CRISIS INTERVENTION SUPPORT

Draft: 06/09/2023

95 years old Clare Nowland, killed by police intervention on 24th May, 2023[1]

[1] https://www.monaropost.com.au/news/clare-nowland-s-family-issue-statement-following-her-passing

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Executive Summary

The untimely death of 95 year old dementia patient, Clare Nowlands, killed by a senior constable in New South Wales was a shocking tragedy. The high profile killings of Ron Levi in 1997 - who was shot after a mental health episode - and Jack Kokaua in 2018 - a runaway mental hospital patient who was pepper sprayed, tasered and assaulted by officers - are two other cases amongst many, corroborating the constant failure of the police in managing people with mental illness (PWMI). It is evident that the mobilisation of police as first responders to mental health crises poses a lethal threat to Australia's most vulnerable.

Background to Crisis Interventions

A mental health crisis refers to 'a situation where an individual's current distress exceeds their ability to cope.' Often in such instances these individuals exhibit behaviours that place themselves or others in danger.

The police force's role in the community revolves around enforcing the law and handling dangerous and violent situations. However, during situations which they deem 'threatening', police officers are neither advised nor expected to negotiate or appease anyone. The retitling of the police 'service' to the police 'force', is reflective of the aggressive culture that validates excessive force. By force of training, police officers resort to violence and in some cases, fatal 'de-escalation' methods as evident in the **case of Clare Nowland**.

Urgent responses to mental health crises should come from trained carers, health professionals, consumer responders, or support networks who can expertly assist them out of their panic states and regain a sense of stability. People with lived experience should also be involved in handling crisis services and de-escalation as they could act as peer support workers and consumer workers.

Overseas Community Based Solutions

In the United States, they were able to successfully implement several crisis intervention programs that did not require the involvement of the police. One of which is the 'Crisis Assistance Helping Out On The Streets' (CAHOOTS) program that has been operating in

Eugene, Oregon since 1989 and has been highly commended for its reduction of the social stigma surrounding police and crisis intervention. Aside from this, they were lauded for its cost effectiveness in dispatching its vans instead of police units. It was further noted that of the 24,000 calls that CAHOOTS received in 2019, only 150 of them required police reinforcement. Due to its exemplary performance, a bill was passed in Congress (2020) advocating for its replication. However, this legislation was held back for financial reasons. At present, CAHOOTS is partially funded by the City of Eugene and the Eugene Police department. Implementing this kind of program in other states would require further state and federal funding, which unfortunately, are diverted in favour of police units.

Another program is the 'Support Team Assisted Response' (STAR) program, established in Denver in 2020. A year after its creation, STAR program effectively initiated responses to 1,323 calls and prevented any injuries, arrests and police interference. Regardless, STAR was widely criticised for its racial inclusivity as most of its social workers are unable to relate to people who are undergoing a mental health crisis.

Nevertheless, CAHOOTS and STAR programs were both laudable programs as they are able to prevent or minimize police intervention or interactions with the criminal justice system. They are able to do this mainly by subjecting individuals undergoing low, non-violent, or non-imminent risk crises to welfare checks, appropriate transport, referrals, and conflict mediation.

Australian Crisis Solutions

There are several community based mental health programs that are currently running in Australia. The most notable is the 'Mental Health Acute Assessment Teams' (MHAAT). Despite its limited funding and accessibility, MHAAT has been assisting people in the Western Sydney Local Health District (WSLHD) since 2013. Another program, but involving police is the 'Police and Clinical Early Response Model' (PACER) in Victoria, which for limited periods in 2007, 2014 and 2018, had medical practitioners accompany police officers during crisis responses. This was adopted and expanded in NSW in 2020.

There are also the Indigenous Patrols in Aboriginal communities, which are popular within indigenous circles but also suffer from limited funding and a lack of state support.

Crisis assessment and treatment teams (CATTs) is another program whose federally funded mental health support units operate under major local hospitals and respond to various mental health emergencies. Anyone in Australia can ask CATTs anytime for support or intervention during a mental health crisis. Additionally, there is Lifeline, which is the leading suicide prevention program in the country. Just like CATT, anyone undergoing a mental health crisis in Australia can seek assistance from Lifeline volunteers, who are very knowledgeable and have had extensive training. Unfortunately, they can only be reached by phone or text as they are not trained to be in-person first-responders.

Despite the limitations of community based mental health programs, the existing programs that focus on police presence in crisis intervention often have a reverse effect of escalating crisis situations. The New South Wales Police is running the 'Mental Health Intervention Teams' (MHITs) but these teams are ineffective due to their police culture, distrust, limited impact, and insufficient funding. This is also the case with police-affiliated, 'Acute Care Teams' (ACT). ACT is often criticised for its lack of regard for the cases, which they deemed to be insignificant. Neither do they have a connection to long-term support for disturbed people.

Consumer Worker Approach

A successful Australian mental health crisis intervention scheme calls for the implementation of a consumer worker approach. While the importance of de-escalation has been recognised by many, individuals who have gone through a similar experience are the ones who can best understand PWMI. Hence, under the consumer worker approach, individuals who have gone through and survived a mental health crisis should accompany first responders for crisis intervention. Including people with lived experiences in responding to mental health crises helps alleviate the escalating demand for crisis intervention programs. This also ensures that PWMI will receive more understanding and compassionate support when they are at their lowest point in their lives.

Recommendations

- Police should not intervene in a mental health crisis.

- Trained teams composed of a crisis worker and medic should be used to de-escalate the crisis and support the distressed person.
- People with lived experience, including peer support workers and consumer workers, should be engaged in crisis support.
- Funding should be diverted from police to stronger widespread mental health and crisis intervention programs.

1. Background of Crisis Interventions

1.1 What are Crisis Interventions?

A crisis occurs when an individual's distress exceeds their ability to cope. Due to their inability to cope with the current situation, an individual experiencing a crisis may hurt themselves or others.[2] A state of crisis can be triggered by a variety of situations, including personal crises, social challenges, health challenges, and violence.[3] How each individual responds to these challenges is entirely unique. Meaning, one event may leave one individual unaffected but leave another completely overwhelmed.[4]

'Crisis intervention' has been defined by the Australian Institute of Professional Counsellors (AIPC) to be a form of brief treatment that provides immediate stabilisation and relief to those experiencing a crisis. An aim of crisis intervention should also be to empower the individuals to use their own resources to cope (France, 1990).[5]

1.2 Why are Crisis Interventions Necessary?

Crisis interventions not only provide relief for the immediate crisis, but also prevent longer-term harm.[6] [7] Depending on the severity, if a crisis situation goes unmanaged it may

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[2] Bruce Turley, 'Crisis Support: The Legacy and Future of Helplines," *Lifeline Foundation* (April 2013) 5. <https://www.lifeline.org.au/media/j12j5jmt/crisis-support-the-legacy-and-future-of-helplines-2013.pdf>
[3] Australian Red Cross, *Psychological First Aid: Supporting people affected by disaster in Australia* (Guide, 2020) 8.
[4] Bruce Turley, 'Crisis Support: The Legacy and Future of Helplines," *Lifeline Foundation* (April 2013) 6. <https://www.lifeline.org.au/media/j12j5jmt/crisis-support-the-legacy-and-future-of-helplines-2013.pdf>
[5] https://www.aipc.net.au/articles/crisis-intervention-in-counselling-part-1/
[6] 'Crisis Intervention in Counselling, Part 1', Australian Institute of Professional Counsellors Article Library (Web Page, 20 May 2011) <https://www.aipc.net.au/articles/crisis-intervention-in-counselling-part-1/> ('Crisis Intervention in Counselling').
[7] Bruce Turley, 'Crisis Support: The Legacy and Future of Helplines," *Lifeline Foundation* (April 2013) 7. <https://www.lifeline.org.au/media/j12j5jmt/crisis-support-the-legacy-and-future-of-helplines-2013.pdf>

impact the mental health of individuals without prior illnesses, and later influence the development of a mental disorder.[8] Thus, delays or ineffective crisis intervention may lead to adverse consequences. Effective and efficient crisis interventions are crucial in improving the overall healthcare system as it alleviates the burden placed on professionals working in the healthcare field.[9] Trained crisis supporters and crisis interventions are necessary for immediate crisis support and reducing the risk of further negative impacts on the crisis afflicted individual.

2. Failures of Police Intervention

2.1 The Case of Clare Nowland

Clare Nowland (left) died on 24 May 2023 due to the severe injuries she sustained after unnecessary tasing by Senior Constable Kristian White (right) on 17 May 2023.

