2023

Being
Mental Health Consumers

Response to the Legislative Council Portfolio Committee No. 2 - Health

Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Being
Mental Health Consumers

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Introduction

BEING – Mental Health Consumers is the independent, NSW peak organisation speaking with and for people with lived/living experience of mental health issues and emotional distress. Our primary focus is to ensure the voices of people with mental health challenges ("consumers") are heard by decision makers, service providers, and the community, to lead and influence systemic change.

BEING – Mental Health Consumers is committed to human rights principles and believes that recovery is possible for all people who live with mental health issues and emotional distress. BEING would like to see human rights conventions upheld across the whole mental health sector, inclusive of but not limited to the Convention on the Rights of Persons with Disabilities (CRPD). More work needs to be done in this area.

BEING's responses to this Inquiry comprises the views of our members and supporters who are mental health consumers living in NSW.

Recommendations

Recommendation 1: That out-of-pocket cost of mental health care are affordable for all consumers. Consumers should not have to choose between healthcare, food and housing!

Recommendation 2: That information be provided for all mental health consumers in NSW so they are able to easily find and access mental health services.

Recommendation 3: That peer navigators and advocates are easily accessible, well-promoted, and stationed across all LHDs to support easier access to and navigation of services.

Recommendation 4: That outpatient mental health services are accessible regardless of urban, rural or remote locality.

Recommendation 5: That general practitioners and mental health clinicians be required to work together under bilateral agreements to provide holistic physical and mental health care to consumers.

Recommendation 6: That telehealth services continue as an option for mental health consumers in NSW.

Recommendation 7: That all NSW consumers have access to reliable internet services for mental health appointments.

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Recommendation 8: That young people struggling with the social and mental health after-effects of COVID are a priority group.

Recommendation 9: That ensuring appropriate cultural and linguistic diversity within mental health services be understood as a core component of recruitment processes within the NSW Government mental health workforce.

Recommendation 10: That the NSW Ministry of Health and the NSW Department of Communities and Justice collaborate with each other and with lived experience representatives to ensure that Police contact with mental health consumers in crisis is minimised in NSW.

Recommendation 11: That the number of deaths of mental health consumers during welfare visits be regularly reviewed and understood as a key KPI of Police effectiveness in dealing with mental health crises.

Recommendation 12: In the short term, that NSW Police provide mandatory and substantial mental health training for all front-line police officers and for all trainees.

Recommendation 13: In the long term, that multidisciplinary emergency services teams respond to crises involving mental health consumers, rather than Police Officers, and that these teams include consumer Peer Workers (i.e. similar model to SPOT).

Recommendation 14: That the NSW Government provide adequate funding for Safe Havens to open 7 days/week and in more locations across the state.

Recommendation 15: That applying an equity lens to any new service or policy is vital to ensure all mental health consumers' needs are met.

Recommendation 16: That the Trauma-informed Care Framework be implemented state-wide.

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BEING's Response

BEING is responding to the points listed in the Inquiry Terms of Reference as follows.

Equity of access to outpatient mental health services

In January 2023, BEING wrote to The Hon Mark Butler MP, the federal Minister for Health and Aged Care about our disappointment in the reduction of Medicare-subsidised psychologist visits by the federal government.

The themes we gathered from consumer feedback (N=117) explore how this policy decision impacts NSW consumers. Although the funding for these services is provided by the Federal Government, consumers often raise these issues with the state peak bodies who are frequently the first port of call for consumers who are experiencing difficulties with the service system in any given state. Consumers are also less likely to distinguish between the differing funding sources that support mental health services.

Of mental health consumers in NSW:

- 35% are currently seeing a psychologist or psychotherapist at least once a week
- Respondents were asked what the barriers were to see their provider:
  - 70% said cost
  - 50% said subsidised appointment limits
  - 50% said wait times
- 54% stopped seeing their provider because they could not afford to pay

It is likely that the high average cost of living in NSW combined with the recent impacts of inflation is impacting people's capacity to maintain ongoing therapeutic relationships with mental health clinicians in NSW.

