represents a reactive, rather than preventative, initiative from the New Zealand Police. While a co-response model may improve some aspects of these interactions, it does

not target fundamental aspects of these interactions, like the attitudes and behaviour of police officers. It also assumes that police inherently need to play a role in these responses, albeit alongside other professionals. The next section of this chapter challenges this assumption.

### Non-police responses

Most commonly, police are the central, if not sole, responder to people experiencing mental distress. But people who have experience interacting with the police while in mental distress have expressed a desire for police to be removed from responses (Boscarato et al., 2014; Hunter, 2023; Pope et al., 2023). Māori and Pacific people in Aotearoa have expressed support for a hypothetical co-response model that does not include police, rather paramedics and trauma- and culture-informed health and mental health professionals (ActionStation, 2020), as have people who contributed submissions on the reform of Aotearoa's mental health legislation (Roguski & Chauvel, 2022).

Response models do exist where police are not involved, and these are showing promising outcomes. For example, a programme called CAHOOTS (Crisis Assistance Helping Out On The Streets) has been running in Oregon for over 30 years. Mental health crisis workers and paramedics respond to mental distress events instead of police (Waters, 2021). This team can call for police back-up, but seldom does (Gonzalez Miranda et al., 2023; Waters, 2021). The CAHOOTS team most often responds to welfare checks, which would usually be responded to by regular police, and in 2021 diverted 8-9% of 911 calls away from regular police. The programme has led to significant cost savings for the Eugene police department (Gonzalez Miranda et al., 2023).

Other examples include: the Behavioral Health Emergency Response Diversion (BHERD) Program, the Community Assistance and Life Liaison (CALL) model, the Crisis Response Unit (CRU), and the Street Crisis Response Team (SCRT) model (City and County of San Francisco, 2022; City of Olympia, n.d.; McNeilly et al., 2023; University of South Florida Center for Justice Research & Policy, 2022). These all operate in the United States. In each of these models, non-crime related calls are diverted to non-police staff (e.g., mental health professionals, paramedics, navigators from mental

health or social work-related fields), who are most commonly able to resolve the job without involving police or other emergency services. The CRU and SCRT models additionally include a focus on linking people in distress to 'peer specialists' who have their own lived experience of distress; in the SCRT model, a behavioural health peer specialist is part of the first-response team (City and County of San Francisco, 2022; City of Olympia, n.d.).

Research indicates that non-police response models are overall feasible and positive (Gonzalez Miranda et al., 2023). Positive outcomes include support for outcomes such as diverting responses away from regular police (e.g., McNeilly et al., 2023) improved response times, enhanced referrals and follow-up support, and reduced hospital admissions, though some of these have mixed evidence (Marcus & Stergiopoulos, 2022). Lived experiences of non-police responses are generally positive (City and County of San Francisco, 2022; Marcus & Stergiopoulos, 2022).

### 2.3.6 Part one conclusion

This first part of the literature review has focused on what international and local research illustrates about how citizens and police experience interactions related to mental distress. Evident in this literature is that these interactions can be challenging for both parties. However, positive interactions and innovations for less challenging interactions do exist.

Less is known about how these interactions are happening in Aotearoa. There is a need for local research to bridge this gap by examining experiences of people in mental distress and police.

As described above, existing statistics concerningly indicate that police are using force on people experiencing mental distress, and disproportionately towards Māori. There is an imperative to back up previous statistical findings with illustrations of individuals' experiences, which can be gained by asking people to share their lived experiences of police interactions. Through this approach, nuanced perspectives can be gained. This leaves scope to understand more about negative experiences with the police and whether certain police actions can generate positive experiences.

Previous qualitative research based in Aotearoa has considered only how police respond when a suicide attempt is happening (Hunter, 2023). Moving beyond this limited scope is important to reflect the diverse contexts in which our police interact with people experiencing mental distress. Additionally, there is an imperative to emphasise the voices of whānau Māori. In recognition of the prevailing inequities for whānau Māori who interact with the police, further research in this space is necessary, done by Indigenous researchers. This work is beyond the scope of my project (and beyond my capability as a Tauīwi – non-Indigenous – researcher) but was completed by my research colleagues under the umbrella of our broader, nation-wide project (Hunter, 2024; Thom et al., 2024).

Additionally, little is known about how police officers in Aotearoa experience their interactions with people experiencing mental distress. Based on the literature and policy documents of the New Zealand Police, officers in Aotearoa are theoretically contending with multiple challenges during these interactions. To understand these challenges and their impact on police officers' actions, research that observes policing is valuable. It offers the best opportunity to gain an understanding not only of the actions that police officers take, but also the 'how' and 'why' behind this decision making. The impact of contextual factors (such as the emergency department and the custody mental health nurse) can be revealed by observational research, as has been in the case in international work (Morabito, 2007; Wood et al., 2017).

## 2.4 Part two: The post-disaster context

This second part of the chapter is focused on post-disaster literature. This is because this thesis reports on research situated within Christchurch, which has been the site of multiple unprecedented traumatic events in the past decade, including earthquakes, terror attacks, the COVID-19 pandemic, and wildfires. These traumatic events have impacted mental health within the community, thus theoretically influencing the mental health-related work of police.

### 2.4.1 Citizen experiences of disaster

Negative mental health impacts have been documented among people who experienced the earthquakes. As reported in a systematic review by Beaglehole et al. (2019), these impacts included increases in major depression, anxiety disorders, and

post-traumatic stress at clinical and non-clinical levels. Secondary stressors have occurred following the earthquakes and may have contributed to ongoing adverse mental health; examples of these include the numerous aftershocks between and following the two major earthquakes and the stress of navigating insurance and other bureaucracy during the ongoing rebuild (Dorahy et al., 2016; Sampson, 2016; Snell et al., 2014; Spittlehouse et al., 2014).

Though the mental health impacts of the earthquakes seem to be decreasing over time (Beaglehole et al., 2023), recent research demonstrates that these impacts are still persisting, over a decade after the earthquakes (Briggs et al., 2023). The impacts of the earthquakes were not uniform, and some people reported no/low impacts on their mental health or even post-traumatic growth, the experience of positive change following trauma (Achterhof et al., 2018; Smith et al., 2017). Well-being inequities have been associated with socioeconomic inequities, with lower household income being associated with worse well-being following the earthquakes (Begg et al., 2021).

The notion that mental health in Christchurch has been influenced by the earthquakes is supported by police data demonstrating that mental health call-outs in the Canterbury police district show different trends to Aotearoa on the whole. Considering data from 2009–2016, most police districts reported more 1M (mental health-related) jobs than 1X (suicide-related) jobs, but this trend was reversed in the Canterbury and Southern Police Districts (Evidence Based Policing Centre, 2018; New Zealand Police, 2017a). Canterbury also consistently reports the highest rates of 1X jobs nationally (Winter, 2022).

Mental health ramifications from the 2019 terror attacks are still being captured by research, but it is clear that these attacks had negative psychological impacts. One research team has explored the impacts of the attacks on Christchurch's Muslim community. A preliminary findings report has indicated that out of 189 participants, 61% reported having at least one mental health condition since the attacks. Many participants reported 'a family member's mental health' as one of their main concerns in the aftermath of the attacks. Thirty five percent of participants were accessing support through a police family liaison (University of Otago, n.d.). It is possible that non-Muslim residents of Christchurch were also psychologically affected by the

attacks. A literature review by Whalley and Brewin (2007) concluded that experiencing a terror attack can be associated with mental distress including disorders such as PTSD, depression, and traumatic grief and anxiety, with these impacts being evident both in direct victims and people with lower exposure to the event (e.g., who were not direct victims nor physically close to the event). It is possible that having experienced previous traumatic events, particularly the Christchurch earthquakes, might have amplified Christchurch residents' trauma following the terror attacks (Dorahy & Blampied, 2019).

A further impact upon mental health in Christchurch has been the COVID-19 pandemic. From the beginning of the pandemic, there was international recognition that it had the potential to negatively impact upon mental health, due to contributing factors such as decreased access to usual mental health support, isolation, fear and anxiety, and wider socioeconomic repercussions of the pandemic such as unemployment (Sullivan et al., 2020). A large systematic review and meta-analysis of global research has subsequently found no evidence to support substantial negative impacts of the pandemic on mental health (Sun et al., 2023). However, one Aotearoa-based study found that participants reported worse psychological distress, anxiety, and well-being during the first lockdown compared to a pre-lockdown baseline (Every-Palmer et al., 2020). A second study found that people experienced mental distress during the lockdown and had difficulty accessing support for this (Officer et al., 2022). A third study found that people who had a mental illness experienced worse psychological impacts as a result of the lockdown (Bell et al., 2022). The New Zealand Police have attributed an increase in mental health-related jobs over the past five years to the impact of stressors upon people in Aotearoa, including the COVID-19 pandemic and its ongoing impacts (New Zealand Police, 2022a).

#### 2.4.2 Police experiences of disaster

In disaster contexts, police experience dual roles as both first responder and affected citizen. Two studies suggest that the Christchurch earthquakes negatively impacted police officers' mental health. Work-related factors contributing to this included working in dispatch communications during the earthquake, personal harm, or exposure to grotesque scenes (Surgenor et al., 2015). Other stressors included



navigating insurance claims, damage to housing, loss of social connectedness and PTSD (Snell et al., 2014).

While research has not been carried out into police officers' well-being following the March 15 terror attacks, international research has shown that terror attacks can have a negative impact on the mental health of police and other first responders (Faust & Vander Ven, 2014; Paton & Violanti, 2006). Following the mosque attacks, the government's plan for supporting the psychosocial well-being of those affected did not direct police to provide psychosocial support directly, e.g., through the provision of psychological first aid. Rather, they were tasked with family liaison services in the initial response (later transitioned to the Ministry of Social Development) and working with witnesses for court proceedings (Ministry of Health, 2019). This does not mean, of course, that in practice police were not providing psychosocial support to those they interacted with on the ground in the aftermath of the event.

Regarding the COVID-19 pandemic, Drew and Martin (2020) have argued that the pandemic can be conceptualised as a traumatic event for police, given that their work may have put them at high risk of harm via infection.

The duality of police as victim and responder to disasters requires police to navigate a tension between their needs, duties, and instincts in each role (Faust & Vander Ven, 2014; Varano & Schafer, 2012). Faust and Vander Ven (2014) contend that when police are also victims to a traumatic event, their likelihood of developing PTSD may be much higher. Further, when police do experience damage to their well-being after a disaster, they may not have easy access to support, due to organisational stigma around help-seeking and/or their agency being overwhelmed post-disaster (Faust & Vander Ven, 2014; Ministry of Health, 2016). It is pertinent to explore how police navigate their work as first responders to mental distress, while experiencing their own trauma, within a traumatised post-disaster community. To date, it is not well understood how police support mental health in a post-disaster community, neither in the immediate aftermath or in the years following. An appropriate framework to adopt here may be shared trauma.

### 2.4.3 Shared trauma

The term 'shared trauma' has been used to describe a situation where a practitioner (typically a therapist) has experienced the same traumatic event as their client. The concept of shared trauma received mainstream acknowledgement in the literature following the 9/11 terror attacks, where practitioners described their client interactions in the context of both parties having experienced the attacks (e.g., Tosone, 2011). There are various ways in which shared trauma may impact a practitioner and influence the practitioner-client relationship. For example, practitioners have to be prepared for clients to discuss a traumatic event that brings up painful emotions and memories for them as well (Tosone, 2011). A counsellor may feel guilty for being preoccupied about their personal life if the client brings up a stressor that is shared by the counsellor, such as housing damage caused by the disaster (Sampson, 2016; Tosone, 2011).

Practitioners may feel a tension around how much they share about their own traumatic experience, but it is recognised that the blurring of typical practitioner-client boundaries and the resulting increase in therapeutic intimacy can also be a positive outcome of shared trauma. A focus on the shared nature of the trauma can make a client feel more trustful and closer to the practitioner, and practitioners have reported feeling enhanced compassion and connectedness with clients (Bauwens & Tosone, 2010; Tosone, 2011). Another positive aspect of shared trauma practice is that post-traumatic growth may be possible for the practitioner, for example, developing better strategies for self-care, a better work-life balance, feeling that helping a client helped with their own healing from the traumatic event, and an enhanced sense of purpose and meaning in their work (Bauwens & Tosone, 2010; Sampson, 2016; Tosone, 2011). On the flip side of this, a potential challenge for practitioners is that they may view their pre-trauma or non-trauma-related work as frivolous or less meaningful (Bauwens & Tosone, 2010; Tosone, 2011).

#### Application to Christchurch Police

Sampson (2016), writing about her experiences as a therapist practicing in Christchurch, described aspects of her and other psychotherapists' post-earthquake work that are in line with a shared trauma framework. These included sharing more personal experiences with clients than usual, with positive outcomes in terms of

gaining clients' trust and feeling a personal sense of purpose through helping clients. There were also challenges, such as coping with clients' memories and emotions of the earthquakes. Apart from the work of Sampson (2016), shared trauma has not been explored in the context of a post-earthquake community.

To date, the concept of shared trauma has not been applied to the experiences of police. However, it is theoretically relevant to how police experience their work responding to people experiencing mental distress in a post-disaster community, particularly given that they are often called upon to enact a quasi-counselling role during mental health call-outs (Lurigio et al., 2008). Features of shared trauma have been identified in research on police officers' well-being following the Christchurch earthquakes. For example, police officers reported feeling an enhanced sense of pride in their work, that working with the families of victims helped their own coping, and a change in the way they viewed their pre-earthquake or non-earthquake work, now seeing some people's problems as 'minor' or 'petty' compared to what they had seen in the earthquake response (Snell et al., 2014). Regarding the last of these, it would be pertinent to explore how this shift in perspectives might impact upon police officers' perspectives of mental health call-outs, given there has historically been a sentiment among police that this type of work does not align with real police work (Reiner, 1992). This finding has also been recently identified in research of Australian police officers (Miles-Johnson & Morgan, 2022).

A particularly interesting aspect of shared trauma to consider in police responses to people experiencing mental distress is the theoretical blurring of traditional police-citizen roles. Therapists working in a shared trauma framework have embraced a reimagined practitioner-client relationship and leveraged this new, more balanced relationship for enhanced therapeutic intimacy (Bauwens & Tosone, 2010; Tosone, 2011). In lived experience research, the perception of police as punitive authority figures has been identified as contributing to people's reluctance to engage with the police during mental distress (Boscarato et al., 2014). Therefore, reimagining the police-citizen power dynamic through the recognition of shared trauma could be a factor that improves citizens' perceptions and experiences of these interactions. It could also help police bring their practice in line with stated policy objectives of being preventative and victim-focused (New Zealand Police, 2017c). However, reframing this

dynamic may be inherently difficult given that the police-citizen dynamic is deeply entrenched and institutionalised; citizens may not perceive police to be trusted, compassionate counsellor-type figures regardless of whether they share trauma.

There are other reasons why a framework of shared trauma may not be applicable to police interactions with people experiencing mental distress. For example, police and/or citizens may not have been living in Christchurch during the traumatic events, nor may they have found these events to have had a negative impact on their mental health. Police interactions with people in mental distress may be too brief and isolated to connect over shared trauma in the way that a therapist can with a client. It is also possible that police do not step into a quasi-counsellor role when they respond to people experiencing mental distress. Nonetheless, exploring shared trauma as a potential way of understanding police responses to people experiencing mental distress in a post-disaster Christchurch stands to enhance an understanding of post-disaster policing and the role of police when they respond to people experiencing mental distress more broadly. This exploration may provide insights into some fundamental features of police-citizen interactions involving mental distress, such as entrenched power dynamics and the necessity on police to do quasi-counselling work during these interactions.

#### 2.4.4 Part two conclusion

The city of Christchurch is a unique research setting in Aotearoa. This provides an important opportunity to explore how a post-disaster context may shape police responses to people experiencing mental distress. The post-disaster context theoretically has an impact on these responses, not just because of ongoing mental health ramifications in the community, but also because the concept of shared trauma may be invoked when police respond to people impacted by the same traumatic events that have impacted police themselves. This is a novel area of research where qualitative research can play an important role allowing in-depth exploration of what this framework may look like in practice.

## 2.5 Conclusion

This chapter has reviewed existing literature on police responses to people experiencing mental distress and contextualised the research setting of post-disaster Christchurch.

It is known that police-citizen interactions related to mental distress are often fraught, posing challenges for people experiencing mental distress and police officers alike. However, positive interactions can and do happen, especially when these interactions are procedurally just. Innovation is happening to improve these responses, primarily focused on how police are trained on mental health and how police can co-respond to people experiencing mental distress alongside mental health clinicians. In Aotearoa, research has shown that the status quo of police responses to people in mental distress often generates negative experiences for citizens and includes the use of force, particularly for Māori. There is a need to further explore the experiences of people who have interacted with the police while experiencing mental distress, particularly through qualitative methods, which can amplify participants' voices and explore the nuances of their experiences. There is also an opportunity to explore how the New Zealand Police's preventative, victim-focused policy objectives feature in on the ground responses to people experiencing mental distress, which can be attempted through observational qualitative research.

Post-disaster Christchurch represents a context where mental health in the community has been negatively impacted by several traumatic events. The role of police in responding to people experiencing mental distress following disaster has not been researched. I proposed shared trauma, a framework with its origins in counselling, as a novel way of understanding how mental distress-related police-citizen interactions may be affected by a shared post-traumatic context.

The next chapter focuses on the methods of this research, describing how this thesis will attend to knowledge gaps in the existing literature base.

## Chapter 3 Methods

### 3.1 Introduction

This chapter details the qualitative approaches taken in this research, their rationale, and the methods. I begin by discussing the philosophical and ethical assumptions that underpinned my research. These assumptions were driven by the complexity of researching both people with experience of policing while they were mentally distressed, and the police. The existing power imbalance between these groups has already been touched on in previous chapters, and was a key factor to consider when I was exploring research processes. In order to ensure that multiple, subjective realities remained visible throughout the research, I have maintained a high-level theoretical approach that leaves space for participant voices to be privileged.

In the second part of this chapter, I discuss the research strategies I used. I present the rationale for choosing each strategy and then outline how they were carried out. I also discuss the practical ethical considerations that were made throughout the research process. Finally, I describe the strategies I used for analyses of each data set.

### 3.2 Design

My research sought to explore the experiences of police-citizen interactions related to mental distress, from the perspectives of both involved parties, within a post-disaster context.

There were two aspects to this research: 1) interviews with people who had lived experiencing of interacting with the police while experiencing mental distress, and 2) an ethnographic case study of policing in Christchurch. Both aspects took place from July-December, 2022.

All my methodological choices about this research were guided by the ultimate goal of producing a piece of work that had a transformative impact on police practice and policy. From the beginning, I hoped that this work would improve police interactions with people experiencing mental distress. This goal underpinned the philosophical assumptions I carried into the research, about ontology and epistemology, and the methodological approach and research methods. Each of these things are interrelated

(Carter & Little, 2007) and this chapter illustrates how I engaged with each of them and how they engaged with each other.

I assumed the ontological view of relativism. Ontology refers to assumptions about reality. In a relativist view, reality is assumed to be multiple and subjective (Guba & Lincoln, 1994). Each person's subjective experience of reality is assumed as real, and, therefore, there exist "as many different realities as there are people" (Levers, 2013, p. 2). What this meant for my research was being aware that the same event (e.g., an interaction between a police officer and someone in mental distress) is subjectively realised for all those involved. I was not seeking an objective truth about police responses to people experiencing mental distress. Rather, I sought to discern the multiple realities of people who had experienced these interactions. This objective related back to my transformative goal. For this research to be transformative, any recommendations arising from my findings needed to recognise, and speak to, diverse experiences and needs.

This position influenced my decision to use two participant groups and multiple qualitative methods of data collection. Using multiple methods aligns with a relativist ontology because it enhances the exploration of multiple versions of reality and the ability to identify similarities, disparities, and gaps between participants' different experiences (Barry, 2002). Through using both participant groups, and several different qualitative research strategies to explore their views and experiences, this research presents a rich and nuanced exploration of this topic. This is in line with the approach of crystallisation in qualitative research (Barbosa Neves et al., 2023; Ellingson, 2009; Richardson, 2000). Crystallisation is an approach to obtaining a rich understanding of a topic. It contends that multiple data sources can be used to understand multiple 'facets' of complex, multifaceted phenomena. Nonetheless, crystallisation is an "openly partial account of a phenomenon" (Ellingson, 2009, p. 4). It does not claim that there is an absolute truth about a phenomenon that can be discerned through research, but rather, it provides a deep understanding of multiple truths about the phenomenon, that is still coloured by the researcher's and participants' positionality.

This ontological position also influenced my approach to the analysis. It meant recognising that messiness and contradictions in the data were things that needed to

be embraced, rather than smoothed out, because participants' experiences (even of the same events) were individually subjective. Later in this chapter, I describe in more detail what this meant for how I analysed and wrote up the data.

While I viewed participants' realities as subjective, I was also cognisant of the unequal power dynamic between police and citizens (Boscarato et al., 2014), particularly citizens experiencing mental distress, who are often marginalised (Boardman, 2011; Gordon et al., 2017). Mertens (2012) reminds researchers aiming to do transformative research that they have a responsibility to remain aware that some versions of reality are privileged over others. In my research, this meant being aware that the reality of a police officer might be received with more weight than the reality of someone who had interacted with police while experiencing mental distress. Attending to this imbalance guided several of the choices in this research. It meant the co-production approach underpinning this project, discussed shortly on page 58, was important because of co-production's explicit goals of reducing power imbalances so that researchers and participants can work together to affect change (Carr & Patel, 2016; Roper et al., 2018; Slay & Stephens, 2013). Additionally, when selecting an analysis strategy for the findings informed by participants with lived experience, I sought an approach that would show these findings were equally legitimate as the police findings. This decision-making process is discussed more on page 88.

Epistemology refers to assumptions about knowledge – understanding “how we know what we know” (Crotty, 1998, p. 3). A relativist view suggests a shifting, dynamic epistemology that challenges the notion of a single approach to the generation of knowledge (O'Grady, 2002). With this in mind, I took an epistemological standpoint where 'gaining knowledge' meant learning, from various perspectives, about what was true in participants' subjective realities. I therefore needed to gain knowledge about police-citizen interactions, and how to improve them, by learning about participants' subjective experiences. Practically, this influenced my selection of research methods. As put by Carter and Little (2007), “method is constrained by and makes visible methodological and epistemic choices” (p. 1316). I chose research methods that could glean a close understanding of participants' experiences and, in the case of ethnographic observations, to situate myself in the context of participants' lives. The various perspectives gained through these methods were assumed to represent



multiple truths – valuing, rather than shying from, subjectivity (Darlaston-Jones, 2007; Hegelund, 2005).

Throughout the data collection, I also prioritised forming relationships with participants that enabled me to understand, as best as possible, their diverse positioning, views and experiences. I did this through including steps in my research protocols to build trust and rapport, like sharing kai (food) and devoting time to whanaungatanga (connections/relationship building) before beginning interviews and focus groups, and chatting to the ride-along teams about the research, myself, and the officers themselves. It was important that participants' realities were privileged in the research, so this relationship building aimed to ensure that participants were comfortable sharing their experiences and that I had a subjective context from which to understand their experiences. During the data analysis, this meant that I was able to recognise the tensions within and between the police findings. Without a focus on subjective realities and knowledge of the individuals involved, my analysis may have been less nuanced and more focused on distilling a single truth.

### 3.2.1 Reflexivity

In this research, I embraced not only my participants' realities but also my own. It was extremely important that I remained reflexive about what shaped my approach to the research. Who I am undoubtedly shaped my approach to this research. I have attempted to make transparent how I constructed knowledge throughout the research process, and how my values and subjectivity impacted the research (Guillemin & Gillam, 2004).

I used several strategies to reflect on and challenge my assumptions about the research. These included the supervision process and my supervisory team. I also kept a reflective journal throughout the entire research process. Additionally, I presented my research multiple times throughout the project – to a lived experience network in Christchurch, to a police oversight committee formed for this project, at university symposiums, and to interested community groups. These presentations were a valuable opportunity to engage in reflexivity. Presenting the research involved transparently laying out my methodological choices and interpretations of the findings. Different audiences' reactions to the research made me more aware of my own

assumptions and biases. For example, when I presented at a university symposium, audience members asked me many questions about the practicalities of accompanying the police as an observer on ride-alongs. Did I feel safe? Did police officers seem perturbed by my presence? How about members of the public? These questions, which had been on my own mind during the data collection but had faded somewhat into the background after I left Christchurch, were brought again to the fore. I reflected again on the space I had occupied during the ride-alongs and realised that by the end of data collection, I had come to view the arrangement as a fairly normal thing. I considered how my past experiences and social position might have influenced this. Had I had my own negative experiences with the police prior to this research, or been raised with an instilled mistrust of the police, I might not have been able to normalise riding along with police officers, nor feel safe being in such close quarters with them.

Throughout the research process, I encountered what Guillemin and Gillam (2004) termed “ethically important moments” (p. 262). These are moments where the researcher recognises that their actions will have ethical ramifications and they must determine how to proceed in the best way to prevent harm (e.g., exploitation of participants). Guillemin and Gillam (2004) suggest using reflexivity as a tool to navigate such moments. I was mindful of ongoing ethical dimensions of my research and, when required, had to think on my feet about how ethical principles could guide them away from moments of potential harm. In my research, ethically important moments happened when a participant was contemplating withdrawing from the research and when I was choosing which analysis strategy to use.

On pages 70 and 89, I discuss each of these moments further and demonstrate how I used reflexivity to guide my decision making at different points during the research process. In this discussion, I expand on the emotions I experienced during these moments. Though initially unsure about including my emotional reactions, I was encouraged by reading the scholarship of Ruth Behar, who contended that researchers should be upfront about the role of their emotions in research – embracing vulnerability over false pretences of objectivity (Behar, 1996).

### 3.2.2 Rigour

I attended to the principle of rigour in my research in several ways. Rigour means the findings can be regarded as trustworthy, meaningful, and useable (Mays & Pope, 1995; Sandelowski, 1986). Peters (2010) contended that demonstrating rigour is particularly important in qualitative mental health research, so that findings informed by lived experience are given their full weight. Given my transformative goal for this research, I have discussed rigour in this chapter so that my research approach can be understood as a credible one, giving rise to useable findings (de Wet & Erasmus, 2005; Koch, 1994; Mays & Pope, 1995; Sandelowski, 1986) that will ideally be attended to by people who hold power about transforming police policy and practice.

To address trustworthiness, I provide clear descriptions throughout the thesis of the methodological procedures and analytical approaches I used and why I chose them. For the findings of my ethnographic case study of policing, I provide a detailed description of my initial analysis, which had shortcomings, and the process that led me to embark on a second round of analysis. This discussion demonstrates how re-analysis led me to achieve greater trustworthiness in my findings; one aspect of this was giving voice to conflicting accounts within the data (Mays & Pope, 1995; Nowell et al., 2017).

Reflexivity is an important aspect of rigour (Jootun & McGhee, 2009), so the data can be shown to reflect the participants' subjective realities, with the researcher's assumptions, biases, or agenda being clearly identified. As discussed, I actively sought to examine and reflect on my assumptions and biases, internally and through external mechanisms like debriefings and presentations. Throughout the data collection, I also included mechanisms to ensure that participants felt their voices were accurately represented in the data. These were the approach of co-produced lived experience narratives (described in more detail on page 61) and giving police participants the opportunity to check their transcript before I began analysis.

Another aspect of rigour is showing that the findings accurately represent the phenomena they purport to report on (Mays & Pope, 1995), which enhances the extent to which findings are meaningful and useable. As discussed, using multiple data sources helped me meet this goal. Conducting an ethnographic case study also addresses this aim, as ethnography is an established way of gaining a deep

understanding of how a cultural group operates (Fetterman, 2020) and observational research has previously provided insightful understanding of how police respond to people experiencing mental distress (Bittner, 1967a, 1967b; Teplin & Pruett, 1992; Wood et al., 2017). In the findings chapters that present data from police participants, I include field notes and vignettes based on situations I observed during the ride-alongs, which adds rigour by connecting my thematic findings with examples of on the ground policing.

In the discussion chapter of this thesis, I contextualise my findings within past research and theory. This critical and theoretical contextualisation of findings was deliberately withheld until the discussion chapter so that the three findings chapters remained focussed on participants' voices and held space for their subjective realities, in keeping with my relativist ontological position.

### 3.2.3 Co-production

The broader research project that my work fell under was shaped by a co-production approach (Carr & Patel, 2016; Durose et al., 2012; Kidd & Edwards, 2016; Roper et al., 2018; Thom et al., 2022) in two ways. Firstly, some senior research team members have lived experience of mental distress and were key to developing a project that embedded and valued the experiences of people who had engaged with the police while experiencing mental distress. Secondly, a partnership was formed to do this research in collaboration with the police, who brought experience of challenges around responses to mental health events and a desire to change that experience.

Co-production underpinned our approach because, as with my individual study, the overall project had the aim to transform police practice and policy. In both co-production and transformative qualitative research, there is a shift from 'studying' participants to 'working with' them; participants become partners in designing the study and their voice is emphasised in the findings with a clear goal of affecting change (Durose et al., 2012; Kidd & Edwards, 2016). Co-production has strengths that were valuable in this project, such as partnership, reciprocity of knowledge sharing, and equal distribution of power, and is considered the gold standard in mental health research (Carr & Patel, 2016; Roper et al., 2018; Slay & Stephens, 2013).

The diverse expertise in our research collaborations informed the study approach. However, while I have used the term co-production to describe both relationships (with team members who have lived experience of mental distress and with police), co-production functioned differently in both cases.

With team members who have lived experience of mental distress, co-production informed decisions about the research methods for participants who had lived experience engaging with the police while in mental distress. A methodological approach was decided upon, which had at its forefront the goals of equal distribution of power and empowerment. As discussed shortly, it was decided that across the national project, we would interview participants about their experiences with the police and then embark on a process of co-producing participants' narratives of police engagement. Through this approach, we gave participants full power over how they wished to share their story about engaging with the police. The ultimate goal was collecting and sharing a compendium of lived experience narratives to highlight areas where police policy and practice needed to transform.

Co-production with the police was about working together with police in national senior leadership positions to conceptualise the project and mediate access for data collection. This access was fundamental for being able to do this research. Under the endorsement of our police team members, I was put in touch with officers in Christchurch who facilitated my case study there, for example, by having pre-planning meetings with me, and helping me set up ride-alongs, interviews and focus groups when I arrived in Christchurch. The New Zealand Police also funded my travel to and accommodation in Christchurch. The level of access we were granted reflected the buy-in from police to have this research happen and produce useful recommendations.

However, in this relationship, it was hard to realise the principle of equal distribution of power. Because access for data collection was mediated by police, as researchers our decision-making power was lesser. There were several implications of this.

One of these was me doing my case study in Christchurch. This choice of Christchurch as my case study site, by the police, had some interesting implications for me as a researcher and for the research. For me, I had accepted my PhD scholarship under the assumption that I would be doing field work in Auckland, the city I planned to live in

during my PhD and where I had friends and family. When Christchurch became the site of my case study, I felt more than a little trepidation about relocating to the South Island away from friends and family for 3 months. These negative feelings were amplified when intermittent COVID-19 government lockdowns meant my fieldwork was continually delayed. Concerning the research itself, I suspect the fact that I am not from Christchurch also limited my understanding of the post-traumatic context, which I discuss further in the discussion chapter.

Our reliance on police to grant our access also impacted my data collection, in ways that are discussed throughout this chapter. Recruitment for focus groups and interviews was guided by the area prevention manager. For each ride-along, the sergeant on-shift decided which frontline constables I would ride-along with. When I was on the ride-alongs, I was fully absorbed into a police space. This led to some uncomfortable moments, like when a citizen challenged my presence on his property (described later in this chapter, on page 74).

An unequal power dynamic was also apparent when it came time to release our project findings. In one of the regular meetings we had with a police oversight committee, my supervisors discussed being ready to release a compendium of lived experience stories, and there was an immediate apprehension from our police partners. They let us know that their staff needed the opportunity to pre-read any findings we would release from this project and pre-empt any potential negative media reporting about police. I find this apprehension understandable. A consistent reflection over the course of my research is that police deeply want the complexities of their role to be recognised, not reduced to a negative headline. In keeping with my relativist ontology, I recognise that police saw us releasing findings to the public that portrayed (or, maybe in their view, misrepresented) their reality, and needed to be able to prepare for the public's reaction. At the same time, what this realistically meant was that we as the research team had restrictions on how we disseminated our findings.

### 3.2.4 Cultural approaches

Within the Te Ara Tika framework for Māori research ethics, my research is considered 'mainstream', as I am not a Māori researcher and this study was not specifically

focused on Māori (Hudson et al., 2010). Nonetheless, the research topic has direct relevance to Māori, given that Māori are overrepresented in police interactions with people in mental distress and are overrepresented in the criminal justice system generally (Department of Corrections, 2007; Holman et al., 2018), so seeking to include the experiences of Māori with lived experience of interacting with the police while experiencing mental distress was important.

As such, the lived experience research process was designed to be appropriate and respectful for Māori. Whanaungatanga was emphasised from the initiation of contact with participants and through the data collection and beyond. Building strong relationships was important to help participants feel respected, empowered, and safe to share their stories with me. Building strong relationships included manaakitanga (hospitality) through the sharing of kai during the interviews. In line with the co-production methodology that framed the broader research project, Māori team members and/or team members with lived experience of police interactions while experiencing mental distress joined me in conducting interviews with participants. This positioned me as a learner in this situation, and helped to reduce power differentials and enhance cultural safety, given I am not a peer researcher with lived experience of police interactions and mental distress nor a Māori researcher.

### 3.3 Research strategies

This part of the chapter describes the specific research strategies I used, i.e., the lived experience interviews and the ethnographic case study of policing. I describe the rationale for choosing these methodological approaches, who my participants were, and the procedures I used.

#### 3.3.1 Lived experience interviews

I sought to understand the experiences of people who had interacted with the police while experiencing mental distress. The choice of research strategies was guided by the principles of co-production, particularly that I wanted to work with participants, with a goal of empowerment and affecting change, rather than 'study' them (Creswell, 2013; Kidd & Edwards, 2016). Through our co-production approach, we chose interviews as a starting point, to facilitate gaining an in-depth understanding of each participant's experiences (Marshall & Rossman, 2011). In previous research,

interviewing people who have lived experience of interacting with police while experiencing mental distress has provided important insights into these interactions, such as how people felt about the police as first responders to mental distress and how aspects of procedural justice could be enacted (or not) to make these interactions less distressing (Boscarato et al., 2014; Faubert, 2023; Hunter, 2023; Lamanna et al., 2017; Watson et al., 2008).

However, I wanted to approach the interviews in a way that made space for participants to have an active role in giving voice to their experiences and determining how their data would be used in the research process. The aim of the interviews, therefore, was to ask participants to share a story that they wanted to tell about their experiences with police. While I did create a semi-structured interview guide (see Table 1), the questions included were intended to be prompts more so than prescriptive questions, so that participants retained full control over what 'sharing their story' meant to them.

After the interviews, we entered the next phase of co-producing the participants' narratives with the intention of publishing them in full within my thesis and (if the participants consented) on our project website. This meant that, with their consent, I created an initial draft of each participant's narrative, based on the story they shared during the interview, and then sent this back to the participant for them to have control over making it true to their experience. Co-producing narratives meant acknowledging that participants' experiences are their own; while they may choose to share them with me and work with me to form the experience into a public narrative, I cannot claim ownership over the narrative and should not allow my interpretation to overshadow their experience.

### Participants

Participants were four adults who had interacted with the police while experiencing mental distress at a time when they lived in Christchurch. Participants were aged between their late 20s and their 60s. Three participants were male and one was female. Two participants were Māori (Ngāi Tahu and Ngāti Raukawa) and two were Pākehā. A fifth participant was interviewed but ultimately withdrew from the research.



Participants were recruited through several strategies. A general invitation to participate, in the form of a flyer and link to our project website, was circulated through mental health service user and general disability information channels and networks. These channels and networks specifically include forums and organisations that provide information, news, resources, and support to people who experience mental distress.

After being put in touch with these service user networks by one of my supervisors, I was invited by one network to talk about my research at an upcoming meeting. This also gave staff of the network the opportunity to meet me and ask questions about the research. They ultimately decided that they wished to circulate an invitation to participate in the research among their network. The presentation I gave at this meeting is appended in Appendix E (p. 246).

I met one participant at this meeting. The other three participants reached out to me via email after coming across the invitation to participate through service user networks.

The research was also advertised on a project Facebook and Instagram page. I also attempted to use snowball sampling (Johnson, 2014), by encouraging the people who participated to direct anyone they knew who may be interested in participating to our project website. Neither of these methods resulted in any contacts.

I had originally aimed to recruit 10 participants for this research. It soon became clear that meeting this goal was not possible in the time frame I had for data collection, particularly with ongoing impacts of the COVID-19 pandemic – in-person interviews may not have felt safe for some potential participants, yet virtual interviews may have been off-putting. However, the sample of four participants still generated rich, nuanced data that addressed my research question. I therefore deemed that the sample of four had sufficient information power. The concept of information power in qualitative research emphasises that a sample size's ability to answer the research question is not about the sheer volume of participants; it is more about participants' contribution of relevant knowledge (Malterud et al., 2016). Nonetheless, the smaller sample size was a limitation of this research, which I reflect on in the discussion chapter (p. 187). Additionally, when I determined I would have four participants with

lived experience, I felt worried about this sample size being much smaller than that of my police participants. This concern subsequently guided my approach to data analysis, which is discussed later in this chapter.

### Procedure

After participants let me know they were interested in the study, I made sure they had a chance to read the information sheet and answered any questions they had, either via email or over the phone. After each person confirmed they wished to participate, I started to arrange the interview.

One aspect of arranging the interview was letting participants know that I identified as a Tauiwi female researcher who did not have lived experience of mental distress. I asked each participant whether they would like a peer from the research team to accompany me in conducting the interview. This could be a peer with lived experience and/or a Māori researcher and/or a non-female identifying researcher. Giving participants this option was in line with our co-production approach and was intended to enhance cultural safety and reduce power differentials. I also asked participants if they would like to meet in person or virtually. Three participants opted to meet in person, with myself and a male researcher from our team who has lived experience in mental health, addiction, and justice spaces. The other participant wished to meet virtually just with myself. I let participants know they were welcome to bring a support person or whānau member to the interview, and that this person would also be welcome to share their perspectives in the interview. No participants brought a support person, but two participants were a couple and wished to be interviewed together.

The in-person interviews took place in a private meeting room at a library or community centre. Interviews lasted between 40 minutes to over 2 hours. Interviews were audio recorded and later transcribed.

Before starting the interview, we built rapport and whanaungatanga. I introduced myself and talked about what had brought me to the research. For the interviews where I was joined by my colleague, he also introduced himself and told participants about his own lived experiences. We also 'introduced' other members of the research

team by showing a print-out with photos of all the team members, giving broader context to our project and the co-production approach.

We brought kai to share and participants were given a \$50 koha (gift or donation) in the form of a supermarket voucher. These were given before the interview began and we let participants know that receiving the koha was not contingent upon going forward with the interview. We went through the information sheet again. We also went through the disclosure fact sheet (Appendix B, p. 221) with the participants to discuss their options around anonymity, ownership of stories, and options for future use of stories.

After participants signed the consent form, we began the interview with a karakia (Māori prayer or blessing). A semi-structured interview schedule was developed for these interviews. It was up to each participant what police interaction they chose to tell me about and whether they wanted to talk about one interaction or multiple. The interview schedule was guided by a best-practice framework for police engagement with service users, written by service users (Gordon et al., 2018), with an additional question about experiences of engaging with the police in post-disaster Christchurch. The schedule is shown in Table 1 below.

**Table 1***Semi-Structured Schedule for Citizen Interviews*

Can you tell me about your story of police engagement? (i) How did you come to be engaged with the police? (ii) What happened, from the very beginning to the very end?
Can you describe how the police were calm and calming? Can you recall how that made you feel?
What did the police do to connect with you?
What did the police do to find out what was going on for you?
What did the police do to make you feel that they were listening to you?
What did the police do to empathise (def. understand and share your feelings) with you?
What did the police do to find out what would most help you in the situation?
Can you describe what and how police actions helped you? (e.g., made your mental distress in the situation easier to manage)
Can you describe what and how police actions did not help you? (e.g., made your mental distress in the situation harder to manage)?
How do you think the experience of living in Christchurch after multiple disasters has affected the way police interact with citizens?
Is there anything else you would like us to know about your engagement with Police?

The schedule was followed flexibly. The prompts often came up organically in the participants' stories of their police engagement. We followed participants' leads in how they wanted to share their story.

We closed each interview with a karakia. I then discussed the next steps of the co-production process. I explained that, with their approval, I would work on a first draft of their story based on the interview transcript. I would pass this back to them, where they had complete freedom to make any changes so that the story was consistent with what they wanted to share. I explained we could go back and forth until they felt it was done. After that, it would be returned to them in digital and physical format. I discussed again their options around disclosure and using a pseudonym. I reiterated that their choices around disclosure and participation in the research could be changed at any time.

During the narrative co-production phase, I was able to meet with one participant in person with the first draft of his story. We were able to discuss some changes he

wanted to make and after that, we emailed back and forth. With the other participants, we worked via email. The amount of input each participant wanted to have in shaping their story was an individual choice and varied according to their own preference. Participants were also invited to use other ways of expressing their stories such as artwork. The co-production process was considered complete once the participant confirmed they were happy with how their story had been crafted.

A key aspect of creating safety throughout the whole process was staged consent (Thom et al., 2022) and decisions about disclosure. When I emailed participants the first draft of their story, I reiterated that it was completely up to them about what was included and whether they wished to use a pseudonym. Participants did make use of this safety feature by engaging with the co-production process to different extents. One participant confirmed her story was finished and that she was happy for it to be included in my thesis and on our project website. I returned a physical copy of her finished story to her, formatted to include photos she had provided of a place that was significant to her. Her narrative is included in Appendix G (p. 253). Two participants (who were interviewed together) did not give input into the first draft I sent them, though they confirmed they were still keen to participate in the research and have their experiences inform the findings. I have not included their final narrative in my thesis as it is solely drafted by me without being co-produced. However, I have included quotes from their draft narrative, as articulated during their interview. The fourth participant confirmed his story was finished but decided he did not feel safe for it to be published in full anywhere. However, he did wish to remain involved in the research and consented to me using quotes from his story. The participant who withdrew from the project did so during the co-production process.

## Ethics

The research procedure was approved by the Auckland University of Technology Ethics Committee (Application 21/87).

The principles of partnership, participation, and protection are outlined in the Auckland University of Technology ethics application, and these were forefront in guiding my approach to this procedure. As discussed, my choice to do interviews where I asked participants to tell me their story of police engagement, and then

engage in a co-production process to produce their narrative, was guided by an aim of treating participants as equal research partners and ensuring participants retained ownership over their own stories. Ethical considerations and the co-production approach also guided the choice to do recruitment through lived experience networks, so that access to potential participants was mediated by people within these spaces. Additionally, safety mechanisms in the interviews included the option of having a peer interviewer or support person. Staged consent and decisions about disclosure were central safety features. Fundamentally, it was important that participants had control over how (and how much) they contributed to the research.

The recruitment flyer, participant information sheet, and consent form can be found in Appendix B (p. 221).

### Introducing the participants

#### *John*

John (pseudonym) was the first participant I (co-)interviewed. He discussed negative experiences with the police over a long period of his life, some of which occurred about 20 years ago and some that were more recent. John knew from the start of the process that he wanted to use a pseudonym. He also wished for some of the details around his police interactions to be removed, so that the specific circumstances involved were not identifiable. But it was important to him that the content of the narrative was still very accurate. After our interview, I met with him once in person to show him the initial narrative draft I had created based on the interview. After that, we emailed back and forth doing co-production.

After several months of emailing, John asked if we could talk on the phone. During this call, John explained to me that he was not sure if being part of the research was in his best interests. He said it had been stressful thinking about the police interactions, which had had significant negative impacts on his life. He worried that the interactions put him in a bad light. He also felt concerned that the police would recognise him from his story and treat him negatively in retaliation.

I felt immensely guilty that the process had been causing him stress. It was also heavy to hear him describe the ways that his interactions with the police were still impacting his life, many years later. What might have been another day on the job for the police

at the time had altered the course of his life profoundly. It was devastating that the interactions were so negative, his trust in the police and justice system so damaged, that he still felt afraid of retaliation from the police. I could understand why he was not sure about continuing with the research.

I explained to John that it was completely up to him and that he should of course do whatever felt in his best interests; if that was to withdraw, that was no problem at all. He said he would spend a few days thinking about it and let me know. Subsequently, he emailed me to confirm he did consent for me to use his narrative for educational purposes.

I discussed this with my supervisors. They felt it would be good to offer John other options about how much he could be involved in the research, in case something in-between 'full co-production and publication' of his narrative and 'withdrawal' suited him best. I ultimately posed these options for involvement to him:

Option A) Withdraw from the research fully. The story is not published anywhere, but if you want, we can finish writing it and I can send a finished copy to you to keep.

Option B) The story is not published anywhere. But I will use what I learned from the story to help my PhD analysis. I will incorporate findings into my PhD without linking them to your story.

Option C) The story is not published anywhere. I will use what I learned from the story to help my PhD analysis. And, I will use some quotes from the story (using the 'John' pseudonym) to illustrate specific points.

Option D) The story is published in full (in my thesis and, optionally, on our project website); I will use it to inform my PhD analysis, and use quotes from it to illustrate specific points.

John said 'Option C' suited him best.

I subsequently presented these options to all participants when I emailed them during the co-production process.

I am grateful that John was open with me about his experience of being involved with the research. It presented an “ethically important moment” (Guillemin & Gillam, 2004, p. 262). I was worried that doing the wrong thing, like making John feel pressured to continue in the research, would just perpetuate the negative impacts of his police engagement. The guilt I felt stemming from how he was struggling to be involved was uncomfortable. Examining the guilt, I realised it was tied to a deeper concern that I was somehow going to do wrong by all my participants, who I so deeply wanted to have positive experiences with this research. I realised it was this same concern that had been leading me to draft follow-up emails to participants and then not send them for weeks, feeling so worried that I would be hassling or burdening them. Examining this concern and this fear of not doing right by the participants had a strong impact on how I approached the analysis of this data (discussed later in this chapter on page 89). Additionally, navigating this moment with my supervisors led to us realising it would be important to present multiple options for involvement to all participants. It helped me see that participants might wish to share their experiences in this research, but that co-producing and publishing their narrative in full might not be right for them.

#### *Aaron and Niwa*

Aaron (Ngāi Tahu) and Niwa (Ngāti Raukawa) are tāne Māori (Māori men). They have been together for more than 6 years. Aaron and Niwa have supported each other through some of their interactions with the police while experiencing mental distress and shared some views on how police needed to change their approach. I co-interviewed them together and wrote up a first draft of the joint narrative. Aaron and Niwa consented to publication of the narrative and full use in my thesis, but did not confirm whether they wanted to make any changes to the initial narrative I drafted. Though I had consent to include their narrative, I felt that the narrative was my creation of their experiences, not a co-production. As such, it felt wrong to include the narrative, and I have opted to include only quotes of what they said.