Clare Nowland was a 95-year-old woman with dementia, who was then living in an aged-care facility. On 17 May 2023, the police were called in as Nowland retrieved a steak knife from the kitchen and the staff were unable to de-escalate the situation. When Nowland refused to give up the knife, Senior Constable Kristian White hit her twice with a taser. Nowland then fell and struck her head. She sustained a skull fracture and her brain bleed as a consequence

[8] David Wang and Vikas Gupta, 'Crisis Intervention', *National Library of Medicine* (Web Page, 24 April 2023) <https://www.ncbi.nlm.nih.gov/books/NBK559081/>.
[9] Ibid.

of her fall. Nowland did not recover from her injuries and passed away the following week in hospital.[10] A few hours before her death was announced, Senior Constable Kristian White was charged for recklessly causing grievous bodily harm, assault occasioning actual bodily harm, and common assault.[11]

Nicole Lee, the president of People with Disability Australia, stated that this event highlighted police's lack of training or support to de-escalate situations involving people who are experiencing a mental health crisis, or who are experiencing distress, dementia - as is Nowland's case.[12] Sue Higginson, a Greens member of the NSW Legislative Council, stated that 'we're seeing a pattern of police response that is causing harm rather than de-escalating situations'.[13] It should be pointed out that police officers are strictly ordered not to employ taser guns when there is no real threat to safety.[14] In the case of Nowland, she was clearly not a serious threat, with paramedics stating she was moving "very slowly".[15]

Nowland's case is mentioned here as a crucial example of the incompetence of police as mental health responders in excessive use of force and ineffective de-escalation tactics. It is clear that there is an urgent need for more effective crisis intervention that involves workers trained in dealing with mentally ill and vulnerable individuals.[16]

2.2 Other Cases

It has been the practice in Australia to call on law enforcement officers to respond to calls involving people with mental illness (PWMI), who are undergoing mental crises. However,

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[10] Tiffanie Turnbull & Tom Housden, 'Outcry as Australia Police Taser 95-year-old come care resident', *BBC* (online, 19 May 2023) <https://www.bbc.com/news/world-australia-65642974>.
[11] Jamie KcKinnell, 'Court releases full details of Clare Nowland's alleged tasering by police officer Kristian White', *ABC News,* (Online, 19 July 2023) <https://www.abc.net.au/news/2023-07-19/court-releases-allegations-over-clare-nowland-taser-death/102621086?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web>.
[12] 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>.
[13] Ibid
[14] https://www.police.nsw.gov.au/__data/assets/pdf_file/0010/583705/taser-use-public-information.pdf page 21
[15] Georgina Mitchell, ''Grossly disproportionate': Prosecutors slam use of Taser on Cooma great-grandmother', *Sydney Morning Herald* (online, 19 July 2023) <https://www.smh.com.au/national/nsw/grossly-disproportionate-prosecutors-slam-use-of-taser-on-cooma-great-grandmother-20230719-p5dpjy.html>.
[16] https://www.theguardian.com/australia-news/2023/may/19/afternoon-update-tasering-of-95-year-old-woman-under-investigation-stan-grant-steps-down-and-falling-for-a-sex-worker

law enforcement officers have been judged for their inappropriate behaviour and ill-treatment of mentally ill individuals.[17] This is evident from the fact that the Australian police officers are responsible for the death of an average of two mentally ill persons per year.[18] Between 1997 and 2007, 19 people with a known mental illness were shot and killed by NSW police.[19]

According to the NSW Police Force guide, electrical weapons, like Tasers, can only be discharged to protect human life or prevent actual bodily harm during a violent confrontation. They certainly should not be used against a mental health patient to force them to comply or submit to medication or treatment. Furthermore, the guidelines clearly warn of the risks of positional asphyxia when causing arrest. It was likewise noted that there could be high-risk factors "when an individual is highly stressed" like exhibiting "wild, threatening, bizarre behaviour with possible mania or psychosis".[20]

In 2012, the NSW Ombudsman observed that police officers abuse their use of tasers. It was found that a third of the people tasered by police were suffering from mental illness, and three-quarters were unarmed.[21] In 2018, it was made apparent that there were six years of non-transparent statistics of taser gun use and incidents. Between 2014-2018 it was estimated that tasers had been discharged around 3,000 times, of which, more than 1,000 were against PWMI.

A study by Ogloff and colleagues in 2013 found that the police were overburdened by their interaction with PWMI. Leaving it to the police officers to deal with PWMI increases the likelihood that they would resort to excessive force such as weapon use.[22] These issues can only be prevented and positive outcomes can only be ensured for the patients if there will be cooperation and joint intervention between mental health systems and law enforcement agencies.[23]

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[17] Miles-Johnson, T., & Morgan, M. (2022). Operational response: Policing persons with mental illness in Australia. Journal of Criminology, 55(2), 260–281. https://doi.org/10.1177/26338076221094385
[18] Katrina Clifford, *Policing, Mental Illness and Media: The Framing of Mental Health Crisis Encounters and Police Use of Force* (Palgrave Macmillan, 1st ed, 2021) 10.
[19] Ibid, 11.
[20] New South Wales Police Force, *Use of Conducted Electrical Weapons (Taser),* (July, 2016) https://www.police.nsw.gov.au/__data/assets/pdf_file/0010/583705/taser-use-public-information.pdf
[21] Naaman Zhou, 'Call to lift secrecy around police Taser use after mentally ill man's death', *The Guardian,* (online, 21/2/2018) https://www.theguardian.com/australia-news/2018/feb/21/call-to-lift-secrecy-around-police-taser-use-after-mentally-ill-mans-death
[22] https://journals.sagepub.com/doi/full/10.1177/0093854812474425?journalCode=cjbb
[23] https://journals.sagepub.com/doi/full/10.1177/0093854812474425?journalCode=cjbb

Morgan[24] analysed Australian police policies and found that there is minimal guidance for responding to mental health crises. Consequently, police officers are left to their own devices whenever they are called to respond to PWMI who are undergoing a mental health crisis. This is problematic as Australian law enforcement tends to harbour damaging stigma towards PWMI.

Justice Action has published an extensive history of instances where police involvement in crisis situations results in fatalities. Below are just a few examples from that publication.[25] Please see the corresponding footnotes for further details:

- Adam Salter, [26] a mentally ill man armed with a knife that he was using to self-harm, was shot dead by police outside his home (Lakemba, 2009).
- Elijah Holcombe,[27] a young mentally ill man, was shot and killed by police after a tragic series of events in which he believed he was being followed by police (Armidale, 2009).
- Roni Levi [28] was shot dead after a mental breakdown in which he was armed with a knife (Bondi Beach, 1997).
- Tyler Cassidy [29], a fifteen-year-old thought to be mentally ill, was killed by police because of his 'erratic' behaviour (Victoria, 2008).
- Daniel Rolph [30] was shot dead after stabbing a police officer during a manic episode, despite having a long history with police who were aware of his mental illness (Perth, 2007).
- Amanda Jones [31] survived a police shooting that occurred after she threatened a police officer with a knife (Perth, 2011).

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[24] What's the source?
[25] Justice Action, 'Crisis Intervention Proposal' (Publication) <https://justiceaction.org.au/crisis-intervention-proposal/>.
[26] Adam Salter <https://www.smh.com.au/national/nsw/police-officers-acquitted-of-lying-over-shooting-mentally-ill-man-dead-20160623-gppscj.html>
[27] Elijah Holcombo <https://www.smh.com.au/national/nsw/elijah-holcombe-not-a-threat-when-shot-by-police-coroner-20140501-37k3j.html>
[28] Roni Levi <https://www.smh.com.au/national/nsw/nsw-police-dont-know-who-they-have-killed-20171025-gz7pbt.html>
[29] Tyler Cassidy <https://www.abc.net.au/news/2014-06-07/tyler-cassidy-shooting-police-officers-involved-break-silence/5506708>
[30] Daniel Rolph <https://www.watoday.com.au/national/western-australia/brother-of-cop-shooting-victim-in-court-20141112-9up8.html>
[31] Amanda Jones <https://www.abc.net.au/news/2011-05-11/police-officer-shoots-woman-in-perth-suburb/2710594>

- Jason Chapman [32], highly agitated and mentally ill, had three shots fired at him by two police officers when he came at them with a knife. No police at the scene contacted the Critical Incident Response Team. It is suggested, "*police members at that time may not have been aware of the unit's existence*" (Yarraville, 2004).
- Jack Kokaua, a 30 year old male, escaped the mental health ward at Royal Prince Alfred hospital in 2018. After being pepper sprayed and tasered three times, he was held down by multiple officers, he lost consciousness and was unable to be revived.
- Clare Nowland [33] was a 95 year old woman with dementia who died following police intervention at her aged care home. Police tasered Nowland whilst she was holding a steak knife to contain the situation. The interaction resulted in numerous life threatening injuries including a fractured skull (NSW, 2023).
- Jesse [34] was having a mental health episode when worried neighbours called police out of concern for his welfare. When they arrived, Jesse was allegedly holding a knife and had injured himself. Police shot and killed Jesse in his home when their taser failed to work (Glebe, 2023).