Recommendation 1: That out-of-pocket cost of mental health care are affordable for all consumers. Consumers should not have to choose between healthcare, food and housing!

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Navigation of outpatient and community mental health services from the perspectives of patients and carers

Over an extended period engaging with consumers and advocating for systemic change, BEING has heard that navigating the mental health service system can be challenging for consumers. This is particularly true for people who are only attempting to access services for the first time and so do not have any prior links with service providers.

In a recent survey carried out by BEING, 50% of respondents gave only one or two stars out of five for ease of navigation of community-based mental health services. It is likely that these were consumers who already had some experience of the service system, since over the last year 70% of respondents had accessed a private psychologist and 59% had accessed a private psychiatrist.

Recommendation 2: That information be provided for all mental health consumers in NSW so they are able to easily find and access mental health services.

Recommendation 3: That peer navigators and advocates are easily accessible, well-promoted, and stationed across all LHDs to support easier access to and navigation of services.

Capacity of State and other community mental health services, including in rural, regional, and remote New South Wales

Since mid-2022, BEING – Mental Health Consumers has been facilitating a regular advisory committee meeting with Rural and Remote consumers from various areas in NSW. An issue that has frequently been highlighted in our meetings is the impact of the rising unaffordability of mental health services and the extended wait times for mental health care for consumers, in particular those who rely on telehealth psychiatry services. Our committee members have highlighted how these rising costs are negatively impacting their well-being and the well-being of the consumers that they live and/or work with. Committee members have reported that people in their communities are having to choose between essential living expenses or mental health care because they cannot afford both.

However, the average incomes in rural and remote areas also tend to be lower than in the urban areas of the state.[1] With the impact of ongoing inflation already noted this means that it is even more difficult for people in rural and remote areas to cope financially with the expense of psychological or psychiatric supports.

[1] Rural and remote health - Australian Institute of Health and Welfare (aihw.gov.au)

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BEING – Mental Health Consumers is aware that the need for affordable psychiatrists and therapists is being felt around Australia and is not exclusively a rural and remote issue, however, the impact of inaccessible pricing on psychiatry services is more pronounced in these contexts due to limited services and lower average incomes. One of BEING's Rural and Remote Committee members, who works in a peer work role also highlighted the increased costs for consumers who require frequent prescriptions that can only be prescribed by a psychiatrist;

> *"The consumer now pays an out-of-pocket fee of $170 for a 15-minute consult. This psychiatrist does offer free appointments … but the waiting list is exceptionally long and of course, does not suit this consumer's needs."*

The need to wait for free care is particularly problematic for those who require regular prescriptions that the psychiatrist needs to prescribe. An example of this is when consumers require medication for ADHD (attention deficit hyperactivity disorder) which can only be prescribed by a psychiatrist and cannot be readily passed on to a GP (General Practitioner).

Consumers with long-term, complex mental health conditions may also have a reduced capacity for work and therefore may feel the burden of the rising costs more significantly than people who have the capacity to work in full-time and in higher-paid roles. Many consumers in rural and remote communities not only rely on telehealth mental health care because there are few or no services within their area, but also because in small and close-knit communities, consumers do not always want to be seen by other community members accessing mental health care. Stigma around mental health issues and service access is experienced differently in rural and remote areas compared with urban areas, and this presents different challenges for rural consumers.

In late 2022 the re-introduction of Medicare Benefits Scheme item 294[2], which provided a greater financial incentive for psychiatrists to bulk bill for telehealth appointments for those in rural and remote areas was a promising solution to this issue, however many psychiatrists are choosing not to use this option and are instead charging a fee with a considerable "gap". Our committee's experience has shown that the gap can be hundreds of dollars for an initial appointment, and similar prices for subsequent appointments, which are usually only briefly needed for another prescription.