#### *Rachel*

Rachel interacted with the police during, and in the wake of, a distressing, traumatic incident when she was a witness after a murder occurred at her apartment building. Rachel was distressed by this incident and had interactions with the police at the time, and during the subsequent court case. Rachel’s first interaction with the police was



right after the incident, when she and two other witnesses gave brief statements about what they had witnessed. A few days later, they gave full statements. She continued to interact with the police in the lead-up to, and days of, the resulting court case.

Rachel shared her story of police engagement with me over the course of two virtual interviews. We then engaged in a co-production process by email. Rachel consistently consented to sharing her full narrative in my thesis and on our project website. Her narrative is included in Appendix G (p. 253).

#### *A fifth participant*

I co-interviewed another participant about their experiences with the police. However, after I sent the first draft of their narrative, they decided they did not want to proceed with co-production or include any quotes. Some difficult circumstances had arisen in their life and they let me know that continuing with this research felt like too much on top of other things going on.

### 3.3.2 Ethnographic case study of policing

Ethnography is a method for understanding how people in a social group create a shared culture (Fetterman, 2020). Its roots lie in comparative cultural anthropology, but ethnography has evolved as a method over the last hundred years and is now applied to various disciplines. Ethnographic enquiry is underpinned by the basic idea that people's actions and understanding of the world are influenced by their social group(s) (LeCompte & Schensul, 1999). Through longitudinal immersion in a group with a shared culture, ethnographic researchers seek to understand how this shared culture is created through patterns of behaviour and construction of meanings, and then produce a "thick description" of this culture (Fetterman, 2020, p. 134). As such, an ethnographic methodology was chosen for understanding police culture as the foundation of policing in practice, particularly in relation to how police culture and policy impact upon individual officers' interactions with people in mental distress.

Ethnographic methods have previously been used to gain insights into police cultures and how the actions, meanings, and beliefs that make up a police culture can influence practice (Fassin, 2017). Marks (2004) posited that ethnographic methods are vital when researchers are interested in implementing change in police organisations,

because an understanding of police culture both informs where changes to police organisations can happen and provides a way of monitoring changes within the organisation. Additionally, Fassin (2017) asserted that an ethnographer gains knowledge of dimensions of policing inaccessible through other methodologies, due to the ability to take a wide view and observe day-to-day aspects of 'ordinary' policing. Ethnography is therefore a valuable way of gaining an understanding of police officers' subjective realities, especially compared to non-contextual data collection methods that may miss embodied aspects (Barry, 2002) of the interactions that police have with the public.

The utility of observational methods has been demonstrated in research exploring police interactions with people in mental distress. A particular insight gained from such research is how police use their discretion when deciding what to do when they interact with someone in mental distress (Bittner, 1967a; Teplin & Pruett, 1992; Wood et al., 2017). Quantitative research had identified some key factors influencing officers' decisions, such as officers' attitudes towards mental illness (Lamb et al., 2002). Ethnographic research by Wood et al. (2017) has been pivotal in deepening an understanding of police discretion, by demonstrating that contextual factors influence how police navigated the grey zone in which interactions with people experiencing mental distress often take place. Earlier examples of ethnography by Bittner (1967a, 1967b) and Teplin and Pruett (1992) laid foundations for this research method.

The ethnographic case study had four components: ride-along observations, focus groups, key informant interviews, and informal interviews. I moved from Auckland to Christchurch for 3 months to conduct the ethnographic case study, from July – October 2022.

#### Preparing for the case study

In late 2020, I travelled to Christchurch with one of my supervisors. She was interviewing police for the national project that my research falls under. I assisted her in these interviews and met some senior staff to discuss my future research. This trip gave me the opportunity to spend time in Christchurch, a city I was unfamiliar with, and become slightly familiar with police staff and the police station.

Several months before moving to Christchurch, I had a virtual meeting with three senior Christchurch police staff (the response manager, area prevention manager, and victim manager). This meeting was an opportunity for these staff to identify what I aimed to achieve during the case study and let me know how they could support this. The police staff identified at this point that adding ride-alongs with Neighbourhood Policing Teams would help me gain a view of preventative work the police do around mental health because a 'Prevention First' approach is emphasised in the Neighbourhood Policing role.

Three weeks before moving to Christchurch, I accompanied one of my supervisors to Tauranga where she was completing ride-alongs for the national project. Police staff in Tauranga accommodated me on three ride-alongs too, on the same shifts (but different cars) as my supervisor. These initial ride-alongs were extremely helpful. I had been nervous not knowing what to expect from the ride-alongs. It was helpful knowing my supervisor was on a ride-along at the same time as me, and I could text her if I was unsure about anything. We also debriefed after all the ride-alongs, which helped me feel more confident about the way I was making observations, notes, and reflections during ride-alongs.

I also had a virtual meeting with another team member who was completing ride-alongs for the national study. She shared what her experiences had been like and gave me an idea of what to expect.

## Ethics

The research procedure for the case study was approved by the Auckland University of Technology Ethics Committee (Application 21/390).

The ride-alongs presented particular ethical and safety issues, which led to me developing a researcher safety protocol. The basis of all safety measures was ensuring open communication with the officers on-shift, respecting their procedures and judgements about safety and similarly communicating my comfort levels. For example, it was planned that I would accompany police out of the police car to respond to incidents, for example, in private homes, unless the police judged that there was a risk of a dangerous or violent situation. In the planning stage, police indicated that they

regularly use their decision-making and risk-assessment framework, TENR, to assess risks to ride-along participants.

In my pre-ride-along safety briefings, I was given directions about how to stay safe during the ride-alongs. These directions included:

- Stay with the more senior officer if the two officers split up.
- Follow behind the officers but do not stand so close that they could not easily step back if needed.
- Follow usual police procedure of leaving doors and gates open behind you when entering a property.
- Learning how to use the police radio in the car and on the officers' vests to contact Comms if I/we needed help; paying attention to the GPS so I could give Comms an accurate description of our location.

If we entered into people's homes, I tried to find an opportunity to introduce myself and explain I was there as an observer. In one instance, my presence was challenged by someone asking angrily what I was doing there. I offered to him that I could go back to the car, but the officer advised me to stay with him, and told the man I was there under his authority. I acquiesced, not wanting to escalate the situation or provide any distraction for the officer. However, I felt uncomfortable being on this man's property knowing that he did not want me to be there.

There were several instances where officers requested that I stay in the car for safety reasons. These were jobs that involved or were expected to involve firearms. It was agreed that if a ride-along became too unsafe it would be terminated, with my unit dropping me back at one of the police stations, in a safe, well-lit location where I could access public transport, or arranging for another unit to pick me up and transport me back to a station. This never occurred.

At the end of each shift, I returned to the police station and went home. I messaged my supervisors to let them know the ride-along had concluded and if I needed to immediately debrief about anything. During the months I was doing the ride-alongs, one of my supervisors was living in London, meaning that even when I finished ride-alongs in the early hours of the morning in Aotearoa, I would be able to get in touch

with someone who was awake. I also had regularly scheduled online debriefs with my supervisors and group debriefings with other researchers on our team who were doing ride-alongs to ensure I had support, could process what I had observed, and reflect on our different or shared perspectives during fieldwork.

The participant information sheets and consent forms for the focus groups and interviews are included in Appendix C (p. 227). My observation protocol, data management plan, and safety protocol are included in Appendix D (p. 235).

### 3.3.3 Ride-alongs

Observations happened during ride-alongs, where I accompanied police officers on-shift. Choosing to conduct ride-alongs was driven by a goal to understand not only what happens during the moments where police are interacting with people in mental distress, but also what happens for police in the time before and after these interactions. A strength of previous ethnographies on this topic (Bittner, 1967a, 1967b; Teplin & Pruett, 1992; Wood et al., 2017) has been the ability for researchers to have discussions with police officers in the downtime following the resolution of an interaction with someone in mental distress. These discussions have allowed researchers to ask police about their decision-making process and reflections on the interaction.

I additionally wanted the opportunity to have discussions with police before interactions with people in mental distress took place; in line with the “horizons of context” discussed by Morabito (2007, p. 1583), it is pertinent to explore what factors inform police officers’ approach to interacting with people in mental distress. The potential usefulness of these pre-interaction discussions was affirmed by another researcher on this project whose ethnographic case study commenced before mine. She advised me that she found pre-interaction discussions with police to be a helpful way of understanding what factors informed their approach to the response.

I opted to ride along with the police for entire shifts. Police work is, by nature, varied and unpredictable, which meant that I observed a broad spectrum of police work, not just police responses to 1M and 1X callouts. It allowed me to see the breadth of police work and how mental health events feature in this overall spectrum. Additionally, in some preliminary meetings with police prior to planning the ride-alongs, police

emphasised that mental distress felt like a feature of almost every call-out they had, not just those coded 1M or 1X. As such, I considered that doing whole shift ride-alongs would give me a valuable holistic understanding of how police approached interactions involving mental distress. Gaining a holistic foundational understanding of a social group is important for ethnographic researchers to be able to then theorise about specific cultural features of the group (Fetterman, 2020). In previous research, longitudinal observations of police work across a broad spectrum have given researchers holistic understandings of police culture and practice, which have in turn helped them to make sense of police responses to people experiencing mental distress (e.g., Bittner, 1967b).

Because of the co-production approach that underpinned the entire project, there was reciprocity of knowledge sharing, meaning the police were aware of my research aims. This transparency was vital to achieve significant buy-in from the police that facilitated access for data collection. However, it is possible that this awareness biased my findings, for example, that police may have emphasised a Prevention First approach while responding while I was with them. However, I chose a longitudinal approach to the case study to offset this potential bias. I expected that any initial changes to police responding at the beginning of the 3-month case study would not be maintained over the entire duration of data collection.

I also discussed this risk of bias with police during the consultation stage. They suggested that the risk would be minimised because ride-alongs are par for the course for frontline officers. It is not uncommon for citizens, such as media and people working in the broader police organisation, to accompany frontline officers in ride-alongs. Further, all prospective New Zealand Police recruits must complete four 10-hour ride-alongs with frontline officers as a requisite of applying to the agency. As such, police in our advisory group advised that frontline officers are quite used to doing ride-alongs and do not typically feel influenced by the presence of an observer. While it is impossible to verify a lack of bias, these factors ameliorated my concerns somewhat.

### Setting up the ride-alongs

Once I was in Christchurch, the ride-alongs were organised through the area prevention manager. Facilitating recruitment through the area prevention manager was decided in consultation with police in our research team to ensure that safety of all parties was protected during the ride-alongs. The area prevention manager has ultimate authority on approving ride-alongs within their district and ride-alongs are only approved if the prevention manager deems the level of risk associated with having an observer on-shift to be acceptable.

For my first four shifts, one of my supervisors contacted senior staff on my behalf, drawing on connections she had made while completing several ride-alongs in Christchurch earlier that year. I let her know the dates, times, and stations of shifts I wanted to start with. She emailed senior sergeants in charge of frontline police teams (copying in the area prevention manager) introducing me as another member of our research team and asking if I could join their teams on ride-alongs. From there, senior sergeants emailed me back confirming I could join with their team for these shifts and passed on contact details and a meeting time/place.

Going forward after this, I emailed the area prevention manager with the dates and times of shifts I wanted to do, and which station I wanted to go out of. They would reply copying in the relevant senior sergeants in charge of the frontline teams or Neighbourhood Policing Teams. If I had not met them before, I sent them a follow-up email introducing myself and briefly explaining the research. Senior sergeants replied confirming if they were happy for me to join their team for the ride-along and provided contact details and a meeting time/place. Often after having met senior sergeants, they let me know they were happy for me to contact them directly to arrange future ride-alongs.

By recruiting officers initially through the area prevention manager and subsequently the senior sergeants, I acknowledged a potential coercive element to the recruitment process. This approach to recruitment was in line with police protocols and the hierarchical nature of policing that I needed to navigate. The area prevention manager, after putting me in contact with senior sergeants, was removed from further communications and was not present during the shifts, meaning they had (as far as I

am aware) no insight into which frontline officers engaged or did not engage in ride-alongs. However, senior sergeants were aware of this, as they selected a pair of frontline officers for me to ride along with at the start of each shift during 'line-up' (discussed further below).

### Participants

Participants in the ride-alongs were Public Safety Team (i.e., frontline) officers and Neighbourhood Policing Team officers. The majority were constables and a small number were senior constables or sergeants.

Frontline teams were typically structured with constables working in pairs in 'Inquiry Cars' (I-Cars). Often, a newer constable is paired with a more experienced one. Depending on numbers, occasionally a constable will spend the shift in a car by themselves. I was always put in I-Cars with two constables. I was most commonly in the same I-Car for the entire shift. Occasionally I would change cars partway through to another constable pair, and once to a sergeant. This occurred when the original car I was in got dispatched to a job that the officers deemed would not be a good use of my time, for example, a long surveillance job, or when officers were returning to the station to do paperwork. While I was happy to observe all aspects of police work, I took my lead from the police in these instances.

For ride-alongs with one of the Christchurch Neighbourhood Policing Teams, I rode along with one senior constable in a police car. For ride-alongs with the other Neighbourhood Policing Team, I rode along with three team members in their team's police van.

Different genders, ages, ethnicities, and levels of experience were represented in the police that I rode along with but demographics were not collected because of a commitment to maintain confidentiality of participants. Not collecting demographics means there is no demonstration to the claim that the participants were representative of diverse perspectives; this is a limitation that has been recognised by other researchers who have gained access to police organisations to do research on this topic (Miles-Johnson & Morgan, 2022).



## Procedure

I completed 18 ride-alongs over 3 months. Fifteen of these were with frontline teams and three were with Neighbourhood Policing Teams.

### *Frontline ride-alongs*

Frontline ride-alongs lasted for the duration of one shift each (10 hours). Shifts are either early (6:30am-4:30pm), late (2pm-12am), night (10pm-8am), or swing (4pm-2am). There are five frontline groups in Christchurch. Each frontline group works across four of Christchurch's police stations (Christchurch Central, Papanui, New Brighton, and Christchurch South) on each shift. For example, 'Group 1' will be on the same shift (e.g., on a given day, 'early') and there will be a different team operating out of each of those four stations. I did at least one ride-along out of every station and with each frontline group.

Each frontline shift begins with 'line-up'. All the officers meet and are briefed for the shift ahead by the sergeant or senior sergeant at the station in charge of that frontline group. Constables are paired up and assigned to I-Cars.

I would arrive at the police station 15 minutes before line-up and meet with the sergeant or senior sergeant. I signed a confidentiality deed, had a safety briefing, and was given a high-visibility vest to wear. I also messaged my supervisors to let them know I was heading out on a ride-along. At line-up, I would introduce myself and the research. The sergeant or senior sergeant would assign me to a pair of constables to ride along with. Sometimes, but not always, they told me they would let Comms know that this pair had a researcher with them and to dispatch mental health-related jobs to them if possible. I did not prompt sergeants to do this and if they did, I reassured them I was also interested in the spectrum of police work that officers respond to. Again, I took the police's lead about this procedure. It did not seem like my presence was unusual to the officers, given the commonness of ride-alongs, although there was often interest in my research topic.

After line-up, the shifts began in earnest, and I would accompany the officers I was assigned to. Typically, we would get straight into the I-Car, though occasionally the shift started with paperwork. When we got into the car, I let police know I planned to take de-identified notes on my iPhone, if they were comfortable with it. I also told

them to let me know if they ever wanted me to stay inside the car, for safety reasons, and mentioned that there may be situations where I wished to remain in the car for my own safety or as a judgement around the ethics of a situation.<sup>12</sup> These were in line with my approach of emphasising trust and whanaungatanga.

During the ride-alongs, I accompanied the officers throughout the shift. Most of the time was spent in the police car. I sat in the back seat of the car behind the driver, unless a member of the public was apprehended in the police car, in which case I swapped places with the officer sitting in the front passenger seat. It is standard procedure for one officer to sit in the back next to an apprehended person, so this would have occurred whether or not I was in the car.

We also spent time in diverse environments including people's homes, public places such as parks and libraries, and the custody suite located in Christchurch Central station. Meal breaks and paperwork time were usually spent back at the station.

I had unstructured discussions with the officers during the ride-alongs and took notes in my password protected iPhone. Using my phone to take notes was chosen because it ensured the security of notes over traditional pen-and-notebook notetaking – i.e., they would be secure even if my phone was lost, due to its password protection. Additionally, previous police ethnographers have emphasised the importance of taking only brief and unobtrusive notes during ride-alongs so as not to disrupt cooperation and trust-building between police and researcher (Teplin & Pruett, 1992; Wood et al., 2017). I felt typing on an iPhone was a much more natural method of note-taking than pen-and-notebook in this setting, particularly because New Zealand police use smart phones on-shift (to view jobs in the system, look people up in databases, file job reports, etc.).

While talking to the officers, I was particularly interested in asking them about what factors influenced how they approached each job, and after a job, reflecting on how the interaction was resolved and why. This focus was particularly in relation to 1M and 1X jobs, but was not at all limited to these jobs, as mental health was a characteristic

---

<sup>12</sup> For example, police respond to sudden deaths in the community, and I did not think there would be ethical justification for my presence in situations where police were interacting with the families of bereaved people.

of a much broader range of event types. Officers also shared broader perspectives on mental health, policing, and Christchurch. They were often interested in hearing more about the research topic. Engaging in conversation with officers and building rapport was extremely important. Through detailing his experiences of doing fieldwork with the police, Herbert (2001) identified how being patient, honest, and showing genuine interest in the work of officers helps build trust and therefore leads to a greater willingness of participants to let a researcher into their world – a process he termed going from “spy” to “okay guy” (p. 304).

For each ride-along, I had a note summarising the details of the jobs we attended, and throughout the case study, kept one overall ‘reflections’ note that I added to on all ride-alongs. I took only brief notes while on the ride-along and expanded them later, after the shift had finished, or if I was left in the car or at a desk at the station while the officers were busy with paperwork. I never took field notes when police were interacting with members of the public, to avoid adding a voyeuristic presence during vulnerable interactions. Members of the public were not part of my data collection and so informed consent was not sought from them. It was also deemed that attempting to do so would disrupt police officers’ ability to carry out responses. As such, while I occasionally did engage in conversations with members of the public, I never did this from a data collection perspective.

### *Neighbourhood Policing Team ride-alongs*

There are two Neighbourhood Policing Teams in Christchurch, covering the suburbs of Phillipstown and Aranui. I did two ride-alongs with the Phillipstown Neighbourhood Policing Team and one with the Aranui Neighbourhood Policing Team.

On these ride-alongs, I spent several hours out with Neighbourhood Policing Team staff and observed some of their day-to-day duties. These included interacting with community members, meetings with partner agencies (such as social housing providers and community centres), and supporting initiatives at a local school.

Officers also talked to me about the characteristics of their neighbourhood, the purpose and aims of Neighbourhood Policing Teams, and how they see mental distress and prevention in their roles.

### 3.3.4 Focus groups

To aid in developing my insights gained during the observations, I conducted focus groups with officers across a variety of roles. Focus groups were chosen because police officers routinely work in teams, therefore, I assumed the group environment of focus groups to be a comfortable way for them engage in discussion with me. Additionally, preliminary consultation with police made it clear to me that many officers would like to share their experiences of responding to mental distress. Focus groups therefore let me include a larger number of participants. They also had the benefit of providing a setting where officers could share experiences and relate to one another in a way that I could not, not being a police officer. In this sense, I was an 'outsider' in the group, whereas the police participants were 'insiders'. However, my 'outsider' status was potentially beneficial as it may have encouraged participants to elaborate on things they assumed to be common knowledge, for my benefit (Hayfield & Huxley, 2015).

Participants from different workgroups took part in each focus group, which generated discussion about how police officers practised and applied New Zealand Police policy across a variety of roles. Using focus groups also meant I could explore how various perspectives were expressed in a group context and how the focus group collectively made meaning of their interactions with people in mental distress (Marshall & Rossman, 2011). Focus groups have been used in several previous studies about police responses to people experiencing mental distress. They have frequently been used as a way of exploring the perspectives of multiple stakeholders on these responses, potential interventions, and considering how stakeholders make meaning of these interactions together (Girard et al., 2014; Kirst et al., 2015; Lavoie et al., 2022; Marzano et al., 2016; Sestoft et al., 2014; Wood & Beierschmitt, 2014). While my participant group only included police officers, I similarly aimed to gain perspectives of these interactions across different groups (specifically, different police workgroups).

Additionally, the focus groups took place towards the end of the 3-month case study. This timing meant that I could reflect on things I had experienced during the ride-alongs and have the opportunity to unpack things with officers outside of a busy ride-along. Being able to explore and check my impressions in this way is a recognised benefit of using focus groups in observational research (Marshall & Rossman, 2011).

## Participants

There were three focus groups with a total of 13 participants. Each focus group had between two and eight participants. Participants were of different genders, ages, ethnicities, and levels of experience and seniority, although demographics were not collected in a commitment to ensure confidentiality. Participants were working on the frontline or specialist teams (the Neighbourhood Policing Teams, the Family Harm Team, Police Negotiation Team, and the Community Services Team).

Participants were recruited by the area prevention manager. The area prevention manager helped me determine three dates where there was an available meeting room at Christchurch Central Police Station. Holding the focus groups at Christchurch Central Police Station was determined as the best approach as it provided a location where both frontline and specialist officers would be working (whereas the other stations house fewer staff, and predominantly frontline staff). On the advice of the area prevention manager, I scheduled the focus groups for 1pm, to suit staff finishing an early shift and staff about to begin a late shift.

The area prevention manager circulated these dates and an information sheet among staff, including frontline and specialist (Neighbourhood Policing Teams, Family Harm Team, Police Negotiation Team, Community Services Team, and Road Policing) staff. I took advice from the area prevention manager that these workgroups should be included because officers were likely to have perspectives on responding to mental health-related events. Interested participants could choose one of the three focus groups to attend.

It was intended that these three focus groups would serve as a starting point and I would subsequently hold focus groups at other stations so non-Central staff could easily attend. However, after the three focus groups were completed, I felt that I had gathered a large quantity of rich data. In terms of content, there was a lot of overlap between the three focus groups and between the focus groups and ride-alongs. Guided by the notion of information power (Malterud et al., 2016), I felt that sufficient data had been collected and I did not hold any more focus groups.

## Procedure

Focus groups took place in a private meeting room at the Christchurch Central Police Station. They lasted approximately 1 hour each. I provided kai for participants. Focus groups were audio recorded and later transcribed. The semi-structured interview schedule is shown in Table 2.

**Table 2**

*Semi-Structured Focus Group Schedule*

1. Can you tell me about what your role entails day to day?
2. Can you tell me about the different circumstances in which police generally interact with people experiencing mental distress?
3. What strategies might police use to support people in mental distress? - How did you learn about these strategies?
4. What are some challenges you encounter when trying to support people in mental distress? - What strategies might you use to overcome these challenges?
5. How do you respond when behaviour escalates to a more aggressive behaviour?
6. 'Prevention First' emphasises a preventative, victim-focused approach for police in the community. Can you describe what that focus might look like in your daily practices, particularly when responding to people in mental distress?
7. Can you describe how you and the wider police in your district are collaborating with Māori to create positive outcomes in the community?
8. What are the challenges that you experience in aiming for different experiences and relationships with Māori in the community?
9. Do you think your approaches have the ability to build trust and confidence in the police?
10. Do you think the traumatic events in Christchurch have impacted policing, particularly in relation to mental health events? - How so?
11. Is there anything else you would like me to know about your engagement with people experiencing mental distress?

These questions and the associated prompts were intended to be used as a flexible guide and there was an expectation that natural discussion would be generated between the participants.

To begin the focus groups, I introduced myself, my project, and talked about our broader research team and national research project. I gave participants an opportunity to reread the information sheet and sign the consent form. I reiterated

some information on the consent sheet – particularly around confidentiality (that they were agreeing not to share things other participants said with anyone else) and that when I wrote up the findings, I would say the research took place in Christchurch, but not identify individual officers. In line with this, I did not collect individual demographics. These points were reiterated with the intention of building trust and comfort. I then asked participants to briefly introduce themselves. After progressing through the semi-structured focus group schedule, I wrapped up the focus group by asking participants to share any final comments.

During focus groups, facilitators need to ensure that the dynamic of the group is allowing all participants to contribute. This can be a challenge especially in non-homogenous focus groups, where the perspectives of one participant or one subset of the group may dominate the conversation (Smithson, 2000). Given my focus groups included police officers with different levels of seniority, I was cognisant that less experienced participants may be unwilling to challenge the perspectives of their seniors (Krueger & Casey, 2009). However, this was not an area where I encountered challenge as I perceived that all participants openly contributed, generally engaging with and being respectful of one another's perspectives.

### 3.3.5 Key informant interviews

I also did two one-on-one interviews with police officers who held senior roles. Key informant interviews are a valuable aspect of ethnographies to build upon insights gained from observations. It is commonplace in ethnographic research to identify people within the cultural group being studied that can help the researcher make sense of the culture (Aguilera & Amuchástegui, 2014; Lokot, 2021; McKenna & Main, 2013; O'Reilly, 2009; Spradley, 1979). I was particularly interested in selecting experienced key informants who held senior and/or leadership roles, to provide an added layer of context to the perspectives I gained from officers on the ground during the ride-alongs and focus groups. In line with recommendations outlined by McKenna and Main (2013) and Lokot (2021), I sought to achieve a balance of perspectives between expert key informants and general members of the community I was researching with, and did not assume the key informants' views unilaterally represented those of all police officers.

Both of these participants had been involved with this research from its early stages and I had met them, either in person or virtually, before commencing the case study. Having built rapport with these participants is in line with the typical approach of having repeated interviews with key informants, ideally leading to more productive information sharing (Spradley, 1979).

These participants both held senior leadership roles and one additionally had significant experience in non-frontline teams. I included interviews with these participants with the intention of enriching the understanding of police culture and policy I had gained during the ride-alongs. They gave me a chance to explore, from a leadership perspective, how police make sense of policy-makers' objectives and how they translate these policy goals into practice.

### Participants

These two officers, like my focus group participants, had roles within frontline and specialist teams. I have not specified which team(s) they were working in because I feel it could make them identifiable. One participant was a sergeant and the other was a senior sergeant.

One participant had participated in a focus group and approached me afterwards about doing an interview because they had interest and expertise in mental health and wished to talk with me more in-depth. The other participant was recruited via the area prevention manager. The area prevention manager sent out an email to all frontline senior sergeants and senior staff with roles related to mental health and prevention. Interested participants were invited to get in touch with me directly to arrange an interview.

I had also intended to interview another senior officer working within the mental health space, but this was ultimately not possible due to illness. However, I did have an informal interview with this participant. Informal interviews are described in more detail below.

### Procedure

One interview took place in a private meeting room at the Christchurch Central Police Station. The other took place over the phone. Both interviews lasted a little over 1.5



hours. For the in-person interview, I provided kai to the participant. Interviews were audio-recorded and later transcribed. A semi-structured interview schedule was developed as shown in Table 3.

**Table 3**

*Semi-Structured Schedule for Interviews*

1. Can you tell me about your role as ...? - What are your day-to-day duties?
2. On the ride-alongs, I noticed that police were ... during interactions with people in mental distress. Is this typical? - What else might police do? - Where do they learn these strategies?
3. What challenges do police face in interacting with people in mental distress?
4. 'Prevention First' emphasises a preventative, victim-focused approach for police in the community. Can you describe what that focus might look like in the daily practices of frontline officers when a citizen may be experiencing mental distress? - How do you support them to work in this way?
5. Can you describe how you and the wider police in your district are collaborating with Māori to create positive outcomes in the community?
6. How do you support your officers to work in this way?
7. What are the challenges that you experience in aiming for different experiences and relationships with Māori in the community?
8. Do you think your approaches have the ability to build trust and confidence in the police?
9. Do you think the traumatic events in Christchurch have impacted policing, particularly in relation to mental health events? - How so?
10. Is there anything else you would like me to know about your engagement with people experiencing mental distress?

This schedule was similar to the focus group schedule. Question two was intended for me to be able to clarify aspects of on the ground policing with senior staff. Like the focus group schedule, it was intended that this schedule was a flexible guide only.

At the beginning of each interview, I gave participants the opportunity to reread the information sheet and sign the consent form. I had already met both officers, so I briefly recapped some information about the broader research team and the national project.

After working through the semi-structured interview schedule, I wrapped up the interview by asking participants to share any final comments. I reiterated that they could see a copy of the transcript, once it was produced, and clarify any of their responses if they wished. The opportunity for participants to check the transcripts was included to build rigour in the research by attempting to avoid any disconnect between participants' data and my interpretation of it (McBrien, 2008). I subsequently emailed both participants copies of their transcripts. Neither participant made changes to their transcript, but one participant replied to the email making sure I remembered a point they had made to me in a conversation that occurred outside of our recorded interview.

### 3.3.6 Informal interviews

I also completed 'informal' (i.e., not recorded and transcribed) interviews with three senior staff who had or previously had roles related to mental health or prevention. These were usually chats over a coffee. These chats did not generate 'formal' data, e.g., quotes, but they rounded out my understanding from the ride-alongs, interviews and focus groups. After the meetings, I wrote down notes and reflections in my 'reflections' document.

I also spent time talking to the mental health nurses in the custody suite when my ride-alongs took me there. On one ride-along, I spoke with a DAO while police were facilitating someone's transport to a mental health hospital under the Mental Health Act. The scope of my research only included police as participants, so these talks were not data collection per se, but I found them very helpful to deepen my understanding of the overall context police are responding to mental health in.

## 3.4 Analysis

### 3.4.1 Data contributed by participants with lived experience

At the beginning of my PhD, I envisaged that I would use reflexive thematic analysis (Braun & Clarke, 2022) to analyse the data from participants with lived experience, which I expected to come from 10 participants. After I had collected the data, I felt that this would be the wrong approach to use. The decision not to use thematic analysis was guided by pragmatic and ethical factors.

Practically, I ended up with fewer lived experience interviews that I envisaged. Four participants is a very small dataset for a thematic analysis.

I was also concerned that using the same analytic approach to the data contributed by citizens and the data contributed by police would invite comparison between the veracity of the two. The thematic analysis of the data contributed by police was well-supported by a large quantity of data. I worried that a thematic analysis of the data contributed by citizens would pale by comparison, leaving the reader of my thesis with the impression that the data from police was much more convincing. This would be especially harmful given the existing power imbalance between police and people who experience mental distress, and incompatible with my transformative goal for this research.

Most importantly, it felt like thematic analysis was ethically inappropriate to use. The narratives were vulnerable retellings of people's stories. To go through them analytically, to break them apart and code them – going through with a red pen, so to speak – felt wrong. This decision was guided by the emotions I had experienced while interacting with the participants, particularly the guilt I felt when John talked about wanting to withdraw. I considered this decision about analysis another “ethically important moment” (Guillemin & Gillam, 2004, p. 262). I felt that I could do wrong by my participants if I were to treat their stories like data to be pulled apart, rather than presenting them in their own right. This led me to consider what I aimed to achieve with the analysis of this data and what strategy could achieve this.

Ultimately, I felt that my purpose with the data contributed by participants with lived experience was not to bring my interpretation to it.<sup>13</sup> I wished to present the stories of my participants as much as possible at face value – speaking for themselves, not me speaking for them through my analytic lens (and as mentioned on page 58, not yet bringing in literature to provide a layer of critical or theoretical analysis). This decision was in line with the co-production approach to this research. Co-production recognises participants as authorities on their own experiences, rather than the researcher presenting their interpretation of these experiences.

---

<sup>13</sup> Albeit with the recognition that qualitative analysis is inevitably shaped by the researcher's subjectivity.

After deciding that thematic analysis was not the right approach, I initially planned to present all four narratives in a chapter, standing alone with a short introduction and conclusion. However, it ended up that only one participant wished for their narrative to be included in full so I sought out a different approach.

I settled on a general inductive approach (Thomas, 2003). A general inductive approach is a way of organising the data into domains, which summarise common aspects in the dataset. There is analysis by way of identifying commonalities and key aspects across the data, but less interpretation than a thematic analysis. Like thematic analysis, it involves organisation and summarisation of the data, but it does not seek to generate in-depth meanings from the data (Braun & Clarke, 2006).

The process for my general inductive approach began with a read through of each narrative or transcript. I then wrote down points of commonality and contrast across the interviews. For example, 'perceptions of police were shaped by past encounters' was a common point across multiple interviews. Then I grouped together points of interests that were similar. For example, 'perceptions of police were shaped by past encounters' and 'loss of faith in the justice system/in police' were similar points. I continued this process until I created nine domains, which summarised key aspects across the dataset. For example, the points mentioned in this paragraph became part of the domain 'loss of faith in the police'.

These findings are presented in Chapter Four.

### 3.4.2 Data contributed by police participants

I analysed all the data related to the police case study (i.e., field notes from the ride-alongs, my reflective journal, focus group and interview transcripts) as one data corpus.

The analysis of data contributed by police had two phases. In the first phase, I followed Braun and Clarke's (2022) approach to thematic analysis. The second phase occurred after I had written up three resulting chapters of thematic findings. After these chapters were reviewed by my supervisors, they drew my attention to shortcomings, which challenged the rigour of the analysis. This led to me embarking on a process of further analysis, using my existing thematic analysis as a starting point.

### Phase one: Thematic analysis

In the first phase of analysis, I followed six steps of thematic analysis: 1) familiarisation with the dataset), 2) coding, 3) generating initial themes, 4) developing and reviewing themes, 5) defining and naming themes, and 6) writing up the data (Braun & Clarke, 2022). This approach is in line with a typical analytic approach to ethnographic data, which starts broadly, by building a description of what has been observed about how the group 'works', then researchers find patterns within the data and from there build a synthesised 'cultural interpretation' of the group around repeated behaviours and patterns of meaning (Creswell, 2013). I sought to identify themes inductively, at a semantic level (Braun & Clarke, 2006).

There was a large volume of data to work with. I found that myself going back and forth between Braun and Clarke's (2022) steps '1' and '2' several times.

I started by rereading and accuracy checking the transcripts. I created a document when I noted down memos of initial ideas from each transcript, field note and reflection. For example, for one of the focus groups, I wrote down a memo that said, 'learning communication strategies through trial and error – not training'. For another, I wrote, 'strategies for interacting with people in mental distress are learned on the job and through life experience. NOT trained'.

Once I had done this for all the data, I spent some time reading over all the memos. I did some grouping and consolidating across memos to create a very loose coding framework. This involved making some general headings (e.g., 'about strategies and training'), under which were more specific concepts – for example, 'strategies are learned on the job, not from training' (which captured the two memos above) and 'strategies are mainly communication skills'.

I went back through each transcript and coded with this framework in mind. However, the loose coding framework was not intended to put boundaries around what codes, or how many codes, would be generated. It just helped manage coding the large volume of data with some roadmap of the common ideas across transcripts. Given the quantity of data, I focused on the transcripts here and returned to the field notes and reflections later.

I still ended up with a long list of initial codes after this first pass at coding, so I repeated the process of grouping and consolidating codes. I wanted to eliminate repetition across codes, while making sure they were still specific enough that nuances in the data were not lost. Once I felt like I was at this point, I started a codebook, which was a table listing each code and a brief description of what that code referred to.

At this point, I was recognising patterns across the codes and moved to creating initial themes. I printed off a list of codes and sat down with a pen planning to draw lines between the ones that seemed to go together. I ended up with a messy piece of paper and a feeling of confusion. I could figure out which codes I thought went together into categories – for example, the ones that were about strategies and training. But there were still a lot of these categories, and I could not quite figure out how to further organise them into a small number of themes.

I felt stuck in a state of confusion and uncertainty for a few days. Braun and Clarke (2022) say that this is part of the process of doing reflexive thematic analysis, which is somewhat reassuring, but made me feel no less stressed. I found myself venting to my friend Kate (K. Boardsworth, personal communication, June 5, 2023). Kate is an occupational therapist who was undertaking her PhD at the same time as me, also using reflexive thematic analysis.

I told Kate that I felt like I knew what was important in the data, but I could not figure out how to create themes that spoke to this. I had been able to create higher-level codes, but there were too many of them to call them themes. Kate asked me if I had tried to draw a diagram of the data. Aside from scribbling all over a list of codes, I had not. Kate pulled out a pen and paper and told me to tell her about what I thought the data was saying.

I told Kate that at its core, it seemed like the data was speaking to issues between three parties – the police, people in mental distress, and other services who might be involved in these responses (like DAOs, paramedics, and hospital staff). Kate drew a stick figure that represented each of these three parties. She added arrows to represent the relationships between them, forming a triangle.

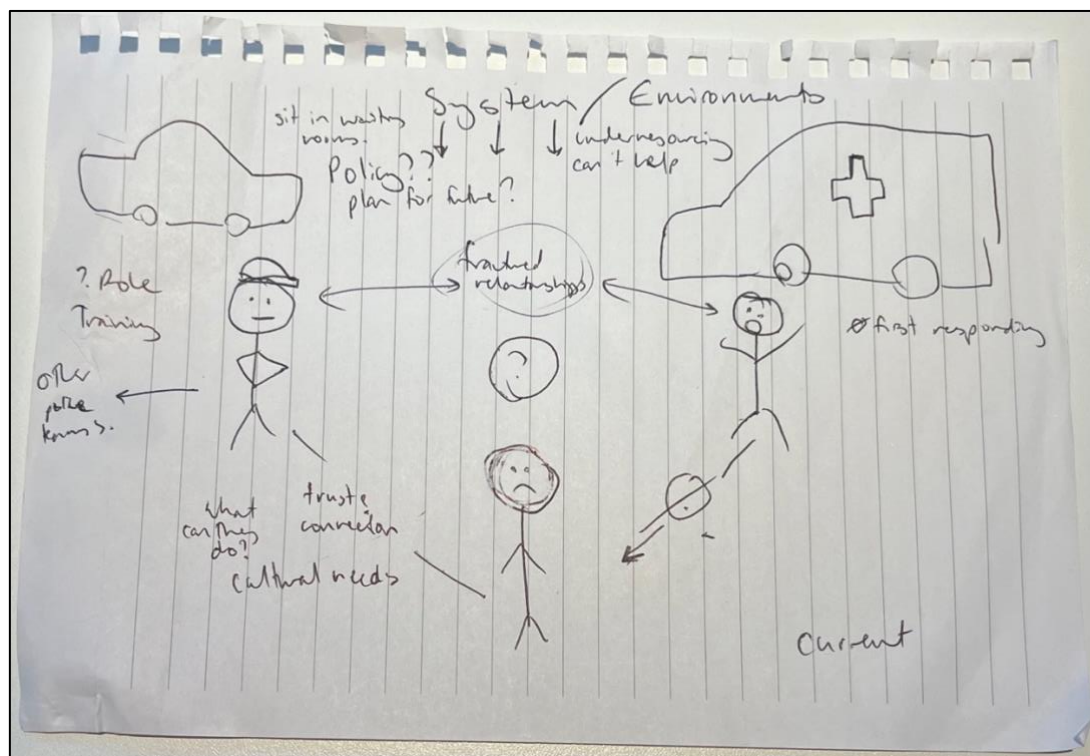
I said that I felt the police were really wanting to have positive interactions with people experiencing mental distress. But my participants had identified challenges that prevented them consistently achieving this. I listed a few (e.g., a lack of training given to police, people in mental distress not having trust and confidence in police, under resourcing of mental health services), and Kate added them to the diagram.

As Kate added these challenges to the diagram, I started to realise that the challenges ‘belonged’ to different parts of the diagram. Some challenges sat with the police (e.g., training). Some challenges sat within the relationship between the police and another party (e.g., low trust and confidence sat between the police and people in mental distress). Some challenges were external to the three parties (e.g., under-resourcing of mental health services).

The diagram Kate drew is shown in Figure 1.

**Figure 1**

*Preliminary Diagram Representing My Findings*



Looking at Kate’s diagram, I felt that the data could be organised into three themes, related to where the challenges impinged. I came up with preliminary theme names: ‘inappropriate roles’ (for challenges sitting with the police), ‘fractured relationships’

(for challenges sitting between two parties) and 'unsupportive environments' (for challenges impacting all three parties).

I looked back through my codes with these themes in mind, which confirmed my sense that there were patterns among the codes speaking to these three themes. I went through the transcripts a final time. I created a master document listing each code and under it, I added each associated quote. I updated my codebook several times during this process. Some codes collapsed into one because I realised they captured the same aspect of the data, while others were expanded because I realised I had lost nuance with a code that was too general.

After this process of collating all relevant extracts for each theme, I named and defined themes and preliminary subthemes. I checked these themes and subthemes back against my codes. I then revisited my field notes and reflections. I used my thematic framework to organise these data, by identifying which of the three themes a field note or reflection was most illustrative of.

This process resulted in three findings chapters, each describing one theme and its subthemes. The themes were called Roles, Relationships, and Environments. However, when I presented these chapters to my supervisors, they identified several shortcomings of the analysis. Their key concern was that themes were not sufficiently distinct from one another. Additionally, some subthemes were not supported by enough data. The themes lacked what Braun and Clarke (2006) term internal homogeneity (coherent content within themes) and external heterogeneity (themes are clearly distinct). Resultingly, the analysis was unsound, and lacked rigour (Nowell et al., 2017).

#### Phase two: Another layer of analysis

Recognising shortcomings of themes at this stage and needing to re-theme is an expected part of thematic analysis (Braun & Clarke, 2006). Nonetheless, hearing that my analysis was unsound and needed significantly more work was a low point of my doctoral journey. To move past this, I reflected that revisiting the analysis would be well worthwhile if it led to findings that better communicated the data and gave voice to participants' realities.

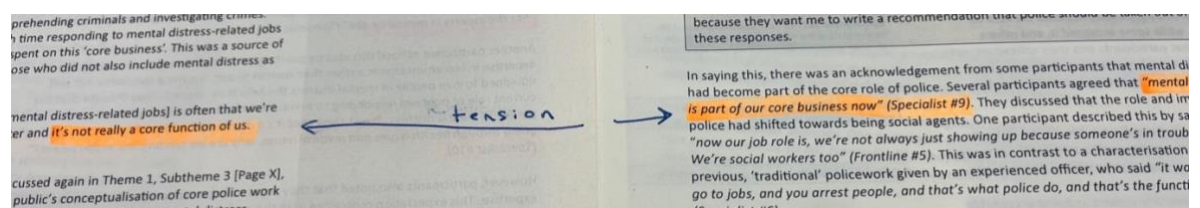


I attempted two rounds of re-theming, where I retained the codes I had already generated, but sought to identify themes that still spoke to the data but had better external heterogeneity. However, each time I presented my new thematic framework to my supervisors, they observed that tensions – contradictions, repetitions, and overlaps – were still apparent between themes. Ultimately, it struck us that the messiness of the data was speaking to something larger than the need to re-theme. In fact, the tension in the data – the very thing that was making a thematic analysis so vexing – was the central concept that the data spoke to: the key finding from the data was that police responses to people experiencing mental distress were characterised by tension. Speaking to the tensions within the data was also in keeping with my relativist ontological perspective; accommodating multiple subjective realities meant speaking plainly to the messiness in the data, rather than trying to package it up neatly (Barry, 2002).

After we had identified the central role of tension in the data, I revisited the data with a view of highlighting (literally) all the points of tension. I went through each of my original findings chapters and noted down instances where there was messiness in the data. For example, the photograph below demonstrates completely contradictory views of participants about whether mental health was part of the core business of policing.

## Figure 2

### *Identifying Tensions Within the Data*



At this point, I realised that the term tension had a dual meaning for this data. Firstly, it referred to internal contradictions in the data, or the tension between competing viewpoints (sometimes being expressed by the same participant). Secondly, the term tension also referred to the points where participants had identified 'this is something that makes our responses to people experiencing mental distress harder'.

After identifying all the sources of tension, I collated and grouped them under headings. I sought to do this at as basic a level as possible – I was now making sure that I was presenting all the tensions and that none were getting obscured by my urge to present neat and concise data.

### Presentation of the findings

I ultimately identified one overarching theme in the data – Tension. Though my original approach to the thematic analysis was to identify themes semantically, the analysis now verged on a more latent approach because I theorised tension as an underlying idea that shaped the semantic content of the data (Braun & Clarke, 2006). I presented the data under headings and subheadings. For example, the tension presented in the photograph above was presented under the heading ‘Individual Role’. I use the terms ‘headings’ and ‘subheadings’ rather than ‘subthemes’ because these sources of tension are presented more so as descriptive categories than analytical ones. I retained the use of vignettes and field notes to illustrate the findings as described above.

I present the findings in two chapters – Chapter Five and Chapter Six. Both chapters present sources of tension, but Chapter Five focuses on conceptual tensions related to the role of policing, stemming from expectations, and Chapter Six focuses on sources of tension that participants experienced as challenges in their day-to-day policing. Additionally, the findings are organised so that Chapter Five additionally highlights areas where there were internal tensions within the data arising from participants’ conflicting viewpoints.

Where I have presented quotes, I have assigned each participant an identifier with their role (frontline or specialist) and a participant number (e.g., Frontline #1, Specialist #4). I chose this approach in attempts to reduce potential identification of individual officers as best as possible, while still retaining the distinction between frontline and specialist officers to show when differences in perspectives were related to participants’ roles. Additionally, there are 14 identifiers for 13 participants. This is because one participant held dual roles. I have chosen to give them a separate identifier for each of their two roles, depending on which role they were speaking

about in the context of that quote, because their position is fairly unique and I felt this approach made them less identifiable.

In the findings chapters, I have included field notes and vignettes to link participants' perspectives to the on the ground policing practices I observed during the ride-alongs. Field notes are my observations and reflections written down during the ride-alongs. Using field notes in qualitative findings is recognised as a means of providing important contextual information to enrich data (Phillippi & Lauderdale, 2017). Additionally, including field notes can enhance reflexive practice as field notes often detail how the researcher interpreted their experiences during fieldwork (Eriksson et al., 2012).

The vignettes are scenarios describing examples of the police interacting with people experiencing mental distress. They are based on situations I observed on the ride-alongs, but details have been changed so that the actual situations and people involved cannot be identified. Some situations have been amalgamated into composites, but each vignette retains the core features of the interaction. Vignettes have been identified as a way of engaging stakeholders were key aspects of the findings to drive impetus for change, for example, in recent Aotearoa-based research about racism in health practice (Kidd et al., 2022). Using vignettes, particularly composite vignettes, is also an established way of protecting participants in sensitive research topics whilst still retaining authenticity (Bradbury-Jones et al., 2014).

As discussed on page 58, the findings chapters do not include critical or theoretical analysis of the findings in relation to past literature. This analysis occurs in the discussion chapter.

### 3.4.3 Bringing the data together

The intention of including two participant groups was to gain a full and nuanced perspective of police-citizen interactions related to mental distress. In the discussion chapter, I bring the findings from the two sets of data together to show how this was achieved.