3. Overseas Crisis Intervention

3.1 CAHOOTS

The CAHOOTS (Crisis Assistance Helping Out On The Streets) program acts as first responders in the US for mental health cases. The CAHOOTS program is run by the White Bird Clinic (WBC) as a crisis intervention service which offers immediate, short-term support[35] by personnel independent of the police.[36] CAHOOTS has been in operation for over 30 years (est. 1989 by WBC) in the city of Eugene in Oregon, US, and has proven vast

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[32] Jason Chapman <https://www.heraldsun.com.au/news/victoria/police-officers-faced-immediate-threat-when-they-shot-jason-chapman-in-2004-finds-deputy-state-coroner-iain-west/news-story/e11e82f91ba1d793f4f754b93b6e8c00>

[33] Clare Nowland <https://www.abc.net.au/news/2023-07-19/court-releases-allegations-over-clare-nowland-taser-death/102621086>

[34] Jesse https://cityhub.com.au/glebe-community-remembers-jesse-shot-and-killed-by-nsw-police/?mc_cid=57731224e3&mc_eid=214dc404ea

[35] White Bird Clinic 2020, 'CAHOOTS', <https://whitebirdclinic.org/>

[36] Eugene Police Department, 'CAHOOTS' (Web Page) <https://www.eugene-or.gov/4508/CAHOOTS>.

efficacy.[37] The CAHOOTS model is outlined below, and the possibility of engaging in a similar model in Australia is explored.

3.1.1 The CAHOOTS Model

The CAHOOTS Model is an alternative to police intervention involving a non-violent approach, and is constructed for those who are unable to undergo the typical course of police intervention procedures in non-crime related crisis situations. The CAHOOTS teams are a well established part of the public safety and response system in Eugene. When a dispatcher receives an emergency call, there is the option to send a CAHOOTS team in place of police[38], consisting of a crisis worker, medic, and a van supplied by the City of Eugene. Notably, law enforcement services and CAHOOTS often work in collaboration. Calls reporting a crime in process or violence may additionally be directed to the police, or police units may be sent out as backup to CAHOOTS.

CAHOOTS' services include[39]:

- Crisis Counselling
- Suicide Prevention, Assessment, and Intervention
- Conflict Resolution and Mediation
- Substance Abuse
- Housing Crisis
- First Aid and Non-Emergency Medical Care
- Resource Connection and Referrals
- Transportation to Services

Around 3-8% of calls are diverted from the police department to CAHOOTS; these are mostly for welfare checks (these make up around 30% of calls), assisting the public, and transport (makes up 24% of calls)[40]. See below some example of calls which were diverted to CAHOOTS, taken from a CAHOOTS program analysis:

> Check Welfare: • (19283789) LOC/ SOUTH OF THE INTERSECTION, ON THE OVERPASS FEMALE WALKING BAREFOOT AND NOT WEARING MUCH

[37] Ibid.
[38] Katie O'Connor, 'Bill Aimed at Replacing Oregon Mobile Crisis Program' *Psychiatric News* (online, 14 September 2020) <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.9b14>.
[39] White Bird Clinic 2020, 'CAHOOTS', <https://whitebirdclinic.org/>
[40] https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis

CLOTHING -- REQ CAHOOTS TO GO AND CHECK ON HER LAST SEEN 5 AGO NO WEAPONS OBS

• (19250067) LOC/NE CORNER OF 2ND AND VAN BUREN. C/ADVI THERE IS POSSIBLY A PERSON SLEEPING ON SIDEWALK, OR POSSIBLY ITEMS COVERED BY TARP. HASN'T MOVED IN 5 HOURS. C/IS CONCERNED THE PERSON MAY NEED A WELFARE CHECK

Assist Public: • (19062532) C/ REQ CAHOOTS FOR COUNSELING AND ASSISTANCE C/ HAVING SUICIDAL THOUGHTS NO PLANS OR MEANS AT THIS TIME • (19310041) C/ REQ TRAN FOR HERSELF AND HER SON TO A MEAL THIS MORNING

Transport: • (19222410) INV/UNK, NAME NEEDS XPORT TO SERVICE STATION - WAITING IN ED LOBBY • (19080551) LOC/ LOBBY I/ UNK, MARK WM. 57. 600. MED. BALD LSW/ UNK TRAN TO HOURGLASS[41]

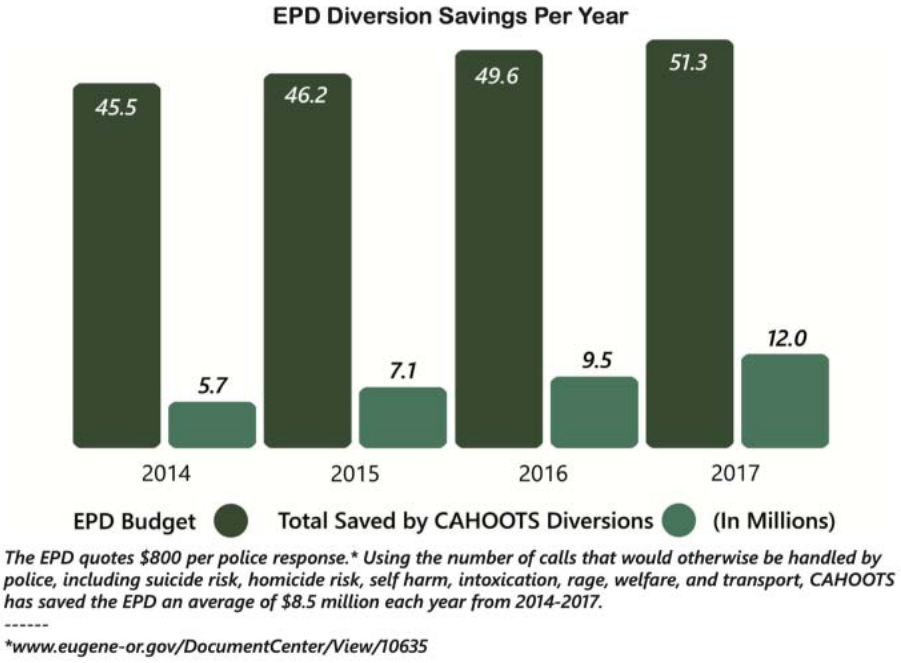
The CAHOOTS model is also useful as a crime prevention tool. Since a CAHOOTS team is more skilled at calming a person experiencing a mental health crisis, CAHOOTS is able to safely escort them to a hospital or community treatment centre.[42] If the police had intervened, it is significantly more likely that the individual experiencing a crisis would end up in a prison cell[43] or be "ushered in the wrong direction".[44] Another risk when police are involved is the criminalisation of individuals in health crises, despite the key to support lying in a healthy, non-stigmatising relationship.[45]

3.1.2 CAHOOTS Funding

CAHOOTS is funded by the city of Eugene through the Eugene Police Department. The budget was USD $798,000 from 2017 to 2018 which financed 31 hours of active response per day for 7 days per week. A one-time increased budget of USD $281,000 from 2019-2020 allowed for an extra 11 hours of work to cover for existing CAHOOTS contracts.[46] The

[41] Eugene Police Department Crime Analysis Unit, *CAHOOTS Program Analysis 2021 Update* (Report, 17 May 2022) 3.
[42] Rob Waters (n 20) 866 from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00678>
[43] Natania Marcus and Vicky Stergiopoulos (n 21).
[44] Ibid.
[45] Davey, M 2021, '"Just putting out fires": how police remain the default front line in mental health crisis', *The Guardian*<https://www.theguardian.com/australia-news/2021/may/01/just-putting-out-fires-how-police-remain-the-default-frontline-in-mental-health-crisis>
[46] Ibid.

