

Submission
No 152

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Organisation: Public Interest Advocacy Centre (PIAC)

Date Received: 27 September 2023

Submission to the NSW Legislative Council Portfolio Committee No. 2 – Health

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

27 September 2023

Public Interest Advocacy Centre
ABN 77 002 773 524
www.piac.asn.au

Gadigal Country
Level 5, 175 Liverpool St
Sydney NSW 2000
Phone +61 2 8898 6500
Fax +61 2 8898 6555

About the Public Interest Advocacy Centre

The Public Interest Advocacy Centre (PIAC) is leading social justice law and policy centre. Established in 1982, we are an independent, non-profit organisation that works with people and communities who are marginalised and facing disadvantage.

PIAC builds a fairer, stronger society by helping to change laws, policies and practices that cause injustice and inequality. Our work combines:

- legal advice and representation, specialising in test cases and strategic casework;
- research, analysis and policy development; and
- advocacy for systems change and public interest outcomes.

Our priorities include:

- Reducing homelessness, through the Homeless Persons' Legal Service
- Access for people with disability to basic services like public transport, financial services, media and digital technologies
- Justice for First Nations people
- Access to sustainable and affordable energy and water (the Energy and Water Consumers' Advocacy Program)
- Fair use of police powers
- Rights of people in detention, including equal access to health care for asylum seekers (the Asylum Seeker Health Rights Project)
- Improving outcomes for people under the National Disability Insurance Scheme
- Truth-telling and government accountability
- Climate change and social justice.

Contact

Public Interest Advocacy Centre
Level 5, 175 Liverpool St
Sydney NSW 2000

Website: www.piac.asn.au



Public Interest Advocacy Centre



@PIACnews

The Public Interest Advocacy Centre office is located on the land of the Gadigal of the Eora Nation.

Contents

- Contents.....1**

- 1. Introduction.....2**

- 2. Police as first responders.....3**
 - 2.1 Impact of police as first responders for vulnerable people 3
 - 2.2 Recent examples 4
 - 2.3 LECC concerns regarding the NSW Police Force Mental Health Intervention Team.. 4

- 3. Police, Ambulance, Clinical, Early, Response (PACER).....6**

- 4. Alternative models.....9**
 - 4.1 In Australia..... 9
 - 4.2 Internationally 11

1. Introduction

The Public Interest Advocacy Centre (**PIAC**) is pleased to provide a submission to this parliamentary inquiry by the Legislative Council Portfolio Committee No. 2 – Health (the **Committee**) into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (**NSW**).

PIAC operates the Homeless Persons' Legal Service (**HPLS**), which provides free legal assistance to people who are homeless or at risk of homelessness, at legal advice clinics throughout inner Sydney, outer western Sydney and the Hunter. HPLS casework focuses on the human rights of people experiencing homelessness, housing and tenancy matters, financial hardship and criminal legal problems.

HPLS operates alongside StreetCare, a lived experience advisory committee. StreetCare brings together a diverse group of people with lived experience of homelessness including women and men, Aboriginal people, and representatives from inner Sydney, outer suburbs and rural and regional areas. StreetCare members are active advocates and advisors to government and other key stakeholders on law reform, decision-making and training relating to homelessness and housing.

PIAC's Strategic Litigation team conduct high impact strategic litigation that achieves positive outcomes for significant groups of people experiencing marginalisation or disadvantage. The Strategic Litigation team bring test cases that create important legal precedents and advocate for policy and law reform to protect human rights and promote social justice. For many years, one of the priorities of the Strategic Litigation team has been oversight of the exercise of police powers. We work to ensure that police exercise their powers fairly and lawfully.

Our submission addresses paragraph (i) of the Committee's Terms of Reference for this inquiry only, regarding alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community. We draw on the expertise of our HPLS and Strategic Litigation teams in the preparation of this submission.

After highlighting concerns previously raised by PIAC and more recently by the Law Enforcement Conduct Commission (**LECC**) about NSW Police as first responders, our submission addresses the Police, Ambulance, Clinical, Early, Response (**PACER**) program, and draws the Committee's attention to relevant research on alternative models being used elsewhere in Australia and internationally. Ultimately, we recommend further consideration of these alternatives, whilst not recommending any model in particular.

