

## **Training courses for police forces**

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### **Starting point**

Part of the tasks carried out by the police force is to submit people to psychiatric clinics according to the law of committal. If endangerment of the patient himself or others surrounding him is suspected, a doctor can order a temporary admission even against the patient's wish. The police decide for themselves if they follow this request and take the person concerned into custody for up to 24 hours. This may be carried out against the person's own will and without a legal order.

Police are often called by a third party who is witnessing an escalating fight or is worried about physical harm being done. In a situation like that the police officers have to decide whether to intervene and resolve the situation or to take some into custody (e.g. to sober up). Police officers have to assess the danger of the situation, if further violence is to be expected and if further help should be called for (e.g. crisis intervention teams). Another aspect of police work includes the recording of unnatural deaths and suicide. After a suicide, police are quickly called in order to secure the crime scene, to take care of the body and to handle the next steps. One of the hardest things is to notify the relatives of the suicidal act.

Police officers themselves are often suffering from depression, too. The rate of suicide among police officers is well above average, which might also be accounted to the fact that they do carry fire arms.

### **Known deficits**

Police officers usually have little or no knowledge about psychological disorders. Most of the police officers are very prejudiced about this subject. The fact that a psychological disorder (just like any other illness) can be treated successfully is usually unknown to people. If an officer is personally concerned by psychological problems he can seldom talk about it within the force. The general idea about a police officer's image is to be tough, extremely resistant to stress and very 'cool'. The situation becomes very difficult when officers become the messenger of a suicide to the relatives. Since the officers see this task as an extreme stress factor it can lead to additional and unnecessary traumatising of the relatives. Mostly, police officers appear distanced and cold towards the relatives whilst concentrating on their duty and being unable to show any empathy. This behaviour is the result of extreme insecurity of how to deal with such a situation.

### **Aims of the training course**

Introduction of a model demonstrating depression and psychological disorders as an illness. The most important symptoms and clues that point towards a depression should be explained. Officers should learn to differentiate between depression and sorrow. A brief overview of the treatment of depressive disorders and information about local help centres and clinics (low grade – high

grade) should be given. The close relationship between suicide and psychological disorder must be highlighted. Police officers should learn to recognise risk factors and should be trained on how to bring the message of a suicide to the victim's relatives.

### **Practical advice**

Training courses for police officers should always take place during working hours. Often officers are asked to join these seminars. You might come across prejudice and aversion towards the course leader (who may be categorised as 'psycho'). As much active involvement as you achieve from the officers as much improvement will you notice in the quality of the workshop. Integrating the police experience in the seminar will raise the level of interest as well as the effectiveness of the workshop as a whole.