combined yearly budgets for the Eugene and Springfield police departments are USD $90 million, compared to the CAHOOTS programme budget of around USD $2.1 million. 17% of all calls to the Eugene Police Department were answered by CAHOOTS units in 2017. The programme reportedly reduces Eugene's annual public safety spending by USD $8.5 million.[47]



3.1.3 Demand for CAHOOTS

A study in the American Journal of Preventative Medicine (2016) found that 20 to 50 percent of lethal cases with police involved a mentally ill individual.[48] CAHOOTS has considerably reduced this rate: in 24,000 CAHOOTS calls in 2019, only 150 of them required police reinforcement.[49] Additionally, overall CAHOOTS demand has increased drastically: in 2014, CAHOOTS were utilised for 9,646 calls and in 2021 for 16,479.[50] This in turn reduces the workload of the police, helping them meet other targets.[51]

CAHOOTS Program Analysis 2021 Update:

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47 https://www.forbes.com/sites/forbeseq/2021/11/01/what-happens-when-we-send-mental-health-providers-instead-of-police/?sh=181488967a41

48 White Bird Clinic, 'What is CAHOOTS?' (Web Page, 29 October 2020) <https://whitebirdclinic.org/what-is-cahoots/>.

49 Ibid.

50 Ibid.

51 Gerety, R 2020, 'CAHOOTS may reduce the likelihood of police violence', *The Atlantic,* <https://www.theatlantic.com/politics/archive/2020/12/cahoots-program-may-reduce-likelihood-of-police-violence/617477/>

Public demand for CAHOOTS program resources inclined at an increasing rate:
Public calls for service (CFS) with CAHOOTS associations increased by 8% in 2021.
The number of CFS arrived at by CAHOOTS resources increased by ~1%.
In 2021, CAHOOTS arrived at 317 more CFS than in 2020, leading to a 2% increase since 2020.[52]

3.1.4 Issues Adopting CAHOOTS

There is an urgent need for quality studies that can facilitate the implementation and evaluation of novel approaches to crisis support which do not involve police. A meta-analysis of over 1000 studies found that co-responder models such as CIT programs, involving personnel from across sectors, yielded more positive outcomes than police-only models.[53]

There is research to suggest that CAHOOTS and similar programs are effective [54] in reducing both social and human costs. However, further research is required to present a stronger case for their implementation in Australia. It must be noted that a lack of research does not mean these programs are not effective; as mentioned, existing evidence does point to efficacy in the past. Additionally, there is a wealth of research and statistics demonstrating the inadequacy of police interference.

In the US, a barrier to instigating more programs similar to CAHOOTS seems to be the slow pace at which legislation is passed to ensure these programs operate with appropriate funding and personnel. Still, there are numerous programs such as CAHOOTS being established across multiple cities within the United States such as: Denver, Olympia, Oakland and Portland to name a few. [55] Senator Ron Wyden of Oregon has been at the forefront of proposing a bill named "Crisis Assistance Helping Out On The Streets" to establish funding of 25 million dollars for these programs.[56] [57] Section No. 9813 of the bill states "State Option To Provide Qualifying Community-based Mobile Crisis Intervention Services,".

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[52] Eugene Police Department Crime Analysis Unit, *CAHOOTS Program Analysis 2021 Update* (Report, 17 May 2022) 3.
[53] Marcus, N., & Stergiopoulos, V 2022 'Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models', *Health & social care in the community*, *30*(5), <https://pubmed.ncbi.nlm.nih.gov/35103364/>
[54] Eugene Police Crime Analysis Unit 2020, 'CAHOOTS Program Analysis', <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>
[55] Ben Adam Climer and Brenton Gicker (n 18).
[56] Henry Houston, 'CAHOOTS-like Program Funding Goes to Biden's Desk', *Eugene Weekly* (online, 10 March 2021) <https://eugeneweekly.com/2021/03/10/cahoots-funding-on-the-way-to-bidens-desk/>.
[57] Henry Houston, 'CAHOOTS Bill in House COVID-19 Relief Package', *Eugene Weekly* (online, 19 February 2021) <https://eugeneweekly.com/2021/02/19/cahoots-bill-in-covid-19s-house-relief-bill/>.

A secondary hurdle is the question of: what type of personnel could be used as crisis support, in place of police? There is already in Australia a shortage of psychiatrists, psychologists, [58] and other mental health clinicians and workers, such as social workers, and mental health nurses. [59] Hence, it would be unrealistic to plan to build a team of crisis support workers consisting of these professionals.

Looking to Lifeline, Lifeline provides training for all its crisis supporters; crisis supporters are not required to already have a qualification. [60] Thus, a program like this to provide crisis support alongside, or instead of, police, in Australia, could also train its personnel.

Crisis support workers do not need to be a trained psychologist/psychiatrist, however, they are required to be experienced in the field of mental health and have skills such as de-escalation and negotiation. People with lived experience have a special offering in this area as peer workers (discussed further in Section 6: Consumer Work Approaches). Trained medics and crisis workers are sufficient in providing enough care until the subject is treated on site or taken to a mental health facility. [61]

3.2 Support Team Assisted Response (STAR) program

Another program similar to CAHOOTS that is being piloted in the US is Denver's Support Team Assisted Response (STAR) program, which has demonstrated significant efficacy. STAR, which was launched in Denver in June 2020, is a replication of Eugene's CAHOOTS program. STAR responds to low risk level and non-violent calls, i.e. regarding non-imminent risks.[62] STAR addresses low severity behavioural health crises as well as problems brought on by poverty and societal requirements. Trespass calls, welfare checks, drunken gatherings, and mental health issues are a few instances. STAR is dispatched through Denver 9-1-1 Communications. The communications centre's civilian call takers and dispatchers are all

[58] Lefebre, M 2023, ' Under Pressure', *The McKell Institute.* <https://helpushelpmore.com.au/common/Uploaded%20files/Under%20Pressure%20-%20Australia's%20mental%20health%20emergency%20(FINAL).pdf >
[59] Crowther, A. J & Ragusa, A.T 2011, 'Realities of Mental Health Nursing Practice in Rural Australia', *Issues in Mental Health Nursing,* 32:8, 512-518 <https://www.tandfonline.com/doi/abs/10.3109/01612840.2011.569633>
[60] https://www.lifeline.org.au/get-involved/volunteer-as-a-crisis-supporter/
[61] Ben Adam Climer and Brenton Gicker (n 18).
[62] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9176742/

trained to evaluate STAR calls and provide the most suitable available response. The calls are assessed for appropriateness and safety.[63]

The program demonstrated efficacy in May 2021 by having successfully initiated responses to 1,323 calls and prevented any injuries, arrests and police interference. Denver's police chief stated that the initiative "saves lives" and "prevents tragedies."

However, public criticism raises vital questions on the inclusivity of the program. Forbes EQ reports criticisms such as the predominance of white social workers making up the program's staff, reducing the likelihood of the help seekers being able to relate to shared life experiences while advocating for being a community-driven service with "providers who share lived experiences and identities with Denver's diverse population."

3.3 Other Crisis Support Programs

The US currently employs several other crisis intervention programs that utilise a large variety of techniques to assist those in crises without the involvement of police at the front line. These range from Case Management services that run behavioural interventions by healthcare professionals and emergency officers, to services such as the MCTs (Mobile Crisis Teams) that consist of groups of nurses and social workers that assist with both mental and behavioural crises. The other programs include but are not limited to; Co-responder teams; The Crisis Intervention Team (CIT) model; EMS-and ambulance-based responses; Trained support people and advocates; Officer notification and flagging systems; I/DD-specific models and approaches; And stand-alone trainings on mental health and I/DD response[64].

63 https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program

64 https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf

4. Evolution of Australian Crisis Interventions

4.1 Deinstitutionalisation of Crisis Intervention in Australia

Ever since 1838, people with mental illness (PWMI) were exclusively treated in psychiatric in-patient units.[65] While there have been gradual changes that have happened since then, the major change that occurred was in 1992 when the National Mental Health Policy was passed. From 1993 to 1998, treatment of PWMI gradually transitioned from hospitals to that of the local communities.[66] It was hoped that with this deinstitutionalisation, the number of PWMI will be significantly reduced.[67] Unfortunately, communities are ill-equipped to respond to situations involving mental health crises.[68]As such, there has been a significant increase in the number of times the Australian police force were asked to intervene.

