



PoliceNews

The Voice of Police

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*The mental health
crisis and how it
impacts on policing*

INSIDE

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TOEING THE LINE

Front page: Mental health patients are spending lengthy periods of time in police cells because of an acute crisis in mental health. It's unhealthy for patients, its unsatisfactory for already stretched police and mental health workers and its an indictment upon our so-called 'caring and inclusive' society. Read all about it in "Fragmented care" on page 114.

- Photo courtesy of the The Mental Health Council of Australia.



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"These people aren't criminals, they're sick" – page 114

Budget 2006: Extra funds for extra staff

Key funding in the Justice Sector in this year's Budget, announced by Minister of Finance Dr Michael Cullen in mid-May was as follows:

- \$11.5 million in 2005-06 and \$198.5 million over the next four years to Police, which includes:
 - \$130.3 million in operating funding, plus \$33.9 million from the National Land Transport Fund dedicated to road policing, and \$48.9 million in capital funding to boost police numbers by 406 staff (325 sworn and 81 non-sworn) – the first tranche of the Government's commitment to increase the number of police staff by 1,250 over the parliamentary term.
 - \$14 million in operating funding and \$2.6 million in capital funding, for a new centralised National Assistance Centre to manage non-emergency calls.
- \$143 million in operating funding to the Department of Corrections, the majority of which is to fund the ongoing operating costs of the new Otago Region Corrections Facility (\$121.1 million).
- \$10.8 million to start an electronic bail scheme for remand prisoners.
- \$68.8 million (over four years) in operating funding to reduce violence within families and to continue to provide best practice information to parents and caregivers on raising children. (See page 108 "Family violence prevention" article). **Police will be party to this group agency effort** including a project to reduce domestic violence and to target youth at risk, in particular South Auckland youth gang problems.
- \$10.8 million in operating funding to Victim Support to implement improvements in the quality and consistency of services to victims.
- \$15 million in operating funding and \$1.5 million in capital funding, to implement the Criminal Proceeds and Instruments Bill.

From the President

It won't be fixed overnight; we can't conjure up troops from out of the blue. But at least acknowledging a shortage exists, that we are having recruiting problems and that the troops need a decent pay rise, is a start.



Breaking through the Berlin wall

The Berlin wall is crumbling.

The barrier previously erected outside the Police Minister's office and the eighth floor at the Office of the Commissioner, which formed an impenetrable barrier to information about problems affecting police officers and the service they are able to deliver to the public, definitely has some decent sized cracks in it.

That wall previously prevented those sitting behind it learning of Comms Centre problems, methamphetamine growth, frontline staff shortages, unassigned files and recruiting difficulties.

The only way information previously got across the barrier was via the media waves, usually travelling on the escape vehicle of a service failure brought about by unactioned problems.

Now, the Area and District Commanders who previously trudged away from the wall, despairing at the futility of trying to assail it with their pleas for greater resourcing, are finding there is a way through.

A more receptive Police Minister's office and eighth floor give hope that someone is finally prepared to acknowledge the emerging problems.

It won't be fixed overnight; we can't conjure up troops from out of the blue. But at least acknowledging a shortage exists, that we are having recruiting problems and that the troops need a decent pay rise, is a start.

This Minister will listen and does want to know what's happening.

Hopefully, the old days of shielding visitors from outside the district from the truth are over. It's not just police deficiencies, it's the problems we encounter dealing with other agencies, which are not coping.

Suppressing information is like trying to compress custard. It just squeezes out the side and makes a helluva mess when it does.

People have learned to bite their tongues, to soldier on doing a great job with few resources and little support. The losers have been the good people who live in the poor areas, which is always the case if we can't properly protect the victims.

Now with the promise and funding for extra troops and the support to keep them working courtesy of NZ First and the government, there is cause for optimism.

Going back then to our Berlin wall analogy - we can only hope that now the right information is getting to those at the top, that they will take the appropriate action.

It would be a terrible shame if we saw the workmen back reconstructing that barrier in 12 months time because too much unwelcome news was getting across it.

Eagle has landed; the couch has flown

By Steve Plowman, Editor, Police News

Two constables from Howick, Craig Burrows and Cameron Spurdle, couldn't believe their ears when Comms called them to a job in Cockle Bay on 4 May – to apprehend the driver of a couch.

Yes, you read that correctly.

The two constables were even more perplexed when they arrived at the corner of Pah and Shelly Beach Road to find that not only had they heard correctly but that their eyes weren't playing tricks on them either. There, haring up and down the road at speeds estimated to be

between 30 and 40 kph was a motorised two-seater couch!

Constable Burrows told *Police News* that the Eagle helicopter happened to be in the area at the time and managed to locate the 'vehicle'. Another officer, who was not involved in the chase, said, "a couch pursuit warning was given".

"We caught up with the couch just outside the driver's address," Constable Burrows said.

Engineering apprentice

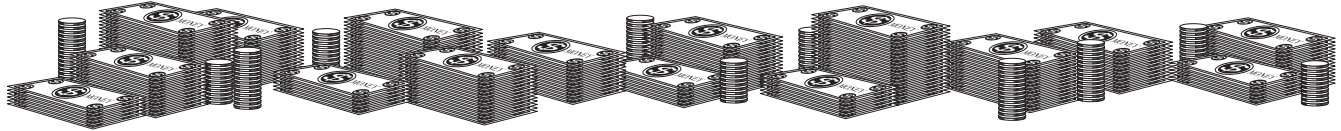
It transpired that the driver was an engineering apprentice with Fisher and Paykel. Part of his apprenticeship course involved a challenge to do

an offbeat engineering project. The young man took up the challenge and attached a motor mower engine and chassis to the two-seater couch and hey presto – the couchmobile was born.

The young inventor had changed the lever on the side of the Lazy Boy-type couch to make it into a steering wheel. He had made a brake, which fitted between the two seats.

Constables Burrows and Spurdle were duly impressed by the man's creativity. "It really was an impressive piece of work," Burrows said.

The two constables elected to issue the young driver with a warning and sent him on his way.



The pay round and how its progressing

After a series of formal negotiations spread over the past six weeks the Association is now in a position to provide members with an update of more substance and we are seeking your feedback.

There is still a long way to go with our sworn and non-sworn collective agreement negotiations before we will be in a position to bring any recommended settlement to members for consideration and possible ratification. While we have canvassed a number of specific issues to date, others have not yet been discussed in any depth. Both the Police Association and Police continually emphasise that “nothing is agreed until everything is agreed”. That said, we can report the current state of the following issues:

General pay increase and increments for those at the top of the bands - These have not been the subject of any direct discussion to date. Both parties are aware that these are key issues in this pay round. We have not yet tabled a specific figure for a general increase given the constant change in wage movements and other key industry negotiations currently in progress.

Standby - We are looking for a significant increase in the standby allowance, and have claimed \$3 per hour. Police have indicated they are prepared to give this claim some serious consideration, but do not believe any increase should be passed onto AOS members given their existing 6% loading. We advised that AOS members should receive the same rates that are being proposed for other staff when on standby, rostered days off or annual leave.

Meal allowance - Both parties are looking to simplify the meal allowance regime, implementing one standard for all sworn and non-sworn members. Discussions are

focusing on one meal allowance rate that could be claimed when a member works 90 minutes of overtime (currently either one hour or two hours depending on the member's circumstances) with no receipts required.

Sworn Code of Conduct - This matter has consumed considerable time during the negotiations. Police are seeking our co-operation in finalising a Code of Conduct for police officers to be included in the sworn agreement. We have agreed to put a team of specialists together to consider where a code should properly rest (GIs, legislation, collective agreement) and the possible contents of that code.

Sworn overtime rule and cashing up of TOIL - A reduction in the TOIL rule remains a key component of our claim. Police have not yet responded positively to a reduction in the TOIL rule but are agreeable to an option whereby members could cash up accumulated TOIL.

Transport assistance and shift incentives - As in previous years, Police seek to remove the transport assistance provisions, arguing it is the employee's responsibility, not the employers, to get to work. As a trade-off, they are proposing a shift incentive that would reward those who work outside of 6am to 6pm Monday to Friday. They estimate the cost of these incentives to be as much as \$7 million, compared to the existing \$2.4m cost of transport assistance. Police believe only about 10% of existing members in receipt of transport assistance would end up worse off with their proposed trade-off and have indicated considering a transitional arrangement of some kind for these members while they remain in the same position, working the same hours.

Increase on appointment to a higher

band - The Association is seeking a greater increase for all members being promoted and moving into a higher band. At this stage, Police have indicated a willingness to increase the remuneration only for constables and sergeants promoted into supervisory positions.

Motor vehicle reimbursement rates

- Both parties are looking to simplify the whole motor vehicle reimbursement provisions of the collective agreements. We are aiming to standardise the entitlements for all employees who use their own vehicle on Police business, when travelling excess distance to an alternative place of work and when on transfer.

Other matters - There has been ongoing discussions centred on recruitment and retention, the salaries paid to recruits at the RNZ Police College and the bottom of Band G (sworn) as well as the number of steps in that band.

Discussion on CIB issues is scheduled for the June negotiation dates at which time the results of the Association's Survey of CIB members in Metro Auckland will be available.

Your feedback is important

The Police Association welcomes member feedback on the issues covered in the pay round update article via our Consultative Committee representatives or the Email address below. We may not be able to reply to all the Emails we receive but we are keen to continue reading and gauging members' views. Send your feedback to:

Payround06@policeasn.org.nz

\$9 million over four years for family violence prevention

The government is putting another \$9 million over the next four years into trying to prevent family violence.

Child Youth and Family Services Minister, Ruth Dyson announced the proposal last month as part of this year's Budget round. The \$9 million represents a 20% increase in government funding and will go towards non-government community service providers such as 24-hour crisis lines, counselling, social work support, safe-house accommodation, advocacy and information.

Increasing demand

“Demand for family violence prevention services continues to increase, both through raised awareness of the problem and through

increased referrals generated by government initiatives. This Budget announcement recognises the increased demand and increases the funding into this sector for the first time in more than a decade,” said Ms Dyson.

Key government departments and ministries such as Police, Health, Education, and Social Development have undertaken to work with Child, Youth and Family Services to develop and implement solutions to address the sharp rise in notifications. The Ministry of Social Development through Child, Youth and Family Services (\$8.2 million over four years) and through Family and Community Services (\$0.796m over four years) will administer the fund.

Association loses one of its own:

Trevor Mayes (1943-2006)

Former longtime Police Association Field Officer, Trevor Mayes died on May 5 after a courageous fight with brain cancer.

Trevor's long career in the Police – spanning some 30 years – was marked by his service and compassion for others.

Trevor came from a farming background and entered Trentham Police College in 1961 as a cadet. He served in Auckland, Marton, Invercargill and Gisborne. He was a District Secretary with the Police Association in Gisborne and Auckland and also represented members nationally on the National Council (at conference), on the Management Committee (Board) and the Police Welfare Fund.

His long experience as a District Secretary proved invaluable in all aspects of his Association dealings and members and management often sought his advice. He was extremely innovative in his thinking and produced a district newsletter, "Secretaries Snippets". He worked with the kaftan-wearing Bob Moodie, former Association National Secretary and with one of Bob's successors, former Hotel Workers' Union official, Graham Harding. These were challenging times, given the conservative nature of the membership. They were the heady days of double-digit inflation with similar sized pay increases being sought by members.

Significant operations

Trevor represented the membership through some of NZ Police's most significant operations: Bastion Point, Erebus, the 1981 Springbok tour, nuclear ship visits and the Queen Street riot.

He was also involved in the organisation of some of the Association's most pivotal

meetings such as at the Mt Albert War Memorial Hall in 1976 where 800 of Auckland's 1200 police officers turned out to press their wage claim. The size and mood of this meeting was viewed as being important to the subsequent meeting of the President and National Secretary with the Select Committee, which was to consider the pay claim the following day.

Later Trevor rallied members to attend the Annual Meeting of the Friendly Society that had responsibility for the medical insurance of Association members. The Association was dissatisfied with the arrangements and the intention was to take control of the Society. The result was the birth of what is now known as Police Health Plan.

First Field Officer

Having retired from the Police in 1991, he became the first ever Police Association Field Officer for Regions 1 and 2. He set the template for the position, developing it well past what had been envisaged. One of the early challenges was the recruitment of non-sworn members, who had been previously represented by the PSA. As a reflection of his dedication to the task, he signed up 94 new members in just 75 days.

He used his experience in Prosecutions to advocate for members in the Employment Tribunal.

Trevor enjoyed his role. He believed the one-to-one contact by someone from National Office was important to members and that belief was clearly shared by members, many of whom wrote to National Office to express their appreciation of his efforts on their behalf. He earned the respect of District and Regional Commanders alike and that said a lot for his approach as a people person,



- *Trevor Mayes – earned the respect of Association staff, members and Police management through his compassion, skills and good humour.*

who respected and cared about those he interacted with.

Professionalism

Trevor's oratory skills, his professionalism and his understanding of the law were great assets to members at time of mediation or during Employment Tribunal hearings.

Trevor travelled far and wide to look after members in Northland and the Waikato. He was a man of great compassion with limitless skills and dedication.

We, at the Association, who had the pleasure to work with Trevor Mayes over a lengthy period of time, deeply mourn his passing. He was a man who earned the respect of those he worked with and those he worked for and was much loved and admired by Association staff and members for his quick wit and his enjoyment of life.

His wife Elspeth, daughter Sasha and son Shane survive him.

- By Mark Leys.

Obituary:

Denis Patrick Highsted

Many retired members would have been saddened to learn of the death in late April of Denis Patrick Highsted, the first police officer ever to be assigned to fulltime duties at Christchurch Airport. His appointment paved the way for airport police around the country.

Pat, as he preferred to be known, was in his 88th year.

Pat served in the 19th Armoured Battalion/Regiment (1941-45) in the Western Desert and Italian campaigns during World War II. He rose to the rank of sergeant.

In 1947, he entered the Police Training Depot at Newtown, Wellington, and on graduation

was posted to Christchurch Central as a beat constable. Three years later, Pat joined the CIB as a constable. He proved himself more than capable and quickly rose to the rank of detective.

First airport constable

From 1959 until 1962 he served at Papanui Station and then went on to become the first permanent appointee at Christchurch International Airport. He retired from his post there in 1979.

In one incident, Pat was sent with four other officers to apprehend a gunman in Hagley Park. They were each issued with a revolver

and several rounds of ammunition. This was a long time before the formation of the Armed Offenders' Squad and Pat and the others were, not surprisingly, reported to have been "shaking in their boots" going from tree to tree for cover. But they eventually apprehended the offender without incident.

Many elderly former colleagues, some in poor health, travelled long distances to attend Pat's funeral – in itself a mark of the extreme respect Pat had earned during a police career in which he touched many lives.



• *Pat Highsted*



Police Health Plan enhancements

By Chris Pentecost, Police Association CEO

From time to time the benefit maximums payable to members of Police Health Plan are reviewed to ensure they are at a realistic level.

In conducting any such review we do not look to cover every cost members will incur, as this would be impractical. Instead, we aim to meet the significant majority of the costs incurred by the majority of members.

Following the latest review, the Board have approved the following benefit enhancements. All take effect from 1 July 2006. The anticipated cost of these enhancements has been incorporated into the new premium structure.

The **General Practitioner consultation** maximum benefit will increase from \$55 to \$60 per consultation for members with Comprehensive cover, and from \$44 to \$48 for members with Basic cover. Members with Surgical cover only are not entitled to this benefit.

Specialist consultation – the **initial visit** maximum benefit will increase from \$100 to \$150 for members with Comprehensive cover, and from \$80 to \$120 for members with Basic cover.

For a **specialist consultation – follow-up visit** the new maximum benefit for members with Comprehensive cover will increase to \$100 (was \$85) and to \$80 (was \$68) for members with Basic cover.

Members with Surgical cover only are not entitled to these benefits.

Consultant physician – the **initial visit** maximum benefit will increase from \$200 to \$250 for members with Comprehensive cover, and from \$160 to \$200 for members with Basic cover.

For a **Consultant physician – follow-up visit** the new maximum benefit for members with Comprehensive cover will increase to \$150 (was \$90) and to \$120 (was \$72) for members with Basic cover.

Members with Surgical cover only are not entitled to these benefits.

