

Wellington public meeting on tasers, 15 August 2006

Mental Health Commission concern that likely target of Tasers are people with experience of mental health and addictions – ‘people in mental health crisis still identified on Police website

The only thing that would remove that concern is no Tasers for frontline, or evidence that this is not the group that is ‘targeted’

Understand that Police have all necessary permissions and subject not up for negotiation

When MHC raised concerns about probable use on people with mental illness and addictions, Police provided information briefings in Wellington and Auckland. We appreciate those and the sector now has a lot more information

Given that we are told Tasers will be introduced MHC want to raise concerns about the evaluation and hope others at the meeting will write to Police in support of gaps in proposed evaluation

Understand that the independent part of the evaluation will be by a medical group that will look at death and injury information – obviously this is critical but not the only information required for an independent evaluation

Gaps in evaluation from MHC perspective

- there will be no discussion with people that have been Tasered about their view of events leading up to, warnings given (even if people don't have a good memory of these after being Tasered questions still need to be asked)
- given that most likely recipients are people with experience of mental illness and addictions there needs to be assessment of possible ongoing psychological impacts – also important for any other people – but we feel this is not a treatment likely to aid recovery from mental illness

- in addition to unknown physical health problems most likely severe impacts when Taser is combined with alcohol and other drugs, including prescription drugs. Maybe consent tissues but there is no proposal for blood screening that will advance any understanding of state at the time
- there needs to be a study done of another district that is not involved in the Taser trial and same data collected and analysed. If this doesn't happen there will be nothing to compare results of amount of violence to Police, for example

Other concerns

How are police planning to diagnose someone is in a mental health crisis from a distance, off-hand I can immediately think of a number of reasons why someone might appear agitated and/or non-responsive. Examples someone who is deaf and signing (moving their hands about rapidly); someone that has been hit on the head, someone that has had a seizure (epilepsy or heart) I am sure we can all think of some other examples.

If Tasers go ahead we also want proper medical assessments after the event – current proposals are to take to the person either to A&E or an assessment in the cells. If this is in the cells must be at least a GP, not a nurse or other ‘medical professional’

Speaking notes

Ruth Harrison,

Chair, Mental Health Commission