Unfortunately the police are the only group able to respAond to critical situations 24/7. Moreover, PWMI are often seen as criminal, and dangerous to deal with - hence, law enforcement units are seen as the first option.[69] However, these police officers do not possess the necessary knowledge and training to properly deal with mentally ill people.[70]

4.2 Federal

The first crisis intervention units in Australia were established with the First National Mental Health Plan, in 1993. This plan provided services including a mobile mental health crisis intervention team based in the community, which operated for 24 hours.[71]

The Second National Health Plan began in 1998, and focused on the principles of mental health promotion and protection. Its services included the development of national workforce

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[65] Rosen, A 2006, 'Australia's national mental health strategy in historical perspective: beyond the frontier', *International Psychiatry*. 3. 19-21. <https://www.researchgate.net/publication/322371651_Australia's_national_mental_health_strategy_in_historical_perspective_beyond_the_frontier>

[66] Katrina Clifford, 'The Thin Blue Line of Mental Health in Australia' (2010) 11(4) Police Practice and Research 355. https://www.researchgate.net/publication/322371651_Australia's_national_mental_health_strategy_in_historical_perspective_beyond_the_frontier

[67] Ibid

[68] Ibid 355, 356

[69] Ibid

[70] Ibid

[71] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6734702/

standards, the core practical skills of all mental health workers, and anti-stigma programmes/strategies. [72]

The Third National Health Plan (2003), was guided by four priority themes: "promoting mental health/preventing mental health problems and mental illness; increasing service responsiveness; strengthening quality; and fostering research, innovation and sustainability." It is widely accepted that the third plan was superficial and lacked both real incentives and accountability mechanisms for states.[73]

In the 2021–22 Federal Budget, $2.3 billion over 4 years was allocated to the National Mental Health and Suicide Prevention plan, responding to recommendations from the Productivity Commission's Inquiry Report on Mental Health, the Royal Commission into Victoria's Mental Health System and advice from the National Suicide Prevention Advisor (Department of the Treasury 2021). The plan includes 5 pillars to this investment which address prevention and early intervention; suicide prevention; treatment; supporting the vulnerable; and workforce and governance.[74]

4.3 Crisis Intervention in New South Wales

There have been several pieces of legislation that were passed in NSW that deal with mental health.[75] Currently, the New South Wales Government is in the middle of implementing its *2014-2024 Mental Health Reform.*[76] The reform is a plan to improve mental health services and the community wellbeing by addressing the NSW Mental Health Commission Living Well Report. [77] As part of the 2014-2024 Mental Health Reform, a *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022: A Framework and Workforce Plan for NSW Health Services*[78] has been developed to provide guidance on the key steps to improve mental health in NSW. The 2018-2022 Framework is to target five core areas: 1) prevention and early intervention; 2) community-based care; 3) responsiveness of the mental health system and infrastructure, including by increasing specialistic support for people with

[72] Ibid
[73] Ibid
[74] Australian Institute of Health and Welfare, 'Australia's mental health system', (Web Page), https://www.aihw.gov.au/mental-health/overview/australias-mental-health-services
[75] https://www.health.nsw.gov.au/legislation/Pages/mental-health.aspx
[76] https://www.health.nsw.gov.au/mentalhealth/reform/Pages/default.aspx
[77] NSW Mental Health Commission, Living Well – Putting People at the Centre of Mental Health Reform in NSW - A Report (2014). https://www.health.nsw.gov.au/mentalhealth/reform/Documents/living-well-people.pdf
[78] https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf

complex needs; 4) person-centred care and integration of mental health services, general health, justice and human services and Australian government funded services; 5) increased mental health workforce, engagement with families and carers, NGO capacity to provide services.

Additionally, the NSW Government is undertaking steps to improve its mental health services in some key areas, such as suicide prevention,[79] eating disorders,[80] and Aboriginal mental health and wellbeing.[81] While all of these commitments and policy developments are welcomed, when it comes to mental health crisis intervention the most relevant legislation is still the *Mental Health Act 2007* (NSW) (*MHA 2007*).

The *MHA 2007* enumerates the principles on the proper care and treatment of PWMI and declared it to be an offence to ill treat them.[82] It should be pointed out that it is only the authorised medical officer and the people employed in the mental health facilities who are mandated to observe these principles.[83] Yet, under Article 81, a police officer is one of the four individuals who are authorised to transport PWMI to mental health facilities and other health facilities.[84] Indeed, the involvement of the police in mental health crises is a widespread practice across all Australia, where police are often the first point of contact for many people with mental illness. Under MHA 2007, there are only four instances when police assistance is sought when dealing with PWMI, to wit:

1) An ambulance officer asks for assistance in transporting the PWMI to a mental health facility to ensure the safety of everyone.[85]

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[79] See the 2018-2023 Strategic Framework for Suicide Prevention https://www.health.nsw.gov.au/mentalhealth/resources/Publications/strategic-framework-implementation-plan.pdf and the updated Strategic Framework for Suicide Prevention in NSW 2022-2027 https://www.nswmentalhealthcommission.com.au/sites/default/files/2022-10/The%20Framework%20-%20Shifting%20the%20Landscape%20for%20Suicide%20Prevention%20in%20NSW%202022-2027_0.PDF

[80] See NSW Service Plan for People with Eating Disorders 2021–2025 https://www.health.nsw.gov.au/mentalhealth/resources/Publications/service-plan-eating-disorders.pdf

[81] See NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 https://www.health.nsw.gov.au/mentalhealth/resources/Publications/aborig-mh-wellbeing-2020-2025.pdf

[82] Mental Health Act 2007 No. 8, Articles 68-69. https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.68

[83] Mental Health Act 2007 No. 8, Article 69 https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.69

[84] Mental Health Act 2007 No. 8, Article 81. https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.81

[85] Mental Health Act 2007 No. 8, Articles 20(2) and 21. https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.20 ; https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.21

2) A police officer judges that it would be best to bring an individual to a mental health facility if they have serious concerns for the safety of the individual and of those around them.[86]
3) An authorised medical officer asks the police for assistance in retrieving a mentally ill individual who escaped the mental health facility.[87]
4) A community treatment order has been breached.[88]

Yet when transporting PWMI, police officers are only ordered to exercise reasonable restraint if needed to.[89] Notably, there was no mention under the statute as to what is deemed to be "reasonable" under any of these circumstances.

In any case, the New South Wales Police Force (NSWPF) entered into a *Memorandum of Understanding (MOU)* with the NSW Health where they established the principles that they would have to observe when transporting PWMI.[90] It was noted therein that there are three modes by which mentally ill individuals are transported to the proper mental health facilities. First, and the most ideal, is by ambulance. However, if the individual is assessed to pose a danger to the lives of the public and that of the paramedics, a police caged vehicle will be used.[91] Notably, both the NSWPF and NSW Health acknowledged that this mode of transport is the least ideal as it reinforces the stigma that mentally ill individuals are criminals. Hence, both agencies agree that police caged vehicles are to be used as a last resort.[92] The final mode of transport is that of community mental health vehicles. This mode of transport will be resorted to only if it is deemed safe to do so. Unfortunately, this mode of transport is only available during office hours. [93]

In NSW, the police force is overwhelmed after responding to the majority of the community mental health crises, and PWMI. [94] Several incidents have indicated a declining sense of

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[86] Mental Health Act 2007 No. 8, Article 22
https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.22
[87] Mental Health Act 2007 No. 8, Article 49
https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.49
[88] Mental Health Act 2007 No. 8, Article 59
https://legislation.nsw.gov.au/view/html/inforce/current/act-2007-008#sec.59
[89] Mental Health Act 2007 No. 8, Article 59(2)
[90] https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mou-health-police-2018.pdf
[91] NSW Health NSW Police Force Memorandum of Understanding 13.
https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mou-health-police-2018.pdf
[92] Ibid
[93] Ibid
[94]Marcus N, Stergiopoulos V 2022. 'Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models', *Health Soc Care Community*
https://pubmed.ncbi.nlm.nih.gov/35103364/

public trust towards the NSWPF, whose approaches to mental health have failed to generate beneficial improvements for the community. [95] Positive movements for mental health awareness and strategies continue to be undermined by severe deficiencies as, despite increases in NSW mental health expenditure in 2022-2023, this $2.9 billion funding has been poorly allocated and has only perpetuated existing issues. [96] Constantly increasing rates of mental health issues, which saw an estimated 21% increase over 2021, [97] are projected to increase with current rates indicating 1.96 million people in NSW will be experiencing mental or behavioural health conditions by 2041. [98] These deficiencies are represented in the case of Clare Nowland, and other cases that came before her, whilst they demonstrate just how dangerous it is when the NSWPF act as first responders in the intervention of people in a vulnerable state. Through these cases, it becomes clear just how inadequate mental health intervention services are in NSW and Australia. Further NSWPF specialised actions are outlined in sections 5.2 and 5.4.