Private hospital overnight bed charge – the maximum benefit will increase from \$400 to \$450. This benefit applies to all members.

Police Health Plan premium increase

By Chris Pentecost, Police Association CEO

In July 2002, Police Health Plan introduced an age-banded premium structure.

At this time, premiums for members aged up to 39 years were left unchanged and variable increases were introduced for members aged 40 years and over.

In July 2004, following a review of our claims costs and premiums, we increased premiums by 2.5% and 5% for all members except for children (0-18 years) with Surgical cover, for whom premiums increased by 8%.

Since then, premiums have been unchanged while claims costs, including provision for claims yet to be submitted, have increased by almost \$2 million. In addition, based on our claims history, we are budgeting for our claims costs in the 2007 financial year (July 06 – June 07), including the impact of increased benefits (see "Police Health Plan enhancements" article on this page), to be \$1.3m more than those for this current year.

Increasing claims costs inevitably means that premiums need to be increased to ensure Police Health Plan retains its financial strength. The increases are based on the claims history of different age groups within each type of cover. Accordingly, the increases vary, dependant upon age and type of cover, with larger increases for older members.

Increases approved

The Board of Police Health Plan has approved the following increases:

- For **all members aged 0-39 years** the increase in premium is (about) **4%**.
- For members aged **40-44 years** with **Surgical** or **Basic** cover, the premium increases by (about) **4%**, and **6.25%** for members with **Comprehensive** cover.
- For members aged **45-49 years** with **Surgical** cover, the increase is **4.9%**, rising to **7.7%** for

those with **Basic** cover and **13.4%** for those with **Comprehensive** cover.

- For members aged **50-54 years** with **Surgical** cover, the increase is **6.2%**, rising to **10.25%** for those with **Basic** cover and **12.25%** for those with **Comprehensive** cover.
- For members aged **55-59 years** with **Surgical** cover, the increase is **10%**, rising to **13.25%** for members with **Comprehensive** cover and **14.5%** for those with **Basic** cover.
- For members aged **60-64 years** with **Comprehensive** cover, the increase is **12.1%** rising to **12.75%** for members with **Surgical** cover and **15.1%** for members with **Basic** cover.
- For members aged **65-69 years** with **Comprehensive** cover, the increase is **10.8%**, rising to **15%** for members with **Basic** cover and **15.4%** for members with **Surgical** cover.

- For **all members aged 70 years and older** the increase is (about) **15%**.

These increases range from 25 cents to \$8.65 per fortnight and have been kept as low as is prudently possible.

The Board and management of Police Health Plan are very aware the impact these increases will have on many members, especially our more elderly members. As stated above, the increases and new premiums reflect member claim patterns and costs over recent years. Retaining our premiums unchanged last year has clearly had an impact this year. However, when compared with premium increases generally occurring in the health insurance sector over the past two years, our increases are extremely competitive.

The following are the new fortnightly premiums, and will apply from payroll and Credit Union deductions from **Wednesday July 12**.

Age	Surgical Plan	Basic Plan	Comprehensive Plan
0-18	\$ 6.10	\$ 9.15	11.15
19-24	\$17.10	\$21.35	\$29.30
25-29	\$17.10	\$21.35	\$29.30
30-34	\$17.10	\$21.35	\$29.30
35-39	\$17.10	\$21.35	\$29.30
40-44	\$18.35	\$24.00	\$32.35
45-49	\$19.30	\$26.60	\$36.00
50-54	\$22.30	\$30.10	\$38.90
55-59	\$28.05	\$36.65	\$45.30
60-64	\$34.50	\$43.50	\$51.55
65-69	\$42.00	\$50.70	\$58.40
70-plus	\$45.70	\$55.80	\$66.15

All primary members of the Plan will receive individual written notification providing more details of the increases.

Generally, members, who pay their premiums through the Police payroll system, will not have to do anything as the new premiums will be automatically deducted from their pay.

Members who pay their premiums through Police and Families Credit Union deductions will need to ensure their payments into the PFCU are sufficient to meet the new premiums.

Insurance premium reviews

Each year the respective premiums for members of Police Health Plan, Fire and General (house, contents, motor vehicle and boat) Insurance and Supplementary Life Insurance are reviewed.

This year, due to losses sustained by the underwriters in each of the last two (two year) policy periods, we have also reviewed the Non-sworn Group Life Insurance Policy premiums and benefits.

These reviews may or may not result in premium increases. For instance, last year there was no change in the premiums of Police Health Plan and where possible we absorb as much of the Fire and General premium increases that we can.

This year's review

We have completed reviews for this year and **premium adjustments will be implemented in the Police payroll and Police and Families Credit Union deductions on 12 July.**

Police Health Plan premiums for all members will increase by between 4% and 15% (see article on previous page).

While the house/home component of the **Fire and General** insurance portfolio is the main contributor to premium adjustments, increases vary depending on total risks held, location and each member's claims history. In addition, there is provision made for inflation. Across the whole portfolio the average increase, including inflation, is 4.2%.

In conjunction with this review we have been able to negotiate with the underwriters specific policy enhancements for rental and investment properties. Available from 1 July 2006, for new and existing policies, is the ability for rental properties to be insured for **replacement based on area** instead of the current replacement based on value.

Further enhancements to be introduced later this year will be Landlord's Chattels - Extended Cover and Landlord's Extension - Damage by Tenants.

Supplementary Life premiums are adjusted annually as members get older.

Non-Sworn Members' Group Life Insurance premiums will increase from \$4 per fortnight to \$6 per fortnight (see article on this page).

Specific notifications regarding how any change in premiums will affect you will be forwarded to all members.

If you pay from Police pay

Members who pay their premiums through the Police payroll system don't have to do anything. The relevant premium increases will be automatically deducted from your pay on 12 July.

If you pay from your Credit Union account

Members who pay their premiums through the Police and Families Credit Union will need to ensure they have sufficient funds going into their Credit Union account to meet the relevant premium increases.

This means automatic payments to the Credit Union may need to be increased. We suggest you wait until you receive all relevant notifications before you change your automatic payment to the Credit Union, so you only need to make one change.

For any information contact the Member Services Centre:

- Through the **Police Network 44446**, or;
- By **Direct Dial 04 496 6800** or;
- **Toll Free 0800 500 122** or;
- By Email to **enquiries@policeassn.org.nz**

Non-sworn Group Life Insurance increase

The premium for the Non-sworn Group Life Insurance policy has been unchanged at \$4 per fortnight since 1994.

This has put the policy under some pressure in recent years, especially as the underwriters have paid out more in claims costs than premiums received for each of the last two (two year) policy periods.

In order to maintain a sustainable policy for all members, we have reviewed both the premium and policy benefits with the underwriters.

The new premium will be \$6 per fortnight. Deduction of this sum will commence from the Police payroll on 12 July.

As part of this review, we have been able to increase the benefits of most members.

Effective from 1 July the benefits paid out under the policy will be as follows:

Age 15 – 29 years	\$75,000	(was \$65,000)
Age 30 – 39 years	\$70,000	(was \$60,000)
Age 40 – 49 years	\$60,000	(was \$55,000)
Age 50 – 59 years	\$55,000	(was \$50,000)
Age 60 – 64 years	\$50,000	(was \$50,000)

As with the previous policy, there is no cover for members aged 65 years and older.

Use of 0800 Ten Nine phone line

Association representatives maintain this telephone line (0800 8366 463) on a 24-hour basis.

It is to be used **ONLY** for matters that cannot be deferred, such as Police shootings, fatal pursuits or deaths in custody.

Important and immediate industrial and legal advice can then be arranged through the Association networks.

Please do not phone this line for non-urgent matters.

You should have received your Holidays Act back pay on 31 May

Members should have received their back pay in the Police payroll of 31 May for time half additional payments for working on public holidays.

The Holidays Act was amended effective 1 April 2004 to provide for a minimum of time half additional for working on public holidays. As Police were of the view this loading was already included in the comprehensive salary paid to members the Association successfully took the claim for this entitlement to the Employment Court.

The Employment Court's decision means that all members of Police, both sworn and non-sworn, are entitled to receive back pay for all time worked on public holidays since 1 April 2004.

Formula

The formula for calculating the time half additional is the greater of either:

- 88% of the members current comprehensive salary; or
- 88% of the members total gross earnings for the previous 12 months

For the purposes of simplifying the backpay calculations, 1 May 2006 is the date used to determine a member's current comprehensive salary or total gross earnings for the previous 12 months.

Members should contact their local HR office if they want to confirm the basis of the calculation of their backpay or if they believe they have an entitlement they have not received.

Members who left Police after 1 April 2004 and believe they have a backpay entitlement should write to Police at:

**Attn Payroll – Holidays Act Payment
Office of the Commissioner
PO Box 3017
Wellington**

Police decide to design a new uniform for 'temporary constables' after criticism

By Steve Plowman, Editor, Police News

NZ Police has admitted that dressing civilians in full police uniform as 'temporary constables' is confusing. It is set to change the practice.

Temporary constables can be sworn in under the Police Act 1958. Historically, they have been used for prison escort duties, as temporary jailers and to guard crime scenes.

The change comes as a result of criticism, including strong concerns raised by the Police Association, about dressing temporary constables in full police uniform at crime scenes.

Deputy Police Commissioner Rob Pope admitted last month that the public would have trouble telling the difference between the uniforms and those of a sworn officer.

Mr Pope said that Police planned to design a new outfit for temporary constables as part of a review of civilians' roles.

Increases in usage

The Press recently reported that the number of civilians employed as temporary constables had jumped from 15 in 2004 to 330 this year.

Volunteer Fire Service personnel are regularly used to protect crime scenes where a fire has resulted in a fatality. There may be questions as to liability under the Health and Safety in Employment Act should such a volunteer be injured during the course of those duties. The Fire Service Act says that staff guarding fire scenes must at least be sworn in by a JP. They assume the powers of a constable at a fire scene.

Police Minister Annette King came under fire from Opposition MPs as a result of the temporary constables being in police uniform.

Ms King said that the temporary constables would have little contact with the public. She said that inconsistencies around what temporary constables could wear needed addressing.

Association position

The Police Association did not support the use of 'temporary constables' in positions where

their use might confuse members of the public into thinking they are sworn police officers but Police Association President Greg O'Connor acknowledged that many gave invaluable service to Police.

When it was revealed recently that temporary constables in full Police uniform were guarding crime scenes in Canterbury, Mr O'Connor responded by calling the practice "dangerous and misleading".

"The vast majority of temporary constables are excellent people who do an excellent job but if you are in police uniform the public assume that you are a police officer and that you will respond like a police officer if called upon. It's a risk to everyone involved to have people who are not sworn police officers effectively masquerading as them and will do nothing for the public's confidence in us as an organisation," Mr O'Connor said.

"The vast majority of temporary constables are excellent people who do an excellent job but if you are in police uniform the public assume that you are a police officer and that you will respond like a police officer if called upon..."

—Greg O'Connor

Security guards

The Association has no objection to security guards being employed to guard crime scenes, or temporary jailers being employed to watch or transport prisoners – as both practices free up frontline staff for other duties – but the Association strongly objects to the police uniform being worn by those other than sworn officers.

Several officers spoken to by *Police News* agreed. They said that the wearing of the uniform guaranteed the public that they were receiving service from a sworn officer who had undergone intensive and specialised training. One officer said the practice was: "A

demeaning and devaluing of the uniform and the role of a sworn officer."

Some officers spoken to wondered if the practise was "privatisation by stealth" because of Police recruiting problems. "Our pay and conditions are falling behind those on offer in the private sector and this needs addressing," one Wellington officer said.

A Tauranga officer said Police were losing experienced officers who were now setting up their own companies to do work that Police had effectively "abdicated to private firms".

Lowering of standards

Another officer said that with suggestions coming from Police management that the work of SOCO (Scene of Crime Officers) be privatised and with fraud investigations becoming the domain of private investigators "the writing was on the wall" for where policing was headed. "We are seeing the thin end of the wedge here and a lowering of standards. Allowing wannabees to wear police uniforms is a recipe for disaster," he said.

Wellington, Auckland and Canterbury officers interviewed by *Police News* said they felt that the temporary constables should be in a uniform but that it should be clearly distinguishable from that of a sworn officer.

A group of Wellington officers spoken to said that temporary constables usually fell into two groups – the ones that didn't care whether they had a uniform and just wanted to get on with the job and free up the frontline. They were highly regarded by sworn staff and gave "invaluable service". The second group were referred to by the officers as "the wannabees" – a group which seemed quite keen to "pretend" to the public they were real police officers and who ran the risk of "crossing the line" in terms of their allowed duties.

Incidents recently reported in the media highlighted some incidents such as:

- A temporary constable driving a police patrol car with the lights and siren

activated after accidentally activating them and not knowing how to turn them off;

- One giving a talk to schoolchildren at a school while wearing her uniform;
- A temporary constable picking up friends from the airport in uniform so friends would think the temporary officer was a sworn officer;
- One allegedly asked Telecom for an urgent telephone connection 'because she was a police officer';
- One wrote 'police officer' under the

occupation category on an Immigration Department form in an endeavour to clear Customs quickly; and

- One left a crime scene she was tasked with guarding and pursued a vehicle in a police patrol car, with its lights and siren activated.

Watchhouse keepers have also reported "attitude problems" from some of the temporary constables. "They get a bit above their station and limited powers once they don the uniform," one said.



- A detective and a 'temporary constable' (pictured here in full Police uniform) at the scene of a rape inquiry in Christchurch. The 'temporary constable was sent to guard the crime scene.

- Photo courtesy of The Press (Christchurch).

Christmas holiday home ballot

A ballot will take place for the holiday homes the Christmas-New Year period, due to the huge demand for the homes during this time.

Every sworn and non-sworn member of the Welfare Fund will be sent an Email to his or her police Email address, or the one supplied and which appears on their membership registration, in early July.

The Email will allow you one chance to enter the Police Welfare Holiday Home Christmas ballot.

Five one week blocks

The ballot runs from 26 December 2006 for five one week blocks, ending on 29 January 2007. Entries are limited to one per member.

All entries must be received no later than 14 August and winners of the ballot will be notified in the third week of August.

Ballots are only made available to current serving full members of the Police Welfare Fund. "I encourage all members to apply for a Christmas ballot, as contrary to popular belief most members are likely to win a ballot, particularly if they are flexible with their dates and/or location. Those members who are unsuccessful will have first opportunity to take up any later cancellations", said Pete Hayes, Welfare Services Manager.

If you require any further information please contact the **Member Services Centre** on **0800 500 122** or extn **44446**.

Have you moved recently?

If you have or perhaps are about to, please let us know so we can update your records.

You can do this by:

- writing to us at PO Box 12344;
- calling us on free phone 0800 500 122;
- faxing us on (04) 496 6819; or
- emailing us at; membership@policeassn.org.nz

You need to let us know your membership number, new address and if you're a serving member - your new station.

FRAGMENTED CARE

One of the most stressful and potentially dangerous situations that police officers have to deal with on a daily basis is the interaction with mental health patients. Police are often called to assist concerned families, Duly Authorised Officers (DAO's), Community Assessment and Treatment Team (CATT) or Psychiatric Assessment and Community Team (PACT) workers from mental health units in dealing with mental health patients. The following series of articles looks at this interaction, some of the issues facing the mental health system, its legislation and how a fragmented health system, itself plagued by retention and recruitment issues, are coming together to impact upon the police workload. **Police News Editor, Steve Plowman, takes a look at the issues.**

Systemic failures in mental health leave police feeling like 'the ambulance at the bottom of the cliff'

A mental health system, often dealing with people in crisis situations, is itself in acute crisis – and the flow on effects of its systemic failure are impacting heavily upon frontline police officers and other support staff.

Frontline officers have told *Police News* that they are increasingly feeling like the "ambulance at the bottom of the cliff". Many say that they are concerned for the wellbeing of patients who have to spend lengthy periods of time in police cells while awaiting assessment by a Duly Authorised Officer (DAO) from a Community Assessment and Treatment Team (CATT) or Psychiatric Assessment and Community Team (PACT).

But police are aware of the pressures that the DAO's and CATT team members find themselves under. As one Auckland officer put it: "They have understaffing issues which make ours pale by comparison, in some instances".

Feeding into this is the fact that the most junior, and often inexperienced officers, are on that frontline - dealing with mental

health patients in crisis situations. There is no national standard of training for officers to deal with such situations.