[2] https://www.ranzcp.org/clinical-guidelines-publications/in-focus-topics/telehealth#:~:text=On%201%20November%202022%2C%20Medicare,of%20Aboriginal%20Medical%20Services%20and . See section entitled Medicare and Telehealth.

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Even for those consumers who may only need the support of a general practitioner to manage their mental health issues there can be challenges accessing services. We have been told by BEING's Rural and Regional Committee members that in some locations there are waiting lists to access GPs and not all GPs will have sufficient mental health skills to provide appropriate support in any case.

Recommendation 4: That outpatient mental health services are accessible regardless of urban, rural or remote locality.

Integration between physical and mental health services, and between mental health services and providers

It is vitally important that people living with mental health issues are provided with appropriate support to manage obesity, diabetes and other physical health problems which can be side effects of psychoactive medications.[3]

In May 2023, BEING conducted an online survey in partnership with Health Consumers NSW. Of the 100 survey respondents, 81% said they would expect to receive information about the physical health of mental health consumers from their GP, followed by 52% from a mental health service. This suggests that health consumers do not see a distinction between mental and physical health. The health system must provide information about physical and mental health at every touchpoint with health consumers. There is a need for better coordination between psychiatrists, GPs and not for profit service providers in the management of mental health consumer's health, so that we ensure that mental health consumers' health is managed holistically and that both mental and physical health is regularly reviewed.

Further, the survey asked: "What physical health issues, if any, do you experience that intersect with your mental health?" 68% of consumers answered this open-text question, with weight gain (20% of consumers) and chronic pain (19% of consumers) being mentioned most frequently.

Of these two, weight gain is known to be a side effect of using some mental health medications. It should certainly be attentively tracked and managed with consumers who are using antidepressants and antipsychotics.

[3] Better health Victoria provides and accessible overview of some of the common side effects of mental health medication. See https://www.betterhealth.vic.gov.au/health/servicesandsupport/managing-mental-health-medications

The association between chronic pain and mental health issues is unsurprising. The issue of chronic pain is a good example of a physical health condition which may itself be the precursor to mental health challenges. While managing known physical side effects is vital, it is also important to be conscious of the potential mental health comorbidities of physical health issues as well.

BEING would like to see GPs and clinicians in mental health work more effectively together to manage consumers' health in a holistic way that may include non-clinical treatments.

Recommendation 5: That general practitioners and mental health clinicians be required to work together under bilateral agreements to provide holistic physical and mental health care to consumers.

Benefits and risks of online and telehealth services

In their written responses to BEING surveys, consumers have highlighted the benefits of telehealth services. It should be noted that this is not only a benefit for people living in regional, rural and remote areas, but also for people who for psychological reasons find it challenging to leave their houses or travel long distances.

The increasing availability of internet-based healthcare services has been one of the unexpected benefits of the COVID 19 pandemic.

BEING is of course aware of the risks of telehealth such as consumers being overheard or observed while interacting with a therapist, however this has not been explicitly raised with us by consumers.

Recommendation 6: That telehealth services continue as an option for mental health consumers in NSW.

Recommendation 7: That all NSW consumers have access to reliable internet services for mental health appointments.

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Accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

BEING has provided information on this area with reference to two of our monthly consumer standing committees: Youth, and CALD+POC.

Thoughts from Young People

The BEING youth advisory group has spoken extensively with us about both their concerns about the potential negative impact of social media on young people's self-esteem and psychological wellbeing. At the same time, they also emphasise the importance of engaging with young people via social media.
They have shared some of the challenges that young people face in trying to access services. For example, young people are sometimes not taken seriously because of their age, or their mental health presentation is viewed as being simply an aspect of being a teenager, or child. Even in settings like high schools it can be difficult to access services because of the high demand for school counsellor's time.

The committee has also told us that for younger people in particular there are still long-term mental health impacts of COVID. Many teenagers and young adults still find it hard to reconnect with social peers and all young people lost opportunities to engage in face-to-face social contact at the height of the pandemic. For some young people this has meant that they have missed out on important opportunities to build social skills and networks.