The recommendations in this submission, focus on three principal issues:

- possible **alternatives to police as first responders**, to be considered alongside ensuring **police receive adequate training**, recognising that police are often the de facto first responders to crises, particularly for vulnerable people;
- the **PACER** program in NSW, which we recommend be comprehensively evaluated from both community safety and health perspectives, to identify opportunities to increase its

- effectiveness, and **increased funding for NSW Health, Ambulance NSW and programs such as PACER** to increase the number of health first responders; and
- the need for **consultation with communities and community-led organisations**, which will identify opportunities to support and increase the capacity of alternatives to police as first responders, and opportunities to adequately fund **further research and pilot programs**.

2. Police as first responders

2.1 Impact of police as first responders for vulnerable people

In May 2021, PIAC and Homelessness NSW published a report entitled *Policing Public Space: The experiences of people sleeping rough (Policing Public Space Report)*.¹ This was a report informed by the experiences of our organisation and 27 interviews with people with lived experience of homelessness, including within the two years prior, who had interacted with police during that time. A copy of that report is enclosed with this submission, for the Committee's consideration.

Amongst other findings, the Policing Public Space Report documented that:

Several service providers we spoke to suggested a **need for police to develop a better understanding of the intersections between trauma, mental health and substance use disorder** that commonly affect their clients. These clients tend to have unfavourable interactions with police that result in arrest, often because police do not have the skills required to engage with these presentations and de-escalate potentially harmful situations...

The experiences of the people we spoke to suggest a skills deficit in NSW Police and the need for greater training, especially in relation to mental illness and dealing with vulnerable people.²

[emphasis added]

People who are sleeping rough often have comorbid mental health concerns, substance use disorders, complex trauma histories and other intellectual and psychosocial disabilities. People experiencing homelessness may also turn to alcohol or drugs in an attempt to reduce their distress.³

As recommended in the Policing Public Space Report, ideally, first responders to mental health crises and emergencies should always be health professionals with specific skills and understanding. Providing a health response for people experiencing mental health crises would deliver better outcomes for people in crisis and reduce the amount of NSW Police resources used to deal with mental health crises.⁴

¹ Public Interest Advocacy Centre and Homelessness NSW, *Policing Public Space: The experiences of people sleeping rough* (Report, 2021) <https://piac.asn.au/wp-content/uploads/2021/05/MIS0023_Policing-Public-Space-Report-PIAC_Web.pdf>.

² Ibid 25.

³ Ibid 24.

⁴ Ibid 26.

It is important to recognise, however, that NSW Police are often the de facto first responders to crises, particularly for people experiencing homelessness in public places, and are likely to continue being such first responders for some time. Safety of emergency personnel and community members is also an important consideration. Greater investment in health responses is likely to contribute to reducing the number of situations in which NSW Police are first responders over time.⁵

Recommendation 1

The NSW Government consider health focussed alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community.

2.2 Recent examples

Some high-profile examples of adverse outcomes for people in mental health crises interacting with police, that have received recent media attention, include the following deaths:

- **Todd McKenzie** – he was a 40-year-old man living with schizophrenia, who died after being shot by police in his home in Taree, in July 2019.⁶
- **Clare Nowland** – she was a 95-year-old woman living with dementia, who died after being tasered by police in her nursing home in Cooma, in May 2023.⁷
- **Krista Kach** – she was a 47-year-old woman who had been told she would soon be homeless, whose family advised police she needed medical help, who died after being shot by police with a beanbag round in her home in Newcastle, in September 2023.⁸

2.3 LECC concerns regarding the NSW Police Force Mental Health Intervention Team

In May 2023, the LECC found that despite '[a] high proportion of critical incidents involv[ing] a person experiencing a mental health crisis...police training on how to respond to someone in mental health crisis is currently extremely limited'.⁹

⁵ Ibid.