Unsatisfactory practices

Frontline police say the practices being adopted are unsatisfactory and are, in some cases, unnecessarily putting patients and officers at risk. Patients are being held in police cells for longer than the maximum six hours set down in the Mental Health (Compulsory Assessment and Treatment) Act 1992. Some officers say the system is effectively using police personnel as 'babysitters' for people who are clearly unwell and need more care than the four walls of an observation cell at a police station can provide.

If patients are potentially violent it means three officers from an I-car will be needed for transportation to the nearest police station or a hospital for assessment. Police have to wait for staff at a hospital to take charge of the patient before they can leave, often meaning that an incident car (I-car) can be tied up on one job for several hours.

Alternatively, if a DAO or other CATT team member, who is capable of doing an assessment, is called it may take several hours for them to arrive because of their own huge workloads. Sometimes, where police are first to attend an incident involving a mental

health patient, DAO's are not always able to respond when asked to by police. This then leaves police having to find a doctor who will do an assessment. In order to do that, police will then often be required to transport the patient to the nearest hospital Accident and Emergency Department in the hope that the patient can be assessed there. In most instances, the matter will end there for police staff once the hospital has taken custody of the patient, but if the patient is agitated and showing signs of becoming violent then police will be required to stay and help with restraint until such time as the patient has been calmed down or sedated.

Legal issues

Police Association President Greg O'Connor said while police officers understood that they provided service 24/7 and that might involve often being called to deal with people whose mental health episodes pose a danger to life or property, the real issue was around officers not being sufficiently trained in this area.

"The real risk, apart from the obvious risk of physical injury posed by having to restrain disturbed and violent people, are the legal consequences if something goes wrong," Mr O'Connor said.

"The inevitable media outcry if a mentally disturbed individual is injured while being dealt

with invariably leads to a major investigation in which the actions of the officers will be minutely scrutinised by criminal investigators and be subject to negative comment by the usual police critics. Such investigations have a major impact on officers and their families, who often have to wait years for an outcome. Because the physical and professional risks are so high, officers must receive appropriate training in learning to deal with mentally disturbed individuals, especially in the area of restraint," Mr O'Connor added.

Monitoring of suicidal patients

If patients are suicidal, they require constant monitoring and this often involves, in the initial stages, the use of arrest staff while they await the arrival of a DAO.

Anecdotal feedback from police officers indicates that despite the requirement in the Mental Health Act for DAO's to provide assistance to mental health patients, mental health agencies often believe that there is no requirement under the Act for them to attend, so the problem is referred to Police.

Because DAO's do not always comply with the Act's requirement for them to provide assistance and advice, police attendance at incidents involving mental health patients has become the 'norm' and has come to be expected.

Police have the power to detain people under Section 109 of the Mental Health (Compulsory Assessment and Treatment) Act 1992. This section deals with people who are "mentally disordered in a public place".

"This could be for a variety of reasons, they may not have taken their medication, they may be drunk or they may have taken illicit drugs," a Canterbury officer said.

Alcohol and drugs

This can then lead to subsequent problems. Mental health workers refuse to assess patients who they deem to be intoxicated or under the influence of drugs. Police are then faced with no other option but to remand the patient in custody. In order to free up frontline services, police have to employ temporary

jailers or security guards to monitor patients who may be at risk.

Police say this leaves them with a fine balancing act – between their duty of care to the patient, which is paramount, being weighed against their need to provide service to the public in emergencies. There is also the matter of Police having to fork out for monitoring such patients.

Police News has seen documents from some officers sent to their superiors suggesting that DHB's and other mental health agencies be billed for police time spent looking after mental health patients when DAOs are unavailable, or in some cases unwilling, to authorise an assessment. The Corrections Department pays for its prisoners and the Immigration Department pays for its detainees.

"The real risk, apart from the obvious risk of physical injury posed by having to restrain disturbed and violent people, are the legal consequences if something goes wrong,"

- Police Association President Greg O'Connor.



Training

Police officers are not trained to deal with mental health patients to any great degree and often do not have any clue as to what illness, if any, they are dealing with when they first encounter a mental health patient. Most police officers are compassionate in their dealings with mental health consumers but are keen to see them get help from the appropriate authorities. Police encounter the whole gamut – as one officer put it – "from the time wasters who are lonely and seeking attention to the seriously unwell who think you are trying to harm them and want to attack you as a result."

The latter, those who resort to violence because of their delusional state, are particularly dangerous in the confines of an I-car.

"When you have someone who is intent on biting, spitting, kicking, punching or headbutting you then you really have to have your wits about you and act as a team,

because if they get loose and kick your driver in the head while they are acting up then you have real troubles," one Canterbury-based officer told *Police News*.

Police are understood to be addressing this issue with a trial of perspex screens between the front and back seats of police cars.

A South Auckland police officer told *Police News* that dealing with mental health patients was a major issue. "Many of them are obviously not criminals but they are sick and we shouldn't have to be putting them in police cells," he said.

Big increase in P1 callouts

The situation is compounding as Counties-Manukau police face a rising violent crime rate and many domestic violence callouts.

Police resources are being stretched out like a shanghai, with Priority 1 jobs (those requiring attendance within 10 minutes) having risen by 97% in Otago and 94% in Howick respectively in the last year.

The officer said that DAO's were not responding to police calls for assessments for long periods of time "because they themselves are run off their feet."

Some new police stations, at least in the larger metropolitan areas, will be better equipped to deal with mental health consumers. Counties-Manukau's new Police Hub, which is currently under construction, is one such facility.

Waiting times for DAO's in rural areas are often longer because of the greater distances involved in transporting patients.

Rural transportation issues

Waimate-based Senior Sergeant Mike Van Der Heyden says that his staff's interaction with mental health staff in South Canterbury works pretty well but transporting patients over longer distances can be resource intensive.

"Our relationship with the CATT team from Timaru is fairly good. Normally they're down within the hour, unless they are too busy because they have things going on in Timaru. But on those occasions we take the person through to Timaru for assessment."

“Usually the patients are well-known to us, as they may have a bit of a history. You get the occasional one out of the blue who may not be known to us. If they are intoxicated then we usually keep them in custody in Timaru until they are sober enough to be dealt with by the CATT team.”

Van Der Heyden says that his team of officers is well aware that they may be called out when they are on-call. This is usually to assist officers in single person stations with patients who have a propensity to violence. “We never deal with them by ourselves. We usually have the CATT team in attendance and we treat the patient like any other person, in order to get them restrained or confined. If they are a threat to themselves or any other member of the community then our job is to secure them so that the CATT team can then intervene.”

Familiar patients

“Often we are dealing with the same person and they come to our attention for a variety of reasons – they may have stopped taking their medication, have had a particularly traumatic experience or it may be as a result of an ongoing and sometimes lifelong mental illness,” Van Der Heyden told *Police News*.

He says that many fit into the community and never cause police any problems. Van Der Heyden says he has noticed one significant change - a spike in “drug induced psychosis cases”. Often police officers do not know what drug has caused the patient to act up. Patients under the influence of illicit drugs can be extremely difficult to deal with and are often quicker to resort to violence as their paranoia increases. Often they do not understand the simplest of instructions.

Van Der Heyden said that he and two colleagues had recently transported a potentially violent patient for assessment. The patient had repeatedly yelled that he knew the officers were out to kill him. “You had to stay very awake to the fact that that’s what was running through his head. All during the ride he wanted to get away from us. They are the difficult ones to deal with and, while he was quite safe, it’s always in the back of your mind that you may not be,” Van Der Heyden said.

The relationship between Police and mental health agencies in dealing with mental health

patients works well in some areas but not in others. (See “Rotorua’s in-house mental health” on page 121).

Falling through the cracks

Late last year, Mark Earthrowl, a clinical leader of Canterbury’s Regional Forensic Service stated that the majority of people suffering a major mental disorder, at the time of their arrest, were not being treated within the mental health system.

Of those suffering psychosis (including schizophrenia) only one third were receiving treatment while less than half of those with depression were being treated at the time of arrest. Bipolar disorder was the exception, where some 80% of patients were receiving treatment.

The consequences of deinstitutionalisation – the closing down of purpose built mental hospitals over the last two decades - has been the subject of much debate both here and across the Tasman (see graph headed *Residents in psychiatric hospitals 1970-2000* on page 121).

The effective implementation of community care has been hampered by a lack of concerted mental health care policy; a fiscal squeeze on the health care system and by the impingement of non-health care legislation (the Commerce Act, the Privacy Act and the Resource Management Act) on the local expression and management of community care. Unfortunately, mental health patients are being recast as criminals and prisons have often become the recipients of them, with little hope of then receiving adequate and effective treatment (see *Mental health and our prisons* article on page 123)

Government funding

In 2000, the government committed another \$257m (over four years) to mental health to try and realise the goals of the mental health *Blueprint*. The reality is that attracting nurses into mental health is like trying to attract new police recruits – a difficult one at best in a tough labour market.

While there has been significant growth in numbers of people working in the mental health sector over the last decade, and workforce training has increased since the mental health strategy first published 12

years ago, vacancy rates for DHBs in mental health positions run at around 9% below staff establishment (Source: Mental Health Commission report).

The same report says: “The mental health sector faces particular challenges in recruiting and retaining skilled and experienced staff. There are global influences such as an international shortage of doctors and mental health nurses. This means New Zealand must compete with countries such as Australia and the United Kingdom for staff. More Maori and Pacific mental health workers are needed.”

The story of mental health in this country is a sad one.

Elimination of hospital beds

In the last 25 years, 3,836 psychiatric hospital beds have been eliminated following government moves to cut funding, reduce services, and restructure health services.

It is a story of nurses in the sector under huge workloads, significantly underpaid compared with their counterparts, of a failure to establish staff-to-patient ratios in accordance with international best practice, of DHBs underspending allocated budgets, of fragmented services, especially in the larger metropolitan areas and of ‘hand-me-down’ beds and equipment from the mainstream health sector.

The emphasis on mental health has largely reflected the stigma that many patients feel as the poor cousins of society.

One in five New Zealanders have a mental illness at some point in their life, and one in 100 people will experience schizophrenia.

The task of improving and maintaining mental health and wellbeing is complex, and a wide range of agencies are involved in ongoing work. The mental health literature is full of references to ‘recovery’ models, action plans, collaborative approaches and partnerships between DHB’s, the Ministry of Health and a wide range of sector stakeholders.

Police contribution undervalued

It’s interesting that in a recent voluminous mental health report, which dealt with proposed inter-agency approaches being mooted for the future, Police were mentioned only once – and that reference was to them

dealing with “intoxicated persons”. There was no mention of the valuable work they do in picking up the pieces of mental health system, which has failed its own.

If the systemic failures of the past are not to be repeated, perhaps an acknowledgement

of the work that police do in providing that much-needed ‘ambulance at the bottom of the cliff’ would be a good place to start.

A decade after the Mason Report, which stated that mental health was the responsibility of the Health sector, police

officers are increasingly finding themselves picking up the overflow of a fragmented mental health system, which is still in catch-up mode after decades of neglect.

And mental health consumers, mental health workers and increasingly police officers are caught in the middle.

What NZ’s mental health legislation says

Legislation for dealing with mental health patients is covered in a variety of Acts such as the Mental Health (Compulsory Assessment and Treatment) Act, 1992 and the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. These are the principal Acts under which police, doctors, hospital staff, mental health nurses and workers deal with patients but they also overlap with other legislation.

The Mental Health (Compulsory Assessment and Treatment) Act 1992.

1. Under the above Act, every Director of Mental Health Services shall designate and authorise sufficient health professionals to perform the functions and exercise the powers of duly authorised officers (DAO’s).
2. DAO’s must have undergone appropriate training (be a registered nurse and completed the DAO training course). They must have demonstrated competence in dealing with persons who are mentally disordered. DAO’s are members of Community Assessment and Treatment Teams (CATT) or Psychiatric Assessment and Community Teams (PACT).
3. Section 37 of the Mental Health (Compulsory Assessment and Treatment) Act 1992, says that DAO’s are a “ready point of contact for anyone in the community who has any worry or concern about any aspect of this Act, or about services available for those who are or

may be suffering from mental disorder; and, at the request of anyone, they shall provide all such assistance, advice, and reassurance as may be appropriate in the circumstances”.

4. Under Section 38, anyone who believes that a person may be suffering from a mental disorder may at any time request the assistance of a DAO and the DAO must investigate and decide whether the person needs a medical examination. If it is decided that the person needs an urgent medical examination the DAO must try to get a medical practitioner to examine the patient.
5. Under section 41 of the Act, when trying to get a medical examination for a patient, the DAO’s may call the police for assistance. Police may take the person to an appropriate place to facilitate such an assessment or detain them for the purpose of conducting the medical examination. This detention is not to exceed six hours.

Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

1. This Act provides for the compulsory care and rehabilitation of persons who have an intellectual disability (defined as someone assessed at having “sub-average intelligence”) and who has been charged with, or convicted of, an offence. There are two ways in which a person of that description can become subject to the Act:
 - By an order made in the course of a criminal proceeding brought against the person; or
 - By changing the regime applicable to the person from that under the

Corrections Act 2004 or the Mental Health (Compulsory Assessment and Treatment Act) 1992 to the regime under this Act. Such a change requires an order of the Family Court.

2. Persons subject to this act are known as “care recipients”. Those deemed under the Act to be “special care recipients” must receive secure care; while other recipients may be eligible for supervised care, i.e. care which may be given in a place other than a secure facility.
3. Special principles apply when the care recipient is a child or young person.
4. The Act also sets out guidelines for the preparation of a care and rehabilitation plan for each patient. An assessment and care plan must be completed within 30 days.
5. Part 4 of the Act provides for a change of regimes under the Penal Institutions Act 1954 or the Mental Health (Compulsory Assessment and Treatment) Act 1992 to the regime under this Act. This is an option used for certain prison inmates with an intellectual disability and for certain patients who may formerly have come under the jurisdiction of the Mental Health (Compulsory Assessment and Treatment) Act 1992. A compulsory care order for this purpose must be obtained from the Family Court.
6. The Act also deals with issues of compulsory care without the consent of the patient and with offenders who may be detained under the Criminal Procedure (Mentally Impaired Persons) Act 2003, which pertains to special care patients who are detained in a secure mental health facility because they have been deemed unfit to stand trial or because they have been acquitted on account of their insanity.

The debate around compulsory treatment and whether the seriously mentally ill can recover

One of the major debates in mental health in recent years has been around the use of force/compulsion on mental health patients.

Many mental health patients, especially those in care facilities such as hospital psychiatric wards and other secure facilities, are forced to take medication under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Some of these drugs leave the patient feeling very drowsy or have unpleasant side effects.

A study last year (Lawton-Smith) showed that New Zealand has one of the highest rates of community compulsory treatment in the western world.

Every year, several hundred patients – either in community or hospital care – apply to be released from compulsory treatment.

The Mental Health Commission feels that compulsory treatment is used too much, too frequently, for too long and too often for the wrong reasons – not those specified in the Mental Health Act.

A recent MHC report said that all too often compulsion “has been a mechanism for ensuring that better treatment is available”. It called the approach that says: ‘If we put you under the (Mental Health) Act, we can ensure you get better treatment /access to treatment’

a “travesty” and “an argument which is not and could not be used in any other health services.”

Compulsion in other fields

There are other occasions when legislation permits people to be forceably detained and treated – such as with tuberculosis. But the Commission says that such scenarios are “explicitly about public health, not about treatment quality”.

Many mental health consumers agree. MHC research shows that mental health users view the compulsory treatment process, forced detention and medication as an outrage and an oppressive abuse of their liberty. Others are grateful for the intervention and treatment they received when their health has been seriously compromised.

Many service users say compulsion denies them the opportunity to learn from mistakes, and in doing so, treats them as incompetent.

The Mental Health Commission aims to address these concerns by:

- reducing the use of compulsory treatment;
- raising the fundamental issue of compulsory treatment, and human rights;
- putting the views of mental health consumers at the centre of discussions;

- advocating against discrimination in legal processes, and the application of the law for mental health service users; and
- ensuring that mental health services, in the first instance, do no harm.

The debate around compulsion is bringing a sense of disquiet, even among psychiatrists and clinicians who may have previously readily accepted it. They walk a fine line between the need to protect the public and care for the mentally ill. Police, for their part, often end up as the proverbial meat in the sandwich between these various positions.