Thoughts from People of Colour

Our advisory committee has shared several important concerns with us. These included a range of issues. One of these is the psychological impact of immigration and integration into a new culture. For some immigrants these challenges are faced without the support of a social network of family and friends.

Whether there is adequate support for cultural, religious and emotional needs will depend on the specific cultural background they come from. Those who come from ethnic groups with a smaller presence in NSW are most impacted by these psychological risks. Needless to say, these issues are multiplied for people who have developed traumatic emotional responses in their countries of origin.

In our most recent meeting with BEING's CALD+POC Committee, concerns were also raised about the lack of psychological research that focuses on specific immigrant communities. We also discussed the challenges of securing psychological support services in appropriate languages. One participant noted that often the not-

for-profit organisations that have the language and cultural skills do not have mental health knowledge and vice versa. There is not enough diverse linguistic and cultural competence within the mental health workforce in NSW.

One of the participants in this group is an overseas student and he flagged the special needs of overseas students and the challenges which they face accessing appropriate mental health support in Australia. Given the long stays of overseas students in NSW, their needs should also be considered in planning processes. In general, within the mental health system there is inadequate focus on culturally appropriate service provision, which should entail face-to-face delivery. To start addressing these issues, all services need to provide culturally appropriate services for the communities in their feeder areas as core business. The cultural diversity in any given area can include not just linguistic and ethnic diversity, but also gender and sexuality diversity.

Recommendation 8: That NSW Health ensure that young people struggling with the social and mental health after-effects of covid are a priority group.

Recommendation 9: That ensuring appropriate cultural and linguistic diversity within mental health services be understood as a core component of recruitment processes within the NSW Government mental health workforce.

Alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia, or intoxication in the community, including but not limited to Police, Ambulance, Clinical, Early, Response (PACER)

In November 2022, BEING asked its supporters to indicate which issues were most important to them. The issue of emergency service workers being accompanied by a trained mental health worker when responding to a crisis was the second highest state mental health issue after seclusion and restraint, and as such, is currently an extremely high priority for BEING's advocacy and policy work.

In June 2023, BEING wrote to the Commissioner of NSW Police, Karen Webb APM, with our concerns about recent police responses involving a person experiencing a mental health crisis, resulting in a taser being used on the consumer. A copy of this letter is attached in the Appendix.

BEING's concerns with this situation are:

1. A four-day in-person mental health training program previously provided to front-line police in partnership with One Door was reportedly axed in 2019. Although the Commissioner has responded to our concerns, we remain unclear whether all front-line police are currently provided with any mental health training.
2. The Law Enforcement Conduct Commission's recent report on critical incidents between 2017 and 2022, published in May 2023, states that, "A high proportion of critical incidents involve a person experiencing a mental health crisis. Despite this, police training on how to respond to someone in mental health crisis is currently extremely limited."
3. BEING's understanding is that under the PACER program, a clinician is stationed at a police station and is on call to assist initially over the phone when police call for assistance. Currently, police only call PACER once the risks at the scene have been contained. This means that the first minutes that police are on the scene are crucial as they are dealing with an unknown situation without a trained mental health person with them, and many officers do not have mental health training themselves.
4. In many circumstances, emergencies involving a person experiencing a mental health crisis would be best responded to initially by a team with mental health expertise, whether that be lived or learned expertise, rather than an emergency services worker such as police or ambulance.
5. Peer workers have both lived experience and learned experience in supporting people experiencing a mental health crisis, as evidenced by the successful Safe Havens run by peer workers across the state. Peer workers are also skilled at working in multidisciplinary teams, for example within the SPOT (Suicide Prevention Outreach Teams) program where a clinician and peer worker pair up to respond to people experiencing suicidality. It would be appropriate for peer workers to work within multidisciplinary emergency services teams in responding to crises.
6. We understand from LECC that 43% of police call-outs are for a mental health-related emergency, however we do not know how many of those incidences involved police engaging with a PACER or mental health co-responder team.[4] More data about PACER is necessary to fully understand these issues and potential solutions.