I had originally intended to synthesise the findings from both groups. However, I ultimately leaned away from this approach due to the discrepancy between the sizes of the datasets and the overwhelming tension in the findings contributed by police

participants. Attempting to synthesise these datasets was challenging and gave rise to concerns that the police data would overshadow the findings from participants with lived experience. As discussed previously in this chapter, this concern about findings being inequitably weighted, stemming from awareness of existing power dynamics, was central in guiding my approach to analysis. Having meaningfully engaged with both groups of participants, I also found it hard to reconcile the times where the findings challenged each other. The time I spent with police during my case study had given me empathy for police officers, and yet, from my time interviewing participants with lived experience, I knew viscerally how much of a traumatic impact negative interactions with the police had had on most participants' lives.

I ultimately opted to simply draw out points where there was similarity or contrast between the two sets of findings, an approach also used by Faubert (2023) in research on this topic using police and citizen perspectives. Doing this allowed space to present participants' subjective realities side by side, where they resonated with each other and where they challenged each other, without reconciling them. Additionally, this approach allowed all the tensions in the police data to be presented, rather than smoothed over.

### 3.5 Conclusion

This chapter has outlined the philosophical approach that underpinned my research and the specific research methods and analytical approaches I used. The next chapter presents the findings contributed by participants with lived experience.

## Chapter 4 Findings From Participants With Lived Experience

### 4.1 Introduction

This chapter presents the findings from interviews with four people who had lived experience of interacting with the police while experiencing mental distress. For three of the participants, these interactions were overwhelmingly negative. The fourth participant had overall positive experiences with the police.

Using a general inductive approach (Thomas, 2003), nine domains were developed to summarise the data. Four of these domains illustrate ways that police actions were experienced negatively by people in mental distress. These were the domains 'threats, coercion, and force', 'intimidation and fear', 'involuntary contact with the mental health system', and 'loss of faith in the police'. Three domains – 'demeanour of the police', 'support', and 'information' – have both negative and positive aspects, highlighting the contrast between one participant's positive experiences with the police and other participants' negative experiences. The domain 'who you interact with and who you are' offers participants' perspectives into why these contrasting experiences may have occurred. 'Envisaging improvements' summarises two participants' perspectives on how police could have more positive interactions with people in mental distress.

As discussed in the methods chapter, one participant, Rachel, consented to her full narrative being included. Her narrative is appended. One participant, John, wished for only quotes from his narrative to be included. The other two participants, Aaron and Niwa, said they were happy for their full narrative to be presented, but did not go forward with the co-production process. Rather than put forward a narrative solely produced by me, I have included quotes from their interviews. Participants' quotes are presented in italics.

## 4.2 Domain summaries

### 4.2.1 Domain one: Threats, coercion, and force

A feature of John, Aaron, and Niwa's experiences was police using threats, coercion, and force on them. These tactics were all used by the police to try and make them comply with what the police wanted them to do.

John talked about a time when he was being interviewed by a policewoman in a room at the police station. While she was doing this, she tried to get John to sign a statement that was not accurate. She used threats to try and pressure John into giving his signature:

*[She] said that I'd done something that exaggerated what actually happened. I hadn't been before the court at this stage. The policewoman said if I didn't sign the statement [which was not correct], "That the longer you take, the worse it will be for you."*

This was not the only time the police threatened John to get him to comply with them. In another incident, they went to John's address and told him he had to go with them to be interviewed about a charge. They threatened that they would break his window if he refused to leave his house:

*[...] two cops came around, and they said I had to go with them. I refused. They said they'd break the window if I didn't open the door. I said I wanted to see their warrant, and they left.*

John also talked about an experience where the police attempted to coerce him. They told him if he pleaded guilty to one charge, they would drop some other charges laid against him.

The experience of being threatened by the police was shared by Niwa. Niwa talked about a time where the police threatened to use force if he did not do what they wanted. In this scenario, Niwa was locked in the bathroom at his flat because he was intending to attempt suicide. The police had been called to the address and they told Aaron to either get Niwa out of the bathroom, or they would break down the door to the bathroom and use a Taser on him. Niwa emphasised how wrong he thinks this approach is: *"You don't do that. If someone's having mental health distress, you don't go and pull out your Taser."*

The police did end up using force during this interaction with Niwa: they physically damaged two doors at Niwa's property, which he had to pay to repair.

Niwa feels that force is the primary approach that police use when they interact with people in mental distress.

*They more use force than anything else. They went and knocked down the door, knocked down our other door ... you don't do that. That comes out of what we've got to pay for.*

John and Aaron have also experienced police using force on them to make them do what they wanted or gain control over them.

John talked about a time when he had visited a police station. When he went to leave (peacefully), the door would not open. The next thing he knew, three police forcefully restrained him.

*I went to go and leave, but the glass doors wouldn't open. And then three cops jumped on me. Just pinned me down into the floor and pushed my face into the carpet.*

Aaron talked about a time where the police arrested him and brought him to be seen by the mental health team at the hospital. While transporting Aaron, the police physically restrained him with handcuffs.

Common across John, Aaron, and Niwa's experiences is police going straight to using force as a tactic, without first using another strategy (like de-escalation) to try and find an outcome. Niwa said if the police had just tried to talk to him calmly instead of threatening to break down the door and use a Taser, he would have done what they wanted.

*They could have just come to the door, they could have come in. I would have been more than happy to come out to talk to them if they said it quietly ... there was a whole lot of people that were living in that flat complex. They could have just came to the door, said it quietly, not yell and scream.*

Due to their common experiences, John, Aaron and Niwa had a view that police used these unpleasant tactics of threat, coercion, and force as their default means to make citizens comply with them.

#### 4.2.2 Domain two: Intimidation and fear

John, Aaron and Niwa talked about how intimidation and fear featured in their experiences with the police. They found that the police were intimidating (sometimes intentionally and sometimes by their mere presence) and that this resulted in them feeling fearful.

John talked about a situation where he thinks the police intentionally made themselves seem more physically intimidating. When he was being interviewed by the policewoman who threatened him, she *“sat on the interview desk, which was like a school desk.”*

Aaron and Niwa also talked about being intimidated by the police, simply because their presence is inherently intimidating.

Both of them talked about feeling intimidation when being transported in a police car. In the police car, they felt essentially surrounded by police. Aaron talked about feeling cornered: *“I’ve been in a police car where there’s one person in the back, one police officer in the back, two in the front, like, you’re cornered basically.”* Niwa echoed this sentiment and said being surrounded by officers in the police car was scary.

Aaron and Niwa also talked about other situations where the presence of police intimidated them. One example was when they were experiencing mental distress and the police turned up, then put a mental health worker on the phone for them to talk to. The chance to talk to a mental health worker could theoretically have been helpful, but Aaron and Niwa said it was intimidating, and hard to have a vulnerable conversation, because the police were still all around them:

*Niwa: I just felt intimidated talking to them [mental health services] on the phone cause it wasn’t face to face ... they’re [the police] standing right there.*

*Aaron: And you don’t wanna say the wrong thing.*

Aaron talked about another time where he was surrounded by police and felt fearful. This was when he was being interviewed about some criminal charges. This situation was difficult for him. Aaron has dissociative identity disorder (DID). In this instance, he was being interviewed about criminal behaviour done by one of his alter identities,



which he could not remember. Being surrounded by police in this difficult circumstance was scary for him.

*It was scary because they wanted me to try and remember as much as I could about who I did it to and all that and I barely knew ... looking at them [the police], in a room, it felt scary.*

For Niwa, another time he felt scared was the situation when the police were threatening to use their Tasers on him, discussed in the first domain. Niwa was afraid of what would happen if he got Tasered. He also did not trust that the police cared about his well-being.

*It just made me feel scared. I don't know if I'll come out of being Tasered. I didn't know how I would feel. I don't know if you'd end up dying from being Tasered, or... they just don't care. That's all I say.*

Aaron and Niwa talked about why they found the police inherently intimidating. Over the course of their experiences with the police, they have both developed a sense that the police view themselves as superior to members of the public. In their view, the police uniform symbolises their power and subjugation of others.

*Aaron: Some of them, some of them have this superior complex, where they think, cause they're in a uniform...*

*Niwa: [That they have] Power over us... Like, tone it down. You're one of us. And you get out of your uniform, you're one of us, but when you get into the uniform, it's like you're scary. And... we're powerless.*

They also touched on the perceptions that other people have of the police. They worried that if other people saw them with the police, they would think badly of them. This led to Aaron feeling intimidated one time the police turned up to his address: *"It was at a flat I was in, so, it felt intimidating because there's two other flatmates I didn't really know, and they could see."*

Overall, the intimidating presence of police contributed to Aaron and Niwa's fear during these interactions.

### 4.2.3 Domain three: Demeanour of the police

For all the participants, the demeanour of the police they were interacting with had an influence on how the interaction was experienced.

As discussed, John, Aaron, and Niwa found the police to be frightening and intimidating. Aaron also described an instance where he was being questioned by police and felt that their demeanour was impatient, *“like they had other things to do.”*

By contrast, Rachel has had positive experiences with the police. She identified that the demeanour of the police officers involved was a key aspect of these interactions being positive.

Empathy was a key factor in Rachel’s positive experiences. She says that overall, the police were *“empathetic and understanding and supportive and, yeah, everything I would have wanted.”* One of the times she interacted with the police was when they were taking her, and a neighbour’s, statement about the murder at their apartment building. She found the officer taking the statements to be empathetic and encouraging.

*I gave the statement... It was a male police officer. He was really understanding... I found him good. Empathetic. Supportive. Understanding. Professional, but not in a detached way. I actually sat with [my neighbour] while she gave her statement over the phone... she just needed that emotional support. [She was] nervous about interacting with the police. I actually visited her another time where the police were there, and my impression was that they were very understanding, and encouraging, and “Thank you for doing this”, and “I know it’s hard” and... Yeah, I found them empathetic.*

Rachel said the policewoman involved in the case made sure that Rachel and the other witnesses felt appreciated and validated when they appeared in court:

*I found the police, [main contact policewoman] and her boss, who was a woman, really communicative and supportive and made sure we had a copy of our statements... They reassured me that in the court case, they understand that you may not remember every detail; that time changes things and memory changes and so on.*

*[We] went in, [I] gave my statement... and came out and it’s that feeling of, you know, high tension, don’t know if you’ve done it right, and then they were, “It’s great! Thank you, we really appreciate it.”*

While this demeanour was greatly appreciated by Rachel, it was not exhibited by the police officers interacting with John, Aaron and Niwa.

#### 4.2.4 Domain four: Involuntary contact with the mental health system

A consequence of John and Aaron's interactions with the police was being put in contact with the mental health system against their will. Neither John nor Aaron feel like they gained something positive from this.

John first came into contact with the mental health system through the police. This happened during a situation where someone was falsely accusing him of engaging in threatening and dangerous behaviour. John found that the police would not believe his account of events. The situation culminated in the police involuntarily bringing him to be assessed by a psychiatrist. The consequence of this assessment was John receiving a mental health diagnosis and having to stay as an inpatient at the mental health hospital for a time.

*I was taken by two police to a mental health hospital, and that's where I got exposed [to], or came in contact with, the mental health system ... I was told by the psychiatrist I had a chronic mental illness and it'd only get worse.*

John feels negatively about this chain of events, which all happened against his will. He said that *"it led to my coming before the mental health system, so I was not happy about it."*

Aaron has been in contact with the mental health system independently of the police, but has also been involuntarily brought before it by the police. He talked about a time when his counsellor called the police. During a counselling session, one of his alter identities, a five-year-old, came out. Aaron's counsellor was aware of his DID, but she did not know what to do when Aaron started presenting as a five-year-old. So, she called the police, who did not know what to do either.

What happened next was that the police arrived and arrested Aaron. He thinks this happened because *"they didn't know how to help, so the only thing they could think of was [to] arrest me."* Aaron was handcuffed and brought in the police car to be seen by the team at the local mental health hospital. But Aaron did not gain mental health support; the team at the hospital ultimately decided that he should just be sent back

home. What he did gain was as experience of being arrested and transported in handcuffs in a police car. He views that this response was disproportionate to the situation and did not give him the support he needed.

Similarly to John's experience, Aaron views this response as the wrong one for the situation and notes that it did not give him the support he needed.

#### 4.2.5 Domain five: Support

John, Aaron, and Rachel each ended up navigating the legal system at some point during their interactions with the police. A feature of John and Aaron's experiences was that police did not facilitate them having support through this process. By contrast, Rachel was given a high level of support from the police.

As discussed in domains 1 and 2, John had an experience where he was being interviewed by the police about a charge and experienced intimidation and coercion. There was no one to witness this behaviour and support John, because he had no lawyer present. He had told the policewoman interviewing him that he wanted a lawyer, but his request was ignored. Adding to this feeling of powerlessness throughout his experience, John ended up having a lawyer appointed to him when his case went through court, but he still found himself unsupported because the lawyer did not advocate for him. He wanted her to say that he had been coerced, and that the charges laid before him were inaccurate, but she did not do this.

John also talked about a lack of support when he was taken by the police to have a psychiatric assessment. Through this process, he was not connected with a lawyer.

Similarly, when Aaron was arrested, he was not given legal support at the police station. While he was in the police cells, he spoke to the mental health nurse situated in the custody suite. But he did not feel like he really received support or concern from her.

*The psych nurse at the police station is the same one I had occasionally seen at the hospital, but she was very unhelpful. She thought that my mental health was just attention seeking. She talked to me in the cells a little bit, but she didn't seem that worried.*

By contrast, Rachel experienced a high level of support from the police through the court case following the murder. The police had procedures in place to support the witnesses with the trial. One of these procedures was showing the witnesses around the court in advance, so they would know what to expect on the day. This helped Rachel navigate this difficult situation.

*What they offered to the three of us [witnesses] was a visit into the court, so that we would feel more comfortable knowing what we would go in for. I'd never been into the court building. And so they arranged a time that we could go in, and I remember being kind of, maybe a week or two weeks before, being nervous.*

*I had to go through security... you know, an actual X-ray like at the airport. And then [the main contact policewoman] was there and I met my friend and there were two women, and the main woman was there to advocate and support people who'd been affected by a crime, victims of a crime or people that were having to give statements. And she showed us around the courtroom that she thought it would be in.*

On the days of the court case, Rachel also felt really supported by the police. She noticed that they went out of their way to support the witnesses.

*They actually sent a police officer to come and pick us [Rachel and her partner] up and take us in... so she drove us right to the court. And we got an offer to get a lift home, but we just wanted to walk. And they had a room for us giving statements, a whānau room. And it was just... for a difficult situation again, I felt completely supported by the police.*

The police have also made sure that Rachel has the option of external support. They connected her with Victim Support, who have offered what she considers an unprecedentedly high level of support:

*And I'm assuming this is through the police, connected me with Victim Support. I had a contact person through them who's checked on me since it happened, and since the trial, and they offered counselling... And they offer 30 free sessions, which I think is an unheard-of amount of funded sessions.*

This support was one of the influential factors in Rachel viewing her interactions with the police as positive ones, while for John and Aaron, a lack of support contributed to the distress of their experiences.

#### 4.2.6 Domain six: Information

For Rachel, being kept informed by the police was a positive aspect of her interactions. But Aaron and Rachel both identified times where they were not kept informed by the police and found that this resulted in a negative experience.

Rachel was appreciative that the officer who took her statement kept her informed as much as possible about the murder. Although she knew he was limited in what he could tell her, he was still able to answer her questions and share some information. This was important because based on what she had witnessed, Rachel knew something horrific had happened to her neighbour, and her imagination was working overtime to fill in the gaps:

*There were ways that he was kind of reassuring... I felt like I could ask questions, but I was also mindful of not prying too much... somehow, I got the impression, I got the information that he [the victim] had died by the time police arrived. And that there was nothing anyone could do. And that it may go to court, but they really didn't think it would, that they had what they needed. Throughout the conversations I got what I needed. The information, to kind of make sense of it, and be at peace about it. Because I think that's what I've heard people say about disasters or crimes... it's the unknown.*

*I just got enough information from the police that I could kind of make sense of it... And not feel... even though a terrible thing that happened in my home, it wasn't gang related. He [the attacker] wouldn't be coming back. We were safe. He was in prison, or imprisoned... they were doing their job.*

Rachel felt that overall, the police were very proactive about contacting her throughout the whole process. There was one policewoman who was her main point of contact. This worked well to keep her feeling informed and supported:

*[There was] my contact person who stayed in touch, I had her phone number. She rung me, she sent me messages, she texted me, which, it felt very personal, very natural. It was very good.*

This policewoman also went out of her way to keep Rachel in the loop with the outcome of the court case. Rachel felt like the policewoman went above and beyond to make sure Rachel knew her testimony as a witness had been appreciated:

*At the end of the week, [the main contact policewoman] let me know that he'd been found guilty. And she actually sent the judge's summary, and the sentencing, which didn't put our names in for our privacy, but said... you know, "In particular, the courage and testimony of the three women at the apartment building." I mean, she didn't have to do any of that. And she did.*

By contrast, Aaron talked about a time when he was not kept informed by the police. This was after he was arrested due to one of his alter identities committing criminal behaviour. One of the most stressful aspects of this experience was that Aaron had no information about what was going on and the severity of what his alter had done. Being left without this information contributed to Aaron's distress, because he was extremely worried imagining that the consequences were going to be severe.

*And at the time I didn't know how severe it was. So I thought I was gonna go to prison for 20 years. Because they don't tell people how long they're gonna go into prison for.*

Rachel also talked about one instance where a lack of information from the police added to the distress of the situation. On the night of the murder, Rachel asked the police to inform the building owner and property managers about the situation. The police did not do this, which meant the building owner ended up finding out from the press. Rachel considers this to be the one negative aspect of her interaction with the police.

*I thought the building owner and the property managers need to know what's happened [...] and I can't do it. I definitely had a conversation [with one of the police officers]... And I said, "Can you let the building owner know, and here's the phone number and the name." And then I thought, oh, I've done my bit, they'll communicate... I really thought they would do it.*

*The police didn't notify them. What happened the next morning is a journalist had called the building owner, saying, you know, "There's been a murder at your building, do you have a statement?" [...] So I got a call from one of the property managers. And she was horrified, distressed, you know... trying to understand what was happening, not getting much information, and said, "Oh, I wish you'd rung me last night."*

*[...] it was the one regret. So, yeah, if there was feedback to the police it would be about that, but again [...] I don't blame the police; and I*

*guess I see it, as they've got their systems [...] they're trying to solve a crime, and they have to be really careful what they say.*

Rachel is empathetic towards the police for this breakdown in communication and she feels it did not affect her trust of the police going forward. However, she says it would have made a big difference for her property manager if the police had followed up and shared the information to make her aware of what had happened.

Rachel and Aaron's experiences highlight the role that information provision from the police played in relieving or increasing stress.

#### 4.2.7 Domain seven: Who you interact with and who you are

Participants had a sense that which officers you interact with, and who you are, can make a difference to the interaction.

Aaron felt that the treatment he has received from police has been inconsistent. He said it depends on which officer he has interacted with during each incident: *"The other problem is, you get a nice one. And the next time you have an experience with the police, it's a completely different person."*

Rachel also noticed that it mattered which officers she interacted with. She said it was a positive thing that she mainly interacted with policewomen:

*I think something for me as a feminist, is I largely dealt with women. I think it just happened to be their team [that was on the case], and their team happened to be one with a lot of women. I guess that's significant for me, because I think of my stereotype of the police is [as] a male-dominated group.*

Niwa and Rachel both reflected that who they were, as individuals, impacted their interactions with the police. They both thought that their ethnicity had affected how police treated them.

Niwa feels that the police target Māori.

*They target us, as Māoris, it's always a target ... For me personally, I just feel sick. Sick that they're targeting us. I can just tell that they're targeting. It's like when I now walk down the street I look at a police car and think, are they gonna target me? For the way of my skin? The way I look?*



On the other hand, Rachel reflected about being Pākehā. She thinks it is possible that her privilege as a Pākehā woman contributed to the positive experiences she had with the police.

*I recognize that I'm a Pākehā woman, middle class, who's not had experiences with the police before. And... I recognise that we live in a racist society, with people with different life experiences and that, not everyone's experience of the police is going to be like mine. And... that the police is simply an institution made up of individual people, and there's good and bad and I happened to have an unusual life experience where for me, the police were very, very supportive.*

In addition to being Pākehā, Rachel also talked about the attitudes she holds towards the police. She feels like these attitudes helped her have positive interactions with the police. Because Rachel had not had any negative experiences with the police, she did not go into the interaction with suspicion or hostility towards the police. She is empathetic towards the difficult job that police do.

*I also know it was a collaborative thing. So, I didn't come in with a suspicion of the police or a bad experience. And so... the empathy went back the other way. I was thinking, imagine having a job that you, you have to come out and deal with the worst of society... you know, first response to a crime scene, the things that they must witness, and that they witness that, and that they have to stay empathetic. That would be very hard. But I endeavour to think, people are doing their best, and they're human beings.*

These reflections show how Aaron, Niwa, and Rachel attributed some of the negative or positive features of their interactions with the police to the variability of the officers involved, their own identities, and the interplay between the two. Additionally, the fact that empathy went both ways in Rachel's positive interactions with the police calls back to the importance of empathy discussed in domain three.

#### 4.2.8 Domain eight: Loss of faith in the police

John, Aaron, and Niwa's negative experiences have led to a loss of faith in the police, and none of them feel like they have seen the police take accountability for their actions.

After his interactions with the police, John's level of trust in the police has been damaged. He says he also has a lasting negative impression about how the justice

system works, because he does not feel like his interactions with the police featured any sort of justice.

The way Aaron feels about police has also been shaped by his negative interactions with them. From how he has been treated, he has drawn the conclusion that police do not care about mental health. He thinks police lack the ability to support people in mental distress and he fears that if he has any future interactions with the police, they will be negative:

*When it comes to mental health, they've got no idea. I still fear the police at times – I fear if my mental health goes down again, I'll go through those visits from the police and the handcuffs and all that again.*

But Aaron also thinks that police are doing good work around crime in communities. Niwa echoed this sentiment that police seem able to support people in other situations, just not people in mental distress:

*What I don't get is they can go to other people, who have other problems, and deal with that, but they won't deal with people with mental health. That's what I don't get [...] If it's any other situation, like a car accident, they're there straight away and they know what to do there ... but when it's mental health, that's a whole different ball game ... because they've been trained how to deal with car accidents.*

It is police responses to mental distress where Niwa really lacks hope. He believes police just do not understand, or care about, mental health.

John and Aaron have both tried to lay complaints about how they have been treated by the police. Neither of them have felt that these complaints led to the police taking accountability for their actions.

John tried to get his treatment by the police investigated by the Independent Police Complaints Authority (IPCA). The IPCA told him they found no evidence of misconduct or neglect of duty.

Aaron also lodged a complaint with the police after he was arrested while presenting as his five-year-old alter. He does not feel like the response from the police demonstrated any accountability.

*They just kind of made excuses. That I presented as a five-year-old, the police didn't know what to do. And because... the police knew I had the dissociative identity disorder, but they were saying that the police at the time didn't have that on their record.*

Not seeing the police following up complaints with a recognition of the negative consequences that their actions had, nor perceiving a caring attitude from police about mental distress, has consequently eroded John, Aaron, and Niwa's faith in the police.

#### 4.2.9 Domain nine: Envisaging improvements

Aaron and Niwa feel that police needed to change their approach to interacting with people in mental distress.

They both talked about how police need to have a better understanding of mental distress. Aaron has found that the police's lack of understanding about his DID has negatively impacted his interactions with them. When he was arrested while presenting as his five-year-old alter, he was sympathetic that police were responding to the incident with limited information: *"I'm not sure what else they could have done with the DID because they have to go to a job with barely any information."* He thinks that it would help police navigate situations if they had information on file about a person's mental health:

*The police need to have it all on file. So then they can look at the notes. Even if they had something there that says, oh, dissociative identity disorder, anxiety and, so then they can base it on... Cause they just go to the situation and be like, "We don't know what's going on."*

If police had this information on file, they could then take the time to educate themselves about mental distress on their way to jobs:

*They can do their research you know, just do a little bit of ... it can be on the phone, do some research before you even get to the person. Like even if they researched anxiety, how to deal with anxiety.*

Niwa feels that more police need more training about mental health: *"That's what they need to do, they need more training, a lot of training on mental health."*

Aaron and Niwa also think that police should interact more with mental health workers. In their experiences, there is not currently a lot of engagement between

police and mental health services. While involuntary contact with the mental health system was regarded as a negative experience, Aaron and Niwa envisaged that having a mental health worker as a first responder alongside police would be a positive change. They envisage that police could have an on-call mental health worker, or team of workers, that could attend mental health-related incidents with them.

*Aaron: I think that sometimes ... you'd have a mental health worker on their side. That goes to the situation. Especially when it's [related to] a call from a counsellor.*

*Niwa: Like even if they have ... like a mental health nurse or something based in the actual police station, where they could go, "Oh yep, we could use them", or even like a team of mental health nurses, based in the police station, then they could –*

*Aaron: Actually, they usually have the psych nurse in the police station, but they can't just go off and...*

*Niwa: Like even if they had a team where, if they've been called from the actual police station, they could take that with them. Take them with them.*

Aaron said that a key benefit of having a mental health worker respond with the police would be opportunities for this mental health worker to do de-escalation. He thought that this de-escalation could be hugely impactful in creating better outcomes for people in mental distress and the police: *"There's these cases where the offender shot the police. If they had that person [a mental health worker] in the middle, maybe they might have de-escalated it."*

Niwa thinks that the police need to gain an understand of the experiences of people in mental distress. He emphasised that police need to do this as individuals, rather than officers in uniforms:

*What they need to really do, the police, is really need to go to, like, sit in an actual mental institute. Like sit there, watch what they're doing, not in their police outfit ... experience what they're experiencing.*

This idea relates back to domain two, 'Intimidation and fear', which discussed participants' perceptions that the police are inherently intimidating, with their uniform being emblematic of this.

Aaron and Niwa also talked about how police should respond more quickly in the instances where people experiencing mental distress do seek out a police response.

*Aaron: I know there's been a couple of times that we've called them, say, in the morning, told them that we've like got mental health and we need to be seen.*

*Niwa: And they don't come till, like, night time.*

*Aaron: And they know that the situation's either settled, or there's dead people.*

Along with their other suggestions, Aaron and Niwa view this as a way that police could transform their approach to supporting people experiencing mental distress for the better.

### 4.3 Conclusion

These findings present four participants' experiences of interacting with the police while experiencing mental distress.

The findings point to a number of police actions that constitute negative experiences for people in mental distress, including the use of force, coercion, and involuntary engagement with the mental health system. Additionally, Aaron and Niwa shared their perspectives on ways that police should change their approach to interacting with people in mental distress, pointing to more information about mental health, increased training, and co-responding with mental health services as key things they would like to see from the police.

The findings also illustrate, through Rachel's positive experiences, that police already have the opportunity to act in a way to generate positive experiences for people in mental distress. The positive police actions described by Rachel share some similarities with the framework of procedural justice outlined in Chapter Two, particularly in the way that police officers made Rachel feel listened to and informed. However, Rachel also highlighted the importance of empathy and feeling she could connect with the officers on the case, suggesting that procedural justice alone did not wholly account for her positive experience. Rachel's interactions with the police were also different from the other participants' in that they occurred in the cumulative context of Rachel

being a Pākehā women, with no prior negative experiences with the police, and with police regarding her as a victim to a situation out of her control, rather than the police having been called because she was experiencing mental distress.

In the discussion chapter, I explore the implications of these findings. I also reflect on points of similarity and contrast between the findings informed by lived experience perspectives and the police perspectives.

The first of the police findings are presented in the next chapter.

## Chapter 5 Findings From Police: Part One – Tensions

### 5.1 Introduction

This is the first of two chapters presenting findings contributed by police. The intention of the police ethnography, comprising ride-alongs, interviews, and focus groups, was to build up a description of how police respond to people experiencing mental distress. Two phases of thematic analysis of the data identified tension as the singular overarching feature of the context in which police respond to people experiencing mental distress.

In this findings chapter, I use headings and subheadings to present multiple sources of tension. I note that these findings are somewhat unconventional for a reflexive thematic analysis; the process by which I identified one singular overarching theme and decided to organise the chapters by headings, rather than subthemes, is described in the methodology chapter.

In this first of the two findings chapters reporting on police participants' data, the focus is on tension conceptually, relating to participants' and others' expectations of the police role. In the second chapter, the focus is on the challenges participants experienced during their day-to-day work when responding to people experiencing mental distress.

### 5.2 Overarching theme: Tension

Tension was the key defining feature of participants' experiences responding to people experiencing mental distress. The term 'tension' serves dual purposes in characterising the data. On one hand, tension refers to how at times participants expressed very different – sometimes contradictory – views about police responses to people experiencing mental distress. On the other hand, tension also refers to multiple factors that participants identified as making their responses to people experiencing distress more complicated.

This chapter focuses on tension as a conceptual factor, centred around participants' and others' mismatched expectations about the role of police (in responding to people experiencing mental distress and more broadly). Four types of expectations were

discussed by participants: participants' expectations about the role of police, participants' expectations of health services, the organisation's expectations of officers on the ground, and the public's expectations of the police. Additionally, tension arising from conflicting views among the participants is a strong feature within this chapter.

### 5.3 Individual role

A key source of tension for participants arose from their perception that police frequently respond to people experiencing mental distress, but are the wrong people to be at the forefront of these responses. This tension was identified when participants described their expectations about the role of police, though it was also a common thread throughout each of the expectations presented in this chapter.

Participants unanimously agreed that responses to people experiencing mental distress featured prominently in their day-to-day work. Participants commented that jobs coded 1M (mental health-related) or 1X (suicide-related) were a large part of their work. Additionally, they said that in many other job types, they frequently observed that mental distress was an underlying factor:

*Even like vehicle crashes is probably a big one for me. Car crashes, family harm, even shoplifters, there's always a reason behind it. Pretty much everything we deal with I would say has an element of mental health to it. [...] it's often a trigger for other behaviour that then attracts our attention. (Frontline #5)*

This observation was made both by participants working on the frontline and on specialist teams. For example, participants working in the Family Harm Team said that mental distress was often a feature of their work:

*Almost every form that I triage has some aspect of mental health, whether it's a child that has some mental health issues or one or the other of the parties, victim or aggressor, have mental health issues. (Specialist #9)*

Furthermore, participants also commented that it was police who were often solely responding to these jobs, rather than other services, although less frequently they reported a combination of other services and police responding together.



My field note below demonstrates that these comments from participants are in line with the police work I observed on the ride-alongs.

Field note: More mental distress than I thought!

I'm getting a sense that mental distress is almost always a feature of police jobs in some way, whether or not they're 1M or 1X jobs. In all sorts of jobs, people are experiencing distress, and so police are interacting with a person experiencing mental distress. That being said, almost every ride-along has been mainly made up of 1X and 5F (family harm) jobs – that would be a 'typical' ride-along. The police officers I've spoken to agreed that these jobs make up the majority of their workload. I can hear the jobs that came over the radio in the patrol car, so I'm aware of what jobs that the other units on the ground are responding to. It seemed like they are overwhelmingly 1M, 1X, and 5F jobs.

There have also been a lot of jobs where, despite not being coded as a 1M or 1X job, the police were interacting with someone who was distressed. For example:

A 5F job where someone was very upset and angry about the harassment the victim, her friend, was experiencing.

A job where police pulled over the driver of a stolen car. He was adamant he didn't know it was stolen and became increasingly stressed and annoyed until the police corroborated his account of events and told him he was off the hook.

A case of mistaken identity, where a guy was afraid and panicked because he thought his house was being broken into, not knowing the 'intruder' had been invited there by his sister.

However, I'm finding it's the 1M and 1X jobs that police are focusing on when they share their perspectives on responding to people experiencing mental distress with me. I'm quickly learning these jobs are a tension point – when I tell officers about the purpose of my research, it's not uncommon for them to say something like, "Oh good – so can you write a recommendation to get police taken out of mental health jobs then?" When they say this, they're meaning jobs where the main feature is

mental distress or suicide – not jobs where the person (a victim of a crime, someone who's had a car crash, etc.) happens to be distressed.

This perceived prominence of mental distress in their day-to-day work caused tension for participants, who resoundingly agreed that it was wrong for police to be at the forefront of mental distress in the community. They centred their discussion around the idea that it should be *“the right person doing the right job”* (Specialist #8). For mental distress-related jobs (referring to those coded 1M or 1X), they characterised the right person as a professional with mental health expertise. One participant described the ideal responder as: *“someone who's got many years, trained, professional mental health service that can recognise and deal with problems effectively”* (Frontline #2). Unanimously, participants agreed that police were not the right people to respond.

Related to this was an ensuing broader discussion about what participants thought the role of police ultimately should be. Comparing idealised conceptualisations of police work to reality caused tension for participants. Additionally, there was tension in the data with participants disagreeing with each other about how they conceptualised the role of police.

Unanimously, participants agreed that police were not experts in mental health. They said this caused challenges for them when they responded to people experiencing mental distress. In these scenarios, they thought they lacked a requisite ability to access someone's health records and interpret them.

*How can I assess someone in any way, if they're just saying that everything's fine and you're judging them on their body language alone? [...] How am I supposed to know what – are they going to harm themselves, or what the circumstances might be? (Specialist #8)*

Regarding what the role of police was, participants were in agreement that police filled a unique role in society as a highly mobilised agency with a 24/7 response capability. The police force was described as *“the stop all, end all, fix all”* (Specialist #3). Participants said they acknowledged and accepted that, accordingly, the public would

turn to the police as default responders for a wide range of jobs: *“Everyone defaults to us. That’s kind of part of the role” (Specialist #7).*

Beyond this, there were differing expectations among participants about what the role of police was or should be. Some participants said the role of police was to provide law enforcement and public safety in society. Under this conceptualisation, participants thought that the scope of police work should be limited to only these functions, though this seemingly conflicts with the acknowledgement of police as *“the fix all” (Specialist #3)* mentioned in the previous paragraph. They said the core business of policing did not include mental health. This generated tension for participants, because they subsequently view their day-to-day work responding to people experiencing mental distress as outside of this core business:

*My frustration [with responding to mental distress-related jobs] is often that we’re left holding the baby in the bath water and it’s not really a core function of us. (Specialist #8)*

Additionally, under this conceptualisation, participants perceived that their presence in mental distress-related jobs translated to a disservice for people experiencing mental distress, because their needs were outside the bounds of what police could provide: *“I just think that it’s a disservice because if people want – they’re going through health issues and medical issues – why are we sending law enforcement?” (Specialist #10).*

From this perspective, participants said responses to people experiencing mental distress would only come under the scope of police work if they involved risks to safety or life. Jobs involving a risk to safety or life were characterised as being within the ambit of police, because police were equipped with *“tools” (Frontline #2)* – meaning the power to physically restrain people and/or make arrests – to protect safety and life.

*I don’t think anyone here really really thinks police should be the first people through the door, with a mental health response. Unless there is significant risk involved to that person or to the public [agreement from other focus group members]. I mean we’ll always have a part to play there, because, we’ve got some tools to deal with that. (Frontline #2)*

When envisaging these jobs, participants thought the limited role of police should be protected by establishing a boundary, where police would pass the job on to other services as soon as safety was achieved: *“We should go in there, respond to the job, and then pass them on to the professionals that can actually deal with the problems” (Specialist #4).*

This conceptualisation of policing speaks back to participants’ aspiration of *“the right person doing the right job” (Specialist #8)*, where jobs not involving law enforcement or public safety are not seen as the right job for police officers. However, given participants’ earlier comments about mental distress being a feature of all sorts of job types, a distinction between ‘law enforcement jobs’ and ‘mental health jobs’ is likely challenging, and attempting to make this distinction may generate another source of tension for police officers.

Departing from this conceptualisation, other participants characterised the role of police as one that was more similar to social work and *did* include responding to people experiencing mental distress. Participants speaking from this perspective tended to view this role of police as a fairly recent development. An experienced participant reflected that the job was previously more law-enforcement focused: *“it was [...] you go to jobs, and you arrest people, and that’s what police do, and that’s the function” (Specialist #6)*. Considering police work now, participants thought that a social work-type focus had more recently been adopted: *“Now our job role is, we’re not always just showing up because someone’s in trouble, right? We’re social workers too” (Frontline #5)*. Several participants agreed that mental health was now part of the core business of police.

However, it should be noted that participants speaking from this perspective did not necessarily express that this role was in line with their aspirations for what police work should be. Considering all participants’ unanimous agreement that police should not be at the forefront of responding to people experiencing mental distress in the community, even participants who embraced mental distress as an aspect of the police role were experiencing tension from the status quo.

Between these two conceptualisations of police work, the concept of core business arose as a key point of conflict. Participants voiced different opinions about whether

mental distress was included as part of the core business of police. The quote from one participant below epitomises the lack of consensus – on a group and individual level – about the answer to this question:

*Now it's expected that we do it [respond to people experiencing mental distress]. But [...] we need to backtrack and think how can we best do this in another way, because then we can be freed up to go to our actual core business – although mental health is part of our core business now – and catch burglars and [laughs] things like that...  
(Specialist #9)*

Two of my field notes from the ride-alongs add to this discussion. They demonstrate that during the course of my fieldwork, I met officers with very different conceptualisations of what the police role is and should be.

Field note: "I LOVE my job!"

I've observed police officers complaining about having to attend 'stupid' jobs. These are often 1M and 1X jobs. One officer defined a 'stupid' job as one where the person shouldn't be bothering the police. Instead, they should help themselves, or get a counsellor. There's also a frustration among police that arises from a perception that friends and family didn't go out of their way to help each other; rather than heading over to do a welfare check on a struggling friend, they call police to do it. From what I've observed, there isn't much for the police to do when they attend these jobs – the person is distressed, but usually doesn't want to talk to the police about it. They're not doing anything wrong, so it's not like the police are going to arrest them. The police usually make sure they have some sort of support around them – a friend they can call, the number for a support line – and leave.

Real, fun, police work has often been described to me as catching burglars, locking people up, and chasing stolen cars. One officer told me the second COVID lockdown had been 'crazy' (in a good way) because there were lots of 'good' jobs, like burglaries, and less 'stupid' jobs. One of my most memorable ride-along moments has been when, in the last hours of a shift, a call came over the radio that there was a fleeing driver. All nearby units (including ours) were directed to head to the area to try and 'trap' this car and lay down spikes. Police aren't allowed to chase fleeing drivers, but they can set up this sort of trap, which was described to me as being

“like a game”. The officer driving our patrol car got to turn on the sirens, speed to the area, and yelled “I LOVE my job!”

Almost every police officer I’ve spoken to has told me they did not think police should be responding to mental distress jobs. It’s not solely because they think that these jobs are ‘stupid’. They simply don’t think that police are the right people to respond to these health-related jobs. Many of them have been glad to hear about the research I’m doing, because they want me to write a recommendation that police should be taken out of these responses.

Field note: Embracing mental distress-related jobs

There have been two officers I met, both women, who have very recently come onto the job anticipating and *embracing* the fact that police often respond to mental distress. The first woman had considered becoming a social worker instead, but said she knew that being a police officer these days was a very similar thing anyway. The second woman had recognised during her SCOPE (pre-training college) shifts that police were often responding to mental distress and, of her own volition, attended a course about mental health to upskill herself for responding to these types of jobs before going to training college.

I’m sure there are more officers like these two. At the end of the day, all the officers I’ve met want to help people. They’ve all told me that’s why they became police officers. One officer told me that there was a recognition among the Police organisation that the frontline role is more social worker-like these days. He said that officers who don’t like this often end up getting filtered into roles that suit them better, like the Armed Offenders Squad. But on the whole, there is still a sense to me that the police feel that their job should be about keeping their community safe through law enforcement – keeping the bad guys off the street – and that they feel all this time spent responding to people experiencing mental distress is rendering them less able to do that.

Despite the resentment some officers seem to have towards mental distress jobs, I've overwhelmingly observed them being calm, patient, genuine and reassuring towards people experiencing mental distress. Members of the public often apologise to the police for calling them and wasting their time, which is always met with reassurance and the phrase "that's what we're here for".

Continuing this discussion about the role of police, participants talked about what it meant to be a police officer, discussing the characteristics they thought defined police officers – i.e., themselves. All participants characterised police officers as fundamentally desiring to help people: *"Police officers tend to be [...] those who just want to help"* (Specialist #6). There was agreement among participants that a desire to help people was usually what had motivated them and their colleagues to become police officers. Additionally, participants characterised police as proactive and risk averse; the type of people who want to go the extra mile to keep people in their community safe: *"if somebody rings up and puts a job in, most cops are going to respond, or try and do something with it"* (Specialist #10).

These internal expectations represent tensions for participants on two levels. Firstly, the characterisation of police officers as people who fundamentally wish to help people is in conflict with the conceptualisation of a police role that is limited to law enforcement and public safety. Under this conceptualisation, it is assumed that the extent to which police help people is dependent on the extenuating circumstance. It precludes people in certain scenarios – for example, people experiencing mental distress in a situation where the police think there is no risk to safety or life.

Secondly, participants said their nature as police officers led to a self-fulfilling prophecy. Here, they again talked about an aspiration to put a boundary on police work, by establishing a point where they would pass the responsibility for a job on to another service. However, they said establishing this boundary would be hard, because it went against their proactive nature:

*I think also as police, we tend to do a little bit more than what we need to, we try to be everything to everybody? But, really, we should go in there, respond to the job, and then pass them on to the*

*professionals that can actually deal with the problems and prevent things from happening, but we tend to try and take over sometimes... (Specialist #4)*

Participants also said their desire to help people conflicted with their aspiration to have limited involvement in responses to people experiencing mental distress:

*I think as police, like as people we're go-getters. We like being out there, we like going to jobs, we like helping people, so in some respects, we may do ourselves a disservice because we know that no one else is there to help them. Because that's our personality trait – we want to help, we want to go get people. We probably do ourselves a disservice at times by filling that gap. (Frontline #5)*

The expectations focused on in this section have highlighted that participants had conflicting views about what the role of police should be. However, there was unanimous agreement from participants that responding to people experiencing mental distress currently featured heavily in their role and that police were the wrong people to be at the forefront of these responses.

#### 5.4 Health services

Another source of tension stemmed from the expectations police had of health services. The term 'health services' is used here to refer to a broad range of services. Some of these services are specifically mental health focused (e.g., DAOs, mental health crisis lines, mental health hospitals) whereas others are not (e.g., general hospitals, ambulances).

When police respond to people experiencing mental distress, health services are often involved in some capacity. The person experiencing distress, or another citizen, may have initially called a mental health crisis line and/or an ambulance for support. These services may then contact police requesting that police officers respond to the job with them, potentially requesting that police arrive first to ensure the situation is safe. Conversely, the person experiencing distress, or another citizen, may have directly called 111 and requested a police response. If the 111 call-taker thinks the person has a medical need, they may directly log a job with ambulance services to attend alongside police. Additionally, the on the ground police officers assigned to the job may reach out to a health service to request they respond to the job as well. When



interacting with someone experiencing mental distress, police may assess that this person should be seen by psychiatrists at the general hospital emergency department or a mental health hospital. This can either happen voluntarily, with the consent of the person experiencing mental distress, or involuntarily, if the police decide to use section 109 of the Mental Health Act to initiate a mental health assessment.

In their discussion about health services, participants described a perceived breakdown in the relationship between police and these services. All participants thought mental health services were under-responsive to people experiencing mental distress. Participants had the perception that it was usually police, not any other service, making these responses, saying, *“There’s far fewer mental health staff attending these jobs [...] than police” (Specialist #6).*

One aspect of this perceived under-responsiveness was the time police spent waiting for health services to respond to a job. Participants said health services commonly requested police to attend a job first to ascertain safety. They said this could result in police devoting part of their shift to waiting for other services. One participant remarked, *“It might take them 40 minutes to get there, but they want you there first” (Frontline #1).* Participants said this was particularly common when the job occurred on weekends or at night-time. Participants also described scenarios where police and ambulance were both dispatched to the same job, but the ambulance had a much slower response time. A vignette based on my experiences on the ride-alongs illustrates a situation like this and explores the subsequent decision making of police officers.

Vignette: Waiting for an ambulance and weighing up the risks

A teenage boy has called up a helpline to tell them that he’s gone to his local playground, wanting to die by suicide. He tells the helpline counsellor that he’s already taken an overdose and hangs up the phone. The helpline counsellor immediately calls 111, telling the operator that this boy urgently needs medical attention.

I’m halfway through an evening ride-along and we’re about to head back to the station for dinner when the dispatcher speaks through the radio, telling the officers

to head to this job instead. The officers turn on the sirens and speed to the playground. We get there and find the boy, who's pretty out of it and not happy to see police. One of the officers crouches down next to him and starts speaking reassuringly, saying that she's just here to make sure he's okay, and that we're going to get him to hospital.

The other officer and I hang back. I ask her, "Wouldn't an ambulance take him to the hospital?" She tells me derisively that the ambulance operators have said they can't get anyone there for 40 minutes. She tells me this is a classic response from the ambulance operators.

As we speed to the hospital, I sit in the front of the car, and one of the officers sits in the back next to him. She keeps asking him questions to make sure he stays awake. He's getting more and more annoyed and says he's tired and to leave him alone. But the officers don't want him to fall unconscious because they don't have the equipment, or the training, to look after him medically. They tell me they've put themselves in a risky situation by transporting him when he is medically unwell, but they judged the risk of waiting at the playground for 40 minutes to be much higher.

Adding to this point is a field note based my conversations with police officers during the ride-alongs.

Field note: "Well wasn't that easy!"

As officers have described it to me, DAOs are always on call, but they're not mobilised like police are.

One of the officers I was on ride-along with today said he understands that DAOs attend jobs in pairs, for safety. They travel together in a work vehicle. This means if they get called to a job in the middle of the night, they've both got to get out of bed, drive to the office, meet together and take their work vehicle out to the job. This, understandably, means they can take a while to get on the scene. But the police said this causes issues on their end.

They said, for example, they might get called a job in the middle of the night because someone is destroying property at their house. The police might think this person is experiencing psychosis, but they can't use the Mental Health Act to involuntarily take this person to hospital because they're on private property. A DAO could initiate this process though. So, the police contact the on-call DAOs, but they take over an hour to show up.

By this time, the person's calmed down. The police have spent an hour talking to them through the window, building rapport and de-escalating the situation. Maybe the person was intoxicated, and by the time the DAOs get there they have sobered up.

The officer told me that he's been in situations like this and when the DAOs turn up, they observe someone who's calm and compliant. They say to police, "Well, wasn't that easy!" and say that this person doesn't need a mental health assessment at the hospital. Job done, and everyone can go home.

But the officer said that the police have put in a lot of hard work managing risk, de-escalating, and convincing this person that it would be really good if they got some help for their mental distress. They said it can damage trust with the citizen if after all that, mental health services turn up and say that they don't see a mental health need here.

In addition to long wait times, participants also believed it was hard for police to hand over someone experiencing distress to the care of health professionals. One aspect of this was participants' experiences of requesting that a health service join them on a response to someone experiencing mental distress. During this discussion, participants expressed that often health services declined to join the response and told police the person did not require mental health support. This was a source of tension for the police because it conflicted with their own assessment that the person did need help, specifically, help beyond the scope of what they could provide.

