



ACT Policing

Wednesday, 20 December 2023

Dr Amanda Cohn MLC
Committee Chair
Portfolio Committee no.2 - Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Dr Cohn

Thank you for the opportunity to respond and expand on ACT Policing's role within the PACER unit. As Deputy Chief Police Officer, it is a privilege to be able to clarify how ACT Policing contributes to this tri-response model and our approach to the debriefing process.

I understand a recent inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales, was held on 17 November 2023.

I also note correspondence between the Committee's Secretariat and ACT Policing confirmed ACT Policing would not be available to appear. ACTP can provide the following responses to relevant questions from the hearing in regard to the operation of PACER in the ACT.

Please see the below responses to questions as they appear in the transcript.

Question 1

We were very interested in some of the really positive results that have come out of that evaluation. I was hoping you could just expand a bit further, because I think this is the critical difference between our jurisdictions, on the role of the police officer within the team in your tri-response model. Could you clarify that?

The police officer's role within the PACER capability is to ensure the safety of the whole team, the community and the patient.

ACT Policing confirms that police officers play an important role in identifying if an incident requires the request for specialist police resources such as negotiators.

As the PACER unit is deployed with a single police officer, dispatch to incidents where there is an apprehension of violence, requires co-attendance by additional police officers for the full duration of the incident, or until released by the PACER police officer.

Question 2

Could you talk us through in a bit more detail how that triage process works? When a person or their carer calls Triple 000, what happens? How does that call end up with PACER?

ACT Policing Communications has overall command and control of PACER deployment.

All information received by ACT Policing Communications is assessed to determine if a police response is required, including the dispatch of PACER.

PACER is intended to provide a safe, health led response to persons involved in acute mental health related crises, whilst reducing demand on frontline emergency services and hospital Emergency Departments, invocation of involuntary detention and associated police transport.

Should a referral be made by PACER partner agencies, generally to the Operations Sergeant within ACT Policing Communications, these requests are similarly assessed, including whether the matter concerns an acute crisis as opposed to chronic health presentations.

When assessing the priority of an incident for dispatch to PACER, resourcing and dispatch decisions are made by the Duty Operations Manager (DOM) within ACT Policing Communications.

The DOM is responsible for reviewing all incidents awaiting dispatch with a view to responding to incidents with appropriate resources to manage the risk involved. The DOM will consider the safety of the PACER team and other police may be dispatched first or in addition to the PACER unit as required.

Question 3

I would invite you to talk more about, particularly, the clinical supervision and debriefing. Obviously, you can't speak for ACT Policing, which we have previously canvassed, but I'm particularly interested in their approach to debriefing, which you may or may not be able to provide commentary on.

PACER crews attend or conduct an informal debrief after every job. This could be as simple as a post-incident review between all members within their PACER vehicle. This process adheres to the AFP's internal guidelines on investigations, which indicates that debriefs can be conducted in a tactical or reflective manner, depending on the circumstances.

If a formal debrief is conducted after a critical incident that PACER has attended, (a critical incident could include one where the offender or person of interest is in possession of a weapon or has inflicted grievous bodily harm onto another person), the whole PACER team will attend this session. Feedback, concerns and lessons learnt is provided to all three agencies for consideration and action if required.

ACT Policing members can access a broad range of internal and external health and wellbeing support services, including enhanced services provided through our dedicated in-house SHIELD program.

The services include dedicated injury prevention and management specialists, as well as four Welfare Officers and three Mental Health Clinicians to provide proactive and responsive support and services.

Welfare Officers provide peer support to members, families, and former members for critical incidents, workplace and personal matters. Support is available 24/7 from ACT Policing Welfare Officers, Mental Health Clinicians, Work Health and Safety Advisors and the AFP Chaplaincy Network through on-call arrangements.

I once again thank you for your interest in this topic and hope our responses have provided greater context for a deeper understanding of the successes of PACER here in the ACT.

Yours sincerely

Doug Boudry
Deputy Chief Police Officer
ACT Policing