5. Australian Crisis Intervention Teams

5.1 NSW Mental Health Acute Assessment Team (MHAAT)

The Mental Health Acute Assessment Team (MHAAT) is an example of a model designed to provide health-oriented assistance to people in need of mental health clinical support, where its effectiveness to provide mental and physical care is apparent. It is independent of the NSWPF. In 2013, the Ministry of Health identified that 15% of calls to 000 requesting an ambulance required mental health care.[99] As a response, the MHAAT was established as a partnership service between the Western Sydney Local Health and NSW Ambulance to provide appropriate care to people who seek help for their mental health via calling 000.

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[95] Davey, M 2021 'Just putting out fires': how police remain the default frontline in mental health crisis', *The Guardian*https://www.theguardian.com/australia-news/2021/may/01/just-putting-out-fires-how-police-remain-the-default-frontline-in-mental-health-crisis

[96] NSW Health (2023) Mental Health Budget

[97] https://mhcc.org.au/wp-content/uploads/2022/08/Aftershock_Mental-Health_NCOSS-MHCC.pdf

[98]https://mhcc.org.au/wp-content/uploads/2023/02/Shifting-the-Balance-2023-Report-Mental-Health-Coordinating-Council.pdf

[99] MHAAT 2020, 'Showcasing: Mental Health Acute Assessment Team', Mental Health Commision of NSW, <https://www.nswmentalhealthcommission.com.au/content/mental-health-acute-assessment-team>

The service first piloted in 2013 and became a regular service in 2015 after reviewing the extensive positive outcomes of the program.[100] The service allocates a mental health clinician to attend calls alongside paramedic staff to provide targeted mental health support through linkage to clinical community services, instead of universally transporting them to hospital emergency departments (EDs) for medical assessment. The MHAAT can also be deployed at police's request to help access an individual prior to being taken into custody and decide on the appropriate response[101]. The crises covered by the service include experiences of 1) a psychotic episode; 2) self-harm; 3) feeling suicidal and 4) feeling out of control. In cases of crises, the MHAAT will either provide intensive support at home or in hospitals, in which the team will arrange referrals and transport for the latter case.

Since its establishment, the MHAAT has received overwhelming praise from all agencies. It has demonstrated success in ensuring people experiencing mental distress are diverted from the ED.[102] On average to date, the MHAAT has redirected over 500 people per year from the ED and into appropriate health care facilities and services with less restrictive practices, such as acute mental health care units and/or other support teams.[103] This resulted in the alleviation of the ED's workload, and also ensured that people experiencing mental distress can receive effective and targeted care without delay.

The MHAAT's emphasis on achieving the best outcome for people experiencing mental health issues through collaboration has received positive feedback. The collaboration between different healthcare professionals, each with their own expertise, improves the quality of care that is offered to people experiencing mental health crises. Clough, a paramedic who worked with the MHAAT, explained that 'paramedics do a medical assessment and where applicable, schedule the patient under the Mental Health Act. The nurses offer a lot more options for care and have so much more experience and knowledge'.[104] By collaborating between different healthcare service providers and utilising

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[100] Western Sydney Local Health District 2017, 'New mobile unit making in-roads into mental health care.'<https://www.wslhd.health.nsw.gov.au/News/2017/New-mobile-unit-making-in-roads-into-mental-health-care>

[101] Ibid.

[102] https://www.pharmacyitk.com.au/mental-health-acute-assessment-team-fast-tracks-road-recovery/

[103] Faddy, S, McLaughlin, K, Cox, P. T & Muthuswamy, S 2017, 'The Mental Health Acute Assessment Team: a collaborative approach to treating mental health patients in the community', *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*<https://pubmed.ncbi.nlm.nih.gov/28135805/>

[104] Western Sydney Local Health District 2017, 'New mobile unit making in-roads into mental health care.'<https://www.wslhd.health.nsw.gov.au/News/2017/New-mobile-unit-making-in-roads-into-mental-health-care>

each other's expertise, MHAAT ensures that people experiencing mental health crises can receive quality services for their condition.

The health-oriented approach additionally ensures that people experiencing mental distress can directly access healthcare services without the need to experience police contact. In most cases, police are the first responders to 000 calls. But the act of transporting people experiencing mental distress in police cars and/or placing them in custody reproduces public assumptions of their criminality.[105] By using a collaborative and health-oriented approach that places the wellbeing of the person at the centre of service provision, MHAAT ensures that medical professionals are the first point of contact where they can directly access appropriate services without coming into contact with police or anything that may suggest their criminality, thereby avoiding stigmatisation and its reproduction. It is for the same reason that the MHAAT has received high satisfaction levels from service users. Unlike police intervention, the medical staff, treatment and transportation involved do not instigate judgement and stigmatisation from others, hence providing service users comfort during their vulnerable state.[106]

In early 2022, the Australian government further allocated $460 million in funding for the establishment of the Integrated Mental Health Complex- an all encompassing mental health facility including a MHAAT unit, located in the Westmead Hospital campus.[107] However, currently the MHAAT and its resources are still secluded to Western Sydney, limiting its accessibility and applicability to the people suffering from mental health issues across the state. In January of 2020, the NSW Mental Health Commission released an article regarding the progression of the MHAATs and its future prospects as the leading practice approach in crisis management:

> *"The aim is for the MHAAT model to be identified as a best practice approach to assist other regions in NSW to implement alternatives for people with lived experience of mental health issues requiring emergency support with their mental health issues through having access to the right type of care."*[108]

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[105] Davey, M 2021, '"Just putting out fires": how police remain the default front line in mental health crisis', *The Guardian,* viewed 2 May 2023, https://www.theguardian.com/australia-news/2021/may/01/just-putting-out-fires-how-police-remain-the-default-frontline-in-mental-health-crisis

[106] Western Sydney Local Health District 2017, 'New mobile unit making in-roads into mental health care.'<https://www.wslhd.health.nsw.gov.au/News/2017/New-mobile-unit-making-in-roads-into-mental-health-care>

[107] https://www.hinfra.health.nsw.gov.au/news/latest/latest/$460-million-overhaul-of-mental-health-care-in-wes

[108] https://www.nswmentalhealthcommission.com.au/content/mental-health-acute-assessment-team

Furthermore, Faddy et al. (2017) conducted an empirical study on the effectiveness of crisis support through the model of care utilised by the MHAATs and directly referenced its implementations in Western Sydney. The results demonstrated that up to 70% of patients were treated within the community and did not require access to Emergency Departments (ED) and approximately two thirds of patients were able to directly access mental health care facilities rather than dealing with law enforcement or receiving clearance from the ED.[109] Given its success so far, it would be more than reasonable for the MHAAT to start being implemented in multiple hospitals and local districts across NSW and other states.

5.2 NSW Police - Mental Health Intervention Team

The NSW Police Force Mental Health Intervention Team (MHIT) programme began in 2007 and was established as a permanent unit in 2009. Its aim was to ensure that in crisis situations the safety of both the PWMI, police staff, and any others present. According to a Navigating Mental Health Services Conference run by the NSW Police Force, the main goals of the team are to mitigate risks, de-escalate potentially harmful situations, and improve collaboration between policing and mental health organisations, achieved through careful consideration of first responders, transport options (i.e. ambulances, medical escort, and police cars as a last resort) and communication networks.[110] The MHIT also provides training in mental health to police staff, but is somewhat limited by a lack of resources and ongoing changes to the training programs, which was criticised in a five year Law Enforcement Conduct Commission (LECC, 2017-2022) investigation for allocating only two full time and one temporary staff members to oversee all functions of MHIT, including face-to-face training of about 16,000 police officers.[111]

The one-day training program was found to be insufficient by the LECC in that the two training streams - the one-day awareness workshop and four-day intervention program -

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[109] Faddy, S, McLaughlin, K, Cox, P. T & Muthuswamy, S 2017, 'The Mental Health Acute Assessment Team: a collaborative approach to treating mental health patients in the community', *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*<https://pubmed.ncbi.nlm.nih.gov/28135805/>

[110]Presenter Igmire, L 2019, 'Navigating Mental Health Services Forum', NSWPF,<https://communityindustrygroup.org.au/wp-content/uploads/2019-Mental-Health-Policy-Training-for-Police.pdf>