*[...] a girl has managed to climb up to the top of the hospital, wants to jump off, wants to kill herself. Police get there, talk her down, take*

*her down to the crisis team – “Here she is, this is what she’s done”, and they just basically say, “We’re not seeing her today.” We’re standing there saying, “We’ve just taken her from the roof, she wants to kill herself, and you’re telling us that you’re not seeing her today?” Where does that leave us, right? [...] she’s just been in a place where she’s got the intent and the capability to kill herself, and mental health say, “We’re not going to see her today.” (Frontline #5)*

Moreover, participants said this response from health services was especially common when a service had a record of the person being diagnosed with a behavioral health disorder and had already planned a hands-off approach for this individual.

A second aspect of this perceived struggle to hand over care was based on participants’ experiences at the general hospital emergency department (ED). When participants discussed this topic, they focused on their experiences of taking someone experiencing distress to the ED to be assessed by psychiatrists, either voluntarily or involuntarily under section 109 of the Mental Health Act. Participants identified two reasons that emergency department handovers felt challenging. These were 1) long wait times and 2) mental health assessments that often resulted in the person in distress not being admitted to an inpatient setting.

Regarding long wait times, participants agreed these were common. Under section 109 of the Mental Health Act, police can legally detain someone for up to 6 hours until they receive a mental health assessment.<sup>14</sup> Participants said it was very common that an assessment would not happen until the very end of this 6-hour period, meaning they waited in the emergency department for 6 hours with the person in distress. Some participants expressed a belief that long wait times occurred because ED staff did not prioritise these assessments. Participants thought this perceived attitude of ED staff was frustrating because it resulted in police officers being taken off the street for several hours.

*I believe there’s a misconception there, where they look at it and go, “Well, we have up to 6 hours to deal with this,” as opposed to saying, “We need to deal with this as soon as possible and it must be addressed within a 6-hour window.” When we’ve got calls for service and other responsibilities backing up, why do we have two cops sitting there in the A&E<sup>15</sup> queue because they’ve brought in*

---

<sup>14</sup> In whichever setting the assessment is taking place, e.g., police cells or the emergency department.

<sup>15</sup> The Accident and Emergency department of the hospital, i.e., ED.

*somebody who's mentally distressed? That to me is just really poor, that they can't look at the bigger picture, and say, "Okay well that abstraction affects our partner organisation's demand, so we should at least try and minimise or mitigate that so we should have prompt action for them." (Specialist #10)*

Additionally, participants talked about how they disliked long wait times at the ED because they thought waiting with a police escort could be stigmatising and criminalising for the person experiencing mental distress.

*Everybody immediately goes, "Oh, when the cops bring somebody in they've done something wrong, they're a criminal, they're dangerous" or whatever, and often it's not. It's just because we were the unit playing the taxi. (Specialist #10)*

While participants found long wait times frustrating, they said it was usually necessary to wait at the ED until the person experiencing distress had been handed over to the care of mental health professionals, because otherwise ED staff might not prevent the person leaving before this handover occurred.

Regarding the second challenge participants identified about handovers at the ED, this was a perception that mental health assessments often did not result in the person in mental distress receiving inpatient care. Participants agreed that this felt like a frustrating situation because they had brought the person to ED, voluntarily or involuntarily, due to a belief that inpatient care would be helpful for them. Many participants, like the participant quoted below, described experiences where they had brought someone to ED and shortly afterwards learned that the ED staff did not assess them as needing inpatient care.

*We attended a job, someone was in mental distress. I think they'd made some threats to kill themselves, so we took them to the hospital for an assessment, waited with them for a wee while. They went through, we left, got called to another job, exactly the same sort of... someone in mental distress, went to see them, same thing, took them to the hospital. As I was walking through the doors with the second person, the first person was leaving. They'd had their assessment, they were deemed okay, back out into the community. Left the second person there, went free again, comms called us to a third job, very similar. Went and picked up that person, took them to the hospital, and again, you won't believe it, as I was arriving, the second person was walking out the doors... (Specialist #9)*

When this happened, participants said it felt like people were “*falling through the gaps*” (*Specialist #9*). Participants also described some instances where the person would continue to experience mental distress after leaving the hospital and their behaviour would lead to a situation where police ended up arresting them.

Participants said they did not want this to be the outcome for someone in mental distress, but that police had limited options in these situations:

*It's a real ambulance at the bottom of a broken cliff when you have to go back there and arrest someone for an offence when you've taken them there in the first place to see a mental health expert. It's a bit of a kick in the guts, but what do you do, right? You can't have them out there offending. I'd say "frustrating" on the frontline is probably my word. (Frontline #5)*

A vignette based on my experiences on the ride-alongs adds to this discussion. On the ride-alongs, I occasionally observed a sense of solidarity between police and people in mental distress; a shared frustration that it was hard for them to access mental health professionals. This vignette gives an example of a situation where an officer and someone in mental distress shared a concern that the mental health assessment would not result in the procurement of help.

Vignette: “Make it sound as bad as possible”

We're in the emergency department. This morning a man had called 111 wanting police to do a welfare check on his friend, who he hadn't heard from for a few days. The police had gone to the friend's address and talked to him. He said he's been feeling extremely unwell. He told the police he's been having thoughts about harming himself and he's scared because he doesn't know how much longer he can have these thoughts without acting on them. In the past, he's spent some time in Hillmorton,<sup>16</sup> and he said he really feels like he needs to go back. The police asked if he'd like to come and talk to the mental health team at the emergency department, and he said yes.

The emergency department isn't as busy as usual – maybe because it's mid-morning during the week. Still, it took a while to get to the front of the line to talk to the

---

<sup>16</sup> A mental health hospital in Christchurch.

nurse at the reception desk, and it looks like everyone around us has been waiting for a while. Every now and then a nurse comes out and says a name, calling one lucky person to follow her through the doors, while everyone else slumps back in their plastic chair.

The police are getting ready to leave. The man is here voluntarily, not under section 109 of the Mental Health Act, and they don't feel like they need to stay. They tell him he's doing really well; that it might be a long wait, but just to hang in there. He says he knows – he's been through this before.

He tells the officer sitting next to him, "I'm scared they won't let me go to Hillmorton. I can't go back home."

The officer nods, says that he understands. He leans in and says, "Between you and me, if you go in there and make it sound worse than it is, that will help get you there. Make it sound as bad as possible."

Altogether, the perceived under-responsiveness of health services and challenges associated with handovers were a source of tension for participants. Participants said it conflicted with their expectation that health services should have the capacity and ability to be at the forefront of supporting people experiencing mental distress.

*I'm dealing with somebody who's mentally affected and I think, well, I'll take them to a mental health service provider who can actually do more than me but, quite often they don't [...] Yeah, I think that they don't sometimes live up to the expectations, I think [...] they don't seem to provide what I expect. (Specialist #4)*

Additionally, the perceived under-responsiveness of health services was a source of tension for participants because they believed it translated to increased demand upon police. Participants said they still wanted people experiencing distress to get a response, so when health services seemed under-responsive, police officers felt like they needed to "pick up the slack" (Specialist #9) and make the response themselves. Multiple participants used the term "ambulance at the bottom of the cliff" to describe their belief that police were doing the work of many other services. This conflicted with participants' aspiration for police to have a lesser role in responses to people

experiencing mental distress. A source of frustration for many participants was a perception that health services had come to expect police to take on the responsibility for responding to people experiencing mental distress.

*I think probably the biggest, the most frustrating thing now is we're just the fall-back for everything, and it's like [other services saying], "Oh we don't have staff to do it, so it'll be the police to sort out" [...] It's always, "We don't have the staff to do it." (Specialist #8)*

A participant noted the duality of unmet expectations in the relationship between police and health services, commenting, *"I think there's unrealistic expectations on both sides as to what each agency can do" (Frontline #2).*

In response to this tension, participants envisaged that health services should take the lead on responses to people experiencing mental distress, with police being used as a last resort. Participants agreed, *"We should be the support agency in this, not the lead agency" (Specialist #10).*

When envisaging how health services could take the lead on these responses, many participants said they liked the idea of a co-response team, like the one trialled by the New Zealand Police in Wellington, which is described on page 40. They said if a co-response team was adopted by the Christchurch Police, they would like to see responses led by the mental health clinician and paramedic, with police filling a limited, safety-focused role on the team.

*If they had like a mobile unit, for example, [like] in Wellington, then you've got the best of three wheels in there really, you know, you've got them providing safety, them providing expertise. And then you've got ambo, the medical side of things, addressing that [...] they could be solving that stuff out in the community, they might not necessarily bring it back to your hospital, or [...] ED side of things. (Specialist #2)*

Some participants said they simply wanted health services to increase their capacity and mobility to respond to jobs, particularly on weekends and at night-time.

*In an ideal world, having someone that we can ring up and will come out and they can professionally assess that person, at that time what we're dealing with. (Specialist #8)*



*And without us having to take them somewhere because that poses problems in itself. (Specialist #9)*

This section has focused on the scenarios where participants identified health services as not meeting their expectations, resulting in a breakdown in the relationship between police and health services and a desire for health services to be able to take the lead in responses to people experiencing mental distress. However, participants also identified examples of a positive relationship between police and health services, which are discussed in the next section.

#### 5.4.1 Positive relationships with health services

Contrasting these examples of disconnectedness between police and health services, participants described several scenarios where police and health services did connect. In these discussions, the focus was on how this collaboration helped police achieve better outcomes during responses to people experiencing mental distress. However, participants said these collaborations were the exception rather than the norm.

One example of collaboration was response plans. Participants explained that when they responded to someone experiencing mental distress, this person would occasionally have a response plan linked to their file on the police database. These plans were typically developed by mental health professionals and could provide police with a guideline of how to respond to the person and/or contact information for a health professional who knew the person and could give further advice.

*If somebody's a recidivist caller, it's not uncommon for them to have management plans loaded into the police system, so our intelligence app On Duty or NIA,<sup>17</sup> they might have a plan written in there as to how to respond to these people. An example of that is... [...] if we respond, they talk about, don't validate any of her behaviour, speak to her in a really non-expressive [way] and a monotone. They break it down, even like don't smile, don't do any facial expressions, that kind of thing, because that creates the stimulus that she wants and the reaction that she wants. (Specialist #10)*

---

<sup>17</sup> 'On Duty' and 'NIA' (National Intelligence Application) are two intelligence applications police have on their work phones.

However, participants said that these plans were not as widely used as they would like, and that police usually needed to approach mental health services if they would like a plan to be made for someone that they had interacted with.

A second example of collaboration was between police officers and the mental health nurse situated in the Christchurch Central Police Station custody suite. The role of this mental health nurse is to facilitate identification and support of mental health needs of people in custody. In practice, participants said they also acquired support from this staff member when they were out policing in the community. Participants said they could call the on-duty nurse before or during a mental distress-related job if they wanted advice about how to respond, from the perspective of someone with mental health expertise. They could also have the mental health nurse talk to someone in mental distress over the phone and do a brief assessment. Additionally, these nurses had access to people's records in the health system and in some circumstances could share relevant information with police.

*Having a DAO in the watch-house that we can ring is invaluable. If there's ever a concern in terms of mental health, that's a phone call, and then they can look stuff up and we can get a picture of things, and certainly ask them, like, this is what people are presenting at the moment, what follow up is happening or what are they scheduled for, and if they're not, can we see if we can schedule something?  
(Specialist #6)*

In both examples of collaboration, participants identified that the support of health services, where it was available, helped them respond to people experiencing mental distress because they had access to mental health expertise to guide their approach.

This section has focused on positive relationships between police and health services. For a discussion about positive relationships between specialist police officers and other types of partner agencies, see page 140.

## 5.5 Police organisation

Participants discussed two expectations for police officers, laid out in the operational goals of the New Zealand Police, that were a source of tension. These were 1) the 'Prevention First' operating model (New Zealand Police, 2017c) and 2) 'Trust and Confidence', or, the organisation's commitment to "policing by consent", measured by

the public's trust and confidence in the police (Evidence Based Policing Centre and New Zealand Police, 2023, p. 5).

Regarding 'Prevention First', participants largely agreed that they struggled to find opportunities to embody this operating model when they responded to people experiencing mental distress. Rather, they said their responses were reactive, because they typically became involved when someone was already experiencing mental distress. As mentioned previously, one participant said, *"We're sort of the ambulance at the bottom of the cliff, attending when they're at their worst"* (Specialist #9). Participants working on the frontline also said that they did not have time to consider prevention in their responses because they needed to resolve jobs as quickly as possible: *"Sometimes it's next job next job next job, so you can't, you know, hook them up with all these different mental health services and, speak to the family and, do all these extra steps"* (Frontline #1).

Additionally, some participants questioned how it would be possible for any agency to apply a preventative approach to mental distress: *"How do you prevent someone from having a mental health episode at home?"* (Frontline #5).

There was agreement among participants about one main way they could do prevention during responses to people experiencing mental distress. This was by making referrals to other agencies, facilitated by a referral-making application on participants' work phones called 'AWHI'. A police officer can, with the consent of a citizen they interact with, use this application to log a referral to a local service provider, who will then follow up by contacting the citizen directly. These service providers are not exclusively mental health services; they include accommodation, budgeting, drivers licensing, and employment support. Participants said referrals constituted prevention because they could lead to someone in mental distress getting wrap-around support. In turn, they said this could improve the circumstances that may be causing them distress, and/or improve their capacity to cope with future distress.

*If it's driving issues that gets someone into trouble all the time, we have two or three providers that somebody can be instantly referred to, that that cop can go, "I know this person can't get their license." They're constantly getting demerits and getting their car impounded when they've got to drive around in it to keep their job or whatever,*

*they can't afford to upgrade their license [...] There's not only that, you know, there's referrals for addiction, for family services, for budgeting, for a whole lot of stuff, and there's no limit on that [...] for most people, if you get the chance to do your license for free or get some budgeting advice for free or whatever else, that will increase your quality of life and take care of some of those factors for people that may impact their mental health or their well-being in terms of their coping with whatever gets thrown at them. (Specialist #6)*

Making referrals was seen as particularly valuable when they could connect people to services that provided cultural support. While participants said this applied to multiple groups (for example, migrant women), they centred their discussion around whānau Māori experiencing distress. Participants agreed it was valuable when they could refer whānau Māori to get support aligned with te ao Māori (a Māori worldview).

*If they can get targeted assistance that's relatable to them, they tend to have a better outcome [...] they tend to have a better effect on people than, I don't know, if victim support just called them and said "Hey, what's up?" They actually engage on that cultural level, which is better, and they have a better understanding of their rhymes and reasons. (Specialist #5)*

However, participants said that doing prevention through referrals was somewhat limited because the person experiencing distress needed to have the desire, motivation, and ability to follow through with the referral – for example, returning a phone call from the agency and setting up an appointment. There was a point raised by several participants that this was too much to expect from someone who was already experiencing stress. Participants envisaged that ideally, they could connect people to a navigator of some sort who could help them follow through on referrals.

Regarding the second organisational expectation, 'Trust and Confidence', participants said that their interactions with people experiencing mental distress often damaged trust and confidence in the police. This discussion was premised around an agreement that these interactions often constituted a negative experience for people experiencing mental distress. Participants said a key reason for this was that they often felt unable to meaningfully provide people in mental distress with help.

*A lot of the time people [...] just want to be heard and they want to know that somebody's actually tried to do something about it. Whether or not the result was successful, often it's about, they've had*

*an opportunity to put their position forward and, if the evidence doesn't exist, then they're often fine with that. They just want to know that somebody's tried to fix whatever that problem was, but I feel for mental health stuff is, it's not. There's no real... there's no solution or satisfaction that comes from it, because we turn up and we're dealing with it as best we can because we have all those restrictions and parameters [...] it probably doesn't put us in a positive position. (Specialist #10)*

Additionally, participants perceived that people who had previously had negative interactions with other agencies may approach their interactions with police with less trust and confidence: *"We do tend to get lumped together as one. MSD [Ministry of Social Development], police, you know" (Specialist #3).*

Reflecting on negative interactions with people experiencing mental distress, participants said these were consequential because it was very hard to recover trust and confidence after it had been damaged: *"One bad experience with police taints their lifelong view of police and it takes 10 good experiences to build it back up, and that goes for anyone" (Specialist #9).* Many participants agreed that finding a good outcome for someone experiencing mental distress was hard if the person was not trusting of the police.

Overall, considering these two organisational goals, participants described a gap between policy and what they were able to achieve when responding to people experiencing mental distress. However, perspectives from the participants who worked on specialist teams added nuance to this discussion, which is explored in the section below.

### 5.5.1 Opportunities away from the frontline

Participants who were in the Family Harm Team, Neighbourhood Policing Teams, and Negotiations Team said their teams had more opportunities than frontline police to achieve 'Prevention First' and 'Trust and Confidence'. Participants said that these opportunities came from having more time, relationships with service providers and the community, and specialist communications training.

Participants on the Neighbourhood Policing Teams and Family Harm Team talked about time as something that helped them do prevention. Having time was linked to

these teams' response models, which are distinct from that of frontline police.

Frontline officers largely attend jobs that are currently happening. By contrast, Family Harm Team officers typically attend family harm jobs *after* they have initially been responded to by frontline officers.

*We don't 'attend' [jobs], as such, so PST<sup>18</sup> generally attend them and then the next morning, we get all the family harm reports that have come through from the night before in the previous 24 hours and so we triage them and then we get taskings that comes out of that.*  
(Specialist #9)

Participants working in the Family Harm Team said this response model gave them more time to devote to each job, which meant they could find more opportunities to do prevention, for example, by identifying what wrap-around supports someone needed and taking steps to put these in place. Similarly, officers working in the Neighbourhood Policing Teams specifically focus on taskings related to their neighbourhood communities. Participants said this likewise gave them more opportunities to do prevention because they could follow up with people needing ongoing support: *"In NPT [...] we've got the time to follow up and track 'em down"* (Specialist #3).

Participants on these two teams also talked about being more able to do prevention because their teams had relationships with other agencies. Relationships with partner agencies are a fundamental and embedded aspect of how the Family Harm and Neighbourhood Policing Teams operate. Both types of teams have regular interagency meetings with other service providers working towards the same goals as them (i.e., reducing family harm and enhancing neighbourhood well-being). Participants said relationships with partner agencies helped them do prevention because they had a better ability to directly connect people in need with support from non-police agencies. For example, a participant working in the Family Harm Team explained how their workgroup attends daily interagency safety assessment meetings (SAM). In these meetings, representatives from several agencies discuss ongoing family harm cases and proactively address how the people involved can best be supported:

---

<sup>18</sup> Public Safety Team, i.e., frontline.

*At the SAM table, there's pretty much someone there from each space. So there's someone there from police, there's someone there from corrections, DHB,<sup>19</sup> often a mental health person. They're all discussing these cases together and doing taskings accordingly, so if they can see that mental health is the issue, they just hand it off to the mental health worker to get involved to make contact to get some referrals going. (Specialist #9)*

Interagency meetings also happen in the Neighbourhood Policing Teams. Participants explained how these meetings helped facilitate their teams' goals of identifying issues in their neighbourhood community and using a multi-agency approach to solve problems and improve neighbourhood well-being. A participant working in one of the Neighbourhood Policing Teams summarised how these inter-agency partnerships helped them take a 'Prevention First' approach in their community.

*The way that I see prevention is it's all partnerships, it's all the agencies whose job it is to provide housing or provide work or provide trauma counselling or addiction service, and it's linking those people in our neighbourhood that need it. Us with the right services, I think then we kind of multiply our ability to actually prevent stuff. That's the role. It's, while the individual touches are nice here and there, the value is being able to connect those people. (Specialist #6)*

However, this participant added that their team's current range of partnerships did not include those with mental health-focused agencies, which they said would be a valuable addition to help do prevention for mental distress.

Relationships were also something that contributed to 'Trust and Confidence' for participants on the Neighbourhood Policing Teams. They said their relationships with partner agencies helped build trust and confidence in the police because being able to effectively make referrals showed people in the community that police were both willing and able to give them support. They also talked about relationships that they built with the community. A focus of the Neighbourhood Policing Teams is doing community initiatives, either led by police or together with partner agencies. These initiatives are focused around improving community well-being and preventing crime and criminality. In addition to this, Neighbourhood Policing Officers have a focus on being visible and accessible in the community. Participants said these things went a

---

<sup>19</sup> The District Health Board.

long way towards re-establishing the community's image of police as helpful, reliable, and trustworthy people, not punitive people.

*...the barbecues that we run or, just the social events that we go to where we are standing as a community [...] we were working the other day alongside sex offenders and car thieves and, you know, every single one of them had a decent set of convictions. One in particular [...] that's his first positive reaction or actions with police. And he's spent some time inside and stuff. And it makes a big difference. (Specialist #3)*

In line with participants' comments, I observed positive relationships between Neighbourhood Policing Officers and their communities on the ride-alongs, which is reflected in the field note below.

Field note: Two ride-alongs with the Neighbourhood Policing Teams

On my first ride-along with one of the Neighbourhood Policing Teams, we were cruising through the neighbourhood, and the officer was familiarising me with the area as we went. He had worked in this community for several years and had a wealth of knowledge about its history and inhabitants. As we drove through, he pointed out houses of interest: “[name removed] has lived in that house for 10 years. She hates her neighbours, and they're always arguing, but she'll never move.” “There are two rival gang houses on this street.” He told me how some houses used to be different before the earthquakes and how the area is getting built up. In several places, a section that once contained a single house now has 10 townhouses standing on it. He said this housing density is translating into more issues in the neighbourhood. With people living right on top of each other, there are more neighbourly disputes, and it's hard to keep people in disagreements away from each other when their front doors are just meters away from one another down a shared path.

He also knew many of the inhabitants well. As we turned a corner, he spotted a guy across the road. “He always flags me down to chat about something or other, just watch.” Sure enough, the guy beckoned the cop car over. We pulled up, and the officer rolled down the window to chat with him. The officer was friendly – “Hey mate, what's going on today?” He listened to what was going on for the man and



recommended that he call 111 to get some frontline police officers to help him out. Something “happening now” is the job of the frontline. Neighbourhood Policing Teams don’t respond to jobs over the radio as the frontline does. They directly work on initiatives related to prevention, although they might get given files to work on, like a neighbourly dispute where they can go in and help the parties work through a solution.

A few minutes later, we spotted another guy across the road. The officer told me, “That’s [name removed]. He’s been evicted from his social housing for causing damage, and he’s got to be out of there tomorrow.” He pulled the car over and gestured the guy over to the window. He had a chat with him, clarifying the eviction notice, and reminded him he has a court date tomorrow. The guy was agitated and said, “How am I meant to move out? I’ve got nowhere to put all my stuff?!” The officer said, “I’ll see if I can get you some help with packing supplies or storage. I’ll get your support worker from Housing First to come and see you.” He left him with his card and said, “Text me if you need anything.”

Next, we headed to Housing First and Kainga Ora to discuss the situation. The officer sorted it out so that the guy could have help packing his belongings and storing them temporarily. He told them, “It’s not completely by the book, but it’ll help things go much smoother.” It was an ad hoc solution to alleviate this man’s stress about the eviction. The officer’s local knowledge – knowing this guy and his supports, needs, and barriers – and connections to local services were crucial here.

On another Neighbourhood Policing Team ride-along, this time with the other NPT group in Christchurch, I got to see one of the community initiatives they’re involved with. Both Neighbourhood Policing Teams do several initiatives – often joint initiatives with other agencies, like the Ministry of Education – with children at local schools. They noted the importance of providing positive experiences and opportunities for youth. On this ride-along, we attended a boxing session at a local primary school, which the Neighbourhood Policing officers regularly attend to support the coach.

The session was about more than exercise. The coach talked to the kids about what they wanted to do when they grew up and got them to think about how they could set goals to achieve this. He told them they could do whatever they set their mind to, and no one could stop them. The Neighbourhood Policing officers told me initiatives like these aimed to support children into positive pathways for the future. Their neighbourhood experienced a fair bit of crime and gang involvement. The police, through partnerships with other agencies, were trying to put initiatives in place to prevent the younger generation from becoming involved in these.

The officers also said supporting the children was one of their main ways of establishing a positive, trusting relationship with their communities. They said there was a sentiment of “you look after our kids; I’ll help you out.” The kids were happy and excited to see the police at the boxing session. The officers told me that sometimes they’d end up seeing these kids in a different context – at their homes, for example, if the police turned up to talk to their parents trying to get intel. The parents were often unwilling to speak to the police until their child ran up and said, “That’s officer so and so from boxing!” Then, the parents were often more willing to trust police with information that could, in turn, help them to prevent crime.

Continuing the discussion about ‘Trust and Confidence’, a participant from the Negotiations Team also talked about the concept of having time. They said as a negotiator, they were able to devote time to each interaction they had with someone experiencing mental distress, meaning they could really listen to what was going on with them and build a connection. This participant also said that Negotiations officers were able to have more consistently positive interactions with people experiencing mental distress because they received specialised communications training when they became a negotiator. They said that together, these two things helped them build trust and confidence within the people they interacted with.

*... police are generally telling people what to do, whereas we’re not even – we’ll explain what we want them to do, but you’re taking the time to listen, like really listen to people, and often I don’t think – they’re just not going to normally get that. Police are too busy – they need to make stuff happen so they can get onto the next job. And so I*

*think that people respond to that [...] Generally the response from people is good because it's part of, like, we have to build rapport with people, but that only comes from being genuine and genuinely listening and showing listening and understanding of what they're going through. That just takes time. I think that's the main difference. Police race to get stuff done, and in negotiation you can't necessarily race. You could do, but there's no jumping from step to step quickly. You have to put your time in to build that rapport with people and understanding. (Specialist #7)*

However, this participant discussed how the expectations of the organisation seemed to be changing and that specialist teams practicing in line with 'Prevention First' and 'Trust and Confidence' goals were not always valued. By contrast, they felt the organisation was shifting its focus to tactical-based responses, like those carried out by the Armed Offenders Squad.

*There's a lot of investment in the tactical response and there's no added investment in a negotiation capability. The way that AOS responds to stuff is changing, the way that frontline staff are being trained to deal with people is changing to that tactical focus, but as far as I'm aware, there is no added capability or changing capability in the deployment model for negotiation. (Specialist #7)*

This participant expressed a concern that this priority would lead to worse outcomes for people experiencing mental distress, by shifting to responses that were tactically focused rather than centred around communication and de-escalation:

*I'm concerned that [it] will lead to worse outcomes for them and for police potentially. If anyone has a tactical mindset for somebody who's in crisis or mental distress, is it an appropriate response to that scenario? (Specialist #7)*

This participant's concern for the future further emphasises that organisational priorities are felt to have an impact by officers working on the ground. In general, this section has highlighted that there is a difference in this impact for frontline officers and officers on specialist teams, which participants on specialist teams attributed to their teams' unique ways of working.

## 5.6 Public

The public's expectations were another factor that created tension for participants.

During this discussion, participants talked about how it seemed like the public expected police, rather than other services, to respond to people experiencing mental distress.

*Oh, we're getting calls from everyone, the people themselves in distress, their concerned neighbours and the community, mental health services, the hospital, friends and family. We certainly seem to be the first point of call, even though there is an emergency mental health service for people experiencing mental distress... (Frontline #2)*

Speaking again to an idea of a self-fulfilling prophecy, participants wondered whether the proactive and risk-averse nature they identified among police officers fed into this public expectation:

*They may well have called St. John first and they got nothing from them, they might have called mental health and got nothing from them, and then they called us and we are, possibly, less risk averse so we tend to commit resources to it when we shouldn't maybe. (Frontline #2)*

Participants also reiterated here their perception that health services are under-responsive to people experiencing mental distress, and said this furthered the public's expectation that police could be treated as the first port of call.

*Sometimes they get more of a, I won't say "reaction" is the right word, but if they call like a mental health line, they say, "Oh, no, you're all right" or, you know, nothing really happens. But if we take them and then we get them to Hillmorton or whatever and, get them seen probably quicker than if they did it themselves, then they kind of realise that yeah, we can be used as a tool to get more effective service from the mental health team itself. (Frontline #1)*

Furthering this discussion, some participants thought that other health services intentionally perpetuated the public's expectation that police are default responders to mental distress. They believed that crisis line workers often told callers in mental distress "hang up and ring the police" (Specialist #8). The police would in turn try and hand this person back to the care of mental health services, creating a "vicious circle" (Specialist #9).

In addition to this expectation, participants also described a public expectation that police officers should be out in the community fighting crime and keeping people safe.

This perceived expectation is ostensibly in line with all participants characterising the police force as a uniquely mobilised, perpetually responsive agency. It is also in line with the characterisation some participants gave of police officers as law enforcers and agents of public safety. However, participants said fulfilling this expectation was hard when they were also trying to meet a public expectation that police would be the first port of call for mental distress in the community. Participants noted that responses to people experiencing mental distress were often time-consuming. As such, they said devoting resources to these jobs rendered them less available to the public:

*When you boil it down to the trust and confidence, most people, most members of society want police to be out there keeping them safe, right? Part of that is arresting criminals, investigating files, that type of thing. We can't be doing that when we're sitting in a line at A&E for 4 hours. (Specialist #10)*

This idea relates back to participants' perception, discussed in the previous section, that their responses to people experiencing mental distress were damaging to trust and confidence.

A vignette based on my experiences on the ride-alongs illustrates a situation where police come up against the expectations of the public.

Vignette: "What's the point of calling the police if they're not going to help?"

The ride-along has just started and the officers decide to pick up a job that's been sitting in the system since the night before. A man had called the police because his teenage daughter had gone missing in the middle of the night. He said she'd taken her phone, car, some money, and was probably hiding out at a friend's house, but he couldn't get hold of her and he was worried because her friends were a bad influence. He'd had a sleepless night worried about her safety while police told him they didn't have any available units to go and search for her. Now, hours later, police are finally turning up at his door. His daughter has already made her way home by this time and he's not happy to see us.

The police apologise for the long delay and explain that it must have been a busy night and they've only just come on shift. But this doesn't make the situation better

for this man, who's frustrated and feeling let down by the police. He says he'll never call the police again – there's no point since they don't help.

While we're standing there, the police radio in my ear is constantly chattering away with a stream of new jobs. Some of them are classified as urgent, and others aren't. The units on the ground will try and get through all the urgent ones, though they'll be slowed down if some turn into long responses – for example, waiting in the emergency department with someone experiencing mental distress. The non-urgent ones will have to come after. But urgent or not, the people on the other end have called because they want help from the police. A long wait time will make their stressful situation even worse.

Finally, participants discussed a third perceived expectation of the public. There was an agreement among participants that when members of the public saw the police, they often expected them to be delivering bad news or there because the person was in trouble. They said someone who saw uniformed officers turning up at their house might expect a bad situation, thinking *“what have I done wrong”* (Specialist #9) or *“oh my god, there's police, who's died?”* (Specialist #9). Consequently, they thought people experiencing mental distress may have their distress compounded by the presence of police. This contributed to participants' belief that police were the wrong people to be at the forefront of mental distress in the community.

Considering these examples, this section highlights the tension generated for participants by attempting to serve the public while contending with competing public expectations of what police officers should be doing and what the presence of police during an interaction means.

## 5.7 Conclusion

This chapter has explored tension as the overarching theme characterising police responses to people experiencing mental distress. Tension has been presented as something internal to the data (with conflicting viewpoints from participants) and as something that describes participants' experiences of factors that complicate their

responses to people experiencing mental distress. The tension focused on in this chapter has been the conceptual tension that arises from mismatched expectations.

The next chapter continues to present findings from the police participants, focusing on more sources of tension that are experienced by the participants as challenges in the day-to-day environment, and exploring a sense of powerlessness and its consequences for participants.

## Chapter 6 Findings From Police: Part Two – Challenges

### 6.1 Introduction

This chapter focuses on the factors that caused tension for participants by making their responses to people experiencing mental distress more challenging or frequent. These factors were: a grey zone created by legislation, police training, features of the New Zealand Police organisation, and the post-disaster context of Christchurch.

Additionally, this chapter explores the consequences for participants when they felt powerless to change the circumstances in which they were responding to people experiencing mental distress. In comparison to the previous chapter, the aspect of tension that refers to conflicting views among participants is less of a feature in this chapter.

### 6.2 A grey zone

The key factor discussed by participants was how trying to use legislation left them in what they termed a 'grey zone'. While this term exists in international literature, participants used this term naturally without me introducing it.

When police interact with people experiencing mental distress, there are pieces of legislation they can use to act without the consent of the person experiencing mental distress. Participants focused their discussion around the Mental Health Act. As discussed in the introduction chapter (p. 4), section 109 of the Act gives police the power to transport someone they believe to be mentally disordered to a place (e.g., emergency department, police station, or mental health facility) to be assessed by a mental health professional. This section applies to 'mentally disordered' people in public places, but not private property. Section 38 of the Act requires police to assist DAOs in transporting people under the Act to a place for assessment.

Participants unanimously said it was hard for them to employ the Mental Health Act, particularly the requirement that someone was in a 'public place' for police to use section 109. Explaining why this requirement was difficult, participants said they often interacted with people for whom they would like to instigate a mental health assessment, but the person was in their home, so section 109 could not be used. This



topic is grounded in participants' conceptualisation of a mental health assessment as a good thing for people in mental distress. This is in conflict with the lived experience findings discussed in Chapter Four, that involuntary contact with the mental health system is often a traumatic experience. The tension between the two findings will be explored further in the discussion chapter.

Participants described potentially using section 41 of the Act as an alternative. Under section 41 police may enter private premises, however, this can only occur if police are assisting a DAO. According to participants, success with this was limited due to the challenges of working together with mental health clinicians, as identified earlier. One participant reiterated these challenges by saying *"the options of getting DAOs there with any urgency are non-existent"* (Specialist #10). Additionally, using other pieces of legislation like the Crimes Act or Search and Surveillance Act were considered, but participants said the thresholds set out in these Acts were too high to be usable in most situations when they interacted with someone experiencing mental distress: *"unless they're really doing something completely out of the ordinary or literally in the process of slitting their wrists, there's not much that can be done"* (Specialist #9).

Due to these perceived limitations within the legislation, participants said they often found themselves in a *"grey zone"* (Frontline #5). They described the grey zone as when they thought someone needed to be assessed by a mental health professional, but the person was unwilling to receive this assessment, and police did not perceive they had the legal justification to intervene. Being in the grey zone made participants feel powerless, like they were not meaningfully able to help people. As discussed previously, helping people was widely agreed by participants to be part of the police role. Accordingly, participants said the grey zone was a challenging place to be: *"it kind of feels like you're not doing your job or not doing anything useful"* (Specialist #8).

While in the grey zone, participants said they would look to find ad hoc tools other than the Mental Health Act to make sure someone experiencing distress got support. Many participants said they would look to use arrest as a tool. Explaining this action, participants said if they were able to arrest someone, they could transport them into police custody, where they could then provide them with mental health support. A quote from one participant gives an example of what this might look like in practice:

*If you can't de-escalate or, for whatever reason, let's just say they've picked up a weapon and they're being threatening with it, you can always, you know, arrest them and restrain them that as needed, you don't need to see it all the way through. You don't need to indicate, "well we've arrested them, we're gonna take them to court" and blah blah blah. You can find out reasons why it's happened, like maybe there's a mental health aspect, can we go through an alternative resolution or like a warning or try to fix the cause of it. (Frontline #1)*

Adding to this quote, a vignette based on my experiences on the ride-alongs gives an example of a situation where police use arrest as a tool.

Vignette: Using arrest – a win-win?

One morning, we're called to a job where a man had been walking down his street swinging a wooden bat and yelling at his neighbours. By the time we arrive, several other police units are there, and the man's out on the street talking a police officer, distressed and saying he's going to kill himself. The officers confer and decide they're going to use section 109 of the Mental Health Act to bring him to the emergency department for an assessment. After a brief argument, the man reluctantly accepts this, calms down a little, and goes inside to pack a bag.

While he's inside, a sergeant turns up and asks the constables what's going on. When the man comes back outside, the sergeant informs him that actually, he's being arrested, and they'll be taking him to the police cells. Hearing this news, he becomes extremely distressed, angry, and agitated. Several police officers get physical with him to put handcuffs on and put him in the back of a police car.

At the station, he spends about an hour in the cells while the police are working through the paperwork. During this time, he speaks to the custody mental health nurse, who checks that he already has some appointments lined up with his counsellor. The mental health nurse tells me he is well-known to mental health staff. They're aware that his mental distress is due to behavioural health issues, and for that reason, no doctor is going to recommend he be admitted to Hillmorton.

Eventually, he's bailed back to his address, with bail conditions that he won't interact with his neighbours and won't use any weapons.

I ask police why the situation happened like this. Why did the sergeant change plans and go down the path of arrest? To me, it seemed to escalate the situation right back up after the constables had talked the man round to the idea of being taken for a mental health assessment.

The officers explain to me that arresting him was a pretty effective way of handling the situation. Having arrested him, they could add bail conditions, which would prevent him from having another altercation with his neighbours. Plus, he *had* committed an offence that morning, and taking him to the hospital would have meant he wasn't held accountable for that offence. Since there was a mental health nurse at the watch house, his mental health needs could be addressed at the same time – it's a win-win. The sergeant had been confident this would lead to the man being sent to Hillmorton anyway, achieving the same outcome as taking him through the hospital. The officers explain to me it's much easier if a section 109 assessment takes place in the cells because this person can be left in the custody of the watch-house staff, whereas in the emergency department, police would likely be waiting around for hours before the assessment happens. As it happened though, this assessment never took place, after the custody mental health nurse looked at his file and advised that it would be pointless.

Here, arrest was used not as a tool to get him from point A to B, but as a way for police to both place bail conditions upon the man and avoid a long wait at the hospital. Pragmatism played a large role in this approach. But the use of this convenient 'tool' was extremely distressing and criminalising for this man, without seeming to improve his situation. At the end of the shift, a job comes over the radio that he's out on the street threatening neighbours again.

Using arrest as a tool was a source of tension for participants. While they characterised it as a tool that they occasionally needed to use to get around the grey zone, many participants said they thought arrest was a negative experience for someone experiencing mental distress:

*It's a shit service for that person to start a health problem with being arrested, because the legislation isn't right or the right people aren't*

*attending the jobs [...] if I get arrested and I'm in handcuffs, I don't see it as for my safety or any of that, certainly not if I'm in distress. All I know is I'm in handcuffs... (Specialist #7)*

Additionally, participants were concerned that their responses to people experiencing mental distress, including the way they used legislation or arrest, could be investigated and scrutinised:

*Even though you're trying to do your best at the time, when it's investigated down the track and people will criticise you for it, then it becomes a huge problem for us [...] Effectively, you're justifying what you did, and then potentially you could be justifying your job. (Specialist #8)*

These concerns around having to use arrest or other actions that might generate scrutiny, due to a perception of having no other options, further contributed to a feeling of powerlessness in the grey zone. Feelings associated with powerlessness will be explored more at the end of this chapter.

By discussing some examples of grey zone scenarios identified by participants, this section has explored the challenges that arose when legislation did not support the actions the participants wished to take when interacting with people experiencing mental distress, and the strategies they utilised.

### 6.3 Training

Another factor participants discussed was the training they received about mental health. They predominantly talked about the training they received during police training college, although police officers do have access to ongoing training (through training days and online resources) after they have graduated college and begun working. Participants agreed that they did not think they received much training about mental health or communication skills. When discussing the training they had received, participants described it as minimal and superficial, only scratching the surface of what they needed to know so that they could interact with people experiencing mental distress. One participant explained how it could be hard to apply the communication tools they were taught in Police College to real-world policing:

*They teach us AWOCA<sup>20</sup> [...] so there is like a mental template that you can work through, but college is a very sterile environment, right [...] There are many times and places where it doesn't work. (Frontline #5)*

Another participant also emphasised their perceived disconnect between the training they received and the skills they needed to apply, saying, “We’re not taught how to communicate with people, we’re just taught to communicate with people” (Specialist #3).

Because of this perceived lack of training, participants said they needed to learn how to interact with people experiencing mental distress on the job, through a trial-and-error process and by learning from more experienced officers. Through this on-the-job learning, participants said they had identified that it was important to treat people experiencing mental distress with empathy, to listen, build rapport by finding common ground, stay calm, and treat them like a human.

*[We use] what we’ve learned off people in the past [...] and even asking people what tools they use, and you try and incorporate that into your practice best you can. (Frontline #3)*

However, participants said on-the-job learning had its limitations. They noted that officers would have variable on-the-job experiences. They said this meant people experiencing mental distress would experience inconsistent interactions with police: “You’re gonna get varying levels of a response from police staff across the board so, that affects our interactions. And their [citizens’] experiences of it” (Frontline #2).

Additionally, one participant also raised the point that new police recruits, who started their careers on the frontline, were quickly expected to respond to people experiencing mental distress without much time for on-the-job learning.

*The front line is predominantly – it’s where everybody starts, to learn how to police, so generally, there’s a younger, less experienced workforce there. And I don’t know what the figures are, but they’re interacting with mental health persons probably more often than other work groups so, there’s an interesting point there, they’re*

---

<sup>20</sup> ‘AWOCA’ is a communication model that proposes the key steps of communication as ‘Ask why’, ‘Options’, ‘Consult’, and ‘Act’.

*asking our least experienced staff to deal with these problems. They may not have the most experience to deal with them. (Frontline #2)*

Because of this perceived lack of training, most participants agreed they would like to have more training about mental health so that they could better navigate the responses to mental distress. Participants envisaged that this training could emphasise communication skills, since this would be broadly applicable to their practice: *“You rely on communication every day for every part of your job [so] perhaps more time could be devoted to some training” (Specialist #7)*. In addition to this, participants said they would benefit from training specifically about mental health, for example, *“just some basic 101s” (Specialist #9)*.

However, one participant said that receiving more training might be a catch-22. They said if police had more mental health training, it could further the expectations that police should be responding to people experiencing mental distress, contrary to participants’ desire to be less involved in these interactions.

*We should take the opportunity [for more training] if it’s there. But [...] whether we should take it as a priority, because is it our role? I think there’s a conflict there. (Frontline #2)*

Through these discussions, participants expressed their perception that a lack of training about applicable communication skills and mental health was making it harder to identify how to best interact with people experiencing mental distress.

## 6.4 Features of the organisation

The next factor participants talked about was related to the New Zealand Police organisation, specifically, the emergency communications systems, resources, and priorities.

Firstly, participants discussed the emergency communications system. It was predominantly through this system that police on the ground received information about jobs. Participants said they very much relied on receiving accurate, timely information from communications staff: *“Information at that front end, it dictates our response” (Frontline #2)*. However, participants said they often received inaccurate information from communications staff. They explained that there were a variety of

reasons miscommunications might happen, like the call-taker not asking the right questions, the caller not being in a good frame of mind to provide accurate information, or a third party (for example, ambulance dispatchers) passing along inaccurate information. Participants said it was fairly common that the job they turned up to on the ground differed to the situation that had been described to them over the radio; one participant gave the example of *“he’s got a gun’, [being understood as] ‘he’s shooting a gun’” (Specialist #3).*

Adding to this point, on the ride-alongs, I quickly learned that the initial information coming over the radio might not completely reflect the situation we would arrive at – either in small ways, or major ones like in the vignette below.

#### Vignette: Miscommunication

We’re parked on the side of the road, the officers completing some paperwork for the job we’ve just left, when the radio comes alive. From the back of the car, I can’t quite make out what the dispatcher is saying, but the officers are immediately alert. When the radio quiets down again, one of the officers looks back at me. “Did you catch that?” I shake my head. The officers are already moving. They hurry to the boot of the car, where the rifles are kept in a locked box. They sling them across their chest, get back in the car and we’re off. They’re anticipating that there might not be time to arm up when we arrive on the scene.

We speed to the other side of town with the sirens wailing. The officer driving zips from lane to lane as the other cars on the road part way. I’ve never been in a car going so fast before. It would almost be quite fun, if I wasn’t thinking about what urgent job is waiting for us at the end of the drive. Am I going to see someone who’s badly hurt? Am I going to see someone get shot?? The officer who’s not driving is struggling to get the address typed into the GPS, and the driver snaps at her tersely to hurry up. I think they’re nervous too. I don’t want to distract them, so I just nod when they tell me “big firearms job” and don’t ask any questions.

By the time we get to the address, the street is full of police cars and police officers walking around with guns. The officers leap out while I stay in the car, per our safety

agreement. I'm looking anxiously out the window trying to figure out what's going on.

It's sooner than I expect that the officers return. It turns out that the job wasn't quite what it seemed. Someone had called 111 because they heard the sound of a woman screaming and gunshots from their neighbour's property. Using the police intelligence database, the call-taker was able to identify that the neighbour had previous run-ins with the police and had previously been convicted for firearms-related offences. Putting the pieces together, it was surmised that he might have seriously harmed someone in his house. But when armed police arrived on the scene, they found the man alone in his house, a TV show responsible for the sounds the neighbour had heard.

From my seat inside the car, I heard bits and pieces of the officers' interactions with the man. The police have burst into his home out of nowhere and I can hear through the rolled-up window that he's met them at their level of escalation – he's angry, and maybe scared, and there's a lot of yelling while everyone is figuring out what's going on. I am imagining what it was like for him to have been faced with police holding rifles. Police who were potentially like me, full of adrenaline and preparing for the worst. And what it was like for his neighbours, to see their street suddenly transformed? At the end of the day no one got hurt, but I can't have been the only one thinking how easily something could have gone wrong.

One participant expanded the discussion about the emergency communications system by specifically commenting on the police deployment model. This participant described the sequence of events when a mental distress-related 111 call was received. They perceived that there was currently not a mechanism where jobs could be diverted away from police to a different service:

*If somebody calls the police and says, "I'm having a mental health issue", or, "my friend or associate or family member is having a mental health issue", how it works from a police communications centre is, a job then gets entered for that. That job will then be flagged to whichever region in the country this issue is happening, and then that will go to the dispatcher that's working that channel,*



*and then that dispatcher will decide what unit they're going to send to that job [...] So effectively, the whole response model is we create a job and then we send a cop to go and resolve it. And it's – a lot of those calls that come to our emergency call centre [...] we should just be squashing those straightaway and saying, "this is not a police issue". Refer the person to mental health, to crisis or whatever, and then cancel the job, but we don't do that. We actually self-perpetuate and generate a lot of calls for service and, by not prioritising, or not being practical in our design of our reporting system [...] there's no flex there really to say, "we've entered a job, this isn't a priority, we're going to refer it off to a partner agency and cancel it." (Specialist #10)*

This description of the rigid emergency communication system relates to content in the previous chapter about how the coding of a call, as 1M or 1X, impacts on how officers perceive the job they are attending, and emphasises the impact of the communications system on officers on the ground.

The second aspect of the organisation was resourcing. Participants described a perception that the New Zealand Police organisation had limited resources. They said this led to competition for resources and, in turn, difficulties resourcing their response to mental distress-related jobs. Participants expressed reservations around the idea of gaining new resources, like a co-response team, because they thought gaining one resource may mean losing an existing one, like the mental health nurse in custody: *"We've [in Christchurch] got some things that other areas don't have, so we don't want to lose or jeopardise that position either" (Frontline #2).*

This perception – that officers were in a precarious position of losing an old resource if they gained a new one – highlights the way that participants saw their job on the ground being heavily influenced by systems and resources at an organisational level. As identified in this section, these systems and resources could generate challenges for officers by not supporting their responses to people experiencing mental distress.