The ‘recovery’ model

When the Mental Health (Compulsory Treatment and Assessment) Act 1992 was passed into law, the use of compulsory community treatment orders was viewed positively. But now the winds of change are blowing in a different direction and there is talk of less compulsory intervention and ‘recovery’ models.

Patricia Perkins of Caring Communities Incorporated, a Dunedin-based mental health interest group, disagrees with the recovery models being adopted. “There is a recovery ideology underpinning the mental health system, defined as the ability to live well in the presence or absence of one’s mental illness but the reality is that some mental illnesses are incurable and are unresponsive to treatment,” Mrs Perkins told *Police News*.

Continued on next page

Fact file

- Mental health users are likely to die 14 years prior to people who don’t use mental health services (suicide figures have been removed from this statistic).
- They are five times more likely to die of influenza than non-service users, three times more likely to die of diabetes, 2.8 to four times more likely to die of respiratory illness, and 2.2 times more likely to die of heart disease.
- Mental health users are 12 times more likely to be the victim of an assault.
- Recent data from the World Health Organisation shows that mental illness (including alcohol and drug misuse disorders) accounted for almost 11% of the total “global burden of human disease” in 1990; this is expected to rise to around 15% by 2020.
- Worldwide, mental illness accounts for about 1.4% of all deaths and 28% of all years lived with disability.
- Five of the 10 leading causes of disability worldwide were psychiatric conditions; unipolar depression, alcohol misuse, bipolar

affective disorder (manic depression), schizophrenia, and obsessive compulsive disorder.

- It is estimated that around 20% (820,000) of the NZ population has a diagnosable mental illness (including drug and alcohol disorders). Around 3% (123,000) have a serious, ongoing and disabling mental illness requiring specialist mental health treatment. 5% of children or young people will suffer from a serious mental illness (SMI).
- The prevalence of mental illness may be higher among Maori. Maori have much higher rates of presentation to crisis, acute, and forensic services than non-Maori. Maori are much more likely to suffer from alcohol and drug disorders.
- Surveys of mental health users indicate that between 20-70% have a drug problem while high proportions of people with drug abuse problems, especially alcohol dependence, also have a mental disorder. (Source: *National Drug Policy 1998-2003 report*).

Association favours humane restraints

The Police Association is seeking to have humane restraints, which are currently used by the Mason Clinic, to restrain violent and/or uncontrollable patients, adopted by Police.

The restraints can ensure the safety of highly agitated or violent patients while in custody. The restraints secure them in such a way as to minimise the risk of injury to themselves or others.

They involve the use of softer handcuffs; ankle bracelets and headgear, as opposed to the normal police handcuffs and restraints, which have, some health workers say, previously resulted in injuries to clients.

Police are considering the proposal and preliminary work is likely to be done on it in the near future.

Mrs Perkins is of the opinion that Duly Authorised Officers (DAO's) are not adequately trained to make the determination between whether patients have a treatable mental illness or an incurable illness, which is unresponsive to treatment.

There are of course instances when compulsion is absolutely necessary to protect the individual patient or the wider community but the Mental Health Commission holds that these "emergencies" are far less frequent for people who have not committed a crime than New Zealand's compulsory treatment rates suggest.

Human rights

Tina Minkowitz, a self-described "survivor of psychiatry" and human rights lawyer advocates for psychiatry without compulsion. Minkowitz believes that such force is a breach of human rights and is counter-productive. She says that it does more harm than good. Others such as Peter Bartlett, NHS Trust Professor of Mental Health Law at the University of Nottingham, are of the view that the courts are unwilling to uphold the patient's human rights when it is not popular with society.

Ian Curtis, an Australian clinician, disagrees with Minkowitz, saying that while psychiatry and various mental health services have done harm in the past, compulsion and forced treatment have their place because without them more people may end up in the justice system or jail. "Correctional institutions are not noted for promoting mental well-being," Curtis said in a recent paper.

David Codyre, an Auckland-based consultant psychiatrist, says that there are tensions between the use of force or compulsion and a recovery-approach, recognising that force and healing are antithetical. Codyre feels there is an inherent paradox in the current risk-management approach and says that this approach may, in fact, hinder recovery and escalate risk.

Empowerment

Mental health research suggests that users themselves are better off when they are empowered to make decisions for themselves. If they see the process they are involved in as relevant they are more likely to continue with it.

Some research suggests that the usual complaint is that public sector assessments are done too quickly through an involuntary examination order and then lead to the patient being discharged too early. The process of expediting patients in this way may be as a result of resource constraints and staff shortages.

Mikowitz's ideas have by no means found fertile ground with many in the mental health sector. Those who don't share her ideas say there will always be the need for secure care facilities and compulsory treatment, which is, as much as anything 'market-driven'.

Most agree that a balance between minimising compulsion and safeguarding the rights of individuals is the ideal and that will necessarily involve, as Codyre said in a recent paper: "Requiring among other things, an active effort to shift attitudes in the wider community."

Codyre says that mental illness is "extremely difficult to adequately define" but that clearly there are examples of mental health patients, especially those who have suffered sexual abuse in childhood, being re-traumatised by being forced to adhere to treatment.

Defining recovery
'Recovery' is generally defined in mental health terms as having adequate housing, adequate income, employment, meaningful relationships, and a sense of purpose in life. As one user put it "a life worth living". Recovery is therefore defined as "living well in the absence or presence of symptoms of mental illness".

He says that some research suggests that mental illness may be related as much to distress as disease. The corollary of this is that what may be required to help is support and healing, as much as treatment.

Can people recover from serious mental illness?

There has been a huge amount of research dealing with the above question over the last two decades. 'Recovery' is generally defined in mental health terms as having adequate housing, adequate income, employment, meaningful relationships, and a sense of purpose in life. As one user put it "a life worth living". Recovery is therefore defined as "living well in the absence or presence of symptoms of mental illness".

A key finding of this research has been that recovery comes from within the person, not from any particular treatment, though treatment may facilitate recovery, but equally may sometimes

delay or prevent it. (Banks, Burdett et al, 2004; O'Hagan, 2007).

Codyre says a person who hears voices but who may have no interest in being treated for a mental illness because they do not believe they have one, may be interested in getting help to reduce the intrusiveness of voices that interfere with their ability to succeed in work - where working is a key goal for them.

Support for staff

Mental health services personnel who actively listen to and take seriously the person's concerns, wishes and needs and seek to support and empower the patient in meeting them, Codyre says, are more likely to create a situation where recovery is possible. Codyre says that services, which support their staff in working in this manner, have very few if any "critical incidents" such as serious violence against themselves or others.

He says that the important thing to remember about the recovery model being adopted in New Zealand is that recovery "is about being able to learn from experience, and being supported to do so". "It is about trial and error and being able to learn from mistakes. One consequence of compulsion is that this becomes much more difficult to achieve; too often people with mental illness are deprived of the right to learn from their mistakes, in the name of treatment that is in their own best interests."

Codyre believes that the key to understanding the recovery model, in the context of considering the place of compulsion in mental health services, is that the best form of risk-management is to facilitate recovery, as people who do recover do not harm themselves or others as a result of symptoms of mental illness.

The recovery model is a further extension of mental health services away from institutionalisation of patients. It seeks to allow them to live as normal a life as possible within communities and requires very good support mechanisms, which have previously been found wanting in many instances.

It is too early to tell whether it will be successfully imported into New Zealand but there is a lot of good work going on in the mental health sector. Whether it has the desired result for society and relieves the pressure police and mental health workers alike now find themselves under, only time will tell.

The jury is still out on that one.

Sources: No Force Advocacy by Users and Survivors of Psychiatry; the Mental Health Commission; papers cited by David Codyre, Tina Minkowitz and Ian Curtis in Users and Survivors of Psychiatry.

New Zealand's forensic mental health services

Forensic mental health services are facilities for people who require specialised assessment/and or management, usually because they are deemed to be dangerous (to themselves or others) or have committed an offence associated with their mental disorder.

This applies in the majority of cases but does not apply to all forensic mental health services clients.

The services' clients include those who have been acquitted on the grounds of insanity, are on remand or who have been found unfit to stand trial. Others are transferred from prison to units because they have been assessed as being mentally ill, or have been referred for forensic care from within the mental health system itself.

Some forensic mental health services units are in the community while others are in a mental health facility, such as a special hospital ward.

Regional forensic services

Regional Forensic Services	Mason Clinic, Auckland	The Mason Clinic is a forensic psychiatric inpatient unit that provides assessment and treatment for people charged with criminal offences who may have a major mental illness. Services are provided through inpatient units (medium secure, extended secure and rehabilitation) with a combined total of 84 beds. Other services include court liaison, prison liaison, community transition and consultation liaison. The Mason Clinic is part of Waitemata DHB's mental health services although it covers the wider Auckland/Northland geographical region. The service employs more than 300 staff including nurses, doctors, psychologists, occupational therapists, social workers, cultural workers, recreation officers, a chaplain and administrative staff.
Regional Forensic Services	Hamilton	The Forensic Service is a regional service to the upper central North Island. We provide comprehensive inpatient, community, and prison based in-reach services for the region including: Secure inpatient beds, Consultation liaison services in the community, Court liaison, Prison in-reach services, Regional out-reach services, Forensic Intellectual Disability services.
Regional Forensic Services	Stanford House, Wanganui	15 bed for inpatients – extended regional forensic services.
Regional Forensic Services	Ratonga Rua O Porirua, Wellington	Wellington, Hutt Valley, Wairarapa, Manawatu, Wanganui, Hawke's Bay, and Gisborne/East Coast. There are 38 forensic beds at Ratonga Rua, 28 of which are within secure buildings. There are a further 10 secure beds for long-stay patients at Stanford House in Wanganui. The inpatient service consists of two regional secure units Purehurehu (15 beds) and Rangipapa (13 beds). Rangipapa has a separate wing for women patients. Staff in both units provide treatment, and work with patients to assist their rehabilitation. The forensic service also has a network of community teams throughout the central region.
Regional Forensic Services	Hillmorton Hospital, Christchurch	This service provides for those people within Canterbury, West Coast and Nelson/Marlborough districts identified as requiring forensic services. Forensic psychiatric care is provided to people who are referred to Healthlink South as a result of suspected or an established diagnosis of mental disorder. This service offers both inpatient and outpatient mental health treatment.
Regional Forensic Services	Dunedin	The Otago Regional Forensic Psychiatry Services are part of the ODHB Mental Health Service. They are a regional service, under the clinical governance of the South Island Forensic Psychiatry Clinical Governance Group. Services are provided to the Otago and Southland health districts. The Otago Forensic Psychiatry Services include ward 9A Wakari Hospital and the Community Forensic Psychiatry Service. Ward 9A is a medium secure psychiatric ward with a maximum capacity of 13 patients. The ward takes referrals from prisons and courts, generally via the community forensic science staff. The community service includes a court liaison service, prison liaison service, court reporting service, a caseload of outpatients and a liaison service to the general mental health services.

Mental Health state residences

Mental Health	Arataki Ministries	Residential rehabilitation, community support work
Mental Health	Northcare Trust	Provides residential care, community support workers and community rehabilitation programmes
Mental Health	Mason Clinic	Forensic Services/Forensic Psychiatry Services
Mental Health	Pitman House	24 hour residential rehabilitation for alcohol and drug abuse treatment.
Mental Health	Tohu Wairua	
Mental Health	Te Whetu Tawera: Auckland City Acute Mental Health Unit	Residence?
Mental Health	Tiaho Mai	50 bed acute inpatient unit
Mental Health	Tamki Oranga	20 bed secure rehabilitation unit
Mental Health	MHSOP	15 bed in patient unit providing assessment treatment and rehabilitation for elderly clients
Mental Health	Te Puna Wairoa	30 bed unit for those with acute mental illness
Mental Health	Te Awhina	15 bed for acute in patients
Mental Health	Delta	13 bed unit to empower and prepare patients to deal with their own symptoms of mental illness
Mental Health	Inpatient Mental Health Unit, Invercargill	23 bed inpatient unit = 3 intensive care, 15 acute care beds and 5 subacute beds

Intellectually disabled state residences

Intellectually Disabled Children	Whangarei Riding Therapy Centre	Non profit organisation providing riding therapy to disabled children and young adults
Intellectually Disabled	Dual Disability Service	For mental health clients who also have an intellectual disability
Intellectually Disabled Children	Woodford House	Child Disability Services – Neurological or developmental problems, rehabilitation or respite care for children with multiple disabilities
Intellectually Disabled	Kimberly Health Centre	400 beds for residential care for those with an intellectual disability.

Rotorua's in-house mental health nurse makes life easier for police

Rotorua Police Station is a shining example of how the interaction between police, mental health workers and patients can work for the benefit of all concerned.

There, Jeanette Knight, an experienced mental health nurse with 22 years experience works alongside police officers on a fulltime basis, to facilitate better care for mental health patients who come into contact with police.

Jeanette is no stranger to policing and the way it works, as she has family connections within Police.

The initiative was set up as a result of the realisation in the late 1990s by former Rotorua Area Commander Ray Sutton and Lakeside Mental Health Services Manager, Christine Watson, that there was a gap in the service being provided to mental health consumers. They decided to do something about it at a local level.

The pair realised that people were "falling through the cracks" of a mental health system, which had progressively moved away from institutionised care to community-based options. Sutton knew from his officers that they were dealing with more mental health clients as a result of these changes.

Funding

A proposal was put to the Health Funding Authority in 2000 and funding was supplied in 2001, allowing Jeanette to take up the position.

Officers in Rotorua say Jeanette's presence is "invaluable". They say that her on the job presence has allowed them to better understand the mental health system and how it works and to feel supported by someone with extensive experience.

Jeanette covers the area from Turangi to Rotorua.

Her job as Police Consult/Liaison entails assessing between one and seven patients

per day. About a third of all the people she assesses are suicidal.

Part of the job involves educating police officers about the mental health system and how best to deal with mental health patients. She is also involved with liaising with forensic services, mental health services, various government agencies and case managers.

Jeanette says the ideal situation would be for specific mental health training to be given to police officers at the Royal NZ Police College.

Research reports

In 2003, the Health Research Council found that the use of crisis services for mental health patients reduced the use of police services (and hospital admissions). The report also found that in the US, combined police and mental health teams resulted in fewer hospitalisations for mental health patients.

Jeanette says that for mental health patients and their interaction with policing, the Rotorua model would be well worth extending throughout the country.

"It's working well here and I see no reason why it couldn't work elsewhere too," she told *Police News*.

In order for that to happen, an estimated 80-100 health workers would be required to service those needs from various police stations in order to give adequate geographical coverage to New Zealand's police stations. The cost of such an initiative would be between \$7 and \$10 million.

That would be in the ideal world.

In the real world, the major obstacle to such a proposal is that policing and mental health share a common problem – recruitment and staff retention.

You can have all the best models in the world but implementation becomes a major headache when that is the reality.

The Mental Health Commission and its goals

The Mental Health Commission was established as a ministerial committee under Section 46 of the Health and Disability Services Act, 1993, and began work in September 1996.

The Commission was established in response to the recommendations of the 1996 Mason Inquiry into Mental Health Services. A key part of its role is to ensure the implementation of the national mental health strategy by monitoring and reporting on the performance of key agencies.

Following the enactment of the Mental Health Commission Act 1998, the Mental Health Commission was established as a Crown entity on 1 April 1998.

Commissioners

There are currently two Mental Health Commissioners appointed by the Minister of Health, Ruth Harrison (Chair) and Mary O'Hagan. Former Commissioner Bob Henare retired last year.

The Commission originally had a five year life and was to be disestablished in August 2001. However, the life of the Commission has been extended to August 2007 through the Health and Disability Act 2000.

The MHC facilitates the implementation of the *Blueprint for Mental Health Services in New Zealand*. This is a national mental health service development plan, setting out the Commission's view of the changes needed to realise the objectives of the government's national mental health strategy. The *Blueprint* provides a plan for a mental health system that aims to ensure good treatment and support for those affected by mental illness.

Residents in psychiatric hospitals, 1970-2000



Mental health and society's fears; the myth about mental illness and homicide in NZ

Discrimination against people with mental illness is common. There is a common misunderstanding among the public about not only the vast variety of mental illnesses but about mental health consumers, many of whom pose no threat to the community and live relatively ordinary lives within it.