⁶ Laura Banks and Perry Duffin, 'Experts banned from aiding police', *The Sydney Morning Herald* (Sydney, 25 September 2023) 8; See also Luisa Rubbo, 'Body-worn video played at inquest into fatal shooting of Taree man Todd McKenzie by police', *ABC News* (Web Page, 29 March 2023) <<https://www.abc.net.au/news/2023-03-29/todd-mckenzie-inquest-police-comments-body-worn-video/102148542>>.

⁷ Christopher Knaus and Jordyn Beazley, 'Clare Nowland: NSW police's decision to Taser 95-year-old woman leaves community 'gobsmacked'', *The Guardian* (online, 20 May 2023) <<https://www.theguardian.com/australia-news/2023/may/20/clare-nowland-nsw-polices-decision-to-taser-95-year-old-woman-leaves-community-gobsmacked>>; See also Jordyn Beazley, 'Clare Nowland's family say 95-year-old died 'surrounded by love and support'', *The Guardian* (online, 25 May 2023) <<https://www.theguardian.com/australia-news/2023/may/25/clare-nowland-95-year-old-woman-tasered-by-nsw-police-family-say-died-surrounded-by-love-and-support>>.

⁸ Catie McLeod and Tamsin Rose, 'Family of woman who died after being Tasered say NSW police had assured them she'd be cared for', *The Guardian* (online, 18 September 2023) <<https://www.theguardian.com/australia-news/2023/sep/18/family-statement-krista-kach-died-tasered-newcastle-nsw-police>>; Perry Duffin and Laura Banks, 'No funding for police mental health aid', *The Sydney Morning Herald* (Sydney, 20 September 2023) 3.

⁹ Law Enforcement Conduct Commission, *Five Years (2017 – 2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations* (Report, May 2023) <<https://www.lecc.nsw.gov.au/news-and-publications/publications/five-years-of-independent-monitoring-of-nsw-police-force-critical-incident-investigations.pdf>> ii; See also 41-45.

Predating, and now co-existing with PACER, is the NSW Police Force Mental Health Intervention Team (**MHIT**). The *NSW Health – NSW Police Force Memorandum of Understanding 2018 (MOU)*,¹⁰ states that MHIT:

...provides specialised, intensive mental health training to frontline police and operational advice and guidance to the field on mental health and suicide related issues. In addition, the MHIT operates as a point of high level liaison between the NSWPF and other agencies in this space.¹¹

NSW Police states that the MOU:

...sets out the principles to guide how staff from NSW Health and NSW Police will work together when responding to and delivering care and treatment to people accessing these services. It provides a framework that focusses on interagency cooperation to deliver care to patients in a safe environment. The MOU promotes a flexible, solution focussed approach to decision-making to provide for the wellbeing and safety of the patient and the safety of staff involved in their care.¹²

In May 2023, the LECC published its report titled *Five Years (2017 – 2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations (LECC Five Year Report)*. One of two main concerns held by the LECC in 2023 about mental health training, was 'whether the resourcing of [MHIT] is adequate'.¹³ The LECC Five Year Report found:

...[LECC] became aware that the MHIT consisted of **only two full time staff members and one temporary staff member who are expected to perform all functions of the MHIT**, including the face-to-face delivery of the training to about 16,000 police officers.¹⁴

[emphasis added]

The LECC Five Year Report went on to refer to a comment made by Deputy State Coroner Truscott in the 2019 Inquest into the death of Danukul Mokmool:¹⁵

Given the number of tasks of the MHIT, the prevalence of police officers engaging with persons suffering mental illness and, the need for targeted ongoing training, the resources of the unit are minimal to say the least.¹⁶

Ultimately, the LECC supported increased training for NSW Police and expanding PACER (the latter of which will be considered below in Part 3).¹⁷

On 25 September 2023, the Sydney Morning Herald (SMH) reported that transcripts from an inquest into the death of Todd McKenzie revealed Police cadets undergo 18 hours of mandatory

¹⁰ NSW Ministry of Health, *NSW Health – NSW Police Force Memorandum of Understanding 2018* <https://www.police.nsw.gov.au/__data/assets/pdf_file/0003/560289/MOU_NSWH_NSWPF_Mar18_V5.pdf>.