## 6.5 Post-disaster Christchurch

A final aspect of tension was the post-disaster context of Christchurch. All participants agreed that it seemed like people living in Christchurch were commonly struggling with stressors and therefore there was a greater demand for police responses to people experiencing mental distress. However, participants were ambivalent about whether

past traumatic events were relevant to their responses to people experiencing mental distress.

Participants collectively listed multiple stressors they saw as affecting people living in Christchurch. Several of these stressors were economic, including inflation and the rising cost of living. Participants also identified ongoing stressors from the COVID-19 pandemic. They talked about governmental mandates that they thought had been socially divisive, like the mandated wearing of face masks, referring to *“that divide with masks”* (Specialist #5). They also identified that lockdowns had been stressful for people, particularly people experiencing family harm. Some participants mentioned social media as a factor contributing to people’s stress levels, particularly young people. They named the negative impacts of *“FOMO”*<sup>21</sup> (Frontline #4) and bullying, as well as the ubiquitous presence of social media in people’s lives.

When participants turned their discussion to the earthquakes and terror attacks, some participants noted that they did not think these traumatic events had uniquely contributed to stress in the community. These participants said that these events were part of an overall picture of stress among Christchurch, but that the main stressors affecting people in Christchurch were common across the whole country: *“It’s not just the big major events that we all sort of focused on, it’s just those society things – society has just changed”* (Specialist #8).

On the other hand, some participants thought that trauma from the events was something that noticeably contributed to ongoing mental distress in the community. They described people who were still trying to get their needs met following disruption from the events, especially people who were children during the earthquakes and experienced the trauma at a young age. A participant used the phrase *“compounding, unspoken”* (Frontline #2) to describe the ongoing effects of the events. They wondered whether some police officers did not notice the trauma because they were not asking people experiencing distress the right questions.

Even though participants were ambivalent about the effects of ongoing trauma, they did agree that the population of Christchurch seemed stressed about multiple things,

---

<sup>21</sup> ‘Fear of missing out’; see Gupta and Sharma (2021).

including the traumatic events. Participants perceived that this translated to high levels of mental distress in the community. They described a stress loading in the community that made people's threshold for experiencing distress lower: *"people are sort of barely keeping their head above water, and the smallest crisis comes along and it tips them over the edge"* (Specialist #6). They said this stress loading accordingly contributed to a high demand for police to respond to people experiencing distress in the community, which, as discussed, constituted a source of tension for participants.

*Anecdotally, it looks like there is more of an issue with mental health here, but I would agree with that. I guess from my point of view, mental health is probably one of our biggest demands... after family harm [...] it would be definitely top three, whereas I think if I looked back to my time in the other districts, it wasn't the same [...] whereas here, yeah, it'd be, there's just a way bigger concern. (Specialist #10)*

The environmental factors discussed here, related to the traumatic events and to other sources of stress, highlight how the context of Christchurch was seen to add a layer of challenge to participants' responses to people experiencing mental distress, by virtue of increasing the demand for these responses.

This section concludes the discussion about challenges that participants saw as adding tension to their responses to people experiencing mental distress. The next section explores the impact on participants of contending with all these sources of tension when responded to people experiencing mental distress, yet feeling powerless to drive change.

## 6.6 Feeling powerless

This section explores how repeatedly navigating the multiple sources of tension discussed in this and the previous chapter had negative consequences for participants. Participants described a situation where they were continually responding to people experiencing mental distress without feeling like they had the power to change any circumstances that would reduce the frequency of these responses. The consequences of this were feelings of hopelessness, apathy, and stress.

Many participants agreed that it felt like they could not meaningfully help people experiencing mental distress. They described several reasons for this, which have each been discussed previously in the findings chapters: a lack of mental health expertise

among police officers, challenges doing handovers to health services, difficulty finding opportunities to prevent people from experiencing mental distress, and legislation that did not support involuntary assessment in many circumstances.

Operating within the combination of these factors, participants said it often felt like they could only provide superficial support to people experiencing mental distress: *“We’re just putting band-aids on things” (Frontline #2)*. Contributing to this belief, participants said they often interacted with the same people multiple times: *“You’re visiting the same person two, three times in the space of a week, you know it’s just not been sorted” (Frontline #1)*.

A commonality amongst these factors was that participants felt affected by them but did not think they had the ability to change them. One participant summarised this feeling by saying, *“I can see the big picture, but being a police officer means I can only influence so much of that picture” (Specialist #6)*. As a result, participants said it was easy to feel hopeless about responding to people experiencing mental distress, like there was no *“light at the end of the tunnel” (Specialist #5)*. Participants also commented that they sometimes felt apathetic about mental distress.

*With the sheer volume of calls, I think an apathy can build up because you’re like – here we are again, doing the same thing and nothing’s changed, and you just wish that someone, somewhere was doing something, because you know that at your end, you can’t fix that.  
(Specialist #6)*

Additionally, participants commented on the strain felt by police staff from being at the forefront of mental distress but not perceiving opportunities to reduce their involvement.

*Yeah, I think in terms of the effect it’s having on police, it’s just that whole compounding thing of not enough staff, too many jobs, and the mental health jobs, they’re increasing so that’s putting more strain on staff and comms. They’ve got all these jobs pending, they haven’t got enough staff because they’ve got a couple of units off dealing with some mental health things, which are important, but I think it stresses police out because you think, oh god, I’ve got so many jobs to attend, we don’t have enough staff [...] so, just having a big effect, I think, in terms of our own well-being as well, just worrying about it, really.  
(Specialist #9)*

Taken together, these comments shed light on the perception of powerlessness that participants had, and the resulting negative impacts on their well-being.

## 6.7 Conclusion

This chapter concludes the findings contributed by police officers. In this chapter, several more aspects of the overarching theme of tension were discussed: a grey zone, training, features of the organisation, and post-disaster Christchurch. Additionally, this chapter provided a discussion about the consequences on participants of operating within the context of multiple sources of tension but feeling powerless to ameliorate these.

The next chapter is the discussion. In the discussion, I bring together all the findings contributed by people with lived experience and by police. The findings from both participant groups are examined in relation to past literature, to each other, and in light of what they suggest for transforming police practice and policy.

## Chapter 7 Discussion

### 7.1 Introduction

This research sought to examine how police are interacting with people experiencing mental distress in Christchurch. I developed four research questions to address this aim:

- I. How are police interacting with people experiencing mental distress?
- II. How are police responses to people experiencing mental distress shaped by preventative policy objectives?
- III. What are the experiences of people who have interacted with police while experiencing mental distress?
- IV. How might the traumatic events of the past decade have affected these police-citizen interactions in Christchurch?

The research questions were addressed by interviewing people with lived experience of these police interactions and conducting an ethnographic case study of policing in Christchurch.

I interviewed four people who had interacted with the police while experiencing mental distress, and with two of these participants, I co-produced a narrative of their experiences. I found that three of the participants had negative experiences with the police. One participant had predominantly positive experiences. Through a general inductive approach (Thomas, 2003), I identified nine domains that summarised key features of participants' lived experiences: 'threats, coercion, and force', 'intimidation and fear', 'demeanour of the police', 'involuntary contact with the mental health system', 'support', 'information', 'who you interact with and who you are', 'loss of faith in the police', and 'envisaging improvements'. These domains highlight what was distinct about the outlying positive experience of one participant, and this is elaborated on below.

The ethnographic case study featured interviews, focus groups, and ride-alongs on-shift with police officers. Through two phases of reflexive thematic analysis (Braun & Clarke, 2022), I identified tension as the key factor characterising police responses to

people experiencing mental distress and conceptualised this as the overarching theme. Tension referred to conflicting views among the participants, and to multiple factors the participants saw as making their responses to people experiencing mental distress more complicated.

This chapter discusses the findings of the study and considers their implications. My overarching goal is to bring a transformative lens to consider how these findings can inform positive changes to the way people experiencing distress in the community are responded to.

In the first section of this chapter, I reflect on key points from the findings and contextualise these in relation to previous literature and theory. Included in this section is a nuanced comparison between the findings contributed by citizens with lived experience and by police, informed by a reflexive awareness of power dynamics. Next, I offer a broader discussion about what these findings mean for Aotearoa's approach to supporting people experiencing mental distress in the community. In the final section of this chapter, I reflect on the strengths and limitations of this study and provide several suggestions for future research, before concluding the thesis.

## 7.2 Findings from participants with lived experience

Three of the four participants who had interacted with the police while experiencing mental distress described negative features of these interactions, including the use of force, coercion, and involuntary engagement with the mental health system. The presence of police was described as criminalising, stigmatising, and intimidating. These features of negative interactions have been identified in international research (Boscarato et al., 2014; Bradbury et al., 2017; Faubert, 2023; Livingston, Desmarais, Verdun-Jones, et al., 2014; Watson et al., 2008) and in previous Aotearoa-based research (Holman et al., 2018; Hunter, 2023; O'Brien et al., 2011). My research therefore adds to a growing body of literature demonstrating that responses by police are often inappropriate and harmful for people experiencing mental distress, while expanding an understanding of what positive engagement can look like.

### 7.2.1 The importance of a trauma-informed humanistic approach

The positive experiences of one participant were in contrast to the other stories in this study. However, as discussed in Chapter Two, positive interactions have been identified in the literature, and there has been a recognition that positive interactions are more likely when police act in a procedurally just way (Boscarato et al., 2014; Livingston, Desmarais, Verdun-Jones, et al., 2014; Watson et al., 2008). As discussed on page 27, procedural justice refers to police working through decision-making processes in a way that is transparent, fair, respectful, and allows the citizen voice (Watson et al., 2010). In line with past research, Rachel's positive experiences with the police featured aspects of procedural justice, for example, in the way that police kept her informed about what was going on and treated her and the other witnesses with respect. By contrast, the other participants' negative experiences lacked this sort of approach.

However, the respect and information aspects of procedural justice alone did not account for Rachel's positive experiences with the police. Rachel's narrative highlighted the importance of officers engaging empathetically and connecting with her. This type of engagement led to Rachel feeling supported throughout her interactions with the police, whether or not these interactions involved the police conducting decision-making processes. This finding is supported by the findings of the national research project that my Christchurch case study contributed to (Thom et al., 2024). Across our national project, 28 participants, including the four from this study, consented to share their stories of police engagement publicly. These stories are a valuable resource that can be drawn on to illustrate to officers the importance of how they engage with people experiencing mental distress.

In the national report, we identified that a trauma-informed humanistic approach (Thom et al., 2024) by police is likely to lead to more positive interactions. This approach is similar to procedural justice in that it involves police listening to the person in distress, showing respect, and providing information about what will happen during the interaction and afterwards. However, it shifts the focus from how decision-making processes are conducted to the way that police officers humanistically engage with citizens over the course of their interaction. This style of engagement involves the police making a connection with the person experiencing distress and showing genuine concern as they engage. It also encapsulates a trauma-informed lens, which means



acknowledging what has happened to someone in distress, rather than focusing on what is wrong with them. While there is growing interest in the international literature around procedural justice training for police, we concluded that police in Aotearoa may benefit from training that reiterates the importance of treating people experiencing distress with a trauma-informed humanistic approach, including examples of what this sort of engagement looks like (Thom et al., 2024). However, as discussed in the next section, this training will also need to address factors that may be contributing to police inequitably engaging with citizens who experience distress.

### 7.2.2 Inequitable experiences

The differences between Rachel's positive experience and John, Aaron, and Niwa's negative experiences warrant attention. On one hand, different police officers were most likely involved in these interactions. Speaking to this, the findings domain 'who you interact with and who you are' was about participants' perception that which police officer(s) they interacted with mattered – with Aaron reflecting that sometimes he dealt with nice police officers and other times he did not. It is possible that Rachel happened to interact with police officers whose approach to mental distress-related jobs led to a positive experience.

However, there were some other key points of difference between Rachel's experiences and the other participants' experiences. First, Rachel reflected on the fact that she is a Pākehā woman. It is known that Māori are over-represented in mental distress-related jobs (Holman et al., 2018) and that police approach interactions with Pākehā in mental distress with less force compared to Māori experiencing mental distress (O'Brien et al., 2011; Understanding Police Delivery Independent Panel, 2024). Niwa's experiences support this finding, where he felt like police targeted him because he is Māori.

Second, Rachel thought that her empathetic attitude towards the police, based on a lack of previous negative experiences, may have influenced the police to treat her with mutual empathy. If police officers' approach is impacted by a citizen's attitude towards them, this is a point of concern. People who experience mental distress have a higher likelihood of having interacted with the police (Livingston, 2016), and, as discussed, negative interactions are common among these police interactions. Accordingly,

people experiencing distress may not have an empathetic view of police, based on past experiences. Indeed, in our national project, we found that people whose interactions with the police featured criminalisation, feeling judged, powerless, or shamed resultingly had less trust in the police (Thom et al., 2024). Additionally, as I noticed on the ride-alongs, the way citizens react to the presence of police can be influenced by the way that police approach the interaction (elevated or calmly), which might be influenced by officers' preconceptions about the job (see the vignette 'miscommunication' on page 157).

Third, Rachel came to interact with the police in different circumstances than the other participants. Rachel was distressed because she was witness to a violent crime and interacted with police in the context of this crime, including giving a witness statement and going through the court system. By contrast, Aaron, Niwa, and John's interactions with police included situations that the police would likely have coded as 1M or 1X – i.e., primarily related to mental distress or suicide. It is possible that police felt more confident navigating an incident related to a crime, because this falls more in the bounds of what they consider their role.

In addition to these compounding factors, it is also possible Rachel received more positive treatment because the police viewed her as someone who was a victim to a situation out of her control, rather than someone with a mental health issue. Research suggests police may have a conceptualisation of the 'ideal victim' and treat victims more empathetically if their victimhood is more idealistic (Inzunza, 2022). Christie (1986) originally proposed that a victim would be regarded as more 'ideal' the more they satisfied several factors: being weak, being engaged in respectable activities, not being blameworthy, and being the victim of crime perpetrated by someone who is physically stronger and unknown to them. In the years since Christie's conceptualisation, this concept has evolved, particularly as scholars have highlighted how perceptions of the victim are heavily dependent on individual and social framings of these factors. For example, stereotypes often dictate whether an individual is viewed as 'weak' or 'dangerous'. Nonetheless, the concept of an ideal victim has endured (Duggan, 2018). It is possible police in Aotearoa create boundaries around who fits in this conceptualisation. The circumstances in which Rachel interacted with

the police may have meant the responding officers framed her more in line with these factors and subsequently treated her more empathetically than John, Aaron, and Niwa.

Contrasting Rachel's narrative and the other narratives, the conclusion arises that police may treat people experiencing distress inequitably depending on the circumstances of the interaction. This is reason to urgently reconsider the de facto role of police as responders to people experiencing mental distress. These findings also point to the need for police in Aotearoa to receive more training on racism, stereotyping, and bias.

In summary, the findings contributed by citizens with lived experience add to established knowledge that police interactions are often experienced negatively by people in distress, but that positive interactions are more likely when police engage with people in distress using a humanistic approach. The differences between negative and positive experiences provide an opportunity to make New Zealand Police aware of, and actively work towards avoiding, inequitable treatment of people experiencing mental distress.

## 7.3 Findings from police

### 7.3.1 Navigating tension

The findings from the police phase of the project showed that police officers are navigating multiple sources of tension when they respond to people experiencing mental distress. Several areas of tension outlined in the second findings chapter, relating to daily challenges, have also been identified in previous research. For example, Aotearoa-based research has established that police officers find it challenging when they bring someone experiencing mental distress to the emergency department (van der Harst, 2021) and feel limited in their responses to people experiencing mental distress due to institutional barriers and a paucity of mental health resourcing (Davey et al., 2019). International research has additionally highlighted that police officers often feel their training underprepares them for responding to people experiencing mental distress (Morgan & Miles-Johnson, 2022) and that officers often feel stuck in a grey zone with limited formal options to resolve these interactions (Wood et al., 2017). These findings of the present study add to an

awareness that responses to people experiencing mental distress are mutually challenging for police and citizens. However, I now shift my focus to the conceptual tension that related to participants' conceptualisation of the police role.

### 7.3.2 Role strain

A key finding of this study was that simply being at the forefront of responses to people experiencing mental distress was a source of tension for participants. In particular, participants articulated a sense of tension with how this role fitted into their conceptualisation of police work, which was reflected in the fact that participants could not agree on whether mental health was, or should be, part of the core business of policing. Nonetheless, all participants agreed that the current volume of mental distress responses was beyond the bounds of what they thought they should be doing.

The theory of role strain can be drawn upon to understand participants' experiences. This theory was put forward by Goode (1960) to describe the internal tensions individuals experience when they struggle to fulfil the demands of their role. Role strain has previously been identified among police officers. For example, Huey and Ricciardelli (2015) found that police officers in Canada struggled with a disconnect between their desired versus actual roles. Like the officers in my study, participants in Huey and Ricciardelli's research described their roles as multifaceted, including aspects of law enforcement and social work. Huey and Ricciardelli drew attention to the role of expectations in role strain, as their participants identified conflicts between their actual work and what they wanted to do or had expected to do when they became a police officer.

Research by Lumsden and Black (2018) subsequently furthered the discussion of role strain among police staff and similarly identified a role of expectations in generating tension. They found that civilian staff at a police emergency communications centre were frustrated about the disconnect between their expectations of the police role (limited and crime-related) and the public's expectation of the police role (catch-all, including social issues). Participants in the study had a perception that police were performing a boundless role because they were expected to pick up work that other services were failing to do (Lumsden & Black, 2018), aligning with the views of participants in my research.

Research about role tension has not yet focused on how police officers may experience this phenomenon during their responses to people experiencing mental distress. However, opposition among police to embrace the welfare-related aspect of responding to people experiencing mental distress has been observed in historical and modern research on this topic (Miles-Johnson & Morgan, 2022; Reiner, 1992). Role strain may be a useful framework to better understand how police officers navigate responses to people experiencing mental distress. My findings suggest that the contribution of expectations to role strain is a particularly salient aspect of this theory during these responses, and this is explored further below.

### 7.3.3 Contending with expectations

Participants in my research discussed multiple types of expectations that generated tension: their own expectations, expectations of the public, and expectations of the organisation. It is unsurprising that contending with these expectations generated tension for participants. As I now offer a discussion on these sources of expectations, it becomes clear that there is no consensus in Aotearoa nor in international policing literature around what the role of police 'should' be.

#### Participants' own expectations

Participants' own expectations about the policing role will be uniquely shaped by their individual experiences and motivations. However, I wish to draw attention to one common factor that likely influences most prospective police officers' expectations of the role: recruitment messaging. Within the past several years, different themes have been evident in recruitment materials for police in Aotearoa. In 2016, recruitment materials communicated an ethic of care, with messaging like "Do you care enough to be a cop?" (Stuff, 2016). Around 2017-2018, recruitment materials focused on diversity within the police force, the role of police in promoting safety and helping the community, and showed police officers as regular people (Nairn & Roebuck, 2022). Currently, recruitment messaging favours statements drawing on police officers as tough individuals, for example, "Got the determination to be your best?" and "Got the grit to give it your all?" (New Zealand Police, 2024b). Interestingly, this latest shift coincides with a change in government in late 2023, with the new government promising to be tougher on crime than the previous one (New Zealand National Party, 2024b). This approach impacts upon police work. For example, the new government

has granted police officers new powers to disperse public gatherings of gang members (New Zealand National Party, 2024a). The change of government also impacts the leadership of the police, with each Police Commissioner being appointed by the Governor-General on the recommendation of the Prime Minister at the time (Policing Act 2008). While not a focus my research, it is likely that individual police officers in Aotearoa also experience tension as a result of their organisation needing to navigate governmental decisions and priorities that change at each triannual national election.

### The public's expectations

Similarly to recruitment messaging aimed at prospective police officers, the role of police is advertised in several different and conflicting ways to the public. On one hand, at the time of writing this, the official New Zealand Police Instagram account spotlights instances where police engage with the community, for example, visits to schools and food banks. Animal rescues and police dog puppies are frequently featured. By contrast, the persona of the New Zealand Police displayed in the reality show *Police Ten 7* portrays police bringing criminals to justice and using force to do so. Police dogs are shown as tactical tools ready to be deployed on citizens as needed. *Police Ten 7* has also been criticised for perpetuating negative stereotypes of Māori and Pacific peoples (Yan et al., 2023).

### The organisation's expectations

The expectations of the New Zealand Police organisation were another key source of tension in my research. This was specifically in relation to the organisation's expectation that police officers meet the goals of 'Prevention First' and 'Trust and Confidence'. However, it is also interesting to note that the conflicting public discourses of policing discussed above are all disseminated by the New Zealand Police organisation, representing another way that the organisation influences expectations of policing.

The organisation's expectation that police will act in a preventative way during responses to people experiencing mental distress is aligned with a sentiment that is gaining traction in the literature. Policing scholars are largely calling on police to adopt a public health lens to their practice, where they focus on identifying opportunities to promote well-being and upstream prevention, for example, linking vulnerable people

to support services (Spolum et al., 2023; van Dijk & Crofts, 2017; Wood, 2020). Aligned with this is a growing call for police to shift from a 'warrior' (punitive, combative) mindset to a 'guardian' (compassionate, protective, community-oriented) mindset (Li et al., 2021; Rahr & Rice, 2015; Wood & Watson, 2017).

However, other researchers have contended that frontline police have a limited ability to meet these expectations. Anderson and Burris (2017) commented that a public health analogy is incompatible with frontline policing; that while police work is *important* to public health, the expectation on frontline police officers to do upstream community prevention is unrealistic. They instead contend that frontline police officers are more aptly compared to doctors, in the sense that their responses are typically acute, focusing on the needs of an individual during the time of the interaction. The perceptions of my frontline participants were in line with this, when discussing their responses to people experiencing mental distress and their work more generally, alluding to a difficulty they faced in trying to meet the organisation's expectations of guardianship. Supporting this conclusion, previous Aotearoa-based research found that frontline police officers were still predominantly working within a warrior model when they responded to people experiencing mental distress. In this research, a guardianship model was challenging to meet due to frontline officers' roles constantly expanding without adequate resources (like interagency partnerships) to meet these growing expectations (van der Harst, 2021). I note that despite the organisation's objectives aligning with a guardianship model, current police recruitment messaging favours a warrior model.

Altogether, there is a lack of coherence for police officers about what is expected of them and how, in practice, they can attempt to meet expectations. Attending to the latter, I now reflect on the findings from participants working in specialist teams, which offer a perspective on how preventative objectives can be achieved.

#### Learnings from participants on specialist teams

A contribution of nuance to this discussion is the perspectives of police participants working in specialist teams. Including frontline and specialist officers in this research was important because it allowed greater insight into the varied teams within the New Zealand Police. Realistically, the contrasting themes in messaging to recruits and the

public likely stems from the fact that the New Zealand Police is a multifaceted organisation with many diverse teams that work in different ways, with different goals and resources. However, these different ways of policing are not clearly delineated in organisational messaging. Considering the experiences of officers in different teams provides an understanding of how different teams operate in the context of organisational expectations that are applied across the board.

Specialist teams who contributed to this research included the Family Harm Team and Police Negotiations Team, who each respond to particular types of jobs, and Neighbourhood Policing Teams, who have long-term engagement with set communities with a goal of preventing crime and vehicle crashes. The work of these specialist teams contrasts to that of frontline officers, who are dispatched to respond to all types of jobs across the entire city. There was also one participant on the Community Services Team, but this discussion focuses on features of the other three specialist teams, as it was participants from these teams who elaborated on what made their roles unique.

Participants on these specialist teams described greater opportunities to do prevention, owing to several features of their teams that differed from frontline policing. Some of these features are theoretically in line with a public-health oriented, guardianship model, particularly the Neighbourhood Policing Teams' focus on building community connections. These findings imply that policing away from the frontline is currently quite different to policing on the frontline. Nonetheless, lessons can be learned from the way that specialist teams function, and could be leveraged by the New Zealand Police organisation to bring the practice of officers more in line with preventative policy objectives.

Some things that specialist teams found valuable, like interagency relationships, may be beneficial for the New Zealand Police organisation to increase on the frontline. There has recently been organisational commitment to do this, with the New Zealand Police 2023-2027 Statement of Intent outlining "focused prevention through partnerships" as a key strategic priority (New Zealand Police, 2023d, p. 8). This priority is intended to be carried out by all parts of the organisation including frontline officers. In looking at *how* to do this, the organisation may benefit from looking at how



specialist teams draw on partnerships, for example, the Family Harm Team's regular meetings with other agencies (New Zealand Police, 2023b, n.d.-a).

Other things, however, may not be possible to implement on the frontline without changing the core function of frontline policing. For example, frontline officers are relied upon to be mobile and responsive to jobs across multiple parts of the city, which conflicts with the Neighbourhood Policing model of the same officers being situated long-term in one neighbourhood community. For these aspects, the New Zealand Police organisation may best achieve their preventative focus by considering how specialist teams can be expanded – for example, increasing the number of Neighbourhood Policing Teams across the country. My findings suggest that doing this would have multiple benefits. It would help the New Zealand Police enact their 'Prevention First' operational model and embrace a guardianship approach. It could also alleviate role tension in frontline officers by reducing the expectation that they do types of preventative work achieved in ways incompatible with their deployment model. This is not to say prevention is not possible on the frontline. Shortly, when I compare the findings from both datasets, I offer a discussion of what prevention on the frontline can look like. Rather, the findings suggest there is an opportunity for the organisation to identify the areas where prevention is currently being achieved and seek to expand this. Additionally, achieving organisational clarity on the capacity of different roles to do prevention could translate into more coherent messaging from the organisation to prospective police recruits and to the public.

#### 7.3.4 Consequences of role strain

While there were differences between workgroups in their perceived ability to meet organisational expectations, participants in all teams nonetheless showed evidence of role strain. The consequences of role strain include feelings of frustration, discontent, and being demoralised (Huey & Ricciardelli, 2015), which were all articulated by participants in my study. These feelings can also be symptomatic of moral distress. Moral distress is a concept often applied to healthcare professions and broadly refers to the distress that arises when a professional is prevented from doing what they think is right, due to constraints (Kolbe & de Melo-Martin, 2023). Experiencing moral distress is associated with emotional consequences, like increased self-blame, depression and anxiety, and burnout, and physical consequences, like disturbed sleep and migraines

(Deschenes et al., 2020). It has already been recognised that police officers are a profession at risk of experiencing moral distress (Lentz et al., 2021), though this has not previously been explored in relation to their responses to people experiencing mental distress. Both role strain and moral distress are theoretically applicable to participants' experiences, given the shared core driver of these feelings, i.e., a disconnect between what they thought the 'right' role for police would be in responses to people experiencing mental distress and what they described as their 'actual' role. As such, these findings indicate that police officers are doubly positioned to experience negative consequences from how they experience their current role in responding to people experiencing mental distress.

Boundary work is something that can alleviate role strain and build resilience (Domínguez Ruiz et al., 2023; Quick & Feldman, 2014; Rapp et al., 2021). Boundary work refers to the ability to demarcate between multiple domains, for example, the personal self and the professional self (Gieryn, 1983). In a study of police officers in victim support roles, Domínguez Ruiz et al. (2023) found that having the agency to constantly establish boundaries was fundamental to officers' well-being. For example, participants spoke to the importance of clearly establishing the limits of their own responsibilities and capabilities. This was particularly important because participants were often working at the nexus of police services and social services, much like the participants in my study. However, participants in my study did not describe boundary work as something that was available to them. While they expressed a *desire* to do boundary work, through establishing a limited and safety-oriented role for police, they felt powerless to achieve this, describing a status quo where police were obligated to respond to all jobs that were called in by the public. This was in contrast to other services, like ambulances, which participants perceived could opt out of attending jobs. Additionally, participants also described an internal conflict between police officers' desire to set boundaries around their work and the characteristic shared among many officers of wanting to do everything they can to help the public.

Granér (2007) provides another theory about how police officers alleviate role strain. Granér contends that failing to meet the wide-ranging and contradictory expectations on police can damage police officers' professional identities, i.e., their sense that they are succeeding at the job. To avoid this, Granér has observed police officers taking an

autonomous approach so that they can forge their own identity as an effective police officer who does real police work (which Granér conceptualises as jobs where police officers perceive a clear violation of the law and their ability to get a conviction, and the work is hands-on and exciting). Granér suggests that taking this autonomous approach involves police relying on discretion and personal ethics – resorting to practices that are efficient, but not fully in line with legislation, and are only permissible insofar as they do not draw attention and damage the public view of police legitimacy.

Aspects of my findings are in line with Granér's theory. Participants discussed feeling like they were not able to do meaningful work and highlighted situations where they needed to use discretion, namely scenarios where they thought someone should receive an involuntary mental health assessment. Many participants said they used arrest as a tool to facilitate this, and while they said this was not an ideal strategy, it was nonetheless a means to an end. The role of discretion in police responses to people experiencing mental distress has long been noted, as well as the role of police as gatekeepers to the criminal justice and healthcare systems. My findings suggest that role tension may be a previously unrecognised factor influencing how police navigate grey zones. Role tension may contribute to police reliance on the use of legislation and arrest – efficient tactics for police, but with hugely negative consequences for people experiencing mental distress (Buttle, 2017; Jordan, 2011; JustSpeak, 2020; Stolzenberg et al., 2021; Teplin, 2000).

Overall, the findings contributed to an understanding of how being at the forefront of responses to people experiencing mental distress is generating tension for police on multiple levels. A novel contribution of these findings is the theoretical relevance of role strain to police during these responses. This role strain is fed by the multiple conflicting expectations on police, which are largely generated by the New Zealand Police organisation itself. Given the negative consequences of role strain on police, and on people experiencing mental distress, police officers would benefit from a more clearly defined and streamlined role.

## 7.4 Comparison between citizen findings and police findings

The inclusion of two participant groups was a valuable aspect of this research, adding to a small number of studies that simultaneously consider police and lived experience perspectives. The data did not include a full synthesis between the two sets of findings that I had originally intended, because I had unbalanced amounts of data, and additionally, the findings contributed by police were rife with tension, complicating the rigor of the proposed synthesis. The decision-making process behind this approach was outlined in the methods chapter (p. 97). However, some conclusions can be made by bringing the findings together, drawing on points of similarity and contrast.

### 7.4.1 Deepening understandings of ‘Prevention First’ and ‘Trust and Confidence’

Firstly, the findings from both groups contribute to a discussion about the capacity of police to realise organisation goals of ‘Prevention First’ and ‘Trust and Confidence’ when they interact with people experiencing mental distress.

The findings contributed by citizens can be drawn on to expand police participants’ understandings of what ‘Prevention First’ means in practice. Police participants, particularly those working on the frontline, demonstrated a literal understanding of the concept of prevention, which meant stopping citizens from experiencing mental distress in the first place. Police participants said that it was hard to do prevention in this way. In line with this, none of the lived experience narratives included times when the police prevented participants from experiencing distress – rather, they reported times when police actions exacerbated their distress.

However, Rachel’s narrative offers a more nuanced view of what prevention can mean. Rachel reported that being treated humanistically by the police helped her feel less distressed during a horrific circumstance. This finding suggests that a ‘Prevention First’ approach can be conceptualised to mean police interacting with someone in such a way that their distress is mitigated, rather than exacerbated. This point also expands the previous discussion about whether police can assume a public health approach during responses to people experiencing mental distress. This approach may indeed be applicable to frontline policing if a less rigid conceptualisation of prevention is taken. Considering this, police officers may benefit from being given examples of the different

ways that 'Prevention First' can be realised when they interact with people experiencing mental distress, to help bring their practice in line with organisational goals and reduce feelings of being unable to meet organisational expectations.

Rachel's experience also challenges police participants' perspectives that police are not 'the right people' to respond to people experiencing distress because they lack mental health expertise. Rachel's positive experience with the police did not occur because they were experts, rather, because they interacted with her in a way that was humanistic.

Speaking to the second organisational goal 'Trust and Confidence', police participants, particularly those working on the frontline, said their interactions with people experiencing distress often damaged trust and confidence. Supporting this perception, most participants with lived experience said they had lost faith in the police based on past negative interactions. This is a finding seen in previous studies of lived experience perspectives (e.g., Faubert, 2023; Hunter, 2023). Taking the two sets of findings together highlights the tension between organisational goals and community impact when police respond to people experiencing mental distress. It also highlights an area of concern because people who experience mental distress are more likely to be a victim of a crime, yet if previous police contact has engendered mistrust and low confidence, a citizen may be less likely to seek help from the police as a victim (Casiano et al., 2020; Khalifeh et al., 2015).

#### 7.4.2 Tensions are felt on both sides

Another point of comparison is how sources of tension impacted both participant groups. Police participants identified multiple sources of tension that they navigated when responding to people experiencing mental distress. Aspects of these tensions are also felt by the people in distress that they respond to. For example, Aaron and Niwa talked about how being transported in police cars was an intimidating experience. Considering the findings contributed by police, it is possible the officers responding to these jobs would have preferred another service, such as a mental health crisis team or an ambulance, to transport them, but found it hard to get these services to the job. Drawing this comparison is by no means intended to diminish the distress felt by Aaron and Niwa from being transported in the police car. Rather, it should emphasise that

the overall context in which police respond to people experiencing distress is a source of tension for both parties. It implies that changes are needed broadly for the benefit of all parties.

#### 7.4.3 Challenging police assumptions about mental health legislation

A point of contrast between the findings is the way participants discussed involuntary contact with the mental health system. Police participants described the tension that occurred when they wanted to involuntarily initiate a mental health assessment but did not have the legal justification to do so. This tension was founded on their belief that in many cases, an involuntary mental health assessment was the best thing for someone experiencing mental distress. Conflicting with this belief, participants with lived experience talked about involuntary contact with the mental health system as a negative and life-altering experience that did not lead to anything positive. Given that police recruits receive training about the Mental Health Act and its application (M. Cole, personal communication, 17 August 2023; Davey et al., 2019), it would be important to ensure that the lived experience voices incorporated in this training offer diverse views, challenging the perspective that involuntary contact with the mental health system is always a positive end goal for police interactions with people experiencing mental distress. This may translate to officers subsequently practicing in different ways, for example, considering whether any other options are available instead of using mental health legislation, or having an extra layer of scrutiny and reflection when they are considering whether it is justified to override a citizen's wishes for not being put in contact with the mental health system.

Additionally, police participants described arrest as an unfavourable, but necessary, means to an end when they were in the grey zone, where the alternative option was 'doing nothing'. For participants with lived experience, however, arrest was a consequential and traumatic experience. Being criminalised increases a person's likelihood of future criminal justice involvement (JustSpeak, 2020; Stolzenberg et al., 2021). While the findings contributed by police might imply that officers need more useable legislation so that they are not caught in a grey zone, the findings from participants with lived experience run counter to this and imply that instead, the police should have awareness of and access to more support options for people experiencing distress other than involuntary assessments or arrest.

#### 7.4.4 Shared aspirations

On the whole, both sets of findings indicate that the current way that police are responding to people experiencing mental distress is not working, for people in distress or for police. Police participants and participants with lived experience had similar aspirations about what would make interactions better, like police receiving more training about mental health, improved collaborations between police and health services, and an overall reduced role of police in responses to people experiencing mental distress. Where police do remain involved in responses to people in mental distress, for example, where there are safety concerns, it is important that police are made aware of the importance of adopting a humanistic approach. It is also important that police meaningfully engage with lived experiences and reflect on their own assumptions about the justifiability of using mental health legislation and arrest.

### 7.5 The future

The overarching conclusion I draw from my findings is that the role of police in responses to people experiencing mental distress should be reduced, for the sake of citizens and police alike. In this section, I offer a series of broad recommendations about how this could occur, focusing on three avenues: more response options for people experiencing mental distress, investment into mental well-being, and defunding the police. Here, I am taking a transformational approach to make recommendations that could affect meaningful change not only at the level of the New Zealand Police organisation, but at a societal level, with the overall goal of transforming practice and policy for police responses to people experiencing mental distress.

#### 7.5.1 More response options for people experiencing mental distress

One way of reducing the role of police in responses to people experiencing mental distress is by implementing more response options.

The planned establishment of a national co-response model is a positive step in this direction (Beehive.govt.nz, 2023). As discussed in Chapter Two of this thesis, the New Zealand Police plan to roll out co-response teams, comprising a police officer, mental health clinician, and a paramedic, nationally over the next several years, after

successful trials of this model in several locations. My findings suggest that the role of police in this team should be clearly defined and limited, with a focus being on safety, with the mental health clinician and paramedic leading the response. I also suggest that the co-response team would benefit from the inclusion of team members with lived experience of mental distress (peers) and with cultural expertise. More research is needed to explore the preferences of people with lived experience about the makeup of co-response teams and the delineation of roles within these teams, but these two roles may be beneficial additions.

Regarding peer experience, the Street Crisis Response Team (SCRT) model in San Francisco includes peers. The other team members of the SCRT (a paramedic and a behavioural health clinician) have reported that the presence of peers helps them to connect with people in the community (City and County of San Francisco, n.d.).<sup>22</sup> There is support for the use of peers in mental health care generally (Davidson et al., 2012; Miyamoto & Sono, 2012). In line with this, the New Zealand Government recently announced it will begin to include peer support specialists in some emergency departments to support people experiencing mental distress (Beehive.govt.nz, 2024b). This is a promising initiative that has been celebrated by mental health advocacy groups.

Regarding cultural expertise, the importance of including people with cultural expertise in mental health settings has been highlighted in submissions during the Mental Health Act reform process (Roguski & Chauvel, 2022). The existing co-response team in Wellington added a kaiawhina (cultural support worker) to ensure the team works in ways that meet the needs of whānau Māori. The kaiawhina has also been shown to enhance the team's ability to be connected with other Māori service providers (MHAIDS, 2023). The national co-response model would benefit from considering the inclusion of this team member.

It is important to also look towards response models that do not include a role for police. Research into several non-police response models operating in the United States has demonstrated their feasibility and positive outcomes. For example,

---

<sup>22</sup> An upcoming evaluation of the SCRT model will additionally explore the perspectives of people in the community who have been responded to by the SCRT team (Goldman et al., 2023).



diversion of calls away from police as first responders improved overall response times, enhanced referrals and follow-up support, and reduced hospital admissions (Marcus & Stergiopoulos, 2022; McNeilly et al., 2023). Reports from people with lived experience of non-police responses are also positive (Marcus & Stergiopoulos, 2022). Research also shows that investment into designing, resourcing, and implementing non-police response models is worthwhile, as these models can lead to significant cost-saving. For example, the United States-based CAHOOTS model saves USD\$8.M on public safety and USD\$14M on ambulance/emergency room treatment annually (CAHOOTS Consulting, 2020).

The concept of a non-police response team could be implemented alongside the upcoming national roll out of co-response teams, by investigating mechanisms that allow police to opt-out of jobs that are not assessed to involve risks to life or safety. Establishing such a mechanism will require an examination of how risk is assessed, defined, and communicated, beginning with 111 police call takers. Our national research included a study on Emergency Communication Centres (Thom et al., 2024). We found that many 1M- and 1X-coded jobs were not assessed (by us) as requiring a police response, yet police were dispatched to attend. Considering the findings of our case studies, this is likely reflective of police being utilised as de facto responders in the place of social services. However, we also found that call takers at the emergency communications centre had low utilisation of the Earlier Mental Health Response triage line, which is a helpline staffed by mental health practitioners. This service was developed so that police emergency call-takers could directly transfer callers they assessed as needing support, but not a police response, to a mental health-focused triage line (New Zealand Police, 2017b). We suggested that further research into the usage of this line is needed, to understand the decision making of call takers and how this translates to police responses in the community (Thom et al., 2024). Additionally, research into how jobs are coded by emergency call-takers more generally is warranted, given the findings of the present research. The findings contributed by police participants showed that officers often have negative expectations of jobs coded 1M or 1X, and the findings contributed by citizens suggest that police treat citizens more favourably in jobs that involve mental distress but are not coded 1M or

1X. These findings highlight that call-takers' decision making about coding translates to impacts on the ground.

### 7.5.2 Investment into mental well-being

The need for increased support options for people experiencing mental distress does not only include response teams. It also refers to a need for improved mental well-being support in the community. It has been widely recognised that Aotearoa's mental health system is under-resourced and failing to meet the needs of many (Government Inquiry into Mental Health and Addiction, 2018; Mulder et al., 2022). There has been extensive consideration of how the sector can be reinvigorated, including: reforming alcohol and drug policy, revitalising and increasing mental health services to create a continuum of care, and providing services that meet diverse cultural needs (Gluckman, 2017; Government Inquiry into Mental Health and Addiction, 2018). Decision makers must make a meaningful commitment to pursuing these changes. Doing so would be a proactive approach to improving mental well-being, which may reduce the extent to which people are experiencing acute distress that leads to a response from police.

Investing into mental health services is also something that needs to happen in conjunction with initiatives to reduce the presence of police in responses to people experiencing mental distress. Otherwise, demand will be shifted from police on to a mental health system that is currently not resourced to meet it. Non-police groups (including people with lived experience of mental distress, family violence advocates, and mental health clinicians) have expressed alarm over the prospect of New Zealand Police completely withdrawing from mental distress and family harm jobs, which was recently proposed by the police (Gibbens, 2024; Hill, 2024; Spence, 2024). Indeed, this has been the response of non-police groups in the UK following an announcement from the Metropolitan Police that they would initiate a total withdrawal from mental health jobs, excepting those that included risks to safety (Royal College of Psychiatrists, 2023; Samuel, 2023).

### 7.5.3 Defunding the police

Taking a broader view of how the role of police can be simplified, the philosophy of defunding the police can be considered. In a defunding approach, the role of policing is reduced by redistributing police funding to alternative agencies so that they can take

on aspects of current police work, such as responding to mental distress (Levin, 2020). In this process, a public health view is taken, where prevention of the underlying causes of crime is considered when redistributing funds (Asquith & Bartkowiak-Théron, 2021).

This philosophy is strongly evoked in the context of police brutality against people of colour. This stems from an acknowledgement that in colonised countries, police forces have historically been used as a tool of colonisation to subjugate Indigenous peoples, and that modern policing continues to result in inequitable treatment of people of colour (Asquith & Bartkowiak-Théron, 2021; Cunneen & Tauri, 2019; Pingeot & Bell, 2022). This view shifts the discussion of racism in police departments away from an individualistic view – that some police officers are affected by implicit bias and racism – towards a view that police forces are by design institutionally racist; reducing racism in the criminal justice system therefore depends upon radical reimagining of criminal justice (Levin, 2021). During the Black Lives Matter movement, ‘defund the police’ became a rallying cry, and several cities in the US responded. Major cities in states including Texas, Colorado, and California took money from law enforcement budgets and put it towards housing programmes, mental health services, and other social welfare initiatives (Levin, 2021).

Society is increasingly questioning ‘what should the role of police be?’ (Loader, 2020; Muir, 2024; The Police Foundation, 2022). My findings show that amidst this, police are grappling with the tension produced by expectations about their role. One answer to this question is that police should have a more minimal role in society. A minimal approach to policing posits that police intervention, as much as possible, should occur only when it is publicly initiated and serves only a minimised set of core functions, which are functions that cannot be filled by alternative services (Kinsey et al., 1986; Marks & Wood, 2010; Sylvestre, 2016). It has been noted that a minimal approach to policing not only has benefits for the community but also for police officers, by bringing their role in line with a clearly defined (or, speaking back to role strain, *bounded*) set of duties that are clearly aligned with delivering what the public wants from police (Kinsey et al., 1986; Marks & Wood, 2010). A strategy for achieving a minimal approach to policing is to draw on a defunding philosophy.

What would this approach mean in the Aotearoa context of police responses to people experiencing mental distress? As discussed, I propose that investigating a non-police response model is worthwhile and, based on existing models in the US, may lead to cost-saving (CAHOOTS Consulting, 2020). A defunding approach could look like a willingness from police to see any funds saved be distributed not to the police, but into community mental health care. A defunding approach would also include aspects of police funding being directed instead to initiatives focused on preventing crime and distress. For example, the New Zealand Government recently announced increased funding to the police to recruit and train 500 more police officers over 5 years, in line with their commitment to being tough on crime (Beehive.govt.nz, 2024a). Such funding could instead go towards initiatives like developing a non-police response model for people experiencing distress. The New Zealand Police organisation's embrace of such an approach would represent a genuine commitment to 'Prevention First'.

The defunding philosophy might, at face value, seem unappealing to police; like an attack on their institution and devaluation of their role in society. The New Zealand Police organisation has recently been involved in a dispute with the New Zealand Government attempting to obtain better pay and the thought of police losing funding would likely not be well-received (Green, 2024). But this need not be the case. My findings suggest that a move towards defunding police aligns with the more limited – specifically, less social welfare-oriented – role of frontline policing that police desire. Indeed, Miles-Johnson and Morgan (2022) note that the resistance of police officers to be default responders to people experiencing mental distress indicates “an organisational ‘cultural’ resistance to redefine the role of police” (p. 13) all together. This resistance can go hand in hand with a defunding movement, and making this connection clear may improve police officers' receptiveness to a defunding approach.

## 7.6 Strengths, limitations, and future research

A strength of this research was the inclusion of two participant groups, which allowed for a comparison between findings from both groups. As discussed in Chapter Two, past research has explored police responses to people experiencing mental distress from the perspectives of police and of citizens, which has led to an understanding that

both parties find the status quo of these interactions to be challenging. However, previous research has seldom included two participant groups to consider the perspectives of police and citizens together. As discussed previously in this chapter, the present research reinforced international and local findings about the untenability of the status quo of these police responses, whilst providing insights into each party's challenges and aspirations for change. Additionally, the ability to compare and contrast findings produced valuable insights, for example, by expanding the conceptualisation of what prevention can look like during police officers' responses to people experiencing mental distress.

Another strength was the use of an ethnographic case study of policing. The value of using ethnography to understand how police navigate responses to people experiencing mental distress has long been evidenced by formative early research (Bittner, 1967a; Teplin & Pruett, 1992) and more recently reinforced by contemporary research (e.g., Wood et al., 2017). Observational research has also been highly valuable in research exploring police officers' experiences of role strain and boundary work (Giacomantonio, 2014; Groenendaal & Helsloot, 2015; Huey & Ricciardelli, 2015; Lumsden & Black, 2018). In the present study, using ethnography allowed for a deep understanding of the factors that contextualise on the ground police responses to people experiencing mental distress. Given several of these factors were related to the specific local and national contexts that the Christchurch police operate within, the findings are directly relevant to decision makers in Aotearoa, facilitating my aim of conducting research that can transform practice and policy.

A central limitation of this research is the lack of perspectives from health services. The findings paint a picture of health services being largely absent in responses to people experiencing mental distress, but further research is warranted to more clearly understand this picture. Exploring the experiences and on the ground work of health services will produce a fuller understanding of the circumstances that need to be changed so that these responses can be improved and people in mental distress can receive timely and appropriate support.