BEING wrote a position paper to summarise the key issues for consumers. This is attached in the Appendix.

[4] Law Enformacement Conduct Commission, *Five Years (2017 – 2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations*,https://www.lecc.nsw.gov.au/news-and-publications/publications/five-years-of-independent-monitoring-of-nsw-police-force-critical-incident-investigations.pdf/@@download/file . Pg 51.

Recommendation 10: That the NSW Ministry of Health and the NSW Department of Communities and Justice collaborate with each other and with lived experience representatives to ensure that Police contact with mental health consumers in crisis is minimised in NSW.

Recommendation 11: That the number of deaths of mental health consumers during welfare visits be regularly reviewed and understood as a key KPI of Police effectiveness in dealing with mental health crises.

Recommendation 12: In the short term, that NSW Police provide mandatory and substantial mental health training for all front-line police officers and for all trainees.

Recommendation 13: In the long term, that multidisciplinary emergency services teams respond to crises involving mental health consumers, rather than Police Officers, and that these teams include consumer Peer Workers (i.e. similar model to SPOT).

Any other related matter

Safe Havens

BEING is a proponent of the NSW Safe Haven program. This is a service for consumers experiencing suicidality. It is staffed by peer workers and is an alternative to hospital emergency departments where wait times can be long and the atmosphere busy rather than calming.

However, BEING is concerned about the underinvestment in Safe Havens. Currently there are 19 Safe Havens listed on NSW Health's website, however only two are open seven days a week. This is problematic because consumers cannot predict or schedule a mental health crisis and so the services need to be more available for people to access when they need it.

Recommendation 14: That the NSW Government provide adequate funding for Safe Havens to open seven days/week and in more locations across the state.

Gaps between services

The following points were included in our joint submission with the National Mental Health Consumer Alliance to the Better Access Initiative Forum held in Canberra in January 2023, in respect of mental health services provided in regional, rural, and remote areas:

- Applying an equity lens is required to understand the intersecting needs of people who are marginalised by location, as well as other indicators of disadvantage (ethnicity, gender, disability etc);

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- A greater range of therapy and services are urgently required; and
- Expanded eligibility (including lower thresholds) for lived experience people seeking support.

We have included them because even though they fall outside the specific scope of this inquiry we believe they are important points of principle that should be considered as foundations for service and policy design. These points highlight the need for policies and services to be co-designed by the people who are impacted by those policies or use those services.

Recommendation 15: That applying an equity lens to any new service or policy is vital to ensure all mental health consumers' needs are met.

Trauma-informed Care

There are well-established links between trauma and mental health conditions, and further, some in-patient mental health practices such as seclusion and restraint are known to traumatise both mental health consumers and staff.

The Agency for Clinical Innovation (ACI) was tasked with creating a Framework for Trauma-informed Care (TiC) to support the NSW mental health system, including outpatient services, in delivering recovery-oriented care. However, ACI has not been provided with funding to implement this Framework.

Without resourcing for this work, the implementation of the Framework is likely to be slow and unpredictable. This concerns BEING because NSW ought to be doing everything it can to implement initiatives that support consumers on their recovery journey.

Recommendation 16: That the Trauma-informed Care Framework be implemented state-wide.

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Appendix

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Commissioner Karen Webb APM
NSW Police Force HQ
1 Charles Street
Parramatta, NSW 2150

21 June 2023

Dear Commissioner Webb,

Re: Mental Health and Policing in NSW

BEING – Mental Health Consumers is NSW's peak systemic advocacy body for people with a lived experience of mental health issues. We are largely funded by the NSW Ministry of Health. We nurture a broad network of mental health consumers, and we collect and present the realities of their experience to advocate to improve the system and protect their human rights.