¹¹ Ibid 7.

¹² NSW Police Force, *Mental Health* (Webpage, accessed 15 September 2023) <https://www.police.nsw.gov.au/safety_and_prevention/your_community/mental_health>.

¹³ LECC Five Year Report, 42.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Deputy State Coroner, Magistrate E Truscott, *Inquest into the death of Danukul Mokmool* (File no. 2017/228552), 5 August 2019, [204].

¹⁷ LECC Five Year Report, ii.

mental health training, with no further mandatory training after graduation. Ad-hoc exceptions in the past have been a 1-day online workshop which was offered to officers in 2013, and is no longer mandated; a 4-day intensive course which was discontinued in 2019 'because it was oversubscribed'; and its replacement which was a pilot 2-day course, uptake of which was complicated by the impact of COVID-19 before it was discontinued.¹⁸

While we advocate for a health focussed response to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community, we also acknowledge that police may need to be in attendance in certain circumstances to ensure the safety of health staff. We also acknowledge that until a health focussed approach is rolled out more broadly, police will continue to be the de facto first responders. As such, an investment in better training for police officers is likely to be warranted, in tandem with an investment in a health focussed alternative.

Recommendation 2

The NSW Government adequately fund delivery of training to police to respond to situations involving people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community, including by ensuring MHIT is adequately funded and resourced.

3. Police, Ambulance, Clinical, Early, Response (PACER)

A potential health focussed alternative already exists in NSW, in the form of the PACER program. The NSW Ambulance 2020-21 Safety and Quality Account (**NSW Ambulance Report**), says the following about PACER, which was introduced after, and now coexists with, the MHIT:

PACER is a cross-agency program aimed at providing the best care in the most appropriate settings for individuals with mental health concerns such as suicidal ideation, welfare concerns, erratic behaviour, self-harm. The program is a collaboration involving Local Health Districts, NSW Police and NSW Ambulance.

The program provides a mental health clinician that is available to provide assessment and care for these individuals, either on scene or via telephone. This enables provision of the most appropriate care, with the PACER team having multiple referral pathways available such as referral to community and welfare services, or for psychiatric review, rather than being transported to the [Emergency Department].¹⁹

The NSW Ambulance report found that PACER decreased Emergency Department presentations.²⁰

The LECC Five Year Report says the following about PACER:

¹⁸ Laura Banks and Perry Duffin, 'Experts banned from aiding police', *The Sydney Morning Herald* (Sydney, 25 September 2023) 8.

¹⁹ NSW Ambulance, *2020-21 Safety and Quality Account* (Report, November 2021) <https://www.ambulance.nsw.gov.au/__data/assets/pdf_file/0005/832397/NSW-Ambulance-Safety-and-Quality-Account-2020-2021.pdf> 31.

²⁰ Ibid.

Since April 2020, thirteen of 45 Police Area Commands or Police Districts have collaborated with various local Health District Mental Health Services, to deliver [PACER].²¹ Under this program, PACER clinicians work with frontline police, when requested by police, to assist with deescalation of complex mental health incidents, by phone and on site and, by referring persons in crisis for mental health treatment as appropriate.²²

On 20 September 2023, the SMH reported PACER now ‘employs 45 mental health professionals and operates in 19 police area districts’.²³ On 25 September 2023, the SMH reported that transcripts from an inquest into the death of Todd McKenzie revealed PACER clinicians stationed in police area commands are not engaged when a police response is escalated to a ‘police operation’, where the person in crisis may have a weapon.²⁴

The LECC Five Year Report went on to state about PACER:

Although [PACER] delivers significant benefits for police, for the health district and for the mental health consumer, PACER clinicians are available for eight hours per day. As such, **[PACER] in its current form is no substitute for the mental health training of police officers**. Although there have been coronial recommendations that consideration be given to expanding the funding and roll-out of [PACER],²⁵ and the [LECC] supports expansion of the program, the [LECC] has also been advised that at this time there is no government funding to expand [PACER]. In the public interest, and given the prevalence of mental health crises in frontline policing, the [LECC] is committed to continuing to engage with police in relation to progress with mental health training of frontline police officers.²⁶