Another limitation is that the number of participants with lived experience of police responses was lower than I intended. It was clear that sharing these experiences was

challenging and, in some cases, felt unsafe or too soon for participants. This in and of itself speaks to the long-lasting impacts that negative interactions with the police can have on people. Despite the small sample size, the lived experience data was rich and nuanced, thus providing sufficient information power (Malterud et al., 2016) to answer my research question.

It will, however, be valuable in future research to bring more of these experiences to light, building on the research presented in my thesis and from our broader national project. Creating a safe research environment is something that needs to be carefully considered. I suggest future researchers consider using the safeguarding aspects of my research, for example, offering the presence of a co-interviewer with peer experience. The co-production of narratives should also be considered by future researchers, as this ensures ownership of experiences remains with participants. Storytelling is a way of upholding empowerment in research, representing a paradigm shift from extracting data from participants to collaborating with participants to affect change (Creswell, 2013; Kidd & Edwards, 2016).

The experiences of whānau Māori also need to be highlighted in future research, given prevailing inequities in police responses to people experiencing mental distress (Hunter, 2024). In future research, methodological frameworks that ensure cultural safety for Māori participants and uphold mātauranga Māori (Indigenous knowledge) should be considered. Boardsworth et al. (2024) recently offered a discussion of how Tauwi researchers can meaningfully shift research practice from a Eurocentric approach to one that is Māori-centred. Additionally, the use of kaupapa Māori methods will be valuable in future research. Kaupapa Māori research is research done by Māori, centring mātauranga Māori and tikanga, with the goals of benefiting all Māori and disrupting Pākehā hegemony (Walker et al., 2006). Kaupapa Māori research is powerful in mental health and criminal justice research because it can uplift Māori voices and drive transformative change in colonial systems (e.g., Haitana et al., 2023). Thom et al. (2022) provided an example of how kaupapa Māori research can be used alongside a co-production approach with people who have lived experiences of mental health, addiction, and incarceration. The philosophies behind a kaupapa Māori approach and a co-production approach are complementary, and both uplift lived experiences as a means of driving change in mental health and justice systems (Thom

et al., 2022). Aotearoa mental health reform efforts have emphasised that lived experience and Māori voices should be centred in system redesign (Government Inquiry into Mental Health and Addiction, 2018).

Despite my expectations, the findings of this research did not speak to an experience of shared trauma between the Christchurch Police and Christchurch citizens. In fact, the impact of the traumatic events was not a strong focus of discussion among either participant group. It is nonetheless possible that an impact of trauma on police-citizen interactions does exist but was not captured by this research. For example, the impact of traumatic events on police officers' interactions with citizens may be subconscious. It is also possible that police officers were unwilling to discuss how the traumatic events had impacted them due to trauma typically being a stigmatised topic among police officers (Velazquez & Hernandez, 2019). The questions I asked about Christchurch in the interviews and focus groups may not have provided sufficient opportunities for participants to explore this topic. Additionally, as a researcher who is not from Christchurch, my ability to explore the post-traumatic context and connect with participants over this experience may have been limited. For this topic to be better understood in future research, it may be necessary to take an approach that specifically centres an exploration of shared trauma.

Future research should continue to explore how police understand and navigate their roles. In this work, it will be necessary to take an approach that considers the unique experiences of each police officer. Officers' multifaceted identities, motivations, and social memberships are likely a pertinent factor to consider when exploring why officers come to the role, how they make sense of the role, how they are supported in the role, and why some police may choose to leave the role. I suggest that an intersectional approach will be valuable in future research. Intersectionality theory acknowledges that each person belongs to multiple social categories. It refers to how the intersection of multiple aspects of a person's identity generates unique experiences of structural discrimination and privilege (Crenshaw, 1989).

Intersectionality has predominantly been used in police research thus far to understand officers' experiences of organisational inequality and discrimination (Bikos, 2023; Boogaard & Roggeband, 2010; Zempi, 2020). However, an intersectional approach can also theoretically add value to an understanding of police officers' role

strain. Gieryn (1983) contended that alleviating role strain, through boundary work, depends on an individual's ability to differentiate the personal self and the professional self. For each police officer, these personal and professional 'selves' will be unique, multifaceted, and intersecting, and an approach that recognises this will provide greater insights into officers' experiences of role strain.

An intersectional approach will also add value to an understanding of how Aotearoa can build and retain a diverse police force. In our national project, we found that diversity among police officers was a strength for engaging with people experiencing mental distress. Officers identified that when they drew on their diversity, they were able to find points of connection with citizens, thus helping them realize a humanistic approach (Thom et al., 2024). However, research has already established that structural inequality can be a barrier to building diversity in the New Zealand Police. For example, Chan (2013) found that a sexist police culture was a barrier to the retention and progression of female police officers in Aotearoa. An intersectional approach can add more nuance to this topic by exploring the extent to which police officers feel the New Zealand Police organisation values their diversity and encourages them to use it as a strength in the role.

## 7.7 Conclusion

Prior to this research, it was well established that police have become frequent first-line responders to people experiencing mental distress in the community, and that their positioning in these responses is problematic. However, the way police fill this role in Aotearoa was not well-understood. The purpose of this research was to qualitatively examine police responses to people experiencing mental distress in Christchurch, Aotearoa. I gained a nuanced perspective of how these interactions are currently happening by hearing the perspectives of people who have interacted with the police while in mental distress and completing a 3-month ethnographic case study of policing in Christchurch, where I heard the perspectives of police officers and observed their work during ride-alongs.

Both participant groups were in clear consensus that the current status quo, where police have become default first responders to people experiencing mental distress, needs to be disrupted. The majority of participants who had lived experience of these



interactions described negative and traumatic engagement with the police. One participant's story was an exception and recorded largely positive experiences with the police. Her experiences showed that when police meaningfully connect with people experiencing mental distress, showing genuine empathy, listening, and providing information, these interactions can be positive. However, her experiences also suggested that police are treating people experiencing mental distress inequitably, reserving more favourable treatment for Pākehā citizens whose distress the police can attribute to external circumstances rather than mental health.

These responses were similarly perceived negatively by police participants. Participants were experiencing tension on multiple levels when they responded to people experiencing mental distress. Some of these tensions arose from challenges that participants faced during their day-to-day work, like spending many hours waiting at the emergency department and feeling their training had underprepared them to engage with people experiencing mental distress.

A novel contribution of this study was the finding that participants were also contending with tension arising from their understandings about the role of police. While participants were not in agreement about what the role of police should be, and therefore whether responding to people experiencing mental distress should be part of that role, all participants agreed that police should have a more limited role in these responses. This finding aligned with the theory of role strain, which has previously been identified among police officers but has not been explored in relation to police responses to people experiencing mental distress. Applying this theory to these responses, I highlighted that expectations are a major source of role tension for police. The public, the New Zealand Police organisation, police scholars, and police officers themselves all have an idea of what police should be doing, but these expectations are not coherent. Burdened by these mismatched expectations, police find themselves unable to do any boundary work, which could theoretically alleviate role strain.

Comparing the findings from both participant groups added a deeper level of understanding about police responses to people experiencing mental distress. Findings contributed by citizens challenged police participants' literal conceptualisation of prevention, offering practical implications for how police officers' practice on the

ground can be brought in line with organisational preventative objectives. The importance of police learning from lived experience narratives was also clear when comparing police assumptions about the value of mental health legislation to lived experiences of traumatic involuntary contact with the mental health system.

The findings have implications for how police officers are trained and how prevention is conceptualised by the New Zealand Police organisation. However, most importantly, my findings show that what is needed is for the role of police to be streamlined. On the one hand, this refers to their role in responding to people experiencing mental distress, where there are clear benefits for non-police response models to be implemented. But this also refers to the role of police in society more generally. Moving towards a minimal model of policing would benefit police and citizens alike, and I suggest that a philosophy of defunding the police gives us a roadmap for getting there.

This field of research is continually evolving. In the time that I was reviewing the final draft of this thesis, the New Zealand Police announced that they would begin a phased withdrawal from mental health call-outs, with the intention that by September 2025, police would only attend events where there was an immediate risk to life and safety (New Zealand Police, 2024c). Their approach leaves important questions unanswered about how people experiencing distress will be supported by other agencies, how emergency call-takers will deem which jobs police should attend, and how the interactions that do continue to happen between police and people experiencing distress can be positive ones. Continuous research into this topic is necessary and this thesis provides some suggestions to future researchers embarking on this journey.

## References

- Achterhof, R., Dorahy, M. J., Rowlands, A., Renouf, C., Britt, E., & Carter, J. D. (2018). Predictors of posttraumatic growth 10-11 months after a fatal earthquake. *Psychological Trauma: Theory, Research, Practice, and Policy*, *10*(2), 208-215. <https://doi.org/10.1037/tra0000286>
- ActionStation. (2020). *SURVEY RESULTS: Māori and Pasifika perspectives on armed police trial*. <https://docs.google.com/document/d/1s1egyTIUlo3qe6YNUoeSgot0LFLz3YIM8E8enNXVoU8/edit>
- Aguilera, R. M., & Amuchástegui, A. (2014). Participant Observation and Key Informant Interviews. In M. B. Schenker, X. Castañeda, & A. Rodriguez-Lainz (Eds.), *Migration and health: A research methods handbook* (pp. 278-292). University of California Press.
- Anderson, E., & Burris, S. (2017). Policing and public health: Not quite the right analogy. *Policing and Society*, *27*(3), 300-313. <https://doi.org/10.1080/10439463.2016.1231188>
- Asquith, N. L., & Bartkowiak-Théron, I. (2021). *Policing Practices and Vulnerable People*. Palgrave Macmillan Cham.
- Bailey, K., Lowder, E. M., Grommon, E., Rising, S., & Ray, B. R. (2022). Evaluation of a police-mental health co-response team relative to traditional police response in Indianapolis. *Psychiatric Services*, *73*(4), 366-373. <https://doi.org/10.1176/appi.ps.202000864>
- Baldry, E., & Dowse, L. (2013). Compounding mental and cognitive disability and disadvantage. In D. Chappell (Ed.), *Policing and the Mentally Ill: International Perspectives* (pp. 219-234). Taylor & Francis Group.
- Barbosa Neves, B., Wilson, J., Sanders, A., & Kokanović, R. (2023). Using crystallization to understand loneliness in later life: Integrating social science and creative narratives in sensitive qualitative research. *Qualitative Research*, *23*(1), 38-54. <https://doi.org/https://doi.org/10.1177/14687941211005943>
- Barrett, J. G., & Janopaul-Naylor, E. (2016). Description of a collaborative community approach to impacting juvenile arrests. *Psychological Services*, *13*(2), 133-139. <https://doi.org/10.1037/ser0000066>
- Barry, C. A. (2002). Multiple realities in a study of medical consultations. *Qualitative Health Research*, *12*(8), 1093-1111. <https://doi.org/10.1177/104973202236577>
- Bauwens, J., & Tosone, C. (2010). Professional posttraumatic growth after a shared traumatic experience: Manhattan clinicians' perspectives on post-9/11 practice.

*Journal of Loss and Trauma*, 15(6), 498-517.  
<https://doi.org/10.1080/15325024.2010.519267>

- Beaglehole, B., Mulder, R. T., Boden, J. M., Bell, C., Dhakal, B., & Horwood, L. J. (2023). The long-term impacts of the Canterbury earthquakes on the mental health of the Christchurch Health and Development Study cohort. *Australian & New Zealand Journal of Psychiatry*, 57(7), 966-974.  
<https://doi.org/10.1177/00048674221138499>
- Beaglehole, B., Mulder, R. T., Boden, J. M., & Bell, C. J. (2019). A systematic review of the psychological impacts of the Canterbury earthquakes on mental health. *Australian and New Zealand Journal of Public Health*, 43(3), 274-280.  
<https://doi.org/10.1111/1753-6405.12894>
- Beehive.govt.nz. (2023, August 30). *Improving 111 responses for people in mental distress*. <https://www.beehive.govt.nz/release/improving-111-responses-people-mental-distress>
- Beehive.govt.nz. (2024a). *500 more Police to improve public safety*.  
<https://www.beehive.govt.nz/release/500-more-police-improve-public-safety#:~:text=Budget%202024%20includes%20%24191%20million,equipped%20to%20do%20their%20jobs>.
- Beehive.govt.nz. (2024b, March 21). *New mental health services to take pressure off EDs*. Beehive.govt.nz. <https://www.beehive.govt.nz/release/new-mental-health-services-take-pressure-eds#:~:text=%E2%80%9CPeer%20Support%20Specialists%20in%20EDs,Police%2C%E2%80%9D%20Mr%20Doocey%20says>.
- Begg, A., D'Aeth, L., Kenagy, E., Ambrose, C., Dong, H., & Schluter, P. J. (2021). Wellbeing recovery inequity following the 2010/2011 Canterbury earthquake sequence: Repeated cross-sectional studies. *Australian & New Zealand Journal of Public Health*, 45(2), 158-164. <https://doi.org/10.1111/1753-6405.13054>
- Behar, R. (1996). *The vulnerable observer: Anthropology that breaks your heart*. Beacon Press.
- Bell, C., Williman, J., Beaglehole, B., Stanley, J., Jenkins, M., Gendall, P., Rapsey, C., & Every-Palmer, S. (2022). Psychological distress, loneliness, alcohol use and suicidality in New Zealanders with mental illness during a strict COVID-19 lockdown. *Australian & New Zealand Journal of Psychiatry*, 56(7), 800-810.  
<https://doi.org/10.1177/00048674211034317>
- Bikos, L. J. (2023). Taking the temperature: An intersectional examination of diversity acceptance in Canadian police services. *The British Journal of Criminology*, 63(2), 348-366. <https://doi.org/10.1093/bjc/azac014>
- Bittner, E. (1967a). Police discretion in emergency apprehension of mentally ill persons. *Social Problems*, 14(3), 278-292. <https://www.istor.org/stable/799150>.

- Bittner, E. (1967b). The police on skid-row: A study of peace keeping. *American Sociological Review*, 32(5), 699-715. <https://www.jstor.org/stable/2092019>.
- Boardman, J. (2011). Social exclusion and mental health – how people with mental health problems are disadvantaged: An overview. *Mental Health and Social Inclusion*, 15(3), 112-121. <https://doi.org/10.1108/20428301111165690>
- Boardsworth, K., Barlow, R., Wilson, B.-J., Wilson Uluinayau, T., & Signal, N. (2024). Toward culturally responsive qualitative research methods in the design of health technologies: Learnings in applying an indigenous Māori-centred approach. *International Journal of Qualitative Methods*, 23. <https://doi.org/10.1177/16094069241226530>
- Boogaard, B., & Roggeband, C. (2010). Paradoxes of intersectionality: Theorizing inequality in the Dutch Police Force through structure and agency. *Organization*, 17(1), 53-75. <https://doi.org/10.1177/1350508409350042>
- Boscarato, K., Lee, S., Kroschel, J., Hollander, Y., Brennan, A., & Warren, N. (2014). Consumer experience of formal crisis-response services and preferred methods of crisis intervention. *International Journal of Mental Health Nursing*, 23(4), 287-295. <https://doi.org/10.1111/inm.12059>
- Boudreau, C., MacKenzie, S. A., & Simmons, D. J. (2022). Police violence and public opinion after George Floyd: How the Black Lives Matter movement and endorsements affect support for reforms. *Political Research Quarterly*, 75(2), 497-511. <https://doi.org/10.1177/10659129221081007>
- Bradbury, J., Hutchinson, M., Hurley, J., & Stasa, H. (2017). Lived experience of involuntary transport under mental health legislation. *International Journal of Mental Health Nursing*, 26(6), 580-592. <https://doi.org/10.1111/inm.12284>
- Bradbury-Jones, C., Taylor, J., & Herber, O. R. (2014). Vignette development and administration: A framework for protecting research participants. *International Journal of Social Research Methodology*, 17(4), 427-440. <https://doi.org/10.1080/13645579.2012.750833>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Breen, T. (2021). *“This giant steamroller that’s moving inexorably towards you, but very, very slowly”*: An interpretative phenomenological analysis of autistic adults’ experiences of the Aotearoa New Zealand criminal justice system [Doctoral Thesis, Auckland University of Technology]. Tuwhera. <https://openrepository.aut.ac.nz/items/dc5c33f4-5dd2-48f8-bd5e-22f038467ac7>

- Briggs, L., Hay, K., Fronek, P., & Bagshaw, S. (2023). Non-specific psychological distress following the Christchurch earthquake: 10 years later - How are they doing now? *Australasian Journal of Disaster and Trauma Studies*, 27(1), 3-13. [https://trauma.massey.ac.nz/issues/2023-1/AJDTS\\_27\\_1\\_Briggs.pdf](https://trauma.massey.ac.nz/issues/2023-1/AJDTS_27_1_Briggs.pdf)
- Buttle, J. W. (2017). Imagining an Aotearoa/New Zealand without prisons. *Counterfutures*, 3, 99-128. <https://counterfutures.nz/3/buttle.pdf>
- CAHOOTS Consulting. (2020). *Crisis Assistance Helping Out On The Streets: Media Guide 2020*. <https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Media.pdf>
- Carr, S., & Patel, M. (2016). *Practical Guide: Progressing transformative co-production in mental health*. National Development Team for Inclusion.
- Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research*, 17(10), 1316-1328. <https://doi.org/10.1177/1049732307306927>
- Casiano, H., Hensel, J. M., Chartier, M. J., Ekuma, O., MacWilliam, L., Mota, N., McDougall, C., & Bolton, J. M. (2020). The intersection between criminal accusations, victimization, and mental disorders: A Canadian population-based study. *Canadian Journal of Psychiatry*, 706743720919660. <https://doi.org/10.1177/0706743720919660>
- Chan, S. M. (2013). *Negotiating gender and police culture: Exploring the barriers to retention and progression of female police officers in New Zealand* [Master's Thesis, Victoria University of Wellington]. Te Waharoa. [https://openaccess.wgtn.ac.nz/articles/thesis/Negotiating\\_Gender\\_and\\_Police\\_Culture\\_Exploring\\_the\\_Barriers\\_to\\_Retention\\_and\\_Progression\\_of\\_Female\\_Police\\_Officers\\_in\\_New\\_Zealand/17005618](https://openaccess.wgtn.ac.nz/articles/thesis/Negotiating_Gender_and_Police_Culture_Exploring_the_Barriers_to_Retention_and_Progression_of_Female_Police_Officers_in_New_Zealand/17005618)
- Chappell, D., & O'Brien, A. (2014). Police responses to persons with a mental illness: International perspectives. *International Journal of Law and Psychiatry*, 37(4), 321-324. <https://doi.org/10.1016/j.ijlp.2014.02.001>
- Chappell, D., & Ryan, C. J. (2017). Interactions between police and people with mental illness. *Australian & New Zealand Journal of Psychiatry*, 51(4), 409-410. <https://doi.org/10.1177/0004867416682833>
- Cheung, H. (2020, June 9). George Floyd death: Why US protests are so powerful this time. *BBC News*. <https://www.bbc.com/news/world-us-canada-52969905>
- Christchurch City Council. (2024, Feb 22). *Port Hills fire update*. <https://newsline.ccc.govt.nz/news/story/port-hills-fire-update>

- Christchurch City Council. (n.d.-a). *Facts, stats and figures*. <https://ccc.govt.nz/culture-and-community/statistics-and-facts/facts-stats-and-figures>
- Christchurch City Council. (n.d.-b). *Port Hills fire*. <https://ccc.govt.nz/environment/land/fire/porthillsfire>
- Christie, N. (1986). The ideal victim. In E. Fattah (Ed.), *From Crime Policy to Victim Policy: Reorienting the Justice System*. (pp. 17-30). Palgrave Macmillan.
- City and County of San Francisco. (2022). *Street Crisis Response Team pilot: Final report*. [https://sf.gov/sites/default/files/2022-06/SCRT%20Final%20Report\\_FINAL-%201%20year.pdf](https://sf.gov/sites/default/files/2022-06/SCRT%20Final%20Report_FINAL-%201%20year.pdf)
- City and County of San Francisco. (n.d.). *Street Crisis Response Team*. <https://sf.gov/street-crisis-response-team>
- City of Olympia. (n.d.). *Crisis Response & Peer Specialists*. [https://www.olympiawa.gov/services/police\\_department/crisis\\_response.php](https://www.olympiawa.gov/services/police_department/crisis_response.php)
- Compton, M. T., Anderson, S., Broussard, B., Ellis, S., Halpern, B., Pauselli, L., O'Neal, M., Druss, B. G., & Johnson, M. (2017). A potential new form of jail diversion and reconnection to mental health services: II. Demonstration of feasibility. *Behavioral Sciences & the Law*, 35(5-6), 492-500. <https://doi.org/10.1002/bsl.2319>
- Compton, M. T., Halpern, B., Broussard, B., Anderson, S., Smith, K., Ellis, S., Griffin, K., Pauselli, L., & Myers, N. (2017). A potential new form of jail diversion and reconnection to mental health services: I. Stakeholders' views on acceptability. *Behavioral Sciences & the Law*, 35(5-6), 480-491. <https://doi.org/10.1002/bsl.2320>
- Council on Criminal Justice Task Force on Policing. (2021). *Policy Assessment: Procedural Justice Training*. <https://counciloncj.foleon.com/policing/assessing-the-evidence/vi-procedural-justice-training/>
- Crane, L., Maras, K. L., Hawken, T., Mulcahy, S., & Memon, A. (2016). Experiences of autism spectrum disorder and policing in England and Wales: Surveying police and the autism community. *Journal of Autism & Developmental Disorders*, 46(6), 2028-2041. <https://doi.org/10.1007/s10803-016-2729-1>
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*(1), 139-167. [https://scholarship.law.columbia.edu/faculty\\_scholarship/3007](https://scholarship.law.columbia.edu/faculty_scholarship/3007)
- Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (3rd ed.). SAGE.

- Crothers, C., & O'Brien, T. (2020). The contexts of the Christchurch terror attacks: Social science perspectives. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 15(2), 247-259. <https://doi.org/10.1080/1177083x.2020.1746364>
- Crotty, M. (1998). Introduction. In *The foundations of social research: Meaning and perspective in the research process*. Sage.
- Cumming, J. (2022). Going hard and early: Aotearoa New Zealand's response to Covid-19. *Health Economics, Policy and Law*, 17(1), 107-119. <https://doi.org/10.1017/S174413312100013X>
- Cummins, I. (2008). A place of safety? Self-harming behaviour in police custody. *Journal of Adult Protection*, 10(1), 36-47. <https://doi.org/10.1108/14668203200800006>
- Cummins, I. (2012). Mental health and custody: A follow on study. *The Journal of Adult Protection*, 14(2), 73-81. <https://doi.org/10.1108/14668201211217521>
- Cunneen, C., & Tauri, J. M. (2019). Indigenous peoples, criminology, and criminal justice. *Annual Review of Criminology*, 2(1), 359-381. <https://doi.org/10.1146/annurev-criminol-011518-024630>
- Darlaston-Jones, D. (2007). Making connections: The relationship between epistemology and research methods. *Australian Community Psychologist*, 19(1), 19-27. [https://psychology.org.au/aps/media/acp/darlaston-jones\\_19\(1\).pdf](https://psychology.org.au/aps/media/acp/darlaston-jones_19(1).pdf)
- Davey, S., Gordon, S., & Tester, R. (2019). Addressing police discrimination regarding mental distress using a service user-led and interpersonal contact/education based 'e-Learning'. *Police Practice and Research*, 1-17. <https://doi.org/10.1080/15614263.2019.1689128>
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*(11), 123-128. <https://doi.org/10.1016/j.wpsyc.2012.05.009>
- Davidson, M. L. (2016). A criminal justice system-wide response to mental illness: Evaluating the effectiveness of the Memphis Crisis Intervention Team training curriculum among law enforcement and correctional officers. *Criminal Justice Policy Review*, 27(1), 46-75. <https://doi.org/10.1177/0887403414554997>
- Dawson, J., & Gledhill, K. (2013). Introduction. In J. Dawson & K. Gledhill (Eds.), *New Zealand's Mental Health Act in Practice*. Victoria University Press.
- de Wet, J., & Erasmus, Z. (2005). Towards rigour in qualitative analysis. *Qualitative Research Journal*, 5(1), 27-40. [https://www.researchgate.net/publication/312496697\\_Towards\\_Rigour\\_in\\_Qualitative\\_Analysis](https://www.researchgate.net/publication/312496697_Towards_Rigour_in_Qualitative_Analysis)
- Deckert, A., Long, N. J., Aikman, P. J., Appleton, N. S., Davies, S. G., Fehoko, E., Holroyd, E., Jivraj, N., Laws, M., Martin-Anatias, N., Roguski, M., Simpson, N., Sterling, R.,



& Tunufa'i, L. (2024). "It has totally changed how I think about the police": COVID-19 and the mis/trust of pandemic policing in Aotearoa New Zealand. *Criminal Justice Review*, 49(2), 175-195.  
<https://doi.org/10.1177/07340168231193023>

Department of Corrections. (2007). *Over-representation of Māori in the criminal justice system: An exploratory report*.  
[https://www.corrections.govt.nz/\\_data/assets/pdf\\_file/0014/10715/Over-representation-of-Maori-in-the-criminal-justice-system.pdf](https://www.corrections.govt.nz/_data/assets/pdf_file/0014/10715/Over-representation-of-Maori-in-the-criminal-justice-system.pdf)

Department of Corrections. (2016). *Annual Report 2015/16*.  
[https://www.corrections.govt.nz/\\_data/assets/pdf\\_file/0003/13935/Annual\\_report\\_201516.pdf](https://www.corrections.govt.nz/_data/assets/pdf_file/0003/13935/Annual_report_201516.pdf)

Department of Corrections. (2017). *Briefing to the Incoming Minister*.  
[https://www.corrections.govt.nz/\\_data/assets/pdf\\_file/0008/31220/Briefing\\_to\\_the\\_Incoming\\_Minister\\_-\\_2017.pdf](https://www.corrections.govt.nz/_data/assets/pdf_file/0008/31220/Briefing_to_the_Incoming_Minister_-_2017.pdf)

Department of Corrections. (2019). *Annual Report 2018/19*.  
[https://www.corrections.govt.nz/\\_data/assets/pdf\\_file/0008/38852/Annual\\_Report\\_2018\\_2019\\_Web\\_Version\\_Final.pdf](https://www.corrections.govt.nz/_data/assets/pdf_file/0008/38852/Annual_Report_2018_2019_Web_Version_Final.pdf)

Deschenes, S., Gagnon, M., Park, T., & Kunyk, D. (2020). Moral distress: A concept clarification. *Nursing Ethics*, 27(4), 1127-1146.  
<https://doi.org/10.1177/0969733020909523>

Domínguez Ruiz, I. E., Rué, A., & Jubany, O. (2023). Drawing a line: Boundary work in victim support police work. *Policing and Society*, 33(7), 877-892.  
<https://doi.org/10.1080/10439463.2023.2213803>

Dorahy, M. J., & Blampied, N. M. (2019). A screening instrument for assessing psychological distress following disasters: Adaptation for the March 15th, 2019 mass shootings in Christchurch, New Zealand. *New Zealand Journal of Psychology*, 48(1), 23-28. <https://www.psychology.org.nz/journal-archive/Dorahy-23-28.pdf>

Dorahy, M. J., Renouf, C., Rowlands, A., Hanna, D., Britt, E., & Carter, J. D. (2016). Earthquake aftershock anxiety: An examination of psychosocial contributing factors and symptomatic outcomes. *Journal of Loss and Trauma*, 21(3), 246-258.  
<https://doi.org/10.1080/15325024.2015.1075804>

Drew, J. M., & Martin, S. (2020). Mental health and well-being of police in a health pandemic: Critical issues for police leaders in a post-COVID-19 environment. *Journal of Community Safety and Well-Being*, 5(2), 31-36.  
<https://doi.org/10.35502/jcswb.133>

Duggan, M. (Ed.). (2018). *Revisiting the 'Ideal Victim': Developments in Critical Victimology*. Policy Press.

- Durose, C., Beebeejaun, Y., Rees, J., Richardson, J., & Richardson, L. (2012). *Towards co-production in research with communities*. Arts and Humanities Research Council.
- Ellingson, L. L. (2009). *Engaging crystallization in qualitative research*. SAGE Publications, Inc. <https://doi.org/10.4135/9781412991476>
- Elliott, I., Thomas, S. D. M., & Ogloff, J. R. P. (2012). Procedural justice in contacts with the police: The perspective of victims of crime. *Police Practice and Research*, 13(5), 437-449. <https://doi.org/10.1080/15614263.2011.607659>
- Eriksson, P. i., Henttonen, E., & Meriläinen, S. (2012). Ethnographic field notes and reflexivity. In L. Naidoo (Ed.), *An ethnography of global landscapes and corridors*. IntechOpen.
- Evangelista, E., Lee, S., Gallagher, A., Peterson, V., James, J., Warren, N., Henderson, K., Keppich-Arnold, S., Cornelius, L., & Deveny, E. (2016). Crisis averted: How consumers experienced a police and clinical early response (PACER) unit responding to a mental health crisis. *International Journal of Mental Health Nursing*, 25(4), 367-376. <https://doi.org/10.1111/inm.12218>
- Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLoS One*, 15(11), e0241658. <https://doi.org/10.1371/journal.pone.0241658>
- Every-Palmer, S., Kuehl, S., & Kim, A. (2022). *Wellington mental health co-response team evaluation: Police, ambulance and mental health services co-attending 111 mental health calls*. <https://www.police.govt.nz/sites/default/files/publications/wellington-co-response-team-evaluation-report.pdf>
- Evidence Based Policing Centre. (2018). *Analysis of 1X Calls for Service 2009-2016* [Unpublished report]. New Zealand Police.
- Evidence Based Policing Centre and New Zealand Police. (2023). *New Zealand Crime and Victims Survey Cycle 5 (Nov 21- Nov 22): High Level Police Module Results* <https://www.police.govt.nz/sites/default/files/publications/2022-report-ebpc-nzcvs-police-module.pdf>
- Fassin, D. (Ed.). (2017). *Writing the world of policing: The difference ethnography makes*. The University of Chicago Press.
- Faubert, S. (2023). *An exploration of encounters between people with lived experience of mental illness and police officers*. (Publication Number 30694905) [Doctoral Dissertation, University of Windsor]. ProQuest Dissertations and Theses Global.

- Faust, K. L., & Vander Ven, T. (2014). Policing disasters: The role of police in the pre-disaster planning and post-disaster responses. *Sociology Compass*, 8(6), 614-626. <https://doi.org/10.1111/soc4.12160>
- Fetterman, D. M. (2020). *Ethnography: Step by Step* (4th ed.). SAGE Publications, Inc.
- Franz, S., & Borum, R. (2010). Crisis Intervention Teams may prevent arrests of people with mental illnesses. *Police Practice and Research*, 12(3), 265-272. <https://doi.org/10.1080/15614263.2010.497664>
- Frederick, T., O'Connor, C., & Koziarski, J. (2018). Police interactions with people perceived to have a mental health problem: A critical review of frames, terminology, and definitions. *Victims & Offenders*, 13(8), 1037-1054. <https://doi.org/10.1080/15564886.2018.1512024>
- Fuller, D. A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). *Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters*. Treatment Advocacy Center. <https://www.treatmentadvocacycenter.org/wp-content/uploads/2023/11/Overlooked-in-the-Undercounted.pdf>
- Furness, T., Maguire, T., Brown, S., & McKenna, B. (2017). Perceptions of procedural justice and coercion during community-based mental health crisis: A comparison study among stand-alone police response and co-responding police and mental health clinician response. *Policing: A Journal of Policy and Practice*, 11(4), 400-409. <https://doi.org/10.1093/police/paw047>
- Gassin, T. (2019). *Māori Mental Health: A report commissioned by the Waitangi Tribunal for the Wai 2575 Health Services and Outcomes Kaupapa Inquiry* (Report No. Wai 2575, #B26), Issue. Waitangi Tribunal. [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_153087514/Wai%202575%2C%20B026.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_153087514/Wai%202575%2C%20B026.pdf)
- Giacomantonio, C. (2014). A typology of police organizational boundaries. *Policing and Society*, 24(5), 545-565. <https://doi.org/10.1080/10439463.2013.784302>
- Gibbens, K. (2024, February 12). Police plans to pull back from family harm call-outs cause concern. *The New Zealand Herald*. <https://www.nzherald.co.nz/nz/police-plans-to-pull-back-from-family-harm-call-outs-cause-concern/ZO4OMEWD45EIZNHTWRBVWDBG6I/>
- Gieryn, T. F. (1983). Boundary-work and the demarcation of science from non-science: Strains and interests in professional ideologies of scientists. *American Sociological Review*, 48(6), 781-795. <https://www.jstor.org/stable/2095325>
- Girard, V., Bonin, J. P., Tinland, A., Farnarier, C., Pelletier, J. F., Delphin, M., Rowe, M., & Simeoni, M. C. (2014). Mental health outreach and street policing in the downtown of a large French city. *International Journal of Law and Psychiatry*, 37(4), 376-382. <https://doi.org/10.1016/j.ijlp.2014.02.008>

- Gluckman, P. (2017). *Rethinking New Zealand's approach to mental health and mental disorder: A whole-of-government, whole-of-nation long-term commitment*. Office of the Prime Minister's Chief Science Advisor.
- Godfredson, J. W., Ogloff, J. R. P., Thomas, S. D. M., & Luebbers, S. (2010). Police discretion and encounters with people experiencing mental illness: The significant factors. *Criminal Justice and Behavior*, 37(12), 1392-1405. <https://doi.org/10.1177/0093854810383662>
- Godfredson, J. W., Thomas, S. D. M., Ogloff, J. R. P., & Luebbers, S. (2011). Police perceptions of their encounters with individuals experiencing mental illness: A Victorian survey. *Australian & New Zealand Journal of Criminology*, 44(2), 180-195. <https://doi.org/10.1177/0004865811405138>
- Gonzalez Miranda, L. A., Shetty, A., & Ehke, D. (2023). Analyzing alternative behavioral crisis response models in the U.S. *Journal of Community Health*. <https://doi.org/10.1007/s10900-023-01299-1>
- Goode, W. J. (1960). A theory of role strain. *American Sociological Review*, 25(4), 483-496. <https://www.jstor.org/stable/2092933>
- Gordon, S., Davey, S., & Tester, R. (2018). *Evaluation of mental health e-Learning modules for New Zealand Police*. Health Promotion Agency.
- Gordon, S., Davey, S., Waa, A., Tiatia, R., & Waaka, T. (2017). *Social inclusion and exclusion, stigma and discrimination and the experience of mental distress*. Mental Health Foundation of New Zealand. <https://mentalhealth.org.nz/resources/download/169/l8dbqz1fuozzouix>
- Government Inquiry into Mental Health and Addiction. (2018). *He ara oranga: Report of the government inquiry into mental health and addiction*. <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>
- Granér, R. (2007). Police work between legitimacy and efficiency: Handling the expectations on the role of police. In C. Aili, L.-E. Nilsson, & L. G. Svensson (Eds.), *In tension between organization and profession: Professionals in Nordic public service* (pp. 303-321). Nordic Academic Press.
- Gravitas Research and Strategy. (2020). *New Zealand Police citizens' satisfaction survey: Report for 2019/20*. New Zealand Police. <https://www.police.govt.nz/sites/default/files/publications/citizen-satisfaction-survey-report-2020.pdf>
- Green, K. (2024, March 12). 'A pittance': Police officers fire back at pay rise offer. *Radio New Zealand*. <https://www.rnz.co.nz/news/national/511474/a-pittance-police-officers-fire-back-at-pay-rise-offer>
- Groenendaal, J., & Helsloot, I. (2015). Toward more insight into the tension between policy and practice regarding the police network function of community police

- officers in The Netherlands. *The Police Journal: Theory, Practice and Principles*, 88(1), 34-50. <https://doi.org/10.1177/0032258x15569427>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing Paradigms in Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research*. SAGE.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), 261-280. <https://doi.org/10.1177/1077800403262360>
- Gupta, M., & Sharma, A. (2021). Fear of missing out: A brief overview of origin, theoretical underpinnings and relationship with mental health. *World Journal of Clinical Cases*, 9(19), 4881-4889. <https://doi.org/10.12998/wjcc.v9.i19.4881>
- Haitana, T., Pitama, S., Cormack, D., Rangimarie Clark, M. T., & Lacey, C. (2023, Feb). 'It absolutely needs to move out of that structure': Maori with bipolar disorder identify structural barriers and propose solutions to reform the New Zealand mental health system. *Ethnicity & Health*, 28(2), 234-256. <https://doi.org/10.1080/13557858.2022.2027884>
- Harley, A. (2015, November 28). Commissioner: Police addressing bias in Maori relations. *Stuff*. <https://www.newshub.co.nz/home/new-zealand/2015/11/commissioner-police-addressing-bias-in-maori-relations.html>
- Hayfield, N., & Huxley, C. (2015). Insider and outsider perspectives: Reflections on researcher identities in research with lesbian and bisexual women. *Qualitative Research in Psychology*, 12(2), 91-106. <https://doi.org/10.1080/14780887.2014.918224>
- Hegelund, A. (2005, May). Objectivity and subjectivity in the ethnographic method. *Qualitative Health Research*, 15(5), 647-668. <https://doi.org/10.1177/1049732304273933>
- Herbert, S. (2001). From Spy to Okay Guy: Trust and Validity in Fieldwork with the Police. *Geographical Review*, 91(1-2), 304-310. <https://doi.org/10.1111/j.1931-0846.2001.tb00484.x>
- Hill, R. (2024, March 18). Survivors doubt mental health system can step up when police withdraw from crisis callouts. *Radio New Zealand*. <https://www.rnz.co.nz/news/national/511983/survivors-doubt-mental-health-system-can-step-up-when-police-withdraw-from-crisis-callouts>
- Hinds, L., & Murphy, K. (2007). Public satisfaction with police: Using procedural justice to improve police legitimacy. *The Australian and New Zealand Journal of Criminology*, 40(1), 27-42. <https://doi.org/10.1375/acri.40.1.27>
- Hollander, Y., Lee, S. J., Tahtalian, S., Young, D., & Kulkarni, J. (2012). Challenges relating to the interface between crisis mental health clinicians and police when

engaging with people with a mental illness. *Psychiatry, Psychology and Law*, 19(3), 402-411. <https://doi.org/10.1080/13218719.2011.585131>

Holman, G., O'Brien, A. J., & Thom, K. (2018). Police and mental health responses to mental health crisis in the Waikato region of New Zealand. *International Journal of Mental Health Nursing*, 27(5), 1411-1419. <https://doi.org/10.1111/inm.12440>

Horning, A., & Chenane, J. L. (2024). The COVID-19 pandemic: Trust in authorities and criminal justice systems. *Criminal Justice Review*, 49(2), 109-116. <https://doi.org/10.1177/07340168231194089>

Hudson, M., Milne, M., Reynolds, M., Russell, K., & Smith, B. (2010). *Te Ara Tika Guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Health Research Council of New Zealand on behalf of the Pūtaiora Writing Group.

Huey, L., & Ricciardelli, R. (2015). 'This isn't what I signed up for': When police officer role expectations conflict with the realities of general duty police work in remote communities. *International Journal of Police Science & Management*, 17(3), 194-203. <https://doi.org/10.1177/1461355715603590>

Hunter, A. (2023). *COPS: Calling Out Police to Suicide: Exploring how New Zealand police are perceived as first responders to suicide by those experiencing callouts* [Masters Thesis, Auckland University of Technology]. Tuwhera. <https://openrepository.aut.ac.nz/items/c09c2884-34da-4073-a5a1-736fe8c43b47>

Hunter, K. (2024). *Exploring frontline police responses to, and interactions with, Māori experiencing mental distress in South Auckland, Aotearoa New Zealand* [Doctoral Thesis, Auckland University of Technology]. Tuwhera. <https://openrepository.aut.ac.nz/items/16f0758a-84b2-4c72-9939-408f5b2bd51a>

Independent Police Conduct Authority. (2015). *Review of Police custodial management*. <https://www.ipca.govt.nz/download/138679/27%20March%202015%20IPCA%20Generic%20Report%20-%20Review%20of%20Police%20custodial%20management.pdf>

Inzunza, M. (2022). The significance of victim ideality in interactions between crime victims and police officers. *International Journal of Law, Crime and Justice*, 68. <https://doi.org/10.1016/j.ijlci.2021.100522>

Johnson, T. P. (2014). Snowball Sampling: Introduction. *Wiley StatsRef: Statistics Reference Online*. <https://doi.org/https://doi.org/10.1002/9781118445112.stat05720>



- Jones, L. B., & Thomas, S. D. M. (2019). A pilot study exploring mental health consumers' experiences with the police. *Psychiatry, Psychology, and Law*, 26(2), 235-251. <https://doi.org/10.1080/13218719.2018.1504240>
- Jootun, D., & McGhee, G. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard*, 23(23), 42-46. <https://doi.org/10.7748/ns2009.02.23.23.42.c6800>
- Jordan, M. (2011). The prison setting as a place of enforced residence, its mental health effects, and the mental healthcare implications. *Health & Place*, 17(5), 1061-1066. <https://doi.org/10.1016/j.healthplace.2011.06.006>
- JustSpeak. (2020). *A Justice System for Everyone*. <https://www.justspeak.org.nz/ourwork/justspeak-idi-research-a-justice-system-for-everyone>
- Khalifeh, H., Johnson, S., Howard, L. M., Borschmann, R., Osborn, D., Dean, K., Hart, C., Hogg, J., & Moran, P. (2015). Violent and non-violent crime against adults with severe mental illness. *British Journal of Psychiatry*, 206(4), 275-282. <https://doi.org/10.1192/bjp.bp.114.147843>
- Kidd, J., Came, H., & McCreanor, T. (2022, Nov). Using vignettes about racism from health practice in Aotearoa to generate anti-racism interventions. *Health Soc Care Community*, 30(6), e4020-e4027. <https://doi.org/10.1111/hsc.13795>
- Kidd, J., & Edwards, G. (2016). Doing it together: A story from the co-production field. *Qualitative Research Journal*, 16(3), 274-287. <https://doi.org/10.1108/qrj-07-2015-0059>
- Kinsey, R., Lea, J., & Young, J. (1986). *Losing the Fight against Crime*. Basil Blackwell.
- Kirst, M., Francombe Pridham, K., Narrandes, R., Matheson, F., Young, L., Niedra, K., & Stergiopoulos, V. (2015). Examining implementation of mobile, police-mental health crisis intervention teams in a large urban center. *Journal of Mental Health*, 24(6), 369-374. <https://doi.org/10.3109/09638237.2015.1036970>
- Koch, T. (1994, May). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 19(5), 976-986. <https://doi.org/10.1111/j.1365-2648.1994.tb01177.x>
- Kolbe, L., & de Melo-Martin, I. (2023, Apr). Moral distress: What are we measuring? *The American Journal of Bioethics*, 23(4), 46-58. <https://doi.org/10.1080/15265161.2022.2044544>
- Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4 ed.). Sage.
- Lamanna, D., Shapiro, G. K., Kirst, M., Matheson, F. I., Nakhost, A., & Stergiopoulos, V. (2017). Co-responding police-mental health programmes: Service user

- experiences and outcomes in a large urban centre. *International Journal of Mental Health Nursing*, 27(2), 891-900. <https://doi.org/10.1111/inm.12384>
- Lamb, H. R., Weinberger, L. E., & DeCuir, W. J. (2002). The police and mental health. *Psychiatric Services*, 53(10), 1266-1271. <https://doi.org/10.1176/appi.ps.53.10.1266>
- Lavoie, J. A. A., Alvarez, N., & Kandil, Y. (2022). Developing community co-designed scenario-based training for police mental health crisis response: A relational policing approach to de-escalation. *Journal of Police and Criminal Psychology*, 37(3), 587-601. <https://doi.org/10.1007/s11896-022-09500-2>
- LeCompte, M. D., & Schensul, J. J. (1999). *Designing and Conducting Ethnographic Research*. AltaMira Press.
- Lentz, L. M., Smith-MacDonald, L., Malloy, D., Carleton, R. N., & Bremault-Phillips, S. (2021). Compromised conscience: A scoping review of moral injury among firefighters, paramedics, and police officers. *Frontiers in Psychology*, 12, 639781. <https://doi.org/10.3389/fpsyg.2021.639781>
- Levers, M.-J. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *SAGE Open*, 3(4). <https://doi.org/10.1177/2158244013517243>
- Levin, S. (2020, June 6). What does 'defund the police' mean? The rallying cry sweeping the US – explained. *The Guardian*. <https://www.theguardian.com/us-news/2020/jun/05/defunding-the-police-us-what-does-it-mean>
- Levin, S. (2021, March 11). These US cities defunded police: 'We're transferring money to the community'. *The Guardian*. <https://www.theguardian.com/us-news/2021/mar/07/us-cities-defund-police-transferring-money-community>
- Li, D., Nicholson-Crotty, S., & Nicholson-Crotty, J. (2021). Creating guardians or warriors? Examining the effects of non-stress training on policing outcomes. *American Review of Public Administration*, 51(1), 3-16. <https://doi.org/10.1177/0275074020970178>
- Li, J., Newcombe, R., Hendy, R., & Walton, D. (2020). A disproportional increase in lower priority mental health-related calls to New Zealand Police between 2009 and 2016. *Policing and Society*, 30(5), 519-531. <https://doi.org/10.1080/10439463.2018.1562452>
- Livingston, J. D. (2016). Contact between police and people with mental disorders: A review of rates. *Psychiatric Services*, 67(8), 850-857. <https://doi.org/10.1176/appi.ps.201500312>
- Livingston, J. D., Desmarais, S. L., Greaves, C., Parent, R., Verdun-Jones, S., & Brink, J. (2014). What influences perceptions of procedural justice among people with mental illness regarding their interactions with the police? *Community Mental Health Journal*, 50(3), 281-287. <https://doi.org/10.1007/s10597-012-9571-5>



- Livingston, J. D., Desmarais, S. L., Verdun-Jones, S., Parent, R., Michalak, E., & Brink, J. (2014). Perceptions and experiences of people with mental illness regarding their interactions with police. *International Journal of Law and Psychiatry*, 37(4), 334-340. <https://doi.org/10.1016/j.ijlp.2014.02.003>
- Loader, I. (2020). *Revisiting the police mission*. The Police Foundation. [https://policingreview.org.uk/wp-content/uploads/insight\\_paper\\_2.pdf](https://policingreview.org.uk/wp-content/uploads/insight_paper_2.pdf)
- Lokot, M. (2021). Whose voices? Whose knowledge? A feminist analysis of the value of Key Informant interviews. *International Journal of Qualitative Methods*, 20. <https://doi.org/10.1177/1609406920948775>
- Los'e, J. (2023, June 7). The changing face of the New Zealand police better reflects the communities they serve. *New Zealand Herald*. <https://www.nzherald.co.nz/kahu/the-changing-face-of-the-new-zealand-police-better-reflects-the-communities-they-serve/ST3GN4Y2Q5GNZGR4PMZGBNJ3EU/>
- Lumsden, K., & Black, A. (2018). Austerity policing, emotional labour and the boundaries of police work: An ethnography of a police force control room in England. *The British Journal of Criminology*, 58(3), 606-623. <https://doi.org/10.1093/bjc/azx045>
- Lurigio, A. J., Smith, A., & Harris, A. (2008). The challenge of responding to people with mental illness: Police officer training and special programmes. *The Police Journal*, 81(4), 295-322. <https://doi.org/10.1358/pojo.2008.81.4.431>
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753-1760. <https://doi.org/10.1177/1049732315617444>
- Marcus, N., & Stergiopoulos, V. (2022). Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models. *Health and Social Care in the Community*, 30(5), 1665-1679. <https://doi.org/10.1111/hsc.13731>
- Marks, M. (2004). Researching police transformation: The ethnographic imperative. *British Journal of Criminology*, 44(6), 866-888. <https://doi.org/10.1093/bjc/azh049>
- Marks, M., & Wood, J. (2010). South African policing at a crossroads. *Theoretical Criminology*, 14(3), 311-329. <https://doi.org/10.1177/1362480610369785>
- Marshall, C., & Rossman, G. B. (2011). *Designing Qualitative Research* (5 ed.). Sage.
- Marzano, L., Smith, M., Long, M., Kisby, C., & Hawton, K. (2016). Police and suicide prevention: Evaluation of a training program. *Crisis: Journal of Crisis*

*Intervention & Suicide*, 37(3), 194-204. <https://doi.org/10.1027/0227-5910/a000381>

Mays, N., & Pope, C. (1995). Qualitative research: Rigour and qualitative research. *BMJ*, 311(6997), 109-112. <https://doi.org/https://doi.org/10.1136/bmj.311.6997.109>

McBrien, B. (2008). Evidence-based care: Enhancing the rigour of a qualitative study. *British Journal of Nursing*, 17(20), 1286-1289. <https://doi.org/10.12968/bjon.2008.17.20.31645>

McKenna, B. G., Simpson, A. I. F., & Coverdale, J. H. (2000). What is the role of procedural justice in civil commitment? *Australian & New Zealand Journal of Psychiatry*, 34(4), 671-676. <https://doi.org/10.1080/j.1440-1614.2000.00744.x>

McKenna, S. A., & Main, D. S. (2013). The role and influence of key informants in community-engaged research: A critical perspective. *Action Research*, 11(2), 113-124. <https://doi.org/10.1177/1476750312473342>

McLean, N., & Marshall, L. A. (2010). A front line police perspective of mental health issues and services. *Criminal Behaviour & Mental Health*, 20(1), 62-71. <https://doi.org/10.1002/cbm.756>

McNeilly, B. P., Miter, J., Garrett, Q., Harris, W., Jasani, G., Sullivan, S., Gingold, D. B., Guyther, J., & Lawner, B. J. (2023). Assessment of a behavioral health emergency response diversion (BHERD) program. *The American Journal of Emergency Medicine*. <https://doi.org/10.1016/j.ajem.2023.11.020>

Mental Health (Compulsory Assessment and Treatment) Act 1992. <https://www.legislation.govt.nz/act/public/1992/0046/latest/whole.html>

Mertens, D. M. (2012). Transformative mixed methods: Addressing inequities. *American Behavioral Scientist*, 56(6), 802-813. <https://doi.org/10.1177/0002764211433797>

MHAIDS. (2023, August 30). *Further funding expands Wellington Co-response Team*. <https://www.mhaidz.health.nz/about-us/change-programme/change-programme-news/2023-08-30-further-funding-expands-wellington-co-response-team/>

Miles-Johnson, T., & Morgan, M. (2022). Operational response: Policing persons with mental illness in Australia. *Journal of Criminology*, 55(2), 260-281. <https://doi.org/10.1177/26338076221094385>

Ministry of Health. (2016). *Framework for Psychosocial Support in Emergencies*. <https://www.health.govt.nz/system/files/documents/publications/framework-psycho-social-support-emergencies-dec16-v2.docx>

Ministry of Health. (2019). *Supporting People Affected by the Christchurch Mosque Attacks: National response and recovery plan to 15 March 2020*.

