

Position Statement

First responders to a mental health crisis

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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

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.