[emphasis added]

We note that expansion of PACER has now been recommended by the LECC in May 2023,²⁷ by State Coroner O’Sullivan in May 2021,²⁸ and (for metropolitan areas) by Peter Anderson AM in 2020, following his engagement by the Ministry of Health to ‘identify and consider whole of NSW Health strategies for security in hospitals...to ensure staff, patients and visitors are kept safe from violence and aggression’.²⁹

²¹ ‘The thirteen Police Area Commands or Police Districts with PACER include: St George PAC, Northern Beaches, Blacktown, South Sydney, Sutherland Shire, Eastern Beaches, Ku-ring-gai, Campbelltown, Bankstown, Nepean, and Sydney Metro/Precinct (encompassing Surry Hills, Kings Cross and Sydney City PAC/s). Brisbane Water and Tuggerah Lakes Police Districts’.

²² LECC Five Year Report, 44-45.

²³ Perry Duffin and Laura Banks, ‘No funding for police mental health aid’, *The Sydney Morning Herald* (Sydney, 20 September 2023) 3.

²⁴ Laura Banks and Perry Duffin, ‘Experts banned from aiding police’, *The Sydney Morning Herald* (Sydney, 25 September 2023) 8.

²⁵ ‘State Coroner Teresa O’Sullivan (12 May 2021). Inquest into the death of Jack Kokaua (File no. 2018/54392). State Coroners Court of New South Wales’; See also LECC Five Year Report, 40.

²⁶ LECC Five Year Report, 45.

²⁷ LECC Five Year Report, ii.

²⁸ ‘State Coroner Teresa O’Sullivan (12 May 2021). Inquest into the death of Jack Kokaua (File no. 2018/54392). State Coroners Court of New South Wales’.

²⁹ The Hon Peter Anderson AM, *Improvements to Security in Hospitals, Final Report 2020* (Report, 2020) <<https://www.health.nsw.gov.au/Hospitals/securityreview/Pages/default.aspx>> 22.

On 18 September 2023, the LECC published a media release regarding a response provided by NSW Police to the LECC Five Year Report.³⁰ It stated that:

- NSW Police 'will update the mental health training provided to officers';
- NSW Police Crime Prevention Command 'has engaged with NSW Health and Ambulance Service NSW and is preparing a holistic training package for all NSW Police officers' which 'will be delivered to all NSW Police Officers based on their experience and position'; and
- this new training 'will be available online, face to face, via experiential learning, Commissioner's Directives, defensive tactics/scenario based training and developmental learning as required'.³¹

On 20 September 2023, the SMH reported 'NSW Police has launched a three-month review into mental health training, how police manage incidents and a review of PACER. The findings are due in November'.³² This appears to relate to this reference in the NSW Police response to the LECC Five Year Report, which says 'NSW Police are currently in the very early stages of exploring an alternative to the current PACER program'.³³

The NSW Police response goes on to state:

QLD Police have successfully appointed Mental Health Liaison Officers owned by QLD Health who work collaboratively with QLD Police. However, it must be noted that the PACER program or alternative models are not owned or administered by NSW Police and their success will always rely on adequate ongoing funding and ongoing commitment from NSW Health to function.

Realistically this issue will only be addressed with the responsibility for the appropriate management of those with mental health issues being returned to NSW Health Services.³⁴

[emphasis original]

The NSW Police response to the LECC Five Year Report also stated:

NSW Police is concerned that by adopting any changes, NSW Police Officers rather than trained medical professionals will be relied upon as subject experts as responders to persons suffering a mental health crisis.³⁵

³⁰ LECC, 'Media release - Responses to LECC Five Years (2017-2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations' (Media Release, 18 September 2023) <<https://www.lecc.nsw.gov.au/news-and-publications/news/media-release-responses-to-lecc-five-years-2017-2022-of-independent-monitoring-of-nsw-police-force-critical-incident-investigations>>.

³¹ Ibid.

³² Perry Duffin and Laura Banks, 'No funding for police mental health aid', *The Sydney Morning Herald* (Sydney, 20 September 2023) 3.