<https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>

Ministry of Health. (2021). *Manatū Hauora Ngā Pirihimina o Aotearoa: Memorandum of Understanding between the Ministry of Health and New Zealand Police*. Wellington: Ministry of Health.

Ministry of Justice. (2020). *Data tables: Cannabis offences*.  
<https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/data-tables/>

Miyamoto, Y., & Sono, T. (2012). Lessons from peer support among individuals with mental health difficulties: A review of the literature. *Clinical Practice & Epidemiology in Mental Health*, 8, 22-29.  
<https://doi.org/10.2174/1745017901208010022>

Morabito, M. S. (2007). Horizons of context: Understanding the police decision to arrest people with mental illness. *Psychiatric Services*, 58(12), 1582-1587.  
<https://doi.org/10.1176/ps.2007.58.12.1582>

Morabito, M. S. (2018). The evolving police response to individuals with behavioral health challenges. *Victims & Offenders*, 13(8), 1033-1036.  
<https://doi.org/10.1080/15564886.2018.1527737>

Morgan, M., & Miles-Johnson, T. (2022). Responding to persons with mental illness (PWMI): Police recruit perceptions of mental health response training and engagement. *Cogent Social Sciences*, 8(1).  
<https://doi.org/10.1080/23311886.2021.2020469>

Muir, R. (2024). A new mode of protection: The case for redesigning our policing and public safety institutions. *The Political Quarterly*. <https://doi.org/10.1111/1467-923x.13377>

Mulder, R. T., Bastiampillai, T., Jorm, A., & Allison, S. (2022). New Zealand's mental health crisis, He Ara Oranga and the future. *New Zealand Medical Journal*, 135(1548), 89-95. <https://nzmj.org.nz/media/pages/journal/vol-135-no-1548/9b5e92f639-1696468872/vol-135-no-1548.pdf>

Nairn, A., & Roebuck, R. (2022). Promoting the police: A thematic analysis of the New Zealand Police recruitment campaigns and the construction of officers' identities. *Journal of Criminology*, 55(2), 221-238.  
<https://doi.org/10.1177/26338076221085310>

New Zealand National Party. (2024a). *Backing Police, Tackling Gangs*.  
<https://www.national.org.nz/policies/backing-police-tackling-gangs>

New Zealand National Party. (2024b). *Real consequences for crime*.  
<https://www.national.org.nz/policies/real-consequences-for-crime>

- New Zealand Police. (2017a). *Analysis of 1M calls for service 2009-2016* [Unpublished report].
- New Zealand Police. (2017b). *Mental health – driver of demand*. <https://www.police.govt.nz/news/ten-one-magazine/mental-health-%E2%80%93-driver-demand>
- New Zealand Police. (2017c). *Prevention first/Āraia i te tuatahi: National operating model*. <https://www.police.govt.nz/sites/default/files/publications/prevention-first-2017.pdf>
- New Zealand Police. (2021). *Annual Report 2020/21*. <https://www.police.govt.nz/sites/default/files/publications/annual-report-2020-2021.pdf>
- New Zealand Police. (2022a). *Annual report 2021/22*. <https://www.police.govt.nz/sites/default/files/publications/annual-report-2021-2022.pdf>
- New Zealand Police. (2022b, Oct 17). *Better outcomes for mental health*. <https://www.police.govt.nz/news/ten-one-magazine/better-outcomes-mental-health>
- New Zealand Police. (2023a). *Annual Report 2022/23*. <https://www.police.govt.nz/sites/default/files/publications/annual-report-2022-2023.pdf>
- New Zealand Police. (2023b). *Family harm policy and procedures*. <https://www.police.govt.nz/sites/default/files/publications/family-harm-policy-and-procedures-310123.pdf>
- New Zealand Police. (2023c, Sept 13). *Refresh of recruit training curriculum at the Royal New Zealand Police College*. <https://www.police.govt.nz/news/release/refresh-recruit-training-curriculum-royal-new-zealand-police-college>
- New Zealand Police. (2023d). *Statement of Intent 2023-2027*. <https://www.police.govt.nz/sites/default/files/publications/statement-of-intent-2023-2027.pdf>
- New Zealand Police. (2024a). *Career Pathways*. <https://www.newcops.govt.nz/about-the-job/career-pathways>
- New Zealand Police. (2024b). *New Cops*. <https://www.newcops.govt.nz/>
- New Zealand Police. (2024c). *Police announce phased plan to reduce service to mental health demand*. <https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand>

- New Zealand Police. (n.d.-a). *Integrated Safety Response (ISR)*.  
<https://www.police.govt.nz/about-us/programmes-and-initiatives/integrated-safety-response-isr>
- New Zealand Police. (n.d.-b). *Māori and Police working together*.  
<https://www.police.govt.nz/about-us/maori-police/working-together>
- New Zealand Police. (n.d.-c). *Neighbourhood Policing Teams*.  
<https://www.police.govt.nz/about-us/programmes-initiatives/neighbourhood-policing-teams>
- New Zealand Police. (n.d.-d). *Phillipstown Neighbourhood Policing Team*.  
<https://www.police.govt.nz/about-us/structure/police-districts/canterbury/phillipstown-npt>
- New Zealand Police. (n.d.-e). *Police Negotiation Teams*.  
<https://www.police.govt.nz/about-us/structure/police-teams-and-units/police-negotiation-teams>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- O'Reilly, K. (2009). Key Informants and Gatekeepers. In *Key Concepts in Ethnography* (pp. 132-137). SAGE Publications Ltd. <https://doi.org/10.4135/9781446268308>
- O'Brien, A. J., McKenna, B. G., Thom, K., Diesfeld, K., & Simpson, A. I. (2011). Use of Tasers on people with mental illness: A New Zealand database study. *International Journal of Law and Psychiatry*, 34(1), 39-43.  
<https://doi.org/10.1016/j.ijlp.2010.11.006>
- O'Brien, A. J., Thom, K., Gordon, S., McKenna, B., Kidd, J., Quince, K., & Exeter, D. J. (2021). The nature of police shootings in New Zealand: A comparison of mental health and non-mental health events. *International Journal of Law and Psychiatry*, 74, 101648. <https://doi.org/10.1016/j.ijlp.2020.101648>
- O'Grady, P. (2002). Epistemological relativism. In *Relativism* (pp. 89-130). Routledge.
- OECD Data. (n.d.). *Hospital beds*. <https://data.oecd.org/healthqt/hospital-beds.htm>
- Officer, T. N., Imlach, F., McKinlay, E., Kennedy, J., Pledger, M., Russell, L., Churchward, M., Cumming, J., & McBride-Henry, K. (2022). COVID-19 Pandemic Lockdown and Wellbeing: Experiences from Aotearoa New Zealand in 2020. *International Journal of Environmental Research and Public Health*, 19(4).  
<https://doi.org/10.3390/ijerph19042269>
- Orange, C. (2023, March 28). *Te Tiriti o Waitangi – the Treaty of Waitangi*. Te Ara - the Encyclopedia of New Zealand. <https://teara.govt.nz/en/te-tiriti-o-waitangi-the-treaty-of->

[waitangi/print#:~:text=Te%20Tiriti%20o%20Waitangi%20\(known,William%20Hobson%20in%20May%201840.](https://waitangi/print#:~:text=Te%20Tiriti%20o%20Waitangi%20(known,William%20Hobson%20in%20May%201840.)

- Paton, D., & Violanti, J. M. (2006). Policing in the context of terrorism: Managing traumatic stress risk. *Traumatology*, 12(3), 236-247.  
<https://doi.org/10.1177/1534765606294990>
- Paulin, J., & Carswell, S. (2010). *Evaluation of the Mental Health/Alcohol and Other Drug Watch-house Nurse Pilot Initiative*. New Zealand Police.
- Perera, I. M. (2020). The relationship between hospital and community psychiatry: Complements, not substitutes? *Psychiatric Services*, 71(9), 964-966.  
<https://doi.org/10.1176/appi.ps.201900086>
- Peters, S. (2010). Qualitative research methods in mental health. *Evidence-Based Mental Health*, 13(2), 35-40. <https://doi.org/10.1136/ebmh.13.2.35>
- Peterson, J., & Densley, J. (2018). Is Crisis Intervention Team (CIT) training evidence-based practice? A systematic review. *Journal of Crime and Justice*, 41(5), 521-534. <https://doi.org/10.1080/0735648x.2018.1484303>
- Phillippi, J., & Lauderdale, J. (2017). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, 28(3), 381-388.  
<https://doi.org/https://doi.org/10.1177/104973231769710>
- Pinfold, V., Thornicroft, G., Huxley, P., & Farmer, P. (2005). Active ingredients in anti-stigma programmes in mental health. *International Review of Psychiatry*, 17(2), 123-131. <https://doi.org/10.1080/09540260500073638>
- Pingeot, L., & Bell, C. (2022). Recentring the coloniality of global policing. *Third World Quarterly*, 43(10), 2488-2508. <https://doi.org/10.1080/01436597.2022.2102475>
- Policing Act 2008.  
<https://legislation.govt.nz/act/public/2008/0072/20.0/DLM1102191.html>
- Pope, L. G., Patel, A., Fu, E., Zingman, M., Warnock, A., Ellis, S., Ashekun, O., Watson, A., Wood, J., & Compton, M. T. (2023). Crisis response model preferences of mental health care clients with prior misdemeanor arrests and of their family and friends. *Psychiatric Services*, 74(11), 1163-1170.  
<https://doi.org/10.1176/appi.ps.20220363>
- Quick, K. S., & Feldman, M. S. (2014). Boundaries as junctures: Collaborative boundary work for building efficient resilience. *Journal of Public Administration Research and Theory*, 24(3), 673-695. <https://doi.org/10.1093/jopart/mut085>
- Quince, K. (2007). Māori and the criminal justice system in New Zealand. In J. Tolmie & W. Brookbanks (Eds.), *Criminal Justice in New Zealand* (pp. 333-358). LexisNexis NZ Limited.



- Rahr, S., & Rice, S. K. (2015). *From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals*. New Perspectives in Policing Bulletin. Washington D.C.: U.S. Department of Justice National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/248654.pdf>
- Rapp, D. J., Hughey, J. M., & Kreiner, G. E. (2021). Boundary work as a buffer against burnout: Evidence from healthcare workers during the COVID-19 pandemic. *Journal of Applied Psychology, 106*(8), 1169-1187. <https://doi.org/10.1037/apl0000951>
- Reiner, R. (1992). *The politics of the police*. Harvester Wheatsheaf.
- Richardson, L. (2000). Writing: a method of inquiry. In N. K. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (2 ed., pp. 923-943). Sage Publications.
- Rogers, M. S., McNeil, D. E., & Binder, R. L. (2019). Effectiveness of police crisis intervention training programs. *Journal of the American Academy of Psychiatry and the Law, 47*(4), 414-421. <https://doi.org/10.29158/JAAPL.003863-19>
- Roguski, M., & Chauvel, F. (2022). *Repealing and Replacing the Mental Health Act: Analysis of Public Consultation Submissions*. Ministry of Health Manatū Hauora. [https://www.health.govt.nz/system/files/documents/publications/repealing-replacing-mha-consultation-submissions\\_analysis-august-2022.pdf](https://www.health.govt.nz/system/files/documents/publications/repealing-replacing-mha-consultation-submissions_analysis-august-2022.pdf)
- Roper, C., Grey, F., & Cadogan, E. (2018). *Co-production: Putting principles into practice in mental health contexts*. Synergy Research.
- Royal College of Psychiatrists. (2023, May 29). *RCPsych reaction to Met police plans not to attend 999 mental health incidents*. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2023/05/29/rcpsych-reaction-to-met-police-plans-not-to-attend-999-mental-health-incident>
- Russell, L. (2018). *Te Oranga Hinengaro: Report on Māori Mental Wellbeing Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey*. Health Promotion Agency/Te Hiringa Hauora. <https://www.hpa.org.nz/sites/default/files/Final-report-TeOrangaHinengaro-Māori-Mental-Wellbeing-Oct2018.pdf>
- Saleh, A. Z., Appelbaum, P. S., Liu, X., Scott Stroup, T., & Wall, M. (2018). Deaths of people with mental illness during interactions with law enforcement. *International Journal of Law and Psychiatry, 58*, 110-116. <https://doi.org/10.1016/j.ijlp.2018.03.003>
- Salerno, A. C., & Schuller, R. A. (2019). A mixed-methods study of police experiences of adults with autism spectrum disorder in Canada. *International Journal of Law and Psychiatry, 64*, 18-25. <https://doi.org/10.1016/j.ijlp.2019.01.002>
- Sampson, K. (2016). Shared trauma: Time to think. *Transactional Analysis Journal, 46*(4), 343-354. <https://doi.org/10.1177/0362153716665592>

- Samuel, M. (2023, June 2). *AMHP leads sound alarm over Met Police withdrawal from mental health-related incidents*. CommunityCare. <https://www.communitycare.co.uk/2023/06/02/amhp-leads-sound-alarm-over-met-police-withdrawal-from-mental-health-related-incidents/>
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27-37. <https://doi.org/10.1097/00012272-198604000-00005>
- Sandrin, R., & Simpson, R. (2022). Public assessments of police during the COVID-19 pandemic: The effects of procedural justice and personal protective equipment. *Policing: An International Journal*, 45(1), 154-168. <https://doi.org/10.1108/pijpsm-03-2021-0045>
- Sestoft, D., Rasmussen, M. F., Vitus, K., & Kongsrud, L. (2014). The police, social services and psychiatry cooperation in Denmark--a new model of working practice between governmental sectors. A description of the concept, process, practice and experience. *International Journal of Law and Psychiatry*, 37(4), 370-375. <https://doi.org/10.1016/j.ijlp.2014.02.007>
- Sheldon, D. (2021). Policing the pandemic: Maintaining compliance and legitimacy during Covid-19. *King's Law Journal*, 32(1), 14-25. <https://doi.org/10.1080/09615768.2021.1889809>
- Slay, J., & Stephens, L. (2013). *Co-production in mental health: A literature review*. nef (comissioned by Mind).
- Smith, R., McIntosh, V. V. W., Carter, J. D., Colhoun, H., Jordan, J., Carter, F. A., & Bell, C. J. (2017). In some strange way, trouble is good for people. Posttraumatic growth following the Canterbury earthquake sequence. *Australasian Journal of Disaster and Trauma Studies*, 21(1), 31-42. [http://trauma.massey.ac.nz/issues/2017-1/AJDTs\\_21\\_1\\_full.pdf](http://trauma.massey.ac.nz/issues/2017-1/AJDTs_21_1_full.pdf)
- Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology*, 3(2), 103-119. <https://doi.org/10.1080/136455700405172>
- Snell, D. L., Surgenor, L. J., Dorahy, M. J., & Hay-Smith, E. J. C. (2014). Coping and adjustment in New Zealand Police staff 12-18 months after the Canterbury earthquakes: A directed qualitative content analysis. *New Zealand Journal of Psychology*, 43(3), 5-13. <https://www.psychology.org.nz/journal-archive/NZJP-Vol-3-2014.pdf#page=5>
- Spence, A. (2024, March 26). Mental health crisis: Safety fears as police prepare to pull back from distress calls. *The New Zealand Herald*. <https://www.nzherald.co.nz/nz/mental-health-crisis-safety-fears-as-police-prepare-to-pull-back-from-distress-calls/RQWREBINEVFKFIPPPJDRZB5T24/>



- Spittlehouse, J. K., Joyce, P. R., Vierck, E., Schluter, P. J., & Pearson, J. F. (2014). Ongoing adverse mental health impact of the earthquake sequence in Christchurch, New Zealand. *Australian & New Zealand Journal of Psychiatry*, 48(8), 756-763. <https://doi.org/10.1177/0004867414527522>
- Spolum, M. M., Lopez, W. D., Watkins, D. C., & Fleming, P. J. (2023). Police violence: Reducing the harms of policing through public health-informed alternative response programs. *American Journal of Public Health*, 113(S1), S37-S42. <https://doi.org/10.2105/AJPH.2022.307107>
- Spradley, J. P. (1979). *The Ethnographic Interview*. Harcourt Brace Jovanovich College Publishers.
- Stolzenberg, L., D'Alessio, S. J., & Flexon, J. L. (2021). The usual suspects: Prior criminal record and the probability of arrest. *Police Quarterly*, 24(1), 31-54. <https://doi.org/10.1177/1098611120937304>
- Stuff. (2016, March 16). New police recruitment ad asks 'Do you care enough to be a cop?'. *Stuff*. <https://www.stuff.co.nz/national/78113221/new-police-recruitment-ad-asks-do-you-care-enough-to-be-a-cop>
- Sukhera, J. (2022). Narrative reviews: Flexible, rigorous, and practical. *Journal of Graduate Medical Education*, 14(4), 414-417. <https://doi.org/10.4300/JGME-D-22-00480.1>
- Sullivan, A. B., Kane, A., Roth, A. J., Davis, B. E., Drerup, M. L., & Heinberg, L. J. (2020). The COVID-19 crisis: A mental health perspective and response using telemedicine. *Journal of Patient Experience*. <https://doi.org/10.1177/2374373520922747>
- Sun, Y., Wu, Y., Fan, S., Dal Santo, T., Li, L., Jiang, X., Li, K., Wang, Y., Tasleem, A., Krishnan, A., He, C., Bonardi, O., Boruff, J. T., Rice, D. B., Markham, S., Levis, B., Azar, M., Thombs-Vite, I., Neupane, D., Agic, B., Fahim, C., Martin, M. S., Sockalingam, S., Turecki, G., Benedetti, A., & Thombs, B. D. (2023). Comparison of mental health symptoms before and during the covid-19 pandemic: Evidence from a systematic review and meta-analysis of 134 cohorts. *BMJ*, 380, e074224. <https://doi.org/10.1136/bmj-2022-074224>
- Sunshine, J., & Tyler, T. R. (2003). The role of procedural justice and legitimacy in shaping public support for policing. *Law & Society Review*, 37(3), 513-547. <https://www.jstor.org/stable/1555077?seq=1>
- Surgenor, L. J., Snell, D. L., & Dorahy, M. J. (2015). Posttraumatic stress symptoms in police staff 12-18 months after the Canterbury earthquakes. *Journal of Traumatic Stress*, 28(2), 162-166. <https://doi.org/10.1002/jts.21991>
- Sylvestre, M.-E. (2016). "Moving towards a minimalist and transformative criminal justice system": *Essay on the reform of the objectives and principles of*

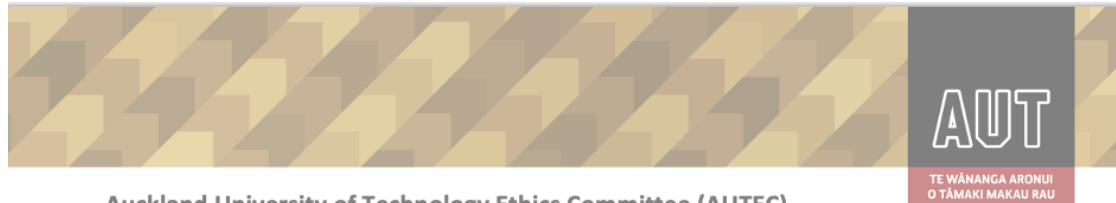
- sentencing*. Department of Justice Canada. <https://www.justice.gc.ca/eng/rp-pr/jr/pps-opdp/pps-opdp.pdf>
- Taheri, S. A. (2016). Do crisis intervention teams reduce arrests and improve officer safety? A systematic review and meta-analysis. *Criminal Justice Policy Review*, 27(1), 76-96. <https://doi.org/10.1177/0887403414556289>
- Te Whatu Ora. (2024). *Ngā rōpū aromatawai tairaru - Mental health crisis assessment teams*. <https://info.health.nz/mental-health/crisis-assessment-teams>
- Teplin, L. A. (2000). *Keeping the Peace: Police Discretion and Mentally Ill Persons*. <https://www.ncjrs.gov/pdffiles1/jr000244c.pdf>
- Teplin, L. A., & Pruett, N. S. (1992). Police as streetcorner psychiatrist: Managing the mentally ill. *International Journal of Law and Psychiatry*, 15(2), 139-156. [https://doi.org/10.1016/0160-2527\(92\)90010-X](https://doi.org/10.1016/0160-2527(92)90010-X)
- The Police Foundation. (2022). *A new mode of protection: Redesigning policing and public safety for the 21st century*. [https://policingreview.org.uk/wp-content/uploads/srpew\\_final\\_report.pdf](https://policingreview.org.uk/wp-content/uploads/srpew_final_report.pdf)
- Thom, K., Black, S., Burnside, D., & Hastings, J. (2022). He Ture Kia Tika/Let the Law Be Right: Informing evidence-based policy through kaupapa Māori and co-production of lived experience. *Evidence & Policy*, 18(2), 412-435. <https://doi.org/10.1332/174426421x16432180922551>
- Thom, K., Gordon, S., Black, S., Hunter, K., Hayward, M., Kidd, J., O'Brien, A., McKenna, B., & Vaka, S. (2024). *Responding to people in mental distress: Exploring the preventative role of New Zealand Police in the community*. <https://citizensandmentaldistress.com/wp-content/uploads/2024/06/responding-to-people-in-mental-distress.-exploring-the-preventative-role-of-new-zealand-police-in-the-community.pdf>
- Thomas, D. R. (2003). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246. <https://doi.org/https://doi.org/10.1177/10982140052837>
- Tosone, C. (2011). The legacy of September 11: Shared trauma, therapeutic intimacy, and professional posttraumatic growth. *Traumatology*, 17(3), 25-29. <https://doi.org/10.1177/1534765611421963>
- Understanding Police Delivery Independent Panel. (2024). *Understanding Policing Delivery: Independent Panel Report 1*. <https://www.police.govt.nz/sites/default/files/publications/upd-independent-panel-report-one.pdf>
- University of Memphis CIT Centre. (n.d.). <http://www.cit.memphis.edu/>

- University of Otago. (2024). *The March 15 Project: Impacts And Recovery*.  
<https://www.otago.ac.nz/march>
- University of Otago. (n.d.). *The March 15 Project: Impacts and Recovery*.  
<https://www.otago.ac.nz/march/index.html>
- University of South Florida Center for Justice Research & Policy. (2022). *Comprehensive equity and process evaluation of the Community Assistance & Life Liaison (CALL) Program in St. Petersburg, Florida: Protocol and data review*.  
<https://www.usf.edu/arts-sciences/centers/cjrp/documents/call-program-evaluation-phase1-review.pdf>
- van der Harst, J. M. (2021). *An insight into New Zealand Police officers' work and interactions with those in mental distress: A grounded theory study* [Doctoral Thesis, Auckland University of Technology]. Tuwhera.  
<https://openrepository.aut.ac.nz/items/578b3cfb-26c2-4264-b732-4010a2feb47f>
- van Dijk, A., & Crofts, N. (2017). Law enforcement and public health as an emerging field. *Policing and Society*, 27(3), 261-275.  
<https://doi.org/10.1080/10439463.2016.1219735>
- Varano, S. P., & Schafer, J. A. (2012). Policing Disasters: The Role of Police in the Pre-Disaster Planning and Post-Disaster Responses. In M. Deflem (Ed.), *Disasters, Hazards and Law* (Vol. 17, pp. 83-112). [https://doi.org/10.1108/s1521-6136\(2012\)0000017008](https://doi.org/10.1108/s1521-6136(2012)0000017008)
- Velazquez, E., & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health. *Policing: An International Journal*, 42(4), 711-724.  
<https://doi.org/10.1108/pijpsm-09-2018-0147>
- Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Maori research, its principles, processes and applications. *International Journal of Social Research Methodology*, 9(4), 331-344.  
<https://doi.org/10.1080/13645570600916049>
- Waters, R. (2021). Enlisting mental health workers, not cops, in mobile crisis response. *Health Affairs*, 40(6), 864-869. <https://doi.org/10.1377/hlthaff.2021.00678>
- Watson, A. C., Angell, B., Morabito, M. S., & Robinson, N. (2008). Defying negative expectations: Dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, 35(6), 449-457.  
<https://doi.org/10.1007/s10488-008-0188-5>
- Watson, A. C., Angell, B., Vidalon, T., & Davis, K. (2010). Measuring perceived procedural justice and coercion among persons with mental illness in police

- encounters: The Police Contact Experience Scale. *Journal of Community Psychology*, 38(2), 206-226. <https://doi.org/10.1002/jcop.20360>
- Whalley, M. G., & Brewin, C. R. (2007). Mental health following terrorist attacks. *British Journal of Psychiatry*, 190(2), 94-96. <https://doi.org/10.1192/bjp.bp.106.026427>
- Winter, C. (2022, September 19). Canterbury Police are dealing with New Zealand's highest rate of mental health and suicide related callouts. *New Zealand Herald*. <https://www.nzherald.co.nz/nz/canterbury-police-are-dealing-with-new-zealands-highest-rate-of-mental-health-and-suicide-related-callouts/KI6TOLQSTJMY4EXX5RSLXJ3VY/>
- Wood, J. D. (2020). Private policing and public health: A neglected relationship. *Journal of Contemporary Criminal Justice*, 36(1), 19-38. <https://doi.org/https://doi.org/10.1177/1043986219890191>
- Wood, J. D., & Beierschmitt, L. (2014). Beyond police crisis intervention: Moving "upstream" to manage cases and places of behavioral health vulnerability. *International Journal of Law and Psychiatry*, 37(5), 439-447. <https://doi.org/10.1016/j.ijlp.2014.02.016>
- Wood, J. D., & Watson, A. C. (2017). Improving police interventions during mental health-related encounters: Past, present and future. *Policing and Society*, 27(3), 289-299. <https://doi.org/10.1080/10439463.2016.1219734>
- Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "gray zone" of police work during mental health encounters: Findings from an observational study in Chicago. *Police Quarterly*, 20(1), 81-105. <https://doi.org/10.1177/1098611116658875>
- Yan, R., Fox, R., Rapana, W. A., Waitoki, W., McCreanor, T., Barnes, A. M., Taumoepeau, M., Winter, T., Riordan, B. C., Dirks, K. N., Philips, J. B., Hunter, J. A., Arahangadoyle, H., & Scarf1, D. (2023). Police Ten 7 feeds racial stereotypes of Māori and Pasifika peoples in Aotearoa New Zealand. *New Zealand Journal of Psychology*, 52(1), 41-46. [https://www.psychology.org.nz/application/files/3516/9344/5031/Yan\\_41-46.pdf](https://www.psychology.org.nz/application/files/3516/9344/5031/Yan_41-46.pdf)
- Zempi, I. (2020). 'Looking back, I wouldn't join up again': The lived experiences of police officers as victims of bias and prejudice perpetrated by fellow staff within an English police force. *Police Practice and Research*, 21(1), 33-48. <https://doi.org/10.1080/15614263.2018.1525381>

# Appendices

## Appendix A Ethics approval



### Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology  
 D-88, Private Bag 92006, Auckland 1142, NZ  
 T: +64 9 921 9999 ext. 8316  
 E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)

26 November 2021

Jacque Kidd  
 Faculty of Health and Environmental Sciences

Dear Jacque

Re Ethics Application: **21/390 Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 26 November 2024.

#### Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
8. AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz). The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat  
**Auckland University of Technology Ethics Committee**

Cc: Madeline.e.hayward@gmail.com; svz3099@autuni.ac.nz; Katey Thom



## Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology  
 D-88, Private Bag 92006, Auckland 1142, NZ  
 T: +64 9 921 9999 ext. 8316  
 E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)

24 June 2021

Jacque Kidd  
 Faculty of Health and Environmental Sciences

Dear Jacque

Re Ethics Application: **21/87 Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 24 June 2024.

### Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz). The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat  
**Auckland University of Technology Ethics Committee**

Cc: Madeline.e.hayward@gmail.com; svz3099@autuni.ac.nz; Katey Thom



## Appendix B Tools for lived experience data collection

Participant information sheet, consent form, disclosure fact sheet, and recruitment flier for participants with lived experience.



### Participant Information Sheet

#### Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch

##### Tēna koe

My name is Maddy Hayward and I am a PhD candidate at AUT. I am part of a research team from AUT and the University of Otago exploring the role of police in responding to mental distress in communities of Aotearoa. My supervisors are Sarah Gordon (University of Otago), Katey Thom (AUT), Jacquie Kidd (Ngā Puhī, AUT). There is a wider team that supports the project who you may meet. You can find out more about them at [www.citizensandmentaldistress.com](http://www.citizensandmentaldistress.com). We are also working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand.

##### An invitation

This participant information sheet tells you about what it means to participate in '*The citizen experience*' part of our project. You may have received this information sheet after seeing our advertisements or website. If you are over 18 years, living in Christchurch and have experience of a police encounter in the last 24 months, we invite you to collaborate with us to produce your story on the role police played in mitigating or increasing your mental distress. You do not need to be a New Zealand citizen to participate. We welcome anyone else (whānau/family members, support persons) of your choice to take part in the co-creation of your story. Please read the information provided and get in touch with us should you require any further information.

##### What is the purpose of this research?

Police are increasingly called to support citizens in the community who are experiencing mental distress. *Prevention First*, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused, way. However, we know from research that putting police policy into practice is challenging. Citizens who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police.

Recent police data also tells us that Māori continue to have less trust and confidence in police. Combined, this research suggests there are difficulties with realising the potential of preventative, victim-focused policy for Māori. In the context of policing mental health events, this is significant given that Māori are more likely to be diagnosed with mental illness, subjected to coercive mental health treatment and more likely to be arrested, charged in court, and incarcerated. However, no research exists on the experience of citizens when encountering the police while experiencing mental distress.

My PhD aims to specifically explore citizen stories of police responses to mental health events in the context of a city that has experienced significant traumatic events. The research is underpinned by a co-production methodology where I am part of a wider team is composed of both police and researchers, some with their own experience mental distress, working together for the course of the project. This means that members of the police will see and read your completed story, but only the academic team will have access to all the information you provide us in the interview and discussions.

##### How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You will have up to one month to get back to us about taking part in this research. If you decide you want to take part, you will be required to sign the enclosed consent form. There are choices to make on this consent form regarding confidentiality and how you would like us to use the story in public presentations and writing. We will discuss these options with you in person when we first meet, and you will have the ability to re-visit your options regarding confidentiality and use of

your story at different stages throughout the story creation process. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having your story removed from our collection.

**What will happen in this research?**

If you would like to take part in this research, we will arrange a time to start your story creation session. This session will be with me, and if you would like, another team member can accompany me who has lived experience of Te Ao Māori or mental distress.

Our first session will begin with a kanohi-ki-te-kanohi (face-to-face) meeting for an 1-2-hour interview. You can also bring a whānau member or support person of your choice. If you desire, we will begin with karakia (prayer) and whakawhanaungatanga (establishing our relationship), where we ask each other: Ko wai koe, nō hea koe? Who are you, where do you come from? We will then return to the kaupapa of the project, discuss the information sheet, consent form, and your choices about confidentiality. We will then allow you to describe your experiences of mental distress and how the police responded. You may want to think about how the police actions served to support or worsen your distress: Did you feel they tried to connect and empathise with you? Were you asked what was going on for you? Did you feel listened to? Were you asked by the police what might help you? Following this, we will ask you to describe whether you feel that traumatic events in Christchurch may have impacted the ways that police engage with citizens.

With your permission, our first session will be audio-recorded, so we can have an accurate record to help with story creation. Should we obtain the help of a professional transcriber, they will be required to sign a confidentiality form. I, and any other research team members there, might also take some notes during the interview.

We will close by asking you how you felt about the kōrero (interview discussion), options for follow up with us, and if you like, karakia whakamutunga (closing prayer). About a week later, I will contact you to see how you are and confirm the best way for us to work together to firm up your story for presentation. All stories will be written up in text, but you also have the choice to include artistic representations to help tell your story. It may take a few more hours to review your story drafts, depending on how much you want to add or retract. Co-creating stories can be a time-consuming process. We estimate 1-2 hours for the initial interview, followed by 2-3 follow-up conversations by phone or email that may be ½ -1 hour long. At the story completion, we will provide you with a written version of your story for you and your whānau to keep. The wider team and police we are collaborating with will only see this completed story.

**What are the discomforts and risks?**

It is possible you may experience discomfort or embarrassment during the storytelling process and there is a potential for re-traumatisation from sharing personal stories. There is some risk associated with your choices around privacy and the level of confidentiality you want to maintain, for example, whether you would like to use your real name(s) in your story, have your face shown using photos, include your artwork, or remain de-identified and opt for the use of a pseudonym that you can choose.

**How will these discomforts and risks be alleviated?**

Guided by tikanga Māori we use a whanaungatanga approach of relationships, building trust and rapport with you and your whānau. It is your choice if you wish to have whānau support and/or an additional team member present during the interview and follow-up discussions. You do not need to answer any questions we ask if you do not feel comfortable and you can withdraw without giving a reason at any time. You can also access free support from the following phone lines:

- [Lifeline](#) – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- [Suicide Crisis Helpline](#) – 0508 828 865 (0508 TAUTOKO)
- [Healthline](#) – 0800 611 116
- [Samaritans](#) – 0800 726 666
- [Depression Helpline](#) – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here: <https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups>. I will follow-up with you about one week after your interview to see how you are and remind you of this list of providers available for support.



**What are the benefits?**

This project is important right now because of the high incidence of mental health needs amongst people who have encountered police responses. We will draw on your story and others we gather to contribute new perspectives on how to improve police responses to people who have experienced mental distress in the community and inform evidence-based police strategies. Hence, by participating in this project, you will have the opportunity to use your lived experience to positively impact the future direction of police policy and practice for whānau who become engaged with police. You may also find the process of telling your story therapeutic by allowing you the opportunity to have your voice heard.

We will provide you with a summary of our findings at the end of our research project.

**How will my privacy be protected?**

Making decisions about your privacy and confidentiality is important. We have enclosed a disclosure fact sheet to help you to consider situations where it may be advantageous to de-identify your stories. We will use this as a guide to discuss your options when we first meet with you. You will maintain ownership of your story and how we can use it. The consent form enclosed allows you to choose the ways in which we can use your story in any public presentations or publications. We will store the consent forms separately to any information you provide in your interview/discussions in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to project supervisors Katey Thom, [katey.thom@aut.ac.nz](mailto:katey.thom@aut.ac.nz), +64 21 995 825 or Sarah Gordon, [sarah.e.gordon@otago.ac.nz](mailto:sarah.e.gordon@otago.ac.nz), 021 134 6816

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Carina Meares, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), 921 9999 ext 6038.

*Approved by the Auckland University of Technology Ethics Committee on 04/09/2019 and 24/06/2021.  
AUTEK Reference numbers 19/306 and 21/87*



## Consent Form

*Project title:* **Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

*Project Supervisors:* **Sarah Gordon, Katey Thom, Jacque Kidd**

*Researcher:* **Madeline Hayward**

- I have read and understood the information provided about this research project in the participant information sheet dated 09/09/2022
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used in a de-identified form.
- I agree to take part in this research.
- I understand that I will be provided with a paper and digital copy of my story.
- I would like to use the pseudonym \_\_\_\_\_ and de-identify other aspects of my story: Yes  No
- I would like to use my name and allow other identifiable features to be in my story: Yes  No
- (If applicable) I permit the researchers to use photographs, drawings or other forms of artistic expression I supply to help tell my story, either complete or in part, in conjunction with any wording: Yes  No
- I understand that my story is deemed to be owned by me and my whānau and that the researchers can use my story, provided they abide by privacy and confidentiality choices above, in: (a) Madeline Hayward’s PhD thesis; (b) publicly available written reports and journal articles; and (c) public presentations nationally and internationally.

Participant’s signature: .....

Participant’s name: .....

Participant’s Contact Details (if appropriate):

.....

.....

.....

.....

Date:

**Approved by the Auckland University of Technology Ethics Committee on 04/09/2019 and 24/06/2021. AUTEK Reference numbers 19/306 and 21/87**



**Exploring police interactions with citizens experiencing mental distress in a post-disaster  
Christchurch**

**THINKING ABOUT DISCLOSURE FACT SHEET**

Through this project you have the option of your story being reported using your own name (in which case you won't be anonymous) or a pseudonym (in which case you will be anonymous).

**Thinking about disclosure (using your own name)?**

Personal experience of mental health and addiction and engagement with Police at a time of mental distress is often something we have a choice about whether to disclose or not. It is also seldom that disclosure is a one-off decision. We may choose to tell an employer, but then we have to decide whether or not to tell our colleagues, and which ones. At the same time our families may or may not know. Each time we are faced with the dilemma as to whether to disclose or not, requires a decision, and a consideration of the consequences.

**Pros and cons of disclosure (some examples)**

You don't have to worry about whether someone may find out ... except you haven't told your whānau/family – but your auntie's next-door neighbour has just taken care of that for you.

People keep telling you how brave you are... so you start feeling paranoid that there's something to be afraid of.

You feel really at ease in your workplace, people treat you the same as everyone else, ... then it comes time to get a new job, and you worry that your current boss (as your referee) may tell your potential employer before it's appropriate.

Ten years ago, you were proud to be in a project highlighting the personal experience of mental health and addiction and engagement with Police at times of mental distress ... now your girlfriend (who you hadn't told about your experiences, after all it was ages ago) finds the project report in the library.

**Positives about disclosure**

On an individual basis, the positive benefits of being open about your personal experience of mental health and addiction and engagement with Police at a time of mental distress, can be a feeling that you are no longer carrying around a secret that other people can use against you – disclosure brings with it a sense of freedom. It means that you can ask for what you need to help you out and some people may even look up to you in response to your openness.

**Negatives about disclosure**

The negative consequences of disclosure usually relate to two things: discrimination (being treated differently because of your experience of mental distress, addiction or engagement with Police); and lack of control (once it's out there, it can't be taken back).

Adapted from Gordon, S., &, Peterson, D. (2015). *What works: Positive experiences in open employment of mental health service users*. Auckland, New Zealand: The Mental Health Foundation of New Zealand.

## Citizens stories of police engagement while experiencing mental distress

Have you encountered the police while experiencing mental distress?

If you are over 18 years and have experience a police encounter in the last two years, we invite you to collaborate with us to produce your story on the role police played in mitigating or increasing your mental distress. We welcome anyone else (whānau/family members, support persons) of your choice to take part in the co-creation of your story. We will draw on your story and others nationally to develop recommendations for police policy and practice development.

Find out more information about this project at [www.citizensandmentaldistress.com](http://www.citizensandmentaldistress.com).

If you are keen and would like more information, you can complete the contact form on our website.

You can also contact Sarah Gordon, +64 32 134 6816 | [sarah.e.gordon@otago.ac.nz](mailto:sarah.e.gordon@otago.ac.nz)



We are a collective of researchers from AUT, University of Otago and University of Waikato. This project is funded by the Royal Society of New Zealand Marsden Fund and approved by the Auckland University of Technology Ethics Committee (AUTEC Reference 9/306).





## Appendix C Tools for police data collection

Participant information sheets and consent forms for police participants (focus groups and interviews).



### Participant Information Sheet

#### Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch

##### Tēna koe

My name is Maddy Hayward and I am a PhD candidate at AUT. I am part of a research team from AUT and the University of Otago exploring the role of police in responding to mental distress in communities of Aotearoa. My supervisors are Sarah Gordon (University of Otago), Katey Thom (AUT), and Jacquie Kidd (Ngā Puhī, AUT). You can find out more about us and our wider research team at [www.citizensandmentaldistress.com](http://www.citizensandmentaldistress.com). We are working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand.

##### An invitation

This participant information sheet tells you about what it means to participate in *'The police experience'* part of our project. I am seeking to:

- Observe Christchurch Public Safety Team police officers during ride-alongs
- Hold focus groups with Christchurch Public Safety Team police officers

Through this work I aim to gain an understanding of how police respond to people in mental distress.

You may have received this information sheet from the area commander who views that it might be suitable for me to ride-along with you on shift. I invite you to read the information provided and get in touch with me if you feel keen to participate or require any further information.

##### What is the purpose of this research?

Police are increasingly called to support citizens in the community who are experiencing mental distress. *Prevention First*, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused, way. However, we know from research that putting police policy into practice is challenging. Citizens who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police. Recent police data also tells us that Māori continue to have less trust and confidence in police. Combined, this research suggests there are difficulties with realising the potential of preventative, victim-focused policy for Māori. In the context of policing mental health events, this is significant given that Māori are more likely to be diagnosed with mental illness, subjected to coercive mental health treatment and more likely to be arrested, charged in court, and incarcerated. However, no research exists on the experience of citizens when encountering the police while experiencing mental distress.

My PhD aims to specifically explore police responses to citizens experiencing mental distress in the context of a city that has experienced significant traumatic events. The research is underpinned by a co-production methodology where I am part of a wider team is composed of both police and researchers, some with their own experience mental distress, working together for the course of the project.

##### How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice). You might want to participate in the ride-alongs and/or the focus groups. You can participate in one without participating in the other.

You will have up to 1 month to get back to us about taking part in this research. If you decide you want to take part, you will be required to sign the enclosed consent form.

You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or

allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

#### **What will happen in this research?**

**Ride-alongs:** I will arrange a time to join you as an observer on one or more of your shifts. This will be organised together with the Area Commander and all usual protocols for observers will be followed. During the shift, I will chat to you about your work, specifically focussing on police responses to citizens experiencing mental distress, but also how mental distress factors into all types of events. I will jot down some de-identified field notes to help me remember what we talked about and about the types of events we attended.

**Focus-groups:** I will arrange for a small group of officers to meet together for a focus group which I will facilitate. There, I will ask you some questions related to police interactions with people in mental distress. The focus group will be held in a private meeting room at the Christchurch police station and should last 1-1.5 hours. All participants will sign a confidentiality agreement as part of the consent form. I will audio record this session and take some de-identified notes. The recording will be transcribed by a professional transcriber, who will sign a confidentiality form.

Katey Thom, a member of this research team and one of my PhD supervisors, may also attend ride-alongs and focus groups with me. She might also jot down some de-identified notes.

#### **What are the discomforts and risks?**

**Ride-alongs:** I acknowledge that the presence of an observer on shift can introduce risk and am aware that my observation can be terminated at any point if my presence gets in the way of your operational actions. We will be following all police protocols for having observers on shift. Additionally, I have worked together with police on our research team to develop robust researcher safety protocols.

**Focus groups:** the topic of this research is about mental distress, with an additional focus on the traumatic events that have happened in Christchurch. It is possible you may experience discomfort or distress during the focus group talking about these topics.

#### **How will these discomforts and risks be alleviated?**

**Ride-alongs:** Building trust and rapport is an important aspect of my research. We will have transparent communication and an understanding that the ride-along hinges upon mutual safety and that it can be terminated at any time.

**Focus groups:** You do not need to answer any questions I ask if you do not feel comfortable. Should you feel uncomfortable or distressed after our discussion, you can access free support from the following phone lines:

- [Lifeline](tel:0800543354) – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- [Suicide Crisis Helpline](tel:0508828865) – 0508 828 865 (0508 TAUTOKO)
- [Healthline](tel:0800611116) – 0800 611 116
- [Samaritans](tel:0800726666) – 0800 726 666
- [Depression Helpline](tel:0800111757) – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here: <https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups>.