People with a mental illness feel the stigma society places on them very deeply.

What plays on people's fears are headline grabbing articles in the media when a mentally deranged person is involved in a violent assault or a homicide. These incidents feed an unrealistic perception of the vast majority of mental health consumers by effectively tarring them all with the same brush.

30-year period studied

A report, entitled *"Myth and reality; the relationship between mental illness and homicide in New Zealand"*, whose results were published in 2003 and which studied the three decades from 1970-2000, found that homicides committed by people with serious mental illness fell as a proportion of total homicides – from 19% to 4%. The report was commissioned by the Mental Health Research and Development Strategy and supported by the Mental Health Commission. The interesting thing about the study is that it covered a period when much of the deinstitutionalisation of mental health services took place.

A UK study, which covered a period of 40 years, was conducted in 1999 (Taylor and Gunn) and showed similar results.

The New Zealand study found:

- Mentally abnormal homicide offenders (130) represented 8.7% of all homicide offenders (1498);
- Mentally abnormal homicides (the term used in the study) had fallen from 19% of all homicides to 4% by 2000;
- The absolute numbers of these types of mentally abnormal homicides have remained static in each year in the 30-year period studied. The rate has remained constant at 0.13% per 100,000 of population;
- Of those mentally ill patients who committed a homicide, 28.6% had no prior contact with mental health services. 10.3% had been admitted for care within the previous month;

- 74% of those killed by a person suffering from a serious mental illness (SMI) were family members or the partner of the offender; and
- Of the 84 homicides between 1988-2000, where the victim was a complete stranger to the killer, someone suffering from a serious mental illness was responsible on two occasions.

Conclusions

The study concluded that homicides by seriously mental ill patients are declining in terms of their relative contribution to societal risk and may be dropping in terms of population rate, despite the greater public exposure to people with mental illness, which has resulted from deinstitutionalisation.

The study found that rates of mentally abnormal homicides were unchanged and concluded that the public are at a relatively lower risk from those with serious mental illness.

But, even given these findings, the reality, as every politician knows, is that public opinion is a driving force in mental health.

A media headline about a homicide perpetrated by a seriously mentally ill person can heighten public concerns and lead to calls for harsher regimes – the 'lock them up in a secure facility and throw the key away' reaction.

For those families having to deal with the grief of losing a loved one at the hands of a seriously mentally ill person, the study's findings are no comfort. Their best hope is that the system that failed them will not fail others and that clinicians, who have released dangerous patients into society against the wishes of the patient's family, will take more cognisance of those closest to the patient. Several homicides over recent years would have been prevented had that happened.

But the study's findings do suggest that society's fears about being killed by a mentally deranged stranger are, in the main, unfounded.

Use of force

The Mental Health Commission says that widespread use of force reinforces the historic view that people with mental illness are dangerous, when in reality; service users are more likely to be victims of violence. A recent American study found that those suffering

from a mental health disorder were 12 times more likely to be assaulted than the general populace.

Most of those with a mental illness who do commit offences involving violence are suffering from a psychotic illness, where delusions and hallucinations are common.

One report said that of 120,000 people suffering from a serious mental illness at any given time, only five will commit a homicide and the remaining 119,995 will not. Detecting who they will be is even more difficult to predict as the study records that 28.6% (or roughly one from that five) will have had no previous contact with mental health services.

Educating the public

Perhaps the best approach is to educate the public and policy makers about the reality that the risks are minimal and that most mental health patients can and do live in society without ever coming to the attention of the criminal justice system.

But in order for mental health patients to get the best care available to them, the mental health system must take up the challenge of ensuring that they are well cared for and supported within those communities. There is an array of anecdotal evidence from mental health workers, police officers, medical staff, carers and families that this is not happening because of systemic failures, leading to seriously ill and dangerous patients being released into society. It is then that these ticking 'timebombs' grab the media headlines and feed the public's fear.

When a mental health patient 'slips through the cracks' and kills someone, all the statistical assurances under the sun aren't going to allay public fear that they might be next. Fears aren't right or wrong, they just are.

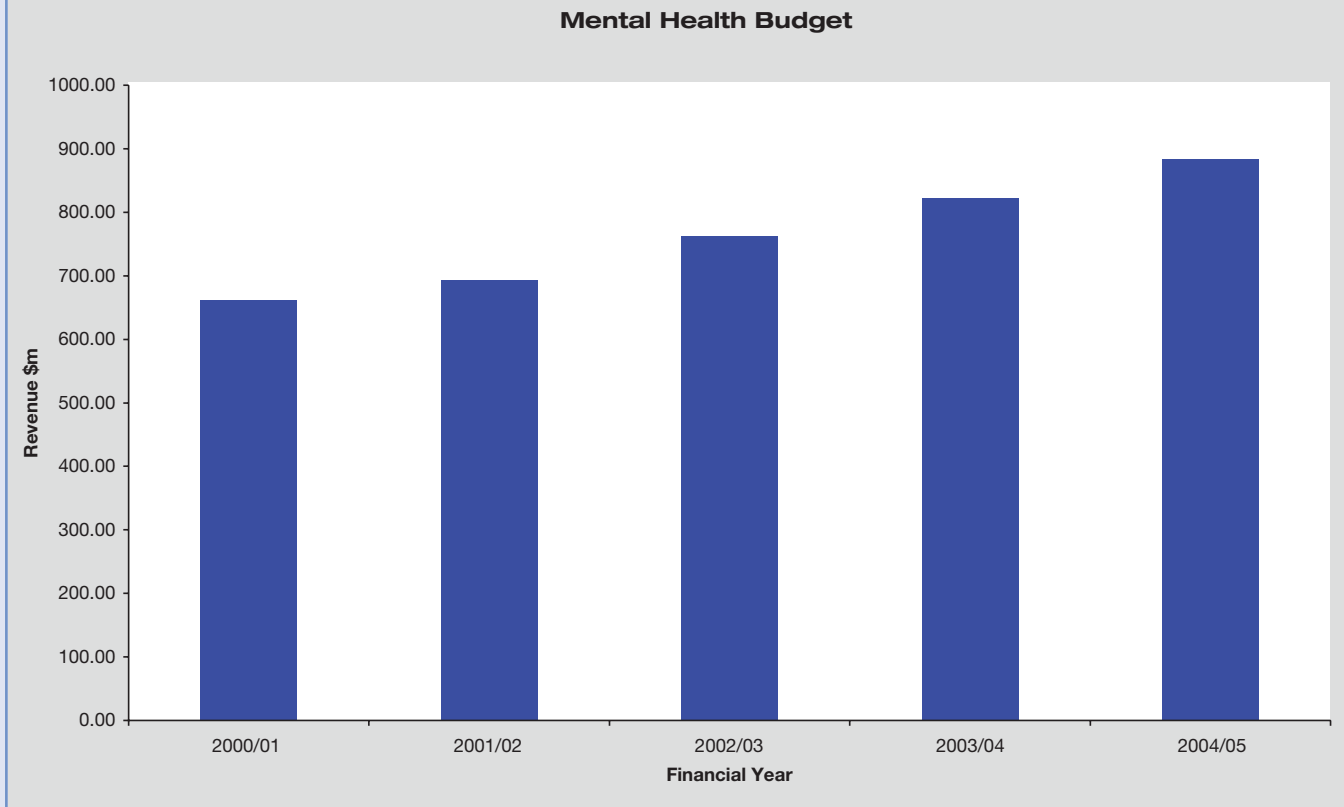
Of one thing we can be sure. When you have a mental health system in crisis, as it is now, all too often the ambulances at the bottom of the cliff are police officers. Often the confines of a police cell are the only option police have in terms of looking after a mentally ill person – and that clearly isn't the best option for mental health patients in crisis.

Sources: Myth and Reality: the relationship between mental illness and homicide in NZ (Dr Alexander Simpson, Brian Mckenna, Dr Andrew Moskowitz, Dr Jeremy Skipworth and Dr Justin Barry-Walsh); The Mental Health Commission. Archives of General Psychiatry (USA).

The mental health budget

Below is the total amount of Mental Health Service funding for the financial years from June 2001-June2005.

Source: DHB monthly returns (GST exclusive); Figures include Ministry held appropriations



Mental health and our prisons

One of the few New Zealand studies to look at the prevalence of mental illness in the prison population was conducted in 1999 and found a significant number of inmates suffer from a range of psychiatric disorders.

The *National Study of Psychiatric Morbidity in NZ Prisons* found, not surprisingly, that the incidence of mental illness in the prison population was significantly higher than in the general population. This was especially so in relation to psychotic illnesses, major depression and bipolar disorder. For instance, while 3% of the general population suffered from schizophrenia, the researchers found that nearly 10% of prison inmates had the condition.

The study's findings confirm that mental health screening and the management of mentally ill prisoners is a major issue for the Corrections Department.

It found that 89.4% of inmates have at some time in their life suffered a substance abuse disorder, primarily alcohol and cannabis abuse and dependence, but about one third suffered a range of other disorders.

Depression

The study, which involved 1287 inmates, found that approximately 25% of inmates suffered a major depressive disorder, with almost 10% suffering a current episode of major depression.

The study identified a significant coexistence of major mental disorders and substance abuse.

The Corrections Department is working with the Ministry of Health on proposals to improve the mental health screening of prisoners, including the implementation of a mental health-screening tool. In July of last year the two departments signed a protocol with respect to the care and management of prisoners requiring specialist treatment after 22 prisoners in the northern region, who were suffering from acute mental illness, could not be housed in mental health units due to bed shortages.

Source: National Study of Psychiatric Morbidity in NZ prisons (1999) – Dept of Corrections; Dr A I F Simpson, Dr P M J Brinded, Dr T M Laidlaw, Mr Nigel Fairlie and Ms Fiona Malcolm.

Defining patient categories

Mental health users are sometimes referred to in mental health literature or court documents as "special" patients or "restricted" patients.

The terms are legal definitions and the differences are as follows:

Special patients – these are usually clients who have come into the mental health system via the criminal justice system. They have been assessed as needing treatment for mental illness. Not all of these patients have a history of violent offending.

Some special patients may be given periods of leave in the community, following strict clinical and legal criteria. This is covered under Section 50 of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Restricted patients – these patients usually come to the attention of forensic health services through the mental health system, as opposed to any criminal offending. They are deemed as "restricted" because they may pose a danger to the public. Their rights to such things as leave are severely restricted, compared to say a patient who may be committed to a secure facility by order of a psychiatrist or at their own volition.

There are very few restricted patients in New Zealand.

Stanmore Bay – the ideal beach holiday

Whatever happened to the great Kiwi camping holiday?

As land prices have boomed throughout New Zealand, many of the traditional camping grounds have closed, making it more difficult for an affordable camping holiday for the average Kiwi family.

What most members don't know is that camping is available at the Police Welfare Fund Stanmore Bay complex, just north of Auckland. There are 11 powered sites that are generally available between October and April each year. The complex has a newly-refurbished kitchen, ablution block and games room. Campers can also avail themselves of the other facilities, including kayaks, tennis courts and access to the Whangaparaoa Leisure and Sports Centre.

Very reasonable cost

The cost of the sites is \$25 per night, which includes full access to services. Bookings can either be made online, or by calling the Member Services Centre on 0800 500 122, or Police extension 44446.

Stanmore Bay beach is a very safe beach and has excellent boat launching facilities at the adjacent boating club, which is also available for use by members.

"This camping ground allows our members to have an affordable camping holiday with high quality facilities at a wonderful location", said Pete Hayes, Welfare Services Manager. "The campsites are balloted over six weeks of the Christmas holiday period."

Any members who wish to utilise this facility for campervans over the winter period should contact the Member Services Centre. Although the sites have power available, the complex does not have tank-emptying facilities.



• The view looking out towards the beach.



• An outlook to the campsites.

Sick Leave Bank draw down

NZ Police operates a Sick Leave Bank, which is for all sworn staff members.

The Sick Leave Bank allows sworn staff to make application to the Sick Leave Bank Approval Committee for additional days of sick leave when their own sick leave entitlement has been exhausted.

Applications to the Sick Leave Bank should be made in the first instance to your local District HR Administration. General Instructions in regard to Sick Leave Bank are available on the Police Intranet.

The Sick Leave Bank Approval Committee is made up of representatives from:

- Manager, Police Wellness (Chair);
- Police Human Resources;

- Finance/Salaries Section; and
- Police Service Organisations (Manager, Police Welfare Fund).

Each application is considered on its merits and takes into account the member's diagnosis, prognosis, rehabilitation plan (if applicable), and his or her likelihood to return to work.

Other considerations

The committee may also take into account the staff member's previous sick leave and current leave totals. Applications to the Sick Leave Bank can also be made when a staff member is supporting a sick dependant. However, in these cases it is expected that the sworn Police staff member should not

make any greater contribution than a non-Police employee.

Occasionally, half a day's annual leave is taken from each sworn member of Police and placed in the Sick Leave Bank. The last time a draw down occurred was in August 2003.

That previous draw down has now been exhausted and another draw down will be made in late June 2006. If current trends continue, it is likely this draw down will last another two years.

If you have any queries about the Sick Leave Bank please direct them to your local HR administration, or a Police Association representative.

Australian National Police Memorial to be completed by September

By Brett Williams, Associate Editor, SA Police Journal

Governor-General Michael Jeffrey used a sparkling gold Police Federation of Australia shovel to turn the first sod of turf, thereby marking the beginning of construction work for Australia's National Police Memorial.

Supported by a flag party of police from around Australia, the Viceroy's contribution came as part of a groundbreaking ceremony on the Canberra site recently.

Major General Jeffrey told assembled PFA board members, police brass and federal politicians that the \$2.4 million memorial would be "a hallowed focal point of remembrance for the nation".

"The memorial will be a constant reminder to us all that police service can be very dangerous – the sharp end of the rule of law," he told ceremony attendees.

Operation Luker

Organisers called the ceremony Operation Luker in honour of Australia's first slain police officer, Sydney foot constable Joseph Luker. His attackers bashed and stabbed him on August 26, 1803.

Equally poignant was the time (2:15pm) and date of the ceremony, as ACT constable Robert Bishop had died at 2:15 on February 10, 1968, after a car crash.

The memorial – which will stand on the northern bank of Lake Burley Griffin at King's Park – will commemorate Australia's 700-plus police officers killed in the line of duty over the last 203 years.

Its construction, managed by the National Capital Authority, began recently and will finish in time for its dedication on September 29 - Police Remembrance Day.

As well as honouring the nation's fallen police officers, the memorial will represent 20-odd years of police union lobbying. A host of officials of the PFA (and its predecessor, the PFANZ) pushed for a national structure until Prime Minister John Howard consented to the proposal.

Construction costs shared

Funding for the construction came in equal shares from the PFA, the Federal Government, and state and territory police forces.

PFA president Peter Alexander said the issue of a national police memorial had "been around the Federation table for such a long time".

"Now that the construction has commenced, there will be a great sense of satisfaction for



• (From left to right): Gary Wilkinson (President, Queensland Police Union), Greg O'Connor (President, NZ Police Association), Randolph Wierenga (President, Police Association of Tasmania), Peter Alexander (President, PFA and President, Police Association of South Australia) and Jon Hunt Sharman (President, Australian Federal Police Association).



• PFA Chief Executive Officer Mark Burgess: "A semi-enclosed seating area will enable visitors to contemplate and reflect."

all concerned come September 29," he added.

PFA Chief Executive Officer and National Police Memorial steering committee member Mark Burgess said the memorial's centrepiece would be a low profile stone wall, featuring a cast bronze panel for every fallen police officer.

Place for reflection

"A semi-enclosed seating area will enable visitors to contemplate and reflect," he said. "A granite paver floor will be engraved with inspirational texts – chosen by the families and others – to capture each fallen officer's courage, integrity and sense of duty."

The National Police Memorial website (www.npm.org.au) – which the PFA established – is the key point of contact and communication about the memorial. "We're now finding that people are accessing that



• Governor-General Michael Jeffrey turns the first sod of earth at the National Police Memorial site in Canberra.

- photos courtesy of SA Police Journal

not only around Australia but right around the world," Mr Burgess said.

"I've had a number of overseas jurisdictions – certainly the US, UK and Canada – contact me seeking details about the dedication in September. A number of them have expressed an interest in attending."