³³ NSW Police Force, 'NSW Police response to recommendations made in LECC FINAL REPORT *Five Years of Independent Monitoring of NSWPF Critical Incident Investigations*' – accessed via link in LECC, 'Media release - Responses to LECC Five Years (2017-2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations' (Media Release, 18 September 2023) <<https://www.lecc.nsw.gov.au/news-and-publications/news/media-release-responses-to-lecc-five-years-2017-2022-of-independent-monitoring-of-nsw-police-force-critical-incident-investigations>>.

³⁴ Ibid.

³⁵ Ibid.

We note that the NSW Police position regarding alternatives is potentially at odds with the NSW Government position, with the Minister for Police recently expressing support for the program.³⁶

It is our view that there is too much confusion and uncertainty regarding the efficacy of the PACER program for a recommendation to be made in support or opposition to its long term continuation. We recognise however that PACER has elements of what is needed in a health focussed response and the indication that it reduced Emergency Department admissions is positive. We understand PACER is funded until 2025, and we suggest in that time a comprehensive review be undertaken in order to properly assess the efficacy of the program and to inform a decision about whether it should continue. We also consider that it would be appropriate for that assessment to take place in respect of a PACER program that is in operation for more than 8 hours a day, and suggest that there be funding to expand the program to a continuous service in the interim.

Recommendation 3

The NSW Government undertake a comprehensive review of the effectiveness of PACER from both community safety and health perspectives, to identify opportunities to increase its effectiveness and to determine whether it should continue beyond 2025.

Recommendation 4

NSW Government increase interim funding to the PACER program to increase coverage from 8 to 24 hour availability.

4. Alternative models

In this final section of our submission, we set out some alternative models to police as first responders for the Committee's consideration, including where available evaluations of these models.

4.1 In Australia

In Australia, examples of other government and non-government programs providing alternatives to police as first responders, and increasing access to mental health support, include:

New South Wales

In Western Sydney, the Mental Health Acute Assessment Team (**MHAAT**) exists as a partnership between Cumberland Hospital and NSW Ambulance.³⁷ MHAAT involves the allocation of 'a mental health clinician to attend 000 calls via ambulance alongside paramedic staff to provide targeted mental health support through linkage to clinical community services'.³⁸ It aims 'to

³⁶ Tamsin Rose and Catie McLeod, 'NSW police could ditch mental health response program lauded as 'so successful' by minister', *The Guardian* (online, 21 September 2023) <<https://www.theguardian.com/australia-news/2023/sep/21/nsw-police-looking-to-replace-mental-health-response-program-lauded-by-minister-as-so-successful>>.

³⁷ See Mental Health Commission of New South Wales, *Mental Health Acute Assessment Team* (Webpage, accessed 19 September 2023) <<https://www.nswmentalhealthcommission.com.au/content/mental-health-acute-assessment-team>>.

³⁸ Ibid.

provide the most appropriate care for people experiencing mental distress, minimising inappropriate emergency department presentations and increasing assessment and referral capabilities out of hospital settings'.³⁹ It was evaluated in 2017, with positive results for diverting patients to the most appropriate care.⁴⁰

Victoria

A separate PACER program operates in Victoria.⁴¹ Like PACER in NSW, it is a 'joint crisis response from police and mental health clinicians to people experiencing a behavioural disturbance in the community'.⁴² It was evaluated in 2012, with key findings including the following.⁴³

- 'A critical feature of PACER operation is the more streamlined approach to emergency response through sharing of police and mental health databases and networks informing their advice to police, patient assessment and referrals, and updates to police and mental health case histories.'
- 'Where transport is required, ambulance services are utilised more often than police for transport of a person experiencing a mental health crisis under PACER. This gives effect to the preferred method of transport of mental health patients and is consistent with the least restrictive approach to management of the crisis.'

Queensland

The Health Support Program (**HSP**) is run by Sisters Inside, an independent community organisation.⁴⁴ Sisters Inside says of this program:⁴⁵

- 'Our HSP Workers offer support to improve the health and wellbeing of criminalised women and their children. We work alongside women to identify their health needs; provide referral to medical, mental health and drug and alcohol services and practitioners; and provide the practical support they need to attend appointments (e.g. transport).'
- 'We also support women to improve their social and emotional wellbeing (e.g. assistance with housing, employment or income support). The HSP particularly focuses on supporting women in the first month after their release, and working with women with complex health needs.'