For both parts of the research, you can withdraw from the research without giving a reason at any time.

#### **What are the benefits?**

This project is important right now because police and citizens alike have described encounters related to mental distress as challenging. In order to understand what challenges exist to prevent mutually optimal outcomes, and what needs to happen so that these challenges can overcome, it is necessary to understand how these interactions are currently happening on-the-ground. Hence, by participating in this project, you will have the opportunity to contribute to evidence-based policy recommendations. Our co-production approach to the research, where we are working closely with police on our research team, means that relevant findings will have the potential to be translated into meaningful changes to practice and policy.

We will provide you with a summary of our findings at the end of our research project.

**How will my privacy be protected?**

Protecting privacy and confidentiality is an important aspect of research. You will not be identifiable in any of our research outputs – no real names or specific locations will be included. We will give you a pseudonym which you have the option of choosing yourself. When we describe police-citizen interactions in the research output, we will not describe the actual, specific scenario. Rather, we will use ‘vignettes’, to describe a similar hypothetical situation.

However, we will be naming Christchurch metropolitan area as the place we did the research. We acknowledge that this could lead to indirect identification of officers. We disclose this risk so that you can decide whether you wish to consent to the research.

Police in our research team, based at National Headquarters in Wellington, will partake in the analysis of data, meaning they will read focus group transcripts. Before this happens, any identifying information (names, locations) will be removed from the transcripts.

We will store the consent forms separately to any information you provide in your interview/discussions in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to project supervisors Katey Thom, [katey.thom@aut.ac.nz](mailto:katey.thom@aut.ac.nz), +64 21 995 825 or Sarah Gordon, [sarah.e.gordon@otago.ac.nz](mailto:sarah.e.gordon@otago.ac.nz), 021 134 6816

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), (+649) 921 9999 ext 6038.

**Approved by the Auckland University of Technology Ethics Committee on 26/11/2021, AUTEK Reference number 21/390.**





## Consent Form

*Project title:* **Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

*Ride-alongs and/or focus groups*

*Project Supervisor:* **Sarah Gordon, Katey Thom, Jacqui Kidd**

*Researcher:* **Madeline Hayward**

- I have read and understood the information provided about this research project in the Information Sheet dated 31/08/2022.
- I have had an opportunity to ask questions and to have them answered.
- I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- I understand that de-identified notes will be taken during the ride-alongs.
- I understand that de-identified notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No
- I understand that the researchers can use my data, provided they abide by the privacy and confidentiality I have consented to, in: (a) Madeline Hayward's PhD thesis; (b) publicly available written reports and journal articles; and (c) public presentations nationally and internationally.

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....  
.....  
.....  
.....

Date:

**Approved by the Auckland University of Technology Ethics Committee on 26/11/2021 AUTEK Reference number 21/390**

*Note: The Participant should retain a copy of this form*





## Participant Information Sheet

### Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch

#### Tēna koe

My name is Maddy Hayward and I am a PhD candidate at AUT. I am part of a research team from AUT and the University of Otago exploring the role of police in responding to mental distress in communities of Aotearoa. My supervisors are Sarah Gordon (University of Otago), Katey Thom (AUT), Jacquie Kidd (Ngā Puhī, AUT). You can find out more about us and our wider research team at [www.citizensandmentaldistress.com](http://www.citizensandmentaldistress.com). We are working in collaboration with the police to ensure our project informs future police policy and practices. This research is funded by a Marsden grant through the Royal Society of New Zealand.

#### An invitation

This participant information sheet tells you about what it means to participate in 'The police experience' part of our project. You are receiving this information sheet because you have relevant experience to police interactions with people in mental distress. I would like to interview you 2-3 times about this topic while I am carrying out field work (ride-alongs, focus groups, shadowing) on this topic in Christchurch. Your expertise could help me to understand more about the data I am collecting during the field work. I invite you to read the information provided and get in touch with me should you require any further information.

#### What is the purpose of this research?

Police are increasingly called to support citizens in the community who are experiencing mental distress. *Prevention First*, the policy that guides police responses, identified mental health as one of six drivers of police demand. This policy directs police to practice in a preventative, victim-focused, way. However, we know from research that putting police policy into practice is challenging. Citizens who experience mental distress are more likely to be victimised, socially excluded, and when in crisis, treated coercively by police.

Recent police data also tells us that Māori continue to have less trust and confidence in police. Combined, this research suggests there are difficulties with realising the potential of preventative, victim-focused policy for Māori. In the context of policing mental health events, this is significant given that Māori are more likely to be diagnosed with mental illness, subjected to coercive mental health treatment and more likely to be arrested, charged in court, and incarcerated.

My PhD aims to specifically explore police responses to citizens in mental distress in the context of a city that has experienced significant traumatic events. The research is underpinned by a co-production methodology where I am part of a wider team is composed of both police and researchers, some with their own experience mental distress, working together for the course of the project.

#### How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice). You will have up to 1 month to get back to me about taking part in this research. If you decide you want to take part, you will be required to sign the enclosed consent form.

You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

#### What will happen in this research?

If you would like to take part in this research, I will arrange interviews with you. These will take place in a private meeting room at the Christchurch police station and should last 1-1.5 hours. I will ask you some

questions about police interactions with people in mental distress. I will aim to repeat this interview 2-3 times over the duration of my field work so that I can ask questions to better understand my observations and insights gained from the field work.

The interview will be audio recorded and later transcribed. The transcriptionist will be required to sign a confidentiality form. I might take some de-identified notes during the interview. You will have the chance, if you like, to review your transcript and confirm you are happy with it before I start data analysis.

Katey Thom, a member of this research team and one of my PhD supervisors, may also attend interviews with me. She might also jot down some de-identified notes.

#### **What are the discomforts and risks?**

The topic of this research is about mental distress, with an additional focus on the traumatic events that have happened in Christchurch. It is possible you may experience distress during the interview talking about these topics.

#### **How will these discomforts and risks be alleviated?**

You do not need to answer any questions I ask if you do not feel comfortable and you can withdraw without giving a reason at any time. You can also access free support from the following phone lines:

- [Lifeline](#) – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- [Suicide Crisis Helpline](#) – 0508 828 865 (0508 TAUTOKO)
- [Healthline](#) – 0800 611 116
- [Samaritans](#) – 0800 726 666
- [Depression Helpline](#) – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here: <https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups>.

#### **What are the benefits?**

This project is important right now because police and citizens alike have described encounters related to mental distress as challenging. In order to understand what challenges exist to prevent mutually optimal outcomes, and what needs to happen so that these challenges can overcome, it is necessary to understand how these interactions are currently happening on-the-ground. Hence, by participating in this project, you will have the opportunity to contribute to evidence-based policy recommendations. Our co-production approach to the research, where we are working closely with police on our research team, means that relevant findings will have the potential to be translated into meaningful changes to practice and policy.

We will provide you with a summary of our findings at the end of our research project.

#### **How will my privacy be protected?**

Protecting privacy and confidentiality is an important aspect of research. You will not be identifiable in any of our research outputs – no real names or specific locations will be included. We will give you a pseudonym which you have the option of choosing yourself.

However, we will be naming Christchurch metropolitan area as the place we did the research. We acknowledge that this could lead to indirect identification of officers. We disclose this risk so that you can decide whether you wish to consent to the research.

Police in our research team, based at National Headquarters in Wellington, will partake in the analysis of data, meaning they will read interview transcripts. Before this happens, any identifying information (names, locations, etc.) will be removed from the transcripts.

We will store the consent forms separately to any information you provide in your interview/discussions in locked filing cabinets and electronic data will be stored on password protected AUT or University of Otago computers.

#### **What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to project supervisors Katey Thom, [katey.thom@aut.ac.nz](mailto:katey.thom@aut.ac.nz), +64 21 995 825 or Sarah Gordon, [sarah.e.gordon@otago.ac.nz](mailto:sarah.e.gordon@otago.ac.nz), 021 134 6816

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz) , (+649) 921 9999 ext 6038.

**Approved by the Auckland University of Technology Ethics Committee on 26/11/2021, AUTEK Reference number 21/390**



## Consent Form

*Project title:* **Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

*Interviews*

*Project Supervisor:* **Sarah Gordon, Katey Thom, Jacquie Kidd**

*Researcher:* **Madeline Hayward**

- I have read and understood the information provided about this research project in the Information Sheet dated 09/09/2022.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes  No
- I understand that the researchers can use my data, provided they abide by the privacy and confidentiality I have consented to, in: (a) Madeline Hayward's PhD thesis; (b) publicly available written reports and journal articles; and (c) public presentations nationally and internationally.

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....  
.....  
.....  
.....

Date:

**Approved by the Auckland University of Technology Ethics Committee on 26/11/2021 AUTEK Reference number 21/390**

*Note: The Participant should retain a copy of this form.*

## Appendix D Ride-along protocols

Ride-along observation protocol, safety protocol, and data management plan.

### Ride-along schedule and observation protocol

#### Schedule

10-15 ride-alongs will be conducted over six months.

Each ride-along will last for the duration of one eight-hour shift (unless the ride-along is terminated prior to the end of the shift; see safety protocol).

Shifts will be chosen to ensure that Madeline experiences ride-alongs across police's early, late, and overnight shifts. Shift start times vary depending on the day of the week.

#### Observation protocol

Ride-alongs will primarily take place inside police cars, but locations outside of the police cars may include police cells, hospitals, etc.

Madeline may enter private homes with police unless the police judge that there is a risk of a violent or dangerous situation, or where a citizen objects to her presence in the home.

In all cases, there will be dynamic risk-assessment made by the police Madeline is accompanying as to whether it is safe for her to accompany them outside of the car. Such risk assessments are practice-as-usual for police who use a decision-making protocol (TENR) to evaluate risk.

Police are well-practiced at managing the safety of observers on shift because it is fairly common for members of the public to participate in ride-alongs. For example, all prospective police recruits must complete 4x ride-along 'SCOPE' shifts with police officers.

A key tenet of the ride-alongs is Madeline building trust and rapport with the police. This will involve Madeline engaging in open discussion with them from the beginning of the shift around their comfort levels with her leaving versus staying in the police car during incidents.

In the very unlikely circumstance where it is not safe for Madeline to join police at an incident outside of the car, they will ensure she is safely secured inside the police car. Typical police protocol involves parking the patrol car a safe distance away from risky incidents, which adds another layer of safety to Madeline should she be staying in the car.

This circumstance is unlikely because police dispatchers are always notified when a unit has an observer with them. Dispatchers will then take this information into account when deploying the unit to events, ensuring that events will be safe for an observer to attend.

In very rare instances, the police may decide that the safest option will be to end the ride-along. This could involve Madeline being dropped back at the Christchurch police station, at a safe, well-lit public space where she can arrange transport back to the station, or police organising for her to be picked up and transported by another unit.

Police will use TENR risk-assessment to guide decision making if a citizen objects to Madeline's presence e.g. in the car or at police cells. The foremost consideration will be safety and this may mean that Madeline is not able to safely withdraw from observing until directed and supported by the police officer. Therefore, in the situation where people do not want Madeline to observe in police care or at other settings, such as community spaces, she will follow the advice of the police first and foremost and retreat to the police car or another safe place as soon as possible.

Madeline will take de-identified notes during the observations on a password protected cell phone. These notes will include:

- A description of police events she attends.
- Quotes and summaries from discussions with the police officers she is accompanying. A key focus of this research is on informal discussions with police officers as they go about their usual work, particularly asking them to reflect on an incident after it is resolved.

Madeline will also record personal thoughts, feelings and reflections for her research journal.



Before each ride-along, Madeline will let the officers she is on-shift with aware that she will be taking notes on her phone and ascertain their comfort with this.

Madeline will avoid taking notes during the time police are directly interacting with citizens, to avoid adding a voyeuristic presence to these vulnerable interactions.

Madeline can engage in conversations with citizens if they wish and initiate these. These conversations will not be from a data collection perspective however, as she will not be taking citizens through an informed consent process (as doing so could get in the way of the police response).

At the end of the shift, Madeline will return to the Christchurch police station with the unit. There, she will have a debrief with the sergeant on shift.

At this time, she will be able to voice any concerns to the sergeant, for example if she has observed police behaviour which she believes may have been illegal or in breach of police protocol.

Alternatively, she can first bring these concerns to her supervisory team and/or police on our research team who are based at National Police Headquarters in Wellington.

Madeline will touch base with a member of her supervisory team after each ride-along to confirm her wellbeing and engage in any debriefing if necessary.

After ride-alongs, back at her research space or accommodation, Madeline will transfer notes to a word document in a OneDrive folder on a password protected laptop.



## AUCKLAND UNIVERSITY OF TECHNOLOGY ETHICS COMMITTEE (AUEC)

# Guide for drafting a Researcher Safety Protocol

### ***Project title and brief description:***

Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch

An ethnographic case study in Christchurch exploring on-the-ground interactions between police and citizens experiencing mental distress. This is the second stage of Madeline Hayward's PhD research. Ethical approval has already been granted for stage 1 (ref 21/87). This research also relates to a broader Marsden funded project, for which two stages have received ethical approval (ref 19/424; ref 19/306).

### **Applicant**

Jacque Kidd

### **Primary Researcher**

Madeline Hayward

### ***Where is the research being undertaken?***

Christchurch

Ride-alongs: The ride-alongs will take place across the Christchurch metropolitan area (Papanui, New Brighton, Christchurch Central and Sydenham), primarily in police cars. Locations visited might include: police cells, hospitals.

Interviews, focus groups, and station observations: these will take place at the Christchurch central police station, possibly including the police cells.

*Who is likely to be present at the research location?*

Police, citizens.

*What maps and guides has the researcher consulted to ensure familiarity with the locations?*

Madeline has been shown around Christchurch by a member of the research team who is from Christchurch. Google maps will be available as needed. We anticipate that cell phone coverage will always be available.

*What reliable local public transport is available?*

Busses

*Which reputable taxi firms are easy to access?*

Various taxi firms and Uber. Madeline has access to research funding for Ubers.

*Where is it safe to use private cars and leave them in the area?*

It is safe to use and park private cars at/near the Christchurch central police station.

*How close to your research location are hotels or safe accommodation?*

Hotels are available throughout Christchurch so all research locations will be close to safe accommodation.

### ***Who will be collecting the data and interacting with participants?***

Madeline Hayward.

*Who will be accompanying the researcher?*



13 October 2021

page 2 of 4

Katey Thom may accompany Madeline for some of the research.

Ride-alongs: police on their shift

*How will the safety of any translators, interpreters, intermediaries or transcribers be assured?*

Given the content of interviews may be emotionally distressing, we will provide transcribers with details of free mental health helplines at <https://mentalhealth.org.nz/helplines>

### **How familiar is the researcher with the social or cultural context of the research ?**

*What level of familiarity does the researcher have with the social context of the participants and the research?*

Madeline has volunteered in police spaces since late 2020 (the Evidence Based Policing Centre in Wellington and the Northern Emergency Communications Centre in Auckland). She has also visited and met with contacts at the Christchurch central police station. In line with research from the broader project, she has interviewed police officers in Christchurch who may participate in her PhD research as key informants.

Madeline has three years of experience volunteering with Youthline as a helpline counsellor. This work has given her experience with maintaining wellbeing and healthy boundaries while interfacing with mental distress. Madeline is well-practiced at using self-care, social support, and supervision/debriefing. We have gained some insight into the social context of participants due to this research being co-produced with the police.

*What consultation has taken place?*

Co-production is considered 'working with' as opposed to consultation. The research has been co-produced with police.

*What do local sources, such as the police or local leaders, say about risks in the research area?*

Police leaders have protocols to manage risks associated with ride-alongs.

*Which local 'community leaders' have been spoken with to explain the research and gain their endorsement?*

We have support from police leadership (nationally and in Christchurch) for this research.

### **How safe are the activities in which the researcher is taking part?**

*Does the research involve sports or activities that may be hazardous in nature?*

Aspects of ride-alongs may be hazardous, for example interacting with citizens who are violent or drunk.

*What safety protocols are in place?*

Police have procedures in place to manage the safety of police and the observer during ride-alongs.

- Police dispatchers are always made aware in advance when a police unit will have an observer riding-along. This knowledge is taken into consideration when dispatchers deploy the unit to events.
  - o This means it is very unlikely that the unit will be deployed to a high-risk event.
- Observers must be pre-approved by the Area Commander. The Area Commander will determine whether the presence of an observer will be safe. If there is a chance that the observer will create risks, for example getting in the way of police carrying out their procedures, the observer will not be approved.
- Madeline will undergo a safety and wellness induction by the police prior to conducting any ride-alongs.
  - o This will also provide a chance for Madeline to discuss ground rules with the officers she is riding-along with. For example, to ensure whether those officers will be comfortable with her taking notes during the ride-along on her cell phone. This process of agreeing on ground rules will help to build trust and rapport.
- If, during a ride-along, it is decided that the presence of an observer is generating risk, the ride-along will be terminated and the observer is dropped off at a safe location.
  - o EG: back at the Christchurch police station, in a safe public space where the observer can arrange transport back to their accommodation, or police will arrange for the observer to be picked up by another unit.
- Observers are never allowed in situations where there are firearms or a potential risk of firearms. The observer would be dropped in a safe location prior to police responding to such an event.
  - o However, it is highly unlikely that a unit would be deployed to such an event when they have an observer with them.

13 October 2021

page 3 of 4

- Police will advise Madeline when it is appropriate for her to join them outside of the police car versus remaining in the police car while they are responding to events. Police routinely use their decision-making framework (TENR) to assess risk in dynamic situations. They are well-practiced at managing the safety of observers as this is practice-as-normal for them; for example, all prospective police recruits must complete four ride-alongs.
  - o It is highly likely that all events the unit is deployed to will be safe for an observer to attend.
  - o When Madeline does join police outside of the police car while they attend an event, police have a number of ways of managing her safety, for example Madeline may need to stand in-between two officers or at a safe distance from the event.
  - o In the highly unlikely event that the unit attends a risky situation, Madeline may be asked to stay inside the police car. She will be secured in the locked car. When police attend a risky incident, they routinely park the patrol car a safe distance away from the action, which will add another layer of safety to Madeline.
- If police transport a citizen in the patrol car while Madeline is on ride-along, safety will be managed. This could look like: Madeline sitting in the front seat with the citizen in the back with an officer; the citizen being restrained with handcuffs. In the unlikely event of police needing to transport a highly violent citizen, they may contact another unit to transport the citizen *or* to transport Madeline.
- There will be an understanding that Madeline can choose to initiate the end of a ride-along if she feels unsafe or distressed. She has access to support as detailed elsewhere in this document.

*Will sufficient qualified personnel be in attendance to supervise the activity or respond swiftly to any emergency?*

Madeline will always be accompanied by police, who will constantly assess risk and be able to respond to any emergency.

### **What level of access to support is available?**

*Who will be available to provide assistance should it be required?*

We have robust support procedures.

- Prior to a ride-along, interview, or focus group, Madeline will check in with a member of the supervisory team by text, phone call, or email.
- After ride-alongs, Madeline will return to the Christchurch police station with the unit. She will have a debrief with the sergeant on duty. At this time, she will be able to voice any concerns to the sergeant, for example if she has observed police behaviour which she believes may have been illegal or in breach of police protocol. Alternatively, she can first bring these concerns to her supervisory team and/or police on our research team who are based at National Police Headquarters in Wellington.
- At the end of a ride-along, interview, or focus group, Madeline will check in with a member of the supervisory team by text, phone call, or email.
- Debriefing will happen with the broader team each week. These sessions will be conducted by Associate Professor Jacquie Kidd, a trained clinical supervisor.
- Should Madeline feel the need for debriefing or support outside of these weekly sessions, she can contact her supervisory team for this at any time.
- Madeline has access to AUT counselling, EAP through the police, and national mental health helplines.
- Madeline will keep a reflective journal that she will utilise to process thoughts and feelings.

*How will the researcher ensure that those providing support will be aware of any need that arises?*

Madeline will keep in contact with supervisors.

### **What emergency plans are in place? Who can help?**

*What training or support is needed and how will it be accessed?*

Madeline will undergo a safety and wellness induction by the police prior to conducting any ride-alongs. This is in accordance with police protocol.

*What University policies are relevant to your project? Have you read and understood them?*

Madeline is staying up-to-date with University policies around conducting research during the COVID pandemic.

*Who has been in touch with potential participants and what advice have they given?*

*Researcher safety protocol guide 032019.docx*

*This version was last edited in March 2019*

13 October 2021

page 4 of 4

Madeline and Katey Thom are working with police at National Headquarters and in Christchurch to plan the ride-alongs.

Police have provided us with their existing safety protocols for ride-alongs.

*Who else is aware of the researcher's itinerary and research schedule?*

These will be shared with the supervisory team.

*How will the researcher keep key support people informed of what is happening?*

- Prior to a ride-along, interview, or focus group, Madeline will check in with a member of the supervisory team by text, phone call, or email.
- At the end of a ride-along, interview, or focus group, Madeline will check in with a member of the supervisory team by text, phone call, or email.
- Debriefing will happen with the broader team each week. These sessions will be conducted by Associate Professor Jacque Kidd, a trained clinical supervisor.
- Should Madeline feel the need for debriefing or support outside of these weekly sessions, she can contact her supervisory team for this at any time.

*How will key support people react if the agreed contact protocols are not followed?*

It will be expected that Madeline touches base within **two hours** of completing a ride-along, interview, or focus group. If a member of the supervisory team has not heard from Madeline in this time, they will initiate contact by texting, phoning or emailing her.

If Madeline is not contactable, the supervisor will escalate this response. They will have the contact details for Madeline's liaisons at the Christchurch police station and at her accommodation.

Emergency services will be contacted if it is impossible to contact Madeline or ascertain her safety.

**Don't forget to update your safety protocol regularly:**

Date for next review

20 March 2022





## AUCKLAND UNIVERSITY OF TECHNOLOGY ETHICS COMMITTEE (AUTEC)

### ***Project title and brief description:***

Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch

This is the second stage of Madeline Hayward's PhD research. Ethical approval has already been granted for stage 1 (ref 21/87). This research also relates to a broader Marsden funded project, for which two stages have received ethical approval (ref 19/424; ref 19/306).

### **Primary Researcher**

Madeline Hayward

### **Supervisors or other researchers**

Jacque Kidd, Katey Thom, Sarah Gordon

### **Who will have the primary responsibility for the data at the different stages of its life cycle?**

Maddy will have control of the data while it is being collected and ensure it is uploaded to the password protected computer, cell phone, or password protected USB while in the field. All data will be uploaded to a shared, secure OneDrive folder after it is collected in the field. This folder can be access by Madeline, Jacque, Katey, and Sarah.

Following completion of the data collection, Katey Thom will have ultimate responsibility for the data due to her responsibility as lead researcher of the wider Marsden project. She will store the data on a password protected USB drive in a locked filing cabinet.

### ***What is the nature of the data being collected and produced?***

*What type of data will be produced, used, or generated (both physical and digital)?*

Field notes

Interview and focus group recordings, notes, and transcripts

Reflective journal

*How will data be collected and in what formats?*

De-identified field notes will be initially typed onto Madeline's password protected phone or laptop during fieldwork. These notes will be subsequently typed up onto a password protected computer once Madeline is out of the field. Recording field notes in a password-protected electronic device offers more data security than pen-and-paper notetaking.

Audio-recordings will be collected on a recording device, stored as WMA files on the USB that is password protected. Madeline may alternatively use her mobile phone to record interviews and this device is password protected. These recordings will be transcribed.

De-identified hand-written notes may be taken during interviews.

The reflective journal will be a typed document on a password protected computer.

*How much data will it be, and at what rate will it grow? How often will it change?*

There will be six months' worth of field notes, these will grow with time spent 'in the field'. The reflective journal will continue to grow throughout the entire PhD process.

We anticipate 10-15 interviews and 2-3 focus groups, with one audio-recording, transcript, and set of notes from each.

*Are there tools or software needed to create or process or visualize the data?*

We do not anticipate using any qualitative software for our analysis.

### ***Where are you collecting data?***

*Where are you collecting data?*

Christchurch, New Zealand

### **What are the data storage plans?**

*What are the data storage and backup strategies? What would happen if it got lost or became unusable later?*

In the field, data will be recorded on a password protected cell phone, laptop, or a recording device. Any written notes will not include any identifying information. Audio-recordings will be transferred onto a password protected USB.

All data will then be stored on a secure OneDrive folder on a password protected computer. Audio-recordings will be stored as WMA files. Other files will be stored as word documents or excel spreadsheets.

Any paper copies of transcripts and handwritten notes will be kept in a locked filing cabinet, separate to consent forms, in Jacquie Kidd's office.

Consent forms will be kept in a locked filing cabinet in Jacquie Kidd's office.

Once data analysis is complete, digital files will be transferred to a password protected USB drive which will be stored long-term in a locked filing cabinet.

*Will any data be stored on portable devices (e.g. audio files on a mobile phone)?*

Raw audio data will either be stored on an audio recorder that has an attached password-protected USB memory stick or recordings may be made on a password-protected mobile phone.

Field notes will be made on a password-protected mobile phone or laptop.

*How will the security of any temporary storage be assured?*

The USB memory stick will be password protected. Madeline's phone and laptop are password protected.

*Will the data be securely stored or transferred to a secure data repository?*

Yes, the raw data will be transferred onto and securely stored in OneDrive on a password protected computer.

We will save WMA files onto a password protected USB drive while in the field. Madeline is equipped with a password-protected laptop so she can promptly transfer audio recordings onto this device when back at her accommodation or workspace.

Any handwritten notes will be de-identified. These will typed up as soon as possible on a laptop.

*What data will you keep and what data will be destroyed?*

All raw data will be kept for 6 years in a locked filing cabinet in Katey Thom's office (paper copies and digital files on a password protected USB drive) before being destroyed.

*When and how will data be destroyed?*

Raw data will be destroyed after 6 years by Katey Thom via shredded and disposing in secure bins on AUT premises or wiping digital data.

### **What are the ethical requirements for your data?**

*How will the undertakings about consent, confidentiality, deidentification, and other ethical considerations given to participants be assured?*

All participants will be deidentified in our research output. This means all participants will be given pseudonyms which they will have the option of choosing, or we will choose for them. Other identifying details will also be omitted from research outputs. Vignettes will be used instead of describing real police incidents to de-identify incidents.

*How sensitive is your data?*

The data is sensitive because it may illustrate negative police-citizen encounters.

*How identifiable is your data (Will it be directly or indirectly identifiable? Will it be deidentified though potentially re-identifiable? Will it be permanently unidentifiable?) Will this alter? When?*

Notes made in the field and interview/focus group notes will be de-identified.

Transcripts will be de-identified.

All research outputs will be de-identified. It is possible that participants will be indirectly identifiable due to the naming of the Canterbury Police District in research output. Participants will be made aware of this risk in the Information Sheet.

22 October 2024

page 3 of 4

**What will happen to the identifiable information?**

We will remove names and any identifying features, such as locations, demographics, titles of community organisations and innovations while we are taking notes.

Identifiable information will not be reported in the findings.

**Should some data be destroyed or returned? When and how? By whom?**

Raw data will be destroyed after 6 years by Katey Thom via shredded and disposing in secure bins on AUT premises or wiping digital data.

**What consultation has occurred around the management of your data?****With which communities or stakeholders has consultation occurred?**

The research is co-produced with the team, including team members with lived experience, and the police. Co-production methodology is about working in partnership as opposed to consulting with.

**What are the plans for data sharing and access?****Have you discussed data sharing with your research collaborators or supervisor?**

The collaborative team have discussed data sharing and the need for Madeline to hold the data on password-protected computers/cell phone/OneDrive folders/USB.

**What steps will be taken to protect privacy, security, confidentiality, intellectual property or other rights?**

Informed consent will be gained from participants. This will include participants acknowledging that there is a risk of indirect identification in the research outputs.

**Is a data sharing agreement needed?**

No

**What are the access concerns associated with your data?**

Some presentations of the findings in journal articles may not be able to be open access due to budget restrictions.

**What process does someone undertake to access your data?**

If a participant would like to have access to their data (e.g. transcript) they will advise us during the process of their involvement in the project. Participants may review their interview transcripts. No participant may review their focus group transcript due to the group nature of focus groups.

**Who controls access to the data (e.g., primary researcher, student, lab, University, funder)?**

The research team – Madeline during data collection and Katey Thom for storage over 6 years.

**Can your data be released immediately, or should you embargo (delay access to) the data?**

There will be no delay imposed by our funders.

**Have human participants been advised about the plans for sharing data in their Information Sheet?**

Yes

**When your research involves people, have you obtained appropriate consent for data sharing?**

Yes

**How will people's rights to access, correct, and remove information about themselves be managed?**

These rights will be covered in the information sheet and consent form. The process of correcting or removing information will be achieved by giving participants the opportunity to review and approve their interview transcript. This will not be possible for focus groups due to the group nature of focus groups.

**Does your research funder have specific data management and sharing requirements?**

No

**When will you publish and where?**

Academic journals, PhD thesis in the next 1-3 years.

22 October 2024

page 4 of 4

**What level of data access is the publisher likely to require and how will participants consent to sharing their data with publishers?**

Analysed data (no raw data), participants will consent to this.

### **What are the plans for managing any breaches of privacy or confidentiality?**

*What processes are in place to prevent breaches?*

We will not include any identifiable information in notes taken during interviews or in field notes. We will use secure modes of transferring data from Madeline to the supervision team. Password protected storage on OneDrive/password protected USBs will be used. We will support Maddy to ensure confidentiality is maintained in the data.

*Who will be responsible for notifying breaches to AUTEK and to the Privacy Commissioner when they are notifiable breaches under the Privacy Act 2020?*

Katey Thom

### **What are the plans for data preservation and archiving**

*How long should it be retained (e.g., 6 years, 10 years, permanently) and how is this being assured?*

Raw data will be retained 6 years. If researchers responsible for the management of data leave AUT, they will ensure safe transfer of data to new devices.

*What file formats are involved for electronic data? How will future accessibility be assured?*

WMA for audio, Microsoft Word or Excel for written documents. Files can be updated if these formats become redundant.

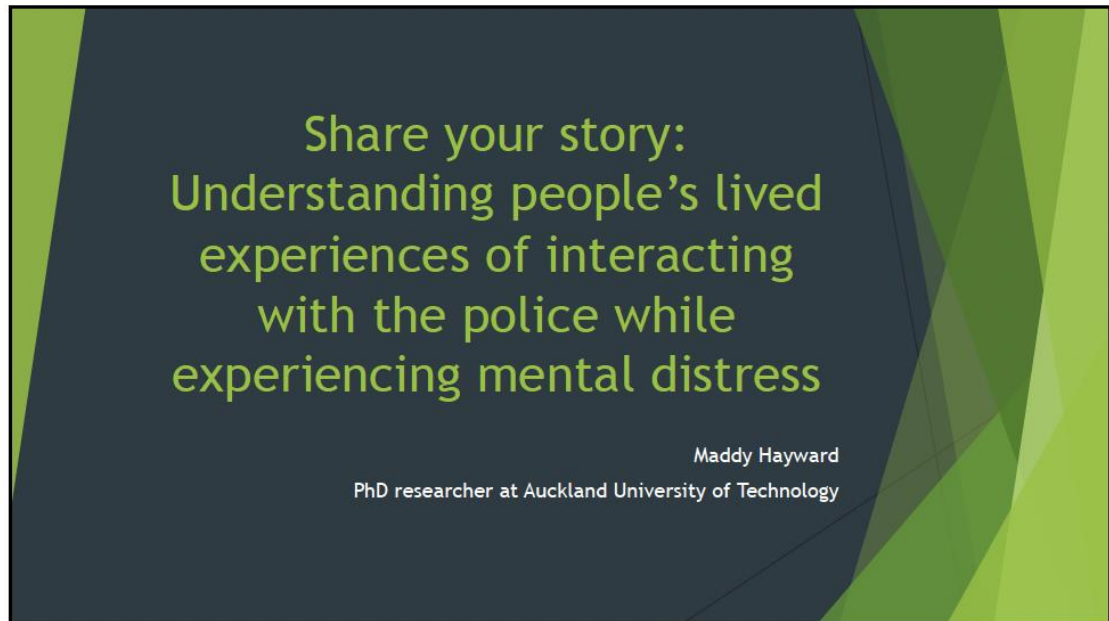
### **Don't forget to update your data management plan regularly:**

**Date for next review**

15/03/2022

## Appendix E Recruitment presentation

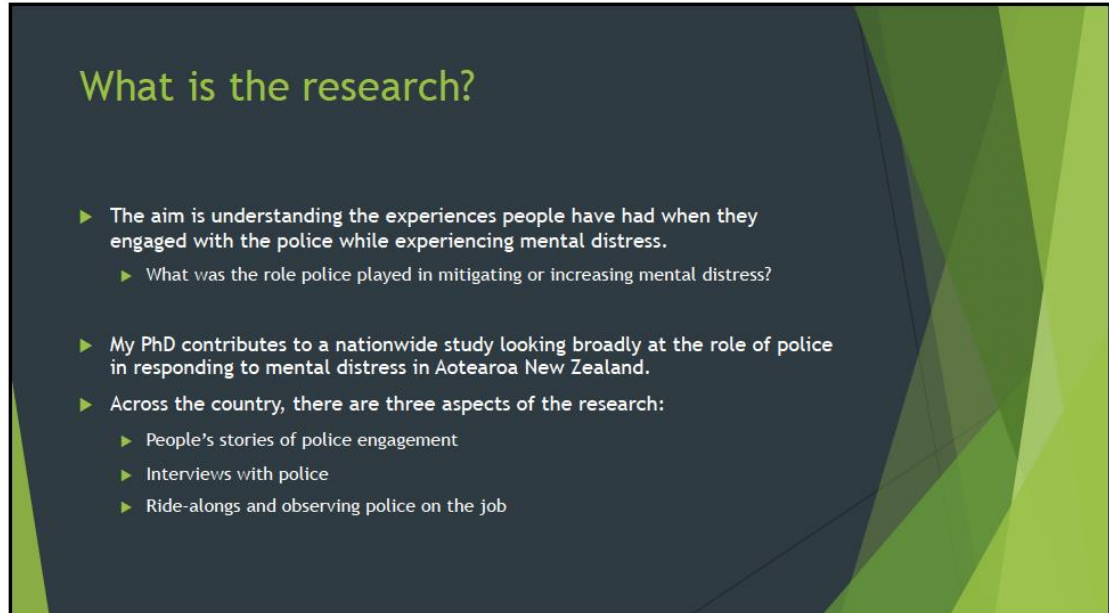
Presentation to a mental health service user network in Christchurch.



Share your story:  
Understanding people's lived  
experiences of interacting  
with the police while  
experiencing mental distress

Maddy Hayward  
PhD researcher at Auckland University of Technology

1



What is the research?

- ▶ The aim is understanding the experiences people have had when they engaged with the police while experiencing mental distress.
  - ▶ What was the role police played in mitigating or increasing mental distress?
- ▶ My PhD contributes to a nationwide study looking broadly at the role of police in responding to mental distress in Aotearoa New Zealand.
- ▶ Across the country, there are three aspects of the research:
  - ▶ People's stories of police engagement
  - ▶ Interviews with police
  - ▶ Ride-alongs and observing police on the job

2



## What is the research?

- ▶ Police are increasingly being called to support people in the community who are experiencing mental distress.
  - ▶ But no research exists in New Zealand about what this role means for the police or people in the community that they respond to.
- ▶ This research is important
  - ▶ International research shows that people experiencing mental distress are often treated coercively by the police and have negative experiences
  - ▶ In New Zealand, police inspire less trust and confidence from Māori
  - ▶ We will draw on the stories to contribute new perspectives on how to improve police responses to people who have experienced mental distress in the community and inform evidence-based police strategies for better outcomes.

3

## Who are we?

- ▶ We are a diverse team of researchers passionate about improving responses to whānau experiencing mental distress
  - ▶ There are also police working alongside us to guide the police aspects of the research



4

## What will happen in the research?

- ▶ Two parts:
  - ▶ 1-2 hour initial interview
  - ▶ 2-3 informal follow-ups (by phone or email) to co-produce your story
- ▶ Koha for participating - \$50 voucher

5

## What will happen in the research?

- 1) Interview
  - ▶ The interview could be face-to-face or virtual - your choice
  - ▶ It will be with me and another researcher from our team
    - ▶ It is up to you if you would like there to be a Māori researcher and/or a researcher with lived experience
  - ▶ You can bring whānau or a support person
  - ▶ The interview will be audio-recorded and transcribed

6

## What will happen in the research?

- ▶ We can begin with karakia and whakawhanaungatanga
- ▶ We will discuss the information sheet, consent form, and your choices around confidentiality
- ▶ We will ask you to describe your story of police engagement
- ▶ We might ask some questions along the way
  - ▶ How did police mitigate or increase your mental distress?
  - ▶ How did police try to connect and empathise with you? Did police ask what was going on for you? Did you feel listened to? Did police ask what might help you?
  - ▶ How might the traumatic events in Christchurch influence how police interact with the public here?
- ▶ How you tell the story is up to you - you can include artistic representations
- ▶ We will finish by asking how you felt about the discussion, discuss options for how we will follow-up, karakia whakamutunga

7

## What will happen in the research?

### 2) Follow-up by phone or email

- ▶ We will work together to form your story into a written account
- ▶ After the interview, I will check in one week later to see how you are
- ▶ I will write up your story based on the transcript
- ▶ Then, I'll work with you back-and-forth to make sure this written account accurately represents your story
  - ▶ We acknowledge that you own your story and have the ultimate say in shaping the final product
  - ▶ At the end we will give you a copy of your story to keep

8

## Where does the research go?

- ▶ The stories will be part of my PhD thesis and they will also contribute to various research reports from our nation-wide project
- ▶ These stories help us to learn about what works well, or doesn't work well, when police engage with people
  - ▶ Sharing your experience can help us to inform new, evidence-based strategies for the police
  - ▶ Leading to better outcomes for other people who interact with the police
- ▶ Privacy is protected - you can be anonymous with a pseudonym
  - ▶ Since we are working alongside police they will see completed stories, but they will never see information that could identify you
- ▶ We do this research with your informed consent and you can withdraw from participating at any point

9

## Who can participate?

- ▶ People who are over 18 years old
- ▶ People who have interacted with the police, while experiencing mental distress, in the last 24 months
- ▶ If you know other people in the Christchurch community who might like to participate, you are more than welcome to pass this information on to them
- ▶ Timeline
  - ▶ Face-to-face interviews would happen between now and 13 October
  - ▶ Virtual interviews are more flexible
  - ▶ Follow-up would be ongoing after that

10

## Contact

- ▶ If you would like to participate, or learn more information, go to our website
  - ▶ <https://citizensandmentaldistress.com/>
- ▶ Ask me questions now ☺
- ▶ You can also contact me
  - ▶ Maddy Hayward
  - ▶ [Madeline.e.hayward@gmail.com](mailto:Madeline.e.hayward@gmail.com)
- ▶ Thank you for your time!

Appendix F Transcriptionist’s confidentiality agreement



**Confidentiality Agreement**

*Project title:* **Exploring police interactions with citizens experiencing mental distress in a post-disaster Christchurch**

*Project Supervisor:* **Sarah Gordon, Katey Thom, Jacquie Kidd**

*Researcher:* **Madeline Hayward**

- I understand that all the material I will be asked to transcribe is confidential.
- I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber’s signature: .....

Transcriber’s name: .....

Transcriber’s Contact Details (if appropriate):  
 .....  
 .....  
 .....  
 .....

Date:

Project Supervisor’s Contact Details:

Katey.thom@aut.ac.nz  
 Sarah.e.gordon@otago.ac.nz  
 Jacquie.kidd@aut.ac.nz

**Approved by the Auckland University of Technology Ethics Committee on 26/11/2021 AUTEK Reference number 21/390**

*Note: The Transcriber should retain a copy of this form.*



## Appendix G Rachel's narrative

### Rachel

Rachel is from the South Island of New Zealand, has lived overseas and at the time of the incident was living in Ōtautahi Christchurch. Rachel never had any significant interactions with the police until a couple of years ago, when a murder occurred at her apartment building. Rachel was distressed by this incident and had interactions with the police at the time, and during the subsequent court case. Rachel's first interaction with the police was right after the incident, when she and two other witnesses gave brief statements about what they had witnessed. A few days later, they gave full statements. Overall, Rachel says her experience with the police was extremely positive.

Rachel reflects on a few things the police did when they were taking these full statements that led to her positive experience. The police were empathetic and encouraging:

I gave the statement... It was a male police officer. He was really understanding... I found him good. Empathetic. Supportive. Understanding. Professional, but not in a detached way. I actually sat with [my neighbour] while she gave her statement over the phone... she just needed that emotional support. [She was] nervous about interacting with the police, I actually visited her another time where the police were there, and my impression was that they were very understanding, and encouraging, and 'Thank you for doing this', and 'I know it's hard' and... Yeah, I found them empathetic.

Rachel also felt that the police officer was reassuring, and although she knew he was limited in what he could tell her, he was still able to answer her questions and share some information. This was important because based on what she had witnessed, Rachel knew something horrific had happened to her neighbour, and her imagination was working overtime to fill in the gaps:

There were ways that he was kind of reassuring... I felt like I could ask questions, but I was also mindful of not prying too much... somehow, I got the impression, I got the information that he [the victim] had died by the time police arrived. And that there was nothing anyone could do.

And that it may go to court, but they really didn't think it would, that they had what they needed.

Throughout the conversations I got what I needed. The information, to kind of make sense of it, and be at peace about it. Because I think that's what I've heard people say about disasters or crimes... it's the unknown.

I just got enough information from the police that I could kind of make sense of it... And not feel... even though a terrible thing that happened in my home, it wasn't gang related. He [the attacker] wouldn't be coming back. We were safe. He was in prison, or imprisoned... they were doing their job.

However, there was a communication breakdown on the night of the incident, which Rachel considers to be the one negative aspect of her police interaction:

I thought the building owner and the property managers need to know what's happened... they need to know, and I can't do it. I definitely had a conversation [with one of the police officers]... And I said, 'Can you let the building owner know, and here's the phone number and the name'. And then I thought, 'Oh, I've done my bit, they'll communicate'... I really [thought they would do it.

The police didn't notify them. What happened the next morning is a journalist had called the building owner, saying, you know, 'There's been a murder at your building, do you have a statement?' She's hours earlier [Australian time zone], and then she can't reach her friends in New Zealand and doesn't know who to call and what to do and... I mean, the woman put her heart and soul into this building. So I got a call from one of the property managers. And she was horrified, distressed, you know... trying to understand what was happening, not getting much information, and said, 'Oh, I wish you'd rung me last night'.

We've since talked about it and debriefed later on, but it was the one regret. So, yeah, if there was feedback to the police it would be about that, but again, you know... probably most property managers, they wouldn't be that involved. I mean, and it was nighttime... late in the evening. But they were the kind of women that would have wanted to know.

I don't blame the police; and I guess I see it, as they've got their systems. They've got their operations... how I made sense of it in my head

is, they get information in, they're not necessarily giving information out. Because they're trying to solve a crime, and they have to be really careful what they say. Because they have to navigate potential court cases and media.

Rachel is empathetic towards the police for this breakdown in communication and it didn't affect her trust of the police going forward. However, it would have made a really big difference for Rachel's property manager if the police had followed up and communicated to make her aware of what had happened.

Otherwise, Rachel felt that the police were very communicative with her throughout the whole process. She identified that having one policewoman who was her main point of contact worked particularly well:

[There was] my contact person who stayed in touch, I had her phone number. She rung me, she sent me messages, she texted me, which, it felt very personal, very natural. It was very good.

Later, the property managers organised a memorial and blessing of the property. The police attended this, which Rachel knows the property managers really appreciated.

When it came to the court case, Rachel found the police's procedures for witnesses very supportive. One of these procedures was showing the witnesses around the court in advance, so they would know what to expect on the day:

What they offered to the three of us was a visit into the court, so that we would feel more comfortable knowing what we would go in for. I'd never been into the court building. And so they arranged a time that we could go in, and I remember being kind of, maybe a week or two weeks before, being nervous.

I had to go through security... you know, an actual x-ray like at the airport. And then [the main contact policewoman] was there and I met my friend and there were two women, and the main woman was there to advocate and support people who'd been affected by a crime, victims of a crime or people that were having to give statements. And she showed us around the courtroom that she thought it would be in. It turned out it was moved, but the courts are very much parallel images of one another.

On the days of the court case, Rachel also felt really supported by the police:

They actually sent a police officer to come and pick us [Rachel and her partner] up and take us in... so she drove us right to the court. We got an offer to get a lift home, but we just wanted to walk. They had a room for us giving statements, a whānau room. For a difficult situation again, I felt completely supported by the police.

Rachel also felt like the policewomen made sure that the witnesses felt appreciated and validated:

I found the police, [main contact policewoman] and her boss, who was a woman, really communicative and supportive and made sure we had a copy of our statements... They reassured me that in the court case, they understand that you may not remember every detail; that time changes things and memory changes and so on.

[We] went in, [I] gave my statement... and came out and it's that feeling of, you know, high tension, don't know if you've done it right, and then they were, 'It's great! Thank you, we really appreciate it'.

Rachel's main contact policewoman also went out of her way to keep her in the loop with the outcome of the case, and let her know her testimony had been appreciated:

At the end of the week, [the main contact policewoman] let me know that he'd been found guilty. And she actually sent the judge's summary, and the sentencing, which didn't put our names in for our privacy, but said... you know, 'In particular, the courage and testimony of the three women at the apartment building'. I mean, she didn't have to do any of that. And she did.

Rachel was also offered support through Victim Services. She found this to be a high level of support:

And I'm assuming this is through the police, connected me with Victim Support. I had a contact person through them who's checked on me since it happened, and since the trial, and they offered counselling... And they offer 30 free sessions, which I think is an unheard-of amount of funded sessions.

Overall, Rachel describes her experience as a very



positive one:

Apart from them not contacting the owner and the property managers, they were, in every other way, very communicative. And empathetic and understanding and supportive and, yeah, everything I would have wanted.

However, Rachel recognises her privilege and that someone else's interaction with the police may have gone differently:

I recognise that I'm a Pākehā woman, middle class, who's not had experiences with the police before. And... I recognise that we live in a racist society, with people with different life experiences and that, not everyone's experience of the police is going to be like mine. And.. that the police is simply an institution made up of individual people, and there's good and bad and I happened to have an unusual life experience where for me, the police were very, very supportive.

I also know it was a collaborative thing. So, I didn't come in with a suspicion of the police or a bad experience. And so... the empathy went back the other way. I was thinking 'Imagine having a job that you, you have to come out and deal with the worst of society'... you know, first response to a crime scene, the things that they must witness, and that they witness that, and that they have to stay empathetic. That would be very hard. But I endeavour to think, people are doing their best, and they're human beings.

It was also important for Rachel that she interacted mainly with policewomen:

I think something for me as a feminist, is I largely dealt with women. I think it just happened to be their team [that was on the case], and their team happened to be one with a lot of women. I guess that's significant for me, because I think of my stereotype of the police is a male dominated group.