Mr Burgess said the gold shovel with which Major General Jeffrey turned the first sod in the groundbreaking ceremony would eventually hang on the PFA boardroom wall. "We want to hang it where it will be accessible to, and representative of, every Australian police officer," he said.

"It will symbolize a very important part of the memorial's development, and certainly its history."

Prisoner Employment Strategy aims to put more prisoners into work and training

A new prisoner employment strategy aims to put more prisoners in work and training.

The three-year strategy, the *Prisoner Employment Strategy 2006-2009*, which was launched last month, provides a framework to increase the range, quality, and relevance of employment-related opportunities for prisoners. The strategy also addresses concerns raised by the Ombudsman late last year.

The strategy aims to:

- provide employment training to all suitable prisoners;
- assess regional skills demand to align prisoner employment activities with the needs of local employers;
- develop a partnership with industry and industry-training organisations to ensure prisoner qualifications are relevant to the labour market;
- ensure prison-run businesses fulfil social as well as commercial purposes;
- work with the Ministry of Social Development (MSD) to implement initiatives that support post-release reintegration;
- provide opportunities for prisoners to meet with MSD workers 12 months prior to release to ensure a seamless transition to employment or training; and
- expand the Release to Work programme.

The types of industries that are expected to have greater involvement include: plant nurseries, forestry, farming, light engineering, textiles and timber processing. An action plan outlining targets and the range of new training and employment initiatives is currently being developed. Readers who are interested in this initiative can read a background paper at:

<http://www.beehive.govt.nz/Documents/Files/Prisoner%20Employment%20backgrounder.pdf>

Ice, then slice

A Labrador (Gold Coast) man, was so affected by the effects of crystal methamphetamine (known as 'ice') that he cut his testicles off with a craft knife, according to a recent report in *The Gold Coast Bulletin*.

Unfortunately for him, hospital surgeons were unable to reattach them.

"It's a good advertisement, especially for the male population, not to mess with ice," said an ambulance spokeswoman.

"This is an example of the crazy things it can make people do."

Australia's largest lab

In mid-April, police discovered and dismantled the largest methamphetamine lab ever discovered in Australia. It was located in the remote rural district of Murwillumbah in New South Wales.

A local Murwillumbah man and a man from Sydney are facing charges of manufacturing crystal methamphetamine as a result. The pair are facing jail terms of up to 23 years if found guilty.

A Brisbane magistrate granted the men bail on the condition they pay a \$20,000 surety and report daily to police.

The men are due to appear in court again in June.

A helping hand

A man and his wife were sitting in their lounge when he turned and said to her:

"Just so you know, I never want to live in a vegetative state, dependant on some machine and fluids from a bottle. If that ever happens, just pull the plug."

His wife got up, unplugged the TV and threw out all of his beer.



NZ Syrah – is this our next iconic wine?

Recently, I hosted a comparative tasting of 12 examples of New Zealand Syrah for my local Liquorland Wine Club. There are now a significant number of Syrah producers in New Zealand, and this relatively new variety to this country is gaining a fair bit of attention, both locally and internationally.

In preparing for the tasting, I researched what international wine writers had to say about these wines, and what I found was pretty exciting. New Zealand has had a reputation in the past of hyping our wine, Pinot Noir in particular. As a result, a number of UK writers have expressed disappointment when their expectations have not been met. Not so with Syrah. There is genuine interest and appreciation of our efforts with a variety that most wine authorities thought we'd have struggled with.

The tasting compared wines from a number of regions, vintages and price points. Here are my thoughts on the wines that proved most popular on the night. While Syrah is planted as far north as Northland and as far south as Marlborough, it seems to do best in Hawke's Bay. It was not surprising then that most people favoured the Hawke's Bay wines.

Sacred Hill Gimblett Gravels Hawke's Bay Syrah 2005 RRP \$20

This very young, entry level Syrah is concentrated and complex beyond its price point. It has typical floral and spicy aromas, blackberry and plum flavours with a touch of licorice on the finish. It had a very enjoyable mouthfeel, and good length. It's a pretty smart wine for the price.

Capricorn Red Rock Underarm Syrah 2004 RRP \$24

Capricorn Wine Estates specialise in the production of our world-renowned varieties at affordable prices. This Syrah, which is produced from Gimblett Gravels fruit, has aromas and flavours of ripe black fruits and white pepper. It differs from other Syrahs tasted in that it has a slightly creamy texture to it. This will appeal to those who prefer a softer styled red wine. Again, this is an impressive wine for the price.

Craggy Range Block 14 Syrah 2004 RRP \$38

This is serious Syrah and was my pick of the wines on the night. It has all the familiar traits of NZ Syrah, but has that X factor as well. It is powerful and rich, yet shows incredible finesse. The flavours are concentrated yet all elements of the wine are in balance. The 2002 vintage of this wine was a stand out, and the 2004 looks set to be just as good, if not better.

Vidal Soler Syrah 2004 RRP \$39

This wine has been receiving rave reviews and has already picked up two major awards, winning Champion Syrah and Champion Wine of the Show at the 2006 Royal Easter Wine Show. There are aromas of black fruits, dried herbs and spice. On the palate I found those familiar black fruit flavours again, but also spice and a hint of chocolate. A very smart wine and a good example of how good New Zealand Syrah can be.

“Quotes of the month”

“Violence, the body language of the inarticulate.”

- (Anonymous)

“Nostalgia is memory with the pain removed.”

- (Herb Caen)

“I know not with what weapons World War 111 will be fought, but World War IV will be fought with sticks and stones.”

- (Albert Einstein).

POLICE COUNCIL OF SPORT

Sports News

To contact the Police Council of Sport, call Alison Murray at the RNZPC. Ph: (04) 238-3139

Duncan Taylor Memorial Basketball Tournament to be held in Wellington on 4th and 5th August

After the success of the inaugural Duncan Taylor Memorial Basketball Tournament, this year's event is to be held in Wellington on the 4th and 5th of August 2006.

The tournament had been scheduled earlier in the year. However, feedback from participants favoured it being held later. As always with police sporting tournaments, enthusiasm and participation are paramount, so don't be discouraged if your enthusiasm exceeds your skill level.

Details for this year's tournament are:

- When:** Friday, August 4 and Saturday, August 5 2006.
- Where:** St Oran's College, Lower Hutt.
- Who:** All current sworn and non-sworn members are eligible.
- Cost:** \$30 for Council of Sport members, \$45 for non-members.
- Teams:** **Men:** Four regional-based teams drawn from existing policing district boundaries.

Auckland (Northland, North Shore/Waitakere, Auckland Metro, Counties-Manukau).

Waikato (Waikato, Bay of Plenty, Eastern).

Wellington (Central, Wellington, OoC, RNZPC, PIB).

South Island (Tasman, Canterbury, Southern).

Women. North Island versus South Island.

Contacts: Auckland: John Hughes.

Waikato: Mason Lepou.

Wellington: Jason McCarthy.

South Island: Andrew Gardiner.

Women: Keely Limpus.

Note: All of the above are contactable via Police Lotus Notes system.

NZ Police Surfboard Champs growing in popularity

The New Plymouth Police hosted the NZ Police Surfboard Champs 2006 at the New Plymouth Boardriders' Club, Fitzroy Beach, New Plymouth, between 27 February and 1 March.

There were 16 competitors in the men's open section, six in the women's open section, 12 in the men's novice, 12 in the over-40's, and 32 competed in the longboard section. As well as this, there were 10 competitors in "Onya Guts", which is for those people who can't really surf but lie on the surfboard and try and stand up. It's a popular event, which invariably generates the most laughter.

Day One was surfed in small, sloppy, very average surf while the second day's competition provided an hour of offshore three-foot waves, but in the main it was smallish onshore waves. However, on the third day, the surf conditions improved before turning westerly later in the morning. Although conditions were not ideal, everyone seemed to enjoy the event. Ironically, some of the best surf seen for years in New Plymouth came up on the day everyone was leaving.

Numbers improve

Numbers were up this year, with a total of 65 competitors, compared with last year's 57. There was a significant increase in the women's and longboard sections.

Everyone went away happy after scoring at least a prize or two. Chris Lucy from Invercargill won a 7'9" Mini Mal surfboard as a spot prize, Eddie Little from Tauranga won a \$750 new board voucher, and Gina Sampson from Waihi won a 6' soft surfboard as a spot prize.

This year's attendees are already talking about next year's event, which is likely to be held at another venue. The event is gathering momentum and this augurs well for the future.

Possible future venues

Possible venues for next year include Gisborne, Mt Maunganui, Raglan, Piha and Christchurch. New Zealand is fortunate to have a number of good surfing locations.

Enjoyment, networking and competing was the theme of the three days and everyone got his or her fair share of all three, with some trophies, medals and prizes thrown in for good measure.

Pistol match held 10 June

The NZ Police National Pistol Match is due to be held in Auckland on 10 June and if you are competing you had better be in quick, as this match was due to be held shortly after this issue went to press.

If you are interested in competing in this event, or if you would like to take up pistol shooting as a sport please contact **Cyrus Robinson via the Police Lotus Notes system.**

Both experienced and novice shooters are welcome.

The competition is open to sworn and non-sworn, current and past members of Police and their partners. If you become involved in pistol shooting now you could be ready to compete in the World Police and Fire Games in Adelaide, March 2007.

Visit www.policeassn.org.nz for updated contact details for the Police Council of Sport management committee, District Sports Officers and the latest schedule of events.

Brownrigg, Moxon star NZPA quadrathlon

The annual Police Association Rotorua Quadrathlon was run on the shores of the Blue Lake in Rotorua on the 24th of March.

The event consisted of a 300m swim, a 9km mountain bike, a 5km off road run and a 1000m kayak.

Despite terrible weather in the morning, the day eventually cleared and the race was run in dry but muddy conditions.

A total of 87 hardy competitors took part. There were 11 individuals, eight – two-person teams and 15 four-person teams.

Tony's mortgage on trophy

Tony Brownrigg from Waitara won the individual men's competition and is beginning to take a mortgage out on the trophy.

Rebecca Moxon from Howick showed more than a few of the men the way home, winning the women's individual title as well as being second home overall.

David "Hill Billy" Hill from Tokoroa won the aptly named "Gutsy effort" trophy for a courageous performance.

The event will take place at the same time and same venue next year, so start training now.

Winners of the various categories were as follows:

- Gutsy effort:** David Hill (Tokoroa).
- Women's winner:** Rebecca Moxon.
- Men's winner:** Tony Brownrigg.
- Rotorua winner:** Mike Burr.
- Invitational team winner:** Age B4 Beauty (FRI)



• Nick Voysey takes to the water with a vengeance.



• Heading into the kayak section.



• Nicky Riordan and Mandy Bell enjoying the day.



• Now where did I put my goggles? Competitors toe the start line as they get ready for the start of the 300m swim.

Police National Sailing Regatta to be contested on 7-8 October

On the weekend of the 7th and 8th of October the Police Council of Sport are organising a sailing regatta in Auckland. It is hoped that Police members from all over New Zealand will compete.

A practice session will be held on Saturday morning and in the afternoon there will be a harbour race. On Sunday will be fleet windward/leeward racing.

The yachts used will be Farr MRXs. These are the same boats used in all international and national match-racing events. International match racing specialists such as Dean Barker, Chris Dickson and Russell Coutts race them.

Each entrant will be supplied with a skipper or boat representative. Each boat will have up to six positions available. The Farr MRX is easy to handle and sailor friendly but sailing experience is suggested in order to be competitive. A minimum of a 50% police crew is required.

Expressions of interest are requested for the 'organised' boats but feel free to organise your own crew or volunteer as crew. For further information and any queries please contact **Charles Winstone via the Police Lotus Notes system.**



Match Racing



Harbour Racing

Police Council of Sport award winners

Shooter Tracey Ball has been named Police Sportsperson of the Year while the Referee/Umpire of the Year award went to Judo exponent Dianne Limbrey. Ian Paulin won the Administrator of the Year award.

The trio have competed, officiated or helped competitors in their given sport internationally, with Tracey Ball being the winner of a remarkable number of national and international events, including Ladies Speed Shotgun World Champion and Ladies B - Western World Champion at the World Championships in New Mexico, USA.

The Sportsperson of the Year presentation will be in Nelson in September.

The calibre (excuse the pun given the winner's sport) of the award nominees was extremely high, presenting the judges with a difficult task.

Snowboarding Nationals at Cardrona in September

The 2006 NZ Police and Council of Sport Snowboarding Nationals will be held at Cardrona Alpine Resort from 3-5 September 2006.

Events will consist of the Halfpipe or Slopestyle, a Giant Slalom and Boardercross. Two 'fun' events will be the Luge-X and the Cardrona Cannonball. All snowboarders are welcome to attend and should contact **Greg Murton on extension 36725 or via the Police Lotus Notes system for further details.**



HOLIDAY HOME AVAILABILITY

- for bookings see: www.policeassn.org.nz



	June	July	August
PAIHIA.....	11-12, 14-15, 30	10, 19-20, 24-25, 30-31	1-2, 9-10, 14-16, 20-31
STANMORE BAY.....	13-15, 18-23, 25-30	2, 8-31	1-31
AUCKLAND.....	15, 27	26-27, 30-31	1-3, 13-17, 20-22, 24, 27-31
WHANGAMATA.....	11-15, 18-23, 25-29	5-6, 16-27, 30-31	1-31
MT MAUNGANUI.....	12-16, 21-24, 28-30	16-20, 23-31	1-3, 7-12, 19-24, 27-31
OHOPE.....	10-11, 13-30	1, 9, 11-14, 15-31	1-31
ROTORUA.....	11-13, 15, 18-22, 25-26, 29	15-20, 24-31	1-3, 6-11, 13-18, 28-30
TAUPO.....	11-15, 18-22, 25-26, 29	17-20, 23-28, 30-31	1-4, 7-10, 13-17, 20-25, 27-31
TURANGI.....	12-15, 18-23, 25-28	2, 16-20, 23-27	6-7, 20-21, 26
NAPIER.....	12-15, 18-22, 25-29	9, 11, 12, 16-20, 23-27, 30-31	1-4, 6-11, 12-17, 20-24, 27-31
PARAPARAUMU.....	20, 26-28	2, 16-20, 23-27, 30-31	1-3, 8-11, 14-17, 20-24, 27-31
GREYTOWN.....	11-13, 18-22, 27-29	6, 17-20, 23-27, 30-31	1-3, 7-10, 13-16, 20-23, 28-30
WELLINGTON.....	13-14, 23	16-20, 24-26, 30-31	1-2, 6, 13-23, 28-30
NELSON.....	11-25, 29	15-18, 20-21, 24-26, 31	1-3, 6-10, 13-31
HANMER SPRINGS.....	13-15, 22, 26-27	27-28	2, 10, 14-15, 20-21, 28-30
CHRISTCHURCH.....	13, 15, 21, 28-29	16-20, 26-28	2-3, 6-7, 22-24, 28-31
TEKAPO.....	11-12, 18-21, 26, 28-30	19	1-2, 6-10, 16-17, 23-24, 27
WANAKA.....	13-15, 29-30	4	9
CROMWELL.....	11-14, 20-23	13, 24-27	
QUEENSTOWN.....	Fully booked	Fully booked	16
TE ANAU.....	9-17, 18-29	9, 13-20, 23-29, 31	1-31
DUNEDIN.....	11-28	6, 16-20, 23-27, 30-31	1-3, 6-10, 13-17, 20-31



Police Health Plan Ltd in conjunction with our Medical Advisors, Medilink, publishes articles on medical issues that affect our members.

Arthritis – the battle of joint pain

If you think about our body as the vehicle that carries you through life, motion and carrying loads are its functions. Time is the cause of deterioration.

The vehicle's paint becomes chipped and flawed, not unlike our own skin, which becomes blemished. The tyres and brake pads wear and the metal structures suffer from fatigue. With age the human 'car' becomes slower. The bones shed calcium and become more brittle and 'fatigued'. The joints are the 'wheels' and the joint cartilages become worn, as do the brake pads. In humans, this wearing down may cause osteoarthritis.

Where do we develop arthritis?

The adult human body usually has 206 bones. Joints connect the bones and allow movement to what would otherwise be an absolutely rigid structure. Joints fall into three main categories, fibrous, cartilaginous and synovial joints. Joint structure varies according to its type.