However, we are not aware of any evaluation having been done of this program.

³⁹ Ibid.

⁴⁰ Ibid; Steven C Faddy et al, 'The Mental Health Acute Assessment Team: a collaborative approach to treating mental health patients in the community' (2017) 25(3) *Australas Psychiatry* 262.

⁴¹ Victoria State Government, 'Police, Ambulance and Clinical Early Response (PACER) Evaluation Report (Webpage, accessed 19 September 2023) <<https://www.health.vic.gov.au/publications/police-ambulance-and-clinical-early-response-pacer-evaluation-report>>.

⁴² Ibid.

⁴³ The Allen Consulting Group, *Police, Ambulance and Clinical Early Response (PACER) Evaluation: Final Report* (2012) <https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/p/pacer_eval_18april2012_finalfinal---pdf.pdf> vi.

⁴⁴ Sisters Inside, *About Sisters Inside* (Webpage, accessed 19 September 2023) <<https://sistersinside.com.au/>>.

⁴⁵ Sisters Inside, *For Women* (Webpage, accessed 19 September 2023) <<https://sistersinside.com.au/for-women/>>.

4.2 Internationally

Internationally, there are many other examples of alternatives to police as first responders. Examples from the United States of America (USA) include:

- In Eugene, Oregon, Crisis Assistance Helping Out On The Streets (**CAHOOTS**).⁴⁶
- In Denver, Colorado, the Support Team Assisted Response (**STAR**) program.⁴⁷
- In Portland, Oregon, the Portland Street Response (**PSR**).⁴⁸
- In San Francisco, California, Street Crisis Response Teams (**SCRT**).⁴⁹

We would like to draw the Committee's attention to a report published in September 2021, commissioned by the City of Berkeley Health, Housing & Community Services Department, titled *City of Berkeley: Crisis Response Models Report*.⁵⁰ The introduction to this report states:

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

Preparation of this report involved review of nearly 40 crisis response programs in the USA and internationally. Whilst there are important differences in policing and health care in the context of different countries, states, legal frameworks, and cultures, we wanted to alert the Committee's attention to the breadth of research being done internationally on alternatives to police as first responders. In order to be most effective, a program will need to be tailored to local circumstances including being designed in collaboration with community members and local health experts.

Recommendation 5

The NSW Government consult with communities, community-led organisations and local health experts to identify opportunities to support and increase the capacity of alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community. The NSW Government should also deliver adequate

⁴⁶ Eugene Police Department, *CAHOOTS* (Webpage, accessed 19 September 2023) <<https://www.eugene-or.gov/4508/CAHOOTS>>.

⁴⁷ Denver Government, *Support Team Assisted Response (STAR) Program* (Webpage, accessed 19 September 2023) <[⁴⁸ Portland Government, *Portland Street Response* \(Webpage, accessed 19 September 2023\) <<https://www.portland.gov/streetresponse>>.](https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directories/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program#:~:text=STAR%20is%20dispatched%20through%20Denver%20911.,the%20most%20appropriate%20available%20response.>>.</p></div><div data-bbox=)

⁴⁹ San Francisco Government, *Street Crisis Response Team* (Webpage, accessed 19 September 2023) <<https://sf.gov/street-crisis-response-team>>.

⁵⁰ Caroline de Bie et al, *City of Berkeley: Crisis Response Models Report* (September 2021) <https://berkeleyca.gov/sites/default/files/documents/Attachment%2002_Berkeley-HHCSO_SCU_Crisis-Response-Models-Report_FINAL_0.pdf>.

funding to support the implementation of any such new programs, and/or continued operation of existing programs.

Recommendation 6

The NSW Government consider alternative models both nationally and internationally, and consider incorporation into PACER or pilot programs for viable alternatives. The NSW Government deliver adequate funding to support any incorporation or pilot programs.