We were concerned to hear in a 7news report on Sunday 18th June that an intensive, 4-day program of in-person training for police officers to prepare them for responding to mental health incidents was cancelled in 2019 by your predecessor. We are unclear from various news reports over the weekend whether frontline Police are currently provided with any mental health training at all.

According to a Sydney Morning Herald article published on 18th June, this award-winning training had been endorsed by NSW Health and Schizophrenia Fellowship (now known as One Door), and was adopted in WA and ACT. In that article, the author of this training program, David Donohue, says "Everything was around de-escalation, empathy, understanding what's going on in their minds. It was about talking and engaging, not acting and reacting … You can't teach this online."

The Law Enforcement Conduct Commission's recent report on critical incidents between 2017 and 2022, published in May 2023, states that, "A high proportion of critical incidents involve a person experiencing a mental health crisis. Despite this, police training on how to respond to someone in mental health crisis is currently extremely limited."

BEING's view is that all police should undertake mandatory mental health training to enable them to deescalate situations involving a person experiencing a mental health crisis. We are concerned that over recent years NSW Police Force has reduced rather than increased mental health training for frontline Police which may have equipped them to deescalate mental health crises.

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While we understand that policing has a role in relation to the enforcement of the Mental Health Act 2007 (NSW) No 8 and the Mental Health Forensic Provisions) Act 1990 (NSW), BEING would like to see a greater emphasis placed on ensuring that mental health service providers take precedence in any situation where a person is experiencing a mental health crisis.

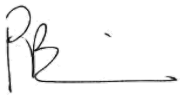
You will no doubt be familiar with the Police Ambulance and Clinical Early Response (PACER) pilot which has so far stationed 36 mental health clinicians in 10 police area commands and districts around NSW to ensure that police powers are used only when necessary in responding to mental health crises. BEING would like to understand how the PACER pilot is going, how it is being evaluated, and who is conducting the evaluation, as we are keen to see all 432 police stations around NSW have mental health support. If the PACER pilot is deemed to be successful, ideally PACER would include peer workers who are often more relatable and trusted by those in crisis than clinicians, leading to better outcomes for mental health consumers.

Until then, it is vital that NSW Police Officers are provided with sufficient training to allow them to de-escalate situations involving people experiencing mental health crises, rather than resorting to potentially lethal force.

Insufficiently educated and unsupported use of policing methods to respond to mental health crises can leave consumers scarred with new psychological traumas even when they do not suffer any physical injuries. At a societal level it can also lead to reinforcement of stigmatising beliefs that people living with mental health issues are dangerous and likely to behave in criminal ways. People living with mental health issues need empathy and support, not policing.

I would very much welcome a meeting to discuss our concerns and look forward to your response.

Yours sincerely,



Priscilla Brice
Chief Executive Officer
BEING – Mental Health Consumers

CC:

- The Hon Yasmin Catley MP, Minister for Police
- The Hon Rose Jackson MP, Minister for Mental Health
- Chief Commissioner Peter Johnson SC, Law Enforcement Conduct Commission
- Catherine Lourey, NSW Mental Health Commissioner
- Dr Brendan Flynn, Executive Director, Mental Health Branch, NSW Health
- Kathy Boorman, CEO, One Door

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Position Statement

First responders to a mental health crisis

Endorsed: July 6th 2023

BEING's position

Police

To ensure elimination of the use of excessive force in responding to mental health crises, BEING is committed to increased mental health training hours for police in NSW and greater collaboration between police and mental health workers.

Given the limited resources available to support police to engage more effectively with mental health crises it is important that all options are explored. This should include increased mental health training for police, support provided by clinical mental health workers, and support provided by peer workers.

One example of a current service provision model which unites mental health expertise with police is the Police Ambulance Clinical Early Response (PACER) model which is currently being piloted in 36 police stations across NSW.