[111] Law Enforcment Conudct Commission (LECC) 2023 'Five Years (2017 – 2022) of Independent Monitoring of NSW Police Force Critical Incident Investigations', <https://www.smh.com.au/interactive/hub/media/tearout-excerpt/17632/Five-Years-of-Independent-Monitoring-of-NSW-Police-Force-Critical-Incident-Investigations.pdf>

provided vastly different services, with the former omitting role-play and scenario work despite the high frequency of mental health call engagement by junior police first responders. Further, from 2008-2019 only 2420 officers were four-day trained as the 2019 inquest into the death of Danukul Mokmool revealed that MHIT does not have the resources to provide 4-day training to more than 300 of the 16,000 police officers per year that would benefit.[112] Previously, the 2018 inquest into the death of Courtney Topic yielded recommendations to the NSW Commissioner of Police to review the contents of the four day program, prioritise the qualified graduates as first responders, and offer yearly or 3 year booster programs, all of which have not been yet implemented due to such lack of funding and resources.[113] The NSWPF suggested instead that:

> *"[Given existing resources] the development and dissemination of online training to all front-line police officers is logistically more sound and likely to yield better results than to dispatch personnel based on specific qualifications.*"[114]

Overall, the one-day training still helped police to feel more confident in handling crisis situations involving PWMI, reduced police involvement in transportation, and improved collaboration between police and mental healthcare institutions.[115] However, this one-day training has not resulted in a reduction of force used by police who remain the go-to for mental health related incidents rather than medical professionals and social workers.[116] This is a significant worry to the NSWPF in regards to public assumptions of police expertise and awareness. Proper funding, extended mandatory courses, and the prioritisation of at least four-day trained officers could improve the positive impacts and efficiency of the system.

5.3 CATT and ACT

Crisis assessment and treatment teams (CATTs) are made up of various mental health support workers and practitioners to respond to a variety of mental health emergencies. These

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[112] Responses to Coronial Recommendations January 2018-December 2018, <https://www.justice.nsw.gov.au/lsb/Pages/coronial-recommendations.aspx> Response to recommendation 7- Inquest into the death of Courtney Topic (File no. 2015/42730). State Coroners Court of NSW. Pg 43
[113] Responses to Coronial Recommendations January 2018-December 2018, <https://www.justice.nsw.gov.au/lsb/Pages/coronial-recommendations.aspx> Response to recommendation 7- Inquest into the death of Courtney Topic (File no. 2015/42730). State Coroners Court of NSW pg 42.
[114] Ibid.
[115] Victoria Herrington and Rodney Pope, 'The Impact of Police Training in Mental Health: An Example from Australia' (2014) 24(5) Policing and Society: An International Journal of Research and Policy 501, 509.
[116]Ibid, 518

services in Australia have long been put into place to provide 24/7 mental health crisis and intervention support.

CATTs are federally funded units based at local major hospitals, and can be contacted by calling 000, or by calling the state mental health line, where a risk assessment and course of action is considered. Once the crisis has been de-escalated, CATT teams can provide further treatment, as well as referrals to other services, including child protection, drug and alcohol services, etc.[117]

The NSW system of CATT is known as ACT (Acute Care Teams). These units specialise in community based assessment and short term treatment intervention for people with mental illness in crisis. They use an "assertive outreach approach", which may result in a clinician being involved with care for either episodic or extended periods of time.[118] These clinicians can help with managing mental health decline and coping with distresses. Across Australia these services are referred to as CATT, Mental Health Triage Service, and the Mental Health Emergency Response Line. Response times are judged from a scale of Resuscitation (seconds), Emergency (10 minutes), Urgent (30 minutes), Semi-urgent (60 minutes) and Non-urgent (up to 120 minutes), before referrals to GPs and psychologists are made, CATT professionals are despatched, or recommendations to alert the police are given. The system is often criticised for its minimisation of "less significant" issues.

CATT programs originated with John Hoult, a psychiatrist who introduced Conflict Resolution Treatments (CRTs) in both the UK and Australia, and ran specialised CRTs in Sydney communities during his research. These were then modelled across the rest of the state in 1983. Although the progress was promising, support for the policy was redacted in 1988. As a result, programs only continued to be implemented in parts of NSW and continued to allow 24 hour access to services- by the requirement of the Australian National Mental Health Strategy. These implementations have also been operating across Victoria since 1994.

Nevertheless, CAT teams are supported by the expert consensus that crises should be understood in their social context, with collaboration with families and social networks

[117] Health Direct 2021, 'CATT – the Crisis Assessment and Treatment Team', <https://www.healthdirect.gov.au/crisis-management>
[118] *Acute Care Team (ACT)* (2023) *NSW Health - South Eastern Sydney Local Health District*.<https://CATT – the crisis assessment and treatment team | healthdirectwww.seslhd.health.nsw.gov.au/acute-care-team-act>

appearing as a key component.[119] Still, as an imperative to gain federal support, further research is needed into whether outcomes are influenced by variations in treatment practices, what features are essential for crisis teams to achieve good outcomes, and whether this approach is feasible in regards to long-term care.

One clear characteristic required for acceptable care comes to funding and resource allocation. Here, CATT have received varying amounts of criticism based upon late response times, disregard of "seriousness", mismanagement, inaccessibility, and a lack of consistent support, with the Victorian Mental Illness Awareness Council (VMIAC) stating that:

> *"Crisis Assessment and Treatment teams (CATT) are probably the best example of what happens when governments fail to adequately fund services...from the consumer perspective CATT would be the most disliked and criticised service in mental health."* [120]

Citing anecdotal evidence of patients referring to CATT as "Come Again Tomorrow" or "Can't Attend Today" teams and "Gatekeepers of Hospital Beds", as well as incidences of consumers committing self harm or attempting suicide to gain hospitalisation, VMIAC suggest more consistent and adequate funding on not just a local or state but a federal scale.[121] Indeed, an anonymous 'submission 375' in a NSW inquest on inpatient and crisis services claimed that:

> "*...the system is so under-resourced that they must deal with the life and death cases first and other cases necessarily come second. This is a brutal reality which should not exist in a civilised society."* [122]

CATT are dealing with crucial systemic issues that must be addressed, and though significantly better responders than untrained police, often end up offering inadequate advice or referring consumers to police services anyway when overwhelmed by calls. In the short term, emergency departments make recommendations to re-distribute calls and separate

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[119] Needle, J & Johnson, S 2008, *Crisis Resolution and Home Treatment: Chapter 6,* Cambridge University Press. Pg 89. <http://ndl.ethernet.edu.et/bitstream/123456789/59087/1/71.pdf#page=89>

[120] Victorian Mental Illness Awareness Council, Submission 267, p. 21 <file:///Users/justiceaction/Downloads/sub267_attach3_pdf.pdf>

[121] Our Consumer Place, 'Navigating the Mental Health System', Chapter 4, pg 52 <https://www.ourcommunity.com.au/files/OCP/Section%20Four.pdf>

[122] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c08

consumers from other patients when left in waiting rooms due to the denial of CATT services[123].

However, it is important to note that in other cases CATTs have been praised for de-escalating situations without the stigma that often accompanies police when brought to a scene. An anonymous submission to the parliament of Australia stated that:

"Whilst living in the ACT, we experienced excellence from the local CATT which attended our home when our daughter was in a prodromal state and had locked herself in her room late at night. As a result of the CATT dedication, a humiliating and extremely distressing family situation was brought under control without need for hospitalisation or the stigma of well-meaning but untrained police presence in our neighbours' presence."[124]

CATT has generated a range of varied experiences for customers as underfunding issues have forced tough decisions regarding priorities.[125] This inconsistency across lived experiences with CATT has only demonstrated the desperate need for reform in order to produce more positive and widespread results. Such issues align with gaps in literature surrounding the detailed processes of CATT programs, its implementation and success within Australian states, and the extent of the programs reach within communities. Mixed outcomes and experiences complicate the future directions of the program.

With adequate economic support in expanding the call network, improving training staff, and appropriately supporting consumers beyond the call, CATT and its state forms could be improved to a more functional and reliable source of help.

5.4 PACER

PACER (The Police and Clinical Early Response Model) utilised a ride-along system to assist mental health crises, where police officers and mental health practitioners jointly attended

[123] file:///Users/justiceaction/Downloads/sub267_attach3_pdf pg. 22
[124] Select Committee on Mental Health, Senate, *A national approach to mental health – from crisis to community* (First Report, March 2006) 8.80 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c08
[125] Our Consumer Place, 'Navigating the Mental Health System', Chapter 4, pg 54 <https://www.ourcommunity.com.au/files/OCP/Section%20Four.pdf>

any mental health calls.[126] The program was piloted for a 3 month period from October 2007, in Melbourne, Victoria. One finding from this program was that a significant amount of individuals were diverted from the Emergency Department; prior to PACER, police often did not allow individuals to remain in the community. [127] This would reduce the strain on emergency departments.