- Fibrous or fixed joints are where a number of bones are fused together such as in the skull or the pelvis;
- Cartilaginous joints have a cartilage buffer between the bone ends. These are the joints of the spine and rib cage where movement is limited, but the buffer ensures they do not grate on each other; and
- The joints where arthritis frequently occurs are synovial joints. These structures are characterised by a synovial membrane, which

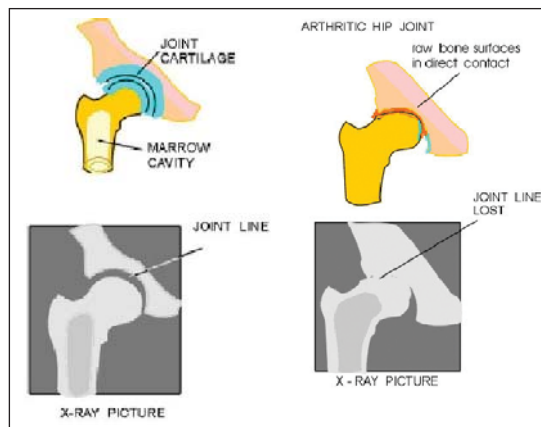
secretes a lubricant/'oil' to ensure the bone ends glide over each other. The synovial fluid also provides nutrition to the cartilage, which is the 'tyre' of the joint. There is more than one type of cartilage, and the variations are determined by function and site in the body.

There are a number of types of synovial joints. The joint shape and its range of movement, determine each type:

- Ball and socket joints (shoulder and hip);
- Hinge joints – the joints of the shoulder and the knee; and
- Saddle joints (fingers and toes).

Features of synovial joints are two bones covered by cartilage, a joint space enclosed by a fibrous capsule and a synovial membrane that lines the joint. Bones are stabilised by ligaments, tendons and muscles that function like a 'steering wheel' and also provide support.

Types of arthritis



Joint disease is referred to as arthritis – inflammation of the joint. It causes deterioration of the structures, which leads to reduction in the range of movements and causes pain. There are many types of arthritis but most common are osteoarthritis and rheumatoid arthritis. Noticeably affected are hands, feet, spine or the weight bearing joints such as the hip, knee or ankle.

Osteoarthritis

Osteoarthritis is a degenerative disease, which causes the breakdown and the eventual loss of the joint cartilage in the joint space. As the cartilage breaks down and wears away the bone ends begin to rub together. The grating of the bone during movement causes pain and swelling. Over time the joint will lose its normal shape.

The causes of osteoarthritis are not entirely understood. There is usually a collection of triggers, except when the deterioration is caused by a traumatic event. Family history, age, previous injuries, being overweight and activity levels are known to be contributing factors to joint deterioration. The rate of joint deterioration differs with each individual.

As we live longer and lead more active lives the incidence of joint 'fatigue' increase. If your joints are giving you discomfort and your mobility is becoming restricted it's important to seek help from your GP (general practitioner). Conservative forms of treatment can be prescribed. If conservative forms of treatment do not benefit you, your GP will refer you to an orthopaedic surgeon.

Rheumatoid arthritis

Rheumatoid arthritis is a chronic systemic autoimmune disease. It is an illness, which occurs when the body tissues are attacked by the immune system. The attacks cause chronic inflammation

of the joints and the surrounding tissues, as well as other body organs such as the linings of the blood vessels of the heart and lungs.

The immune system is a complex 'engine' of cells and antibodies designed to capture and destroy invaders to the body, notably infections. When the balance of the immune system is distorted, progressive damage may occur. Joints, tendons, ligaments and muscles become hot, swollen, stiff and painful. Erosion and degeneration of the joint structures lead to loss of function and physical deformity.

The causes are unknown, but infections, our genetic make-up and autoimmune disease may be contributing factors. The effects of rheumatoid arthritis vary from individual to individual. Joint inflammation, especially of the small joints of the hands and feet, are likely indicators and a viral-like illness and a rash may accompany it. Diagnosis is established by blood testing for specific antibodies. Treatment is conservative and monitored by a team of health professionals, which includes your GP and appropriate physician(s) such as a rheumatologist.

If you require assistance and/or additional information please contact by Email: helenb@medilink.co.nz or oliver@medilink.co.nz

"oho" © Medilink Limited 2005.

'Special' tasting throws up surprise for thirsty builders

Hungarian builders who drank their way to the bottom of a huge barrel of rum while renovating a house got a nasty surprise when a pickled corpse tumbled out of the empty barrel.

According to online magazine www.zsaru.hu, workers in Szeged in the south of Hungary tried to move the barrel after they had drained it, only to find it was surprisingly heavy and were shocked when the body of a naked man fell out.

The website said that the body of the man had been shipped back from Jamaica 20 years ago by his wife in the barrel of rum in order to avoid the cost and paperwork of an official return.

According to the website, workers said the rum in the 300-litre barrel had a "special taste" so they even decanted a few bottles of the liquor to take home.

The man's wife had since died and he has since been accorded a proper burial.

“The law is an ass” – Charles Dickens

Yes, it's that time of year again folks – the time to announce the annual recipients of the Stella Awards, named after one Stella Libeck, who in 1992 at the age of 79 spilled hot coffee on herself and then successfully sued McDonald's for \$2.9 million.

That case inspired the formation of the awards to mark the most frivolous, ridiculous, but successful lawsuits in the United States.

Here are this year's recipients, counting down from 5th place to the eventual champion:

Fifth place (equal): Kathleen Robertson of Austin, Texas, who was awarded \$80,000 after breaking her ankle tripping over a toddler, who happened to be running around inside a furniture store. The owners of the store were understandably surprised at the verdict, considering the toddler was Ms Robertson's son.

Fifth place (equal): 19-year-old Carl Truman of Los Angeles won \$74,000 plus medical expenses when his neighbour ran over his hand with a Honda Accord.

Mr Truman apparently didn't notice there was someone at the wheel of the car when he was trying to steal his neighbour's hubcaps.

Fifth place (equal): Terrence Dickson of Bristol, Pennsylvania was leaving a house by way of the garage, after having burgled it. He was not able to get the garage door up since the automatic door opener was malfunctioning. He couldn't re-enter the house because the door connecting the house and garage locked when he pulled it shut. The family was on vacation, and Mr Dickson spent eight days locked in the garage. He subsisted on a case of Pepsi and a large bag of dry dog food. He sued the homeowner's insurance company, claiming the situation caused him undue mental anguish. The jury agreed to the tune of \$500,000.

Fourth place: Jerry Williams of Little Rock, Arkansas, was awarded \$14,500 and medical expenses after being bitten on the buttocks by his next-door neighbour's dog. The beagle was on a chain in a fenced yard. The award was less than sought because the jury felt the dog might have been a little provoked by Mr Williams, who had climbed over the fence into the yard and was shooting it repeatedly with a pellet gun.

Third place: A Philadelphia restaurant was ordered to pay Amber Carson of Lancaster, Pennsylvania, \$113,500 after she slipped on a soft drink and broke her tailbone. The beverage was on the floor because Ms Carson had thrown it at her boyfriend 30 seconds earlier during an argument.

Second place: Kara Walton of Claymont, Delaware, successfully sued the owner of a nightclub when she fell from the bathroom window to the floor and knocked out her two front teeth. This occurred while Ms Walton was trying to sneak through the window in the Ladies Room to avoid paying the \$3.50 cover charge. She was awarded \$12,000 and dental expenses.

And the winner is: This year's runaway winner was Mrs Merv Grazinski of Oklahoma City, Oklahoma. Mrs Grazinski purchased a brand new 32-foot Winnebago motor home. On her first trip home, (from a football game), having driven onto the freeway, she set the cruise control at 70 mph and calmly left the driver's seat to go into the back and make herself a sandwich. Not surprisingly, the RV left the freeway, crashed and overturned.

Mrs Grazinski sued Winnebago for not advising her in the owner's manual that she couldn't actually do this. The jury awarded her \$1.75 million plus a new motor home. The company actually changed their manuals on the basis of this lawsuit, just in case there was a second Mrs Grazinski out there somewhere.

- Courtesy of stellawards.com

View from the Bottom



This column is written by a frontline police officer. It does not represent the views or policies of the Police Association.

By Constable Ian Keen

Conspiracy

I hope you lot know that it's really just a large high-level conspiracy, otherwise known as 'strategic thinking'. Of course, I'm talking about this hullabaloo about our jailers and prison escorts etc dressing like the thin blue line. I mean it's all about visibility and if those not in the know don't look close enough then of course it's an easy mistake to make and we appear to be everywhere.

For my part, I think these support staff do a great job but I do just wonder whether some bright spark will suggest, since we all look the same, perhaps we had better be all paid the same and there are no prizes for guessing which way our wages would go! Okay, I admit it - I'm a cynic.

Marvellous work

The sinking of the fishing trawler Kotuku off the Bluff coast further demonstrated what a fantastic job the Police Dive Squad does. The fact that they recovered three bodies, a grandfather and his two grandkids, despite braving extreme

cold, the presence of sharks and some of New Zealand's most treacherous waters, is a great reflection on their dedication and professionalism.

To Bruce Adams and his team of hardy souls, well done fellas, great job.

The stage is set

Call me old but don't call me stupid but this re-jigging of the Police Act makes me a might nervous. Yep, she's (no offence ladies) well out of date in this technological world we live in but keep a close eye on swapping the family cow for a few beans that promise to lead you to the goose that laid the golden egg. Mind me words and watch out on this one.

The calvary

A blow up in the Solly Isles and we send our finest over to help restore order. Well done team, I hear you did a great job in very trying circumstances. I understand that your 'digs' weren't that flash but like the 'team' we are we just rolled up the sleeves and got on with it. Simply superb!

History repeats

My beloved Red and Blacks again show we are the best entertainment in town and I see the 'Cake Tinnars' showed they can finally get some consistency in the cake mix for a couple of years running. Well done and all bodes well for the Holy Grail battle in the northern hemisphere next season. Make sure we have all those 'lily white skinned' recruits dressed in black when the time comes!

I AM KEEN



We remember...

Who passed away...

FIELD Alan Edward	28-Jan-04	Retired member	Oamaru
WYNNE Justin Caine	1-Apr-04	Son of member	Oamaru
ROSE Maureen Mary	17-Apr-06	Member	Blenheim
WILLIAMS Leonie Therese	19-Apr-06	Wife of retired member	Ohau, Levin
McMINN Meril Evelyn	25-Apr-06	Wife of retired member	Howick, Akld
BROWN Marjorie Ray	26-Apr-06	Widow of member	Taradale
HIGHSTED Pat	29-Apr-06	Retired member	Christchurch
MAYES Trevor Raymond	5-May-06	Retired member	Silverdale, Akld
TODD Matthew Laurence	19-May-06	Husband of member	Waikanae
VLASICH Anne	26-May-06	Wife of retired member	Te Atutu, Akld

Consumer spending fuelled by increased home equity

There is little doubt that most New Zealanders who own residential property have been laughing all the way to the bank. Our spending habits over the last few years clearly reflect this increased wealth.

We have happily drawn down on the increased equity in our homes to fund wider consumption spending. This has resulted in a deterioration in our savings rate, or more correctly, in our rate of dis-saving. During the year to March 2005, the rate of dis-saving reached new highs of 13.8% of disposable income. Other developed nations appear frugal by our standards.

Continued improvement

The reason why New Zealanders have been so unconcerned by their apparently excessive spending behaviour is because their balance sheets have continued to improve even though debt levels have increased. If we redefine savings as wealth, then savings have still increased. In addition, the government is saving more on our behalf to ensure that superannuation payments can be sustained. Benefit levels are becoming more attractive.

Why, therefore, is such a fuss being made about consumer exuberance and poor savings? It sounds like rational behaviour. Or is it?

- There are no guarantees that superannuation payments won't reduce as the ageing population places an increasing strain on the budget;
- 71% of our assets are tied up in the homes that we live in and cannot be easily unlocked in retirement;
- A healthy balance sheet won't keep us out of financial strife if debt serviceability becomes a problem. According to the Reserve

Bank, debt-servicing costs as a percentage of disposable incomes have reached record highs of 12%; and

- A comparison of our net wealth against other countries suggests that we should be aspiring to do better.

Aspirations

Maybe we do aspire to do better and our feet are doing the talking. During the year to December 2005, the net outflow of New Zealanders to Australia totalled 21,400 people, a 45% increase on the levels of the previous year. Although there are undoubtedly many reasons for this exodus, a comparison of our relative financial health probably goes a long way to understanding the motivation for our behaviour.

Australia has enjoyed stronger average rates of economic growth over time and its citizens earn higher wages and have higher levels of wealth.

Although the savings rate is not a particularly accurate statistic, the fact that it shows that New Zealand households spend more than they earn each year and are more likely than Australians to do so, is probably broadly accurate given our relative income levels.



SPICERS
wealth management

So has New Zealand found the road to economic success?

New Zealand's economic performance has improved during the last five years (notwithstanding the current downturn). Nevertheless, we still have a significant gap to close before we can provide the standard of living (in economic terms), income levels and breadth of opportunity that Australia can offer.

Copper's Crossword

By Constable Cunning

Clues:

Across:

- Part of giga and mega (4)
- One hundred barbels scrambled to be a boardgame (8)
- Outshine (7)
- Gaped or just wanted to respond (5)
- Former military personnel (12)
- Itches for morals perhaps? (6)
- Outside the sphere of decency (6)
- Don't accredit altogether, but denied in other words (12)
- Musical instrument (5)
- Consume by fire (7)
- Demerits apart, it clears your windows (8)
- Face part (4)

Down:

- Someone's favourite son (4-4)
- Chores (5)
- Accept, believe or trust. Bank on it. (6)
- Dangerous drugs (12)
- A constant annoyance to someone (7)
- Whirlpool (4)
- Disjointed facts of what may have happened (12)
- Short heavy-headed stick (8)
- Thug, hooligan? (7)
- Tactless or socially awkward (6)
- Tutor (5)
- One of a class of chemical compounds (4)

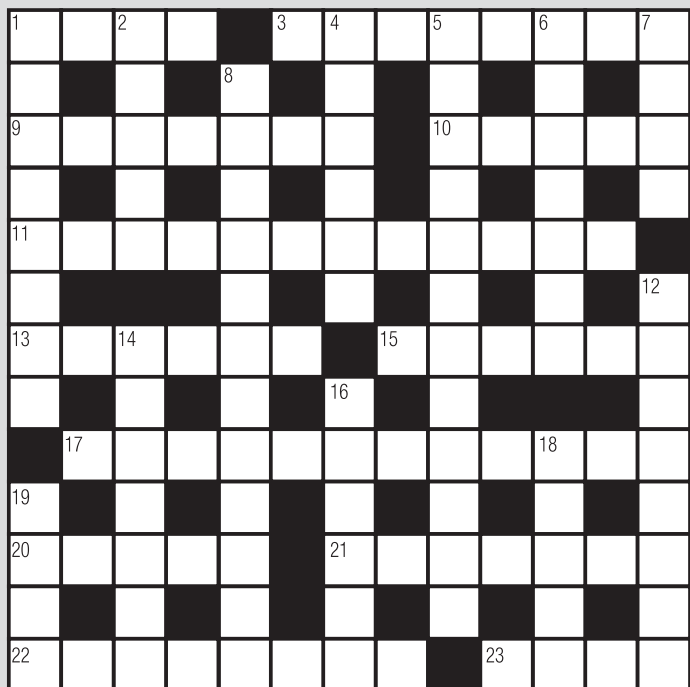
May answers:

Across:

- Leader
- Basics
- George Cross
- Earwigs
- Pal
- Arcs
- Mod
- Clue
- Ion
- Uniform
- Executioner
- Labour
- Gossip

Down:

- Legislational
- Adolescence
- Edgers
- Arouse
- Shoulder strap
- Acromionous
- Supplements
- Bureau
- Domino



Letters to the Editor

Write it here! Letters to the Editor are welcome.



Signed letters are preferred, but in all cases the writer's name and address must be supplied. Names will be published unless there is a good reason for anonymity. The editor reserves the right to edit, abridge or decline letters without explanation. Email to: editor@policeasn.org.nz or write it to the Editor at PO Box 12344, Wellington. Letters under 400 words are preferred.

Reminisce the catalyst for 'broad' change?