Paramedics

In a report published by Beyond Blue in 2019 it was found that fewer than 14% of paramedics had received comprehensive training for mental health responses, even though 20% of incidents attended involved more than one mental health issue.[1]

BEING believes that providing better mental health support to paramedics could be a way to reduce police involvement in mental health crises. A pilot like the PACER program has been progressed in relation to ambulance services.[2] It has been observed that this model has reduced unnecessary waits in emergency departments and allowed for more trauma informed services provision.[3]

Background

Mental health training for police officers in NSW appears to be inadequate given the number of mental health crises police respond to in their day-to-day work. BEING is

[1] https://www.beyondblue.org.au/docs/default-source/about-beyond-blue/beyond-the-emergency-report.pdf?sfvrsn=5b6db0ea_4 . See page 8.
[2] https://www.nswmentalhealthcommission.com.au/content/mental-health-acute-assessment-team
[3] https://www.apcollege.edu.au/blog/mental-health-patients/

currently unclear about how much mental health training is provided to front-line police, but we understand it may be less than one day, and if it is available at all it is only provided to a small proportion of front-line police. This is despite NSW police responding to an astonishing 54,574 mental health related incidents across the state in 2019 alone![4] According to Swinburne University forensic psychologist Professor James Ogloff, "commonly a third to half of contacts that police have with people and community, are with people who have a history with mental illness, or current mental health conditions."[5]

Prior to 2019 there was also a 4-day mental health training option available to police which provided detailed training in relation to de-escalation, including opportunities to role play the process of de-escalation, and the opportunity to discuss with consumers what their experience of psychosis had been like. This type of interaction would build a sense of empathy for mental health consumers among front-line police.

During 2019 the NSW police force stopped providing this training.[6]

BEING notes that the most recent review of critical incident investigations carried out by the Law Enforcement Conduct Commission (LECC) [7] has recommended that the PACER pilot be further expanded and that police be provided with more in-depth mental health training that improves their capacity to de-escalate people experiencing mental health crises without the use of excessive force.

Inadequate police training in mental health has the potential to lead to inappropriate responses to mental health crisis situations as they occur. Most of all it has the potential to lead to situations where excessive force is used, which can have lethal consequences. One example of this is the shooting death of Ian Fackender in Kelso, who died in 2017 after NSW police attended his home while he was experiencing psychosis. Late last year a coroner's investigation found that there was no need for police to enter his home and that his death by shooting was preventable.[8] Another is the death of Todd McKenzie in Taree. He lost his life in 2019 when NSW police attended his home, without seeking any prior advice from his support team or family to better understand what his situation was likely to be.[9]

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[4] https://www.pansw.org.au/knowledgebase/article/KA-01056#:~:text=The%20NSWPF%20Mental%20Health%20Intervention%20Team%20%28MHIT%29%20works,of%20NSW%20using%20expertise%20in%20health%20and%20policing

[5] https://www.abc.net.au/triplej/programs/hack/mohamad-ikraam-bahram-police-shooting-family-want-answers/12595004

[6] https://www.smh.com.au/national/police-axed-training-that-could-have-prevented-taser-death-former-cop-20230613-p5dg9h.html

[7] https://www.lecc.nsw.gov.au/news-and-publications/publications/five-years-of-independent-monitoring-of-nsw-police-force-critical-incident-investigations.pdf. See page ii of the foreword for the recommendation.

[8] https://www.abc.net.au/news/2022-09-14/ian-fackender-nsw-coroner-findings-police-decision-unnecessary/101423122

[9] https://www.abc.net.au/news/2023-06-23/todd-mckenzie-family-members-taree-nsw-inquest/102515928

The LECC review of critical incidents, which was released in May of 2023 advises that mental health crises are linked to nearly half of deaths or serious injuries in NSW police operations.

Pilot models for collaborative police, ambulance and mental health services already exist. Adding peer worker augmented services would further expand the possible service options available. The lived experience of peer workers helps them to support and understand people who are having similar experiences. They make a vital contribution to humanising mental health teams and could also provide vitally needed support to police when they engage with people living with mental health issues.