A similar program, Alfred PACER (A-PACER) was piloted, also in Melbourne, Victoria, from May 2013 - May 2014. This pilot program also yielded positive outcomes. An evaluation of the program included feedback from consumers and police officers involved with the program. All police officers involved in the program highlighted they would like the unit to continue beyond the pilot study. Positive feedback concerned: enhanced outcomes for consumers (e.g. a more sensitive and timely response), more efficient use of police resources, and improved collaboration between services. Positive comments from the consumers on their contact with the A-PACER team concerned:

The A-PACER team's ability to skillfully communicate, build trust, and de-escalate the situation, and to persist in providing assistance when the consumer was unwilling/agitated; consumers noted that this resulted in them being more receptive to treatment plans. Consumers also noted a quicker response and a more efficient handover of communication (if consumers were taken to hospital). In contrasting their experience with A-PACER to experiences with a police-only response, consumers described unpleasant experiences with the police, sometimes involving excessive force.

The model also included several disadvantages. The presence of a police vehicle caused consumers to feel uncomfortable due to social stigma surrounding police presence. Using an unmarked police vehicle could avoid this issue. Consumers also highlighted the need for more police training and education in mental health; in this model, police arrive before the A-PACER team, and so would need some competency in crisis intervention/mental health. Consumers also highlighted the need for more thorough follow up after the PACER intervention to ensure the patients have received adequate treatment.[128] Lastly, although the

[126] https://onlinelibrary.wiley.com/doi/epdf/10.1111/inm.12218?saml_referrer

[127]Huppert D & Griffiths M 2015, 'Police Mental Health Partnership project: Police Ambulance Crisis Emergency Response (PACER) model development', *Australasian Psychiatry*.2015;23, <https://journals.sagepub.com/doi/10.1177/1039856215597533?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed#bibr14-1039856215597533>

[128]Evangelista, E., Lee, S., Gallagher, A., Peterson, V., James, J., Warren, N., Henderson, K., Keppich-Arnold, S., Cornelius, L., and Deveny, E. 2016, 'Crisis averted: How consumers experienced a police and clinical early response (PACER) unit responding to a mental health crisis', *International Journal of Mental Health Nursing*, 25: 367–376

results from these pilot programs are promising, more research does need to be done on the most successful way to implement these types of programs into Australia - PACER could potentially be an analogous program to CAHOOTS in Australia.

Effectiveness & Limitations - Medical Journal based in Victoria, *(Varma, year)*

- Increased favourable outcomes for patients and community by decreased hospitalisation rates. *(Geller et al, 1995).* Has a positive impact on the economy through reduced hospital treatment expenses and the mental health of the individual by being treated close to home.
- Out of region patients represent a group of 5% who receive immense benefit from such services.
- 50% of patients with a personality disorder received some form of help in reducing their risk of entering into a crisis situation.
- Limited support for help seekers living in low socioeconomic areas.
- Reduced effectiveness in support and follow-up services for certain diagnostic categories; persons with personality disorder/drug and alcohol problems.
- In an attempt to reduce hospitalisation rates, intensive treatment and interventions may be required, thus reduced cost effectiveness.
- Early Discharge Management (EDM): CAT facilitates the integration of patients from hospitalisation to back at home/in the community.
- Community Psychiatric Nurse (CPN): established with the aim of conducting immediate psychiatric assessments. May develop into more widespread use of CPN's in the future.[129]

The PACER program was restarted in 2018 by the St. George Mental Health Service, with great success (winning the NSW Health award in 2019). This led to NSW Minister for Mental Health, Bronnie Taylor MLC, and Minister for Police, David Elliott, announcing that $6.1 million has been committed to employing 36 specialist mental health clinicians across 12 Police Area Commands. Since the start of PACER, the rate of mental health presentations to the St George Hospital emergency department has reduced by almost 10%. Moreover, only

[129]Varma, S. L date unknown, 'Crisis and Assessment Treatment Service', Grampians Psychiatric Services,<https://priory.com/psych/cat.htm>

500 of the 1500 PACER clinician contacts have required further hospital-based assessment/treatment since November 2018. [130]

5.5 Lifeline

Lifeline is Australia's leading suicide prevention service. Lifeline emphasises suicide prevention, but responds to all types of crisis, receiving a call every 30 seconds and over a million calls over a year.[131] A key strength of Lifeline is that it is a 24/7 service. The service can be accessed via phone, text, or online chat. In situations where over-the-phone intervention is not sufficient, the police are contacted.

Lifeline plays a major role as an intervention service, showing great effectiveness through its capacity to communicate empathy, respect, feelings of validation while connecting over similar lived experiences. These factors foster a 'positive helping relationship' with callers, 45% of which go into the call with a suicide plan. As such, this service attracts callers with clear suicide risk and provides anonymity and 24/7 accessibility to callers who may struggle to this through other services. Benefits have proven to be evident through changes in callers' crisis state or suicidality during the call, the development of action plans and follow-up communication.[132]

Lifeline primarily relies on volunteers. Lifeline provides volunteers with an extensive course, which runs for around 12 months. As such, these volunteers are not required to have any prior qualifications. This is similar to the CAHOOTS model, which also trains volunteers, and does not require prior qualifications.

In many areas, after-hours phone calls to psychiatric units that are unable to cope with the high levels of demand, are referred to Lifeline. Lifeline has become overstretched, with volunteer telephone counsellors answering over half a million mental health calls per annum. Lifeline and its volunteers do not have the adequate resources, experience or training to to fulfil this role appropriately.[133]

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[130]NSW Health - South Eastern Sydney Local Health District, *St George PACER program success prompts government expansion | South Eastern Sydney Local Health District*, <https://www.seslhd.health.nsw.gov.au/news/st-george-pacer-program-success-prompts-government-expansion>
[131] https://www.lifeline.org.au/resources/data-and-statistics/ (https://www.lifeline.org.au/media/j12j5jmt/crisis-support-the-legacy-and-future-of-helplines-2013.pdf)
[132]https://www.lifeline.org.au/media/zevhvlmv/summary-of-research-and-evaluation-of-crisis-helplines-2013.pdf
[133] Senate Select Committee on Mental Health, *A national approach to mental health - from crisis to community,* (Report, March, 2006), pg 203. https://www.aph.gov.au/binaries/senate/committee/mentalhealth_ctte/report/report.pdf

In July 2023, the NSW government announced that Lifeline will receive $8.2 million over five years to facilitate the expansion of text and web chat services for NSW residents.[134]The first step in the process of managing the overwhelming demand for these services everyday.

5.6 Indigenous Patrols

The development of Indigenous community patrol services was designed in order to portray effectiveness of night patrol initiatives on community safety. The origin began during the 1980s when members of the Indigenous community started initiating night patrols within their respective area. These patrols often had elder members presuming different roles, operating in various areas of safety concerns, for instance, providing transports, shelter and nutrition for those at risk of victimisation or offending.[135] These night patrols became recognised as community development approaches in order to address the social causes of crime as well as provide protection for the rest of the community, especially the younger growing generation. Indigenous patrols aim to address the interplay between community safety and mental health, operating to divert Indigenous youth from risk of self-harm and suicide, while this program seeks to minimise the exacerbation of existing mental health issues through diversion from alcohol and drug use.[136]

Although many Indigenous communities strived to provide such patrol programs within their area, the operation was extremely difficult to sustain. This incompetence was due to the lack of leadership figures and volunteers which often translated towards fragmentation of the patrol. The lack of empirical data extrapolated has demonstrated a weakness in understanding the effectiveness of the program. Whilst Indigenous patrol programs have been found to have reduced juvenile crime rates through increasing perceptions of safety, greater development and accessibility of publicly available data ought to be progressed in order to understand impacts had on mental health outcomes.[137]

Despite the challenge, many Indigenous community leaders created their own permanent team where staff responsibility is highly flexible. The patrol leaders were allowed to adjust their position in work depending on the situation, reacting upon what is necessary to provide

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[134] Minister for Mental Health, *Major funding boost for lifesaving mental health support,* (Web Page) https://www.nsw.gov.au/media-releases/major-funding-boost-for-lifesaving-mental-health-support#:~:text=The%20NSW%20Government%20today%20announced,experiencing%20a%20