I read in *Police Ten One* (No 284, 28 April) how our new Commissioner reflects on how he ended up as Commissioner. He pays credit to his foundation of walking the beat, having "two extremely good sergeants who taught (him) a lot", then being buddied up with seasoned officers who taught him, and experienced NCO's who kept him doing things the right way.

What a pity we do not afford our young constables the same luxury these days. They are left to their own devices much of the time, with other members of very junior service in an acting sergeant role, and no real guidance from experienced members, as they are not there on the frontline.

It is no wonder that many cops join the job and then become disillusioned with it after having huge workloads put upon them with little or no guidance, and little support when it goes wrong.

I hope the new Commissioner's reminiscing leads to some reorganisation, and we can return to some of those basic principles of teaching people how to do their job properly and with the right amount of resourcing to do it.

Paul George
(Palmerston North)

It's time the Police paid for overtime

I wish to share some thoughts with regards to the current pay round, the rewrite of the Police Act and the haemorrhaging of staff and experience.

I would like to suggest that more consideration be given to paid overtime, and the benefits, not just to the staff, but also to the administration in terms of economic benefits.

If all staff were allowed to work just four hours overtime a week, this would instantly provide the equivalent of 10% extra sworn police or an extra 750 overnight.

The beauty of this is that the extra costs to the department are minimal, if any. There are no extra training costs (Staff Safety Tactical Training, Firearms, First Aid, etc), no extra uniforms, no extra annual leave being accrued, no sick leave costs and the extra 750 staff all have experience. No need to send them through the R.N.Z.P.C (Royal New Zealand Police College) and then train them for another two years to get to an operational level.

Clearly, there are considerations to work through, and I don't think staff should be allowed to work more than one extra shift per fortnight, for obvious welfare reasons. But you

could advertise what positions were available for overtime (i.e. beat (sergeant and nine constables) on a Saturday night in a known hot spot in any central city bar area) and I have little doubt that staff would gladly volunteer.

Similarly, we struggle to deliver SAP (Safety Administration Program). The Police receive approximately \$78 per hour of strategic Road Policing. We pay our staff around \$25 per hour to deliver the same. The math is simple. No extra police vehicles required, no extra supervisors, uniforms, etc, etc - some fuel and tyres, but good economic sense.

CIB (Criminal Investigation Branch) fraud files could be addressed in dedicated overtime. The possibilities are endless, but members need to accept that the overtime need not necessarily be available in the units they are assigned to. The overtime funds should be spent in the area of most need - the frontline.

I do not promote overtime 'across the board' for the sake of it - as this could be abused.

But I fail to see significant downsides to this proposal, as there are minimal costs to the department in terms of resources, but huge gains to be made in terms of service to the public and rewards to staff.

Jeff Penno
(Hamilton)

Paid overtime - a road to ruin

With the current pay round beginning, several items appear in the *Police News* upon which the Association intend to go to bat for us.

One major item is that of paid overtime. My advice is **do not take this path**. I understand that we are no longer remunerated in recognition of the skills we have, the work we do or the risks we take. Many of us work extremely hard with little support or back up and these conditions and our dedication to maintain a professional and effective Police service, culminates in hours of overtime. Being paid for that commitment and dedication seems only fair and we are most certainly entitled to it.

But paid overtime is an easy option for the Association to get recognition for your professionalism and dedication. It is any easy option for the administration to administer and pay. Here in lies the hook, districts will be allocated an overtime budget, you will not be authorised to work overtime, should you do so without authority may mean you do not get paid, and of course TOIL has gone so there will be no recompense there either.

You will be obliged to contact a supervisor to authorise overtime. Once the O/T budget reaches a critical level all overtime will be

suspended. There will be no special operations and importantly no payments for the overtime you do work because you will not let the Police or public down. You will then be worse off than you are now.

CIB supervisors who get called out to serious crimes will have to contact their supervisor to authorise overtime. I imagine it will go: "How many staff do you need?" Reply: "Ten". Response: "You can have two because that's the entire budget we have available."

Again our President reminds us we have no right to strike. I doubt any police officer would seriously consider striking. The act does not say we cannot take industrial action. There are any number of actions police officers could take to impose administrative sanctions, thereby causing internal strife, without affecting our response and responsibilities to the public.

The CIB rescue package is comparable to the rescue facilities on the Titanic! If you are truly serious about the CIB issues, begin by getting rid of the detective designation and make it a rank with the pay scale that of a sergeant. When the detective is promoted to sergeant, he or she slides across the scale with a 4 or 6% increase. The detective sergeant pay scale would be that of the senior sergeant, the senior sergeant that of the detective sergeant, the detective sergeant that of an inspector on the Band 2 scale.

I agree with the continuance of the practitioners' allowance after five years. There should be no requirement for a senior detective designation - you have a rank and a superior pay scale. Ten-hour rosters can already be initiated - they only need to be authorised by CIB supervisors. Recognition of the CIB qualification is applauded.

The Association represents my frontline colleagues and I. It's time to get aggressive, tenacious and uncompromising. Forget mediation, it equates at best to mediocrity. I want to see industrial action, and frontline staff represented.

Ross Grantham
(Palmerston North)

Thank you for the feedback Ross. Regarding paid overtime - too many operations are funded on members' goodwill. The government needs to understand the cost of policing homicides, royal tours, VIPs and special events. What is happening is that the true cost of this type of policing is hidden. It is contained in the TOIL accumulations of members, which is taken at a later time and the absence of these members from duty increases the policing burden on those who front up to the next understaffed shift. The Association is getting overwhelming

feedback from members wanting the extra income over TOIL. If overtime funding is exhausted then it is Police management that takes the operational (and health and safety) risk of allocating insufficient staff to a particular operation or task. It is the responsibility of government and not of members to fund policing. Yes, I agree that a move towards paid overtime can be a two-edged sword but we are convinced that one edge is blunter than the other.

Regarding other forms of industrial action, most if not all are in fact caught by the definition of "strike", which is very broad. See Section 81 of the Police Act. The rewrite of the Police Act is timely in terms of reviewing our unique bargaining environment.

Your suggestions and comments on the CIB are noted and hopefully not only by us!

—Greg Fleming, Industrial Advocate.

The time for platitudes has gone

Every time I receive the *Police News* and look at the Letters to the Editor section I constantly read many letters from staff, regarding poor work conditions, a lack of recognition for their extra efforts and the impression that the system is trying to screw them to the wall, by leaching every bit of goodwill they have. I now even feel that upon reading Mike Colligan's letter in the May issue ("*Goodwill is wearing thin*") it is getting to crisis point.

The *Ten One* seems to have turned into the department's propaganda sheet, for the media to peruse and it is not providing balanced material for the staff, which it was initially intended for many moons ago. It should be called "*Pravda*", as it was full of propaganda as well.

Even when we have a pay round coming up, there are rumours that the department do not want to come to terms with a sensible pay offer. This will only add insult to injury. Pay parity with many other professions has greatly diminished over the last decade and if they want people to realistically consider joining the Police and put up with society's dysfunction then they'd better consider a realistic pay round. I've known of numerous people who have considered joining the Police but who have then decided against it once they've learned of the low salary on offer.

I have been a sworn police officer for 30 years and this is the first time I have put pen to paper to express my concerns. I've always done the job and wanted to remain positive in my life and work. It's time the department woke up its ideas and recognised and looked after the backbone of its infrastructure - the sworn and non-sworn staff that do the daily frontline and support work in such a professional manner. There is an old adage, "what goes round comes round". If you treat people with indifference and take them for granted it will come back to bite you. Would I recommend anyone to join the job at present? I think you already have the answer to that.

It is time the department stopped talking platitudes and got their act together.

Jim Read
(Christchurch)

Constables – bottom of the food chain?

Recently, I was lucky enough to be selected to partake in a six-week secondment on a Police operation. It all started well, the work was a welcome change, my fellow workmates were great and we had the use of a brand new station.

Unfortunately, it didn't last though, about half way into our secondment the phone at our accommodation was disconnected. After making some inquiries about this, I was told it was because a large phone bill had been run up.

After several Emails to get our phone reconnected and after 12 days of hearing nothing in reply, I was getting a bit annoyed. I decided to make sure I was not being ignored, so I sent another Email that included the words 'pissed off'. That was a big mistake. I ended up in a disciplinary meeting over inappropriate Emails.

During the meeting with the Area Commander, I was told that something was being done to fix the phone connection but because I was only a constable and so far down the food chain, there was no need for me to be kept in the loop about what was going on. Forgive me if I'm wrong but surely as the problem directly affected me it would have been not just professional courtesy, but commonsense to let me know what was being done. If someone had had the courtesy to inform me of what was happening it would never have got to the stage of me using offensive language.

I feel it is arrogant for any high-ranking officer to belittle constables. Afterall, constables may well be at the bottom of the food chain but we all started there and some end there cause that's just what they love doing. We all have a very important part to play in the bigger picture and if weren't for constables this organisation would fall over. Who is the first on the scene of serious crime? Who attends all the burglaries? Who writes all those precious tickets?

To top it all off, at the conclusion of the meeting, I was told I was never welcome back in the area again. What they're saying is, if you don't accept how something is done (even though it's wrong) and challenge the hierarchy about it they will just kick you out to avoid any further disruption to their way of doing things; what a very grown up way of dealing with a situation.

And yes we finally got a phone, albeit toll-barred. I suppose we can't have everything, every penny helps towards paying us time and a half.

Shaun Darth
(New Plymouth)

The heat is on in Henderson

I am writing to express my humorous dismay about the organisation for which we work. Several weeks ago, staff in the Henderson CIB (where morale is already horribly low) complained about the heat inside the office - 30.6% with incredibly high humidity. One smart individual complained, and amazingly

we had hired air-conditioning units within a day or two, albeit noisy and taking up half the office but they did the trick. Then, shortly afterward, the company, which installed them, came back and removed all of the units. Apparently, some bureaucrat at District Headquarters had his or her arms up because they hadn't been ordered through the correct channels! I bet it takes at least a year before we see anything to replace them - and if they are going to replace them soon, why not tell us?

What are they thinking over there? I just can't believe that when our numbers are decreasing weekly, staff are stressed, tired and completely brassed off, that they would do such a thing.

When will this organisation start to realise that staff are their best asset?

Kelly Alofa
(Henderson)

Review of the Police Act well overdue

I'm glad to see OoC (Office of the Commissioner) and the politicians are looking to tidy up the Police Act. Let's hope they get some "bottom up" input. Traditional suspensions, and for that matter "stress leave", are costing us big time on the street. There have been instances of poor performing members, on full pay for up to three years and it's not just management that suffers but the troopies on the ground that are short staffed as a result. Remember that a member on suspension is still on the books and cannot be replaced until they return to work or leave the job.

The Police Act must follow the lead of the Employment Relations Act 2000 and apply it to the letter. Anything else will only be challenged in the Employment Court and more costly payouts will follow. For example, demanding Use of Force reports without offering the right to speak to a lawyer has to be a questionable practice.

There need to be clear and efficient policies put in place to speed up internal investigations. So long as we adopt procedural fairness and act in good faith we will not come unstuck with the ERA. If there is a prima-facie case of dishonesty or serious violence for example, then that member needs to be fast tracked through the courts. However, we need to be careful before launching into investigations, ensuring there are no personality conflicts that may lead to trivial charges against members, which then have the potential to embarrass management in the long run.

Poor performers need to be re-educated and well supervised. If there are not improvements within an acceptable timeframe then dismissals must be considered. Businesses in the private sector would struggle if they did not quickly deal with poor performers. For example, I'm aware of an incident where a probationary constable didn't turn up to work on a public holiday. When his supervisor phoned him at home to ask why, he replied: "I didn't think we worked on public holidays."

Steve Gibson
(Palmerston North)

Detectives' allowance

I was pleased to see that one of the priority issues for the next pay round is for detectives to keep their practicioners' allowance permanently.

I was a detective for 13 years in the late 70's and 80's, and would be pleased to be a party to the new conditions. I would appreciate it if there was no time limit of when the CIB service took place, which is what happened when the various Bands were brought in. For some reason, on that occasion, we were left out of the ex-CIB allowance loop.

D H Mitchell
(Auckland)

'Clayton's' job adverts?

I was of the opinion that jobs advertised in the *Ten One* sworn or non-sworn were there for anyone with the right CV/qualifications/experience.

I thought that expressions of interest in jobs at a local level were open to the **right** person.

But I have recently been enlightened or should that be reminded that they are not?

I'm aware of a position that was for sworn or non-sworn and was of a higher band and that a person was told the job was theirs before it was officially advertised.

Then I find out that the person was not given the job, as there were 'complications'. They were told they could not have the job because there was a need to advertise it. Other people then applied.

I start thinking, where is the true ethics in the Police? Where is the fairness and openness for such vacancies? Sometimes you think that a job vacancy was handled well and next you hear of these stories. That such a person was **always** going to get the job anyway, and that they were just going through the process, as it were.

I know that sometimes the Police and a staff member are effectively between a rock and hard

place, as they have to advertise the position due to the band, even though that person may already be doing the job and would otherwise lose their job altogether if they didn't apply and then actually get the position.

Sometimes a job is advertised locally as – expressions of interest – but then there will be talk about, "you have to be 'known' by so and so to get that job", or "you have to be good at playing such and such to get that job" etc. In other words, they know who they want for the job, so don't bother applying.

And afterwards there's the, "you know why so and so got that job don't you? Because....."

Sound familiar?

"Vacuous vacancies"
(Name and address withheld)

Peter Fulcher and the Mr Asia syndicate

I saw recently where former Mr Asia syndicate member, Peter Fulcher, was let off by a judge and it brought back memories of my dealings with Mr Fulcher, a prime mover and shaker in the syndicate during the 1970's and 80's.

I was a detective with the Christchurch CIB around 1978-79 and was engaged on vice duty, which often involved the Drug Squad.

It was a Friday afternoon and I was looking forward to knocking off work. Some intelligence came in that a mystery man appeared in the Christchurch Passport Office wishing to obtain a New Zealand passport so he could travel to England. The Labour Department employee was pretty suspicious, as the man appeared to be wearing a wig and false moustache. From the description supplied, the intelligence team concluded the man might be a man named Sheppard, a known associate of the Mr Asia syndicate. Sheppard had warrants out for his arrest.

Police surveillance located the suspect in the middle of town. I was sent with another detective, Stuart Dunn, to intercept the

man and we located him pretty close to the intersection of Colombo and Hereford Streets.

But the man, who was of small build, had no intention of stopping for us, so we had to grab him to slow him down and Stuart Dunn made a grab for the suspect's hairpiece so we could get some better idea as to whom we were dealing with. It must have looked pretty comical, as the man obviously didn't want his prized thatch to be snatched by Police in the heart of downtown Christchurch.

A tussle ensued and reinforcements in the shape of Detectives Kevin Burrows and Bill Thiele arrived. In the meantime, the suspect had managed to bend the small finger on my right hand back and it hurt like Hell.

When we arrived back at the station we found we didn't have Sheppard at all, but one Peter Fulcher, an even bigger fish in the Mr Asia syndicate. Fulcher was residing in Auckland at the time. He was subsequently charged with passport offences and I think he may have received a small prison sentence as a result.

He was found to be staying in an inner city motel and had very little in the way of personal gear with him. It was about this time that Mr Asia bosses Terrence Alexander Clarke and Martin (Marty) Johnson were in the UK. At some stage after this Marty Johnson disappeared and his handless corpse was subsequently found in a lake in Scotland. Terry Clarke was subsequently convicted of Johnson's murder. Several years into a life sentence, he died of a heart attack.

Clarke's girlfriend at the time was Karen Soich, a lawyer, who, I believe still practises law in Auckland.

Peter Fulcher eventually went to Australia and was charged with drug trafficking offences by Australian Police and did a lengthy stretch in prison.

I still have my bent "Fulcher" finger.

Ray Homan
(Christchurch)



Useful Information & Contacts

Association and Police Welfare Fund:	Police Network	44446	Website	www.policeasn.org.nz
Immediate industrial & legal advice (only for matters that cannot be deferred such as Police shootings, fatal pursuits or deaths in custody) can be obtained by ringing 0800 TEN NINE (0800 836 6463)	Freephone	0800 500 122	Police Home Loans	0800 800 808
	Police Health Plan/Staffpac Insurance	Police Credit Union	0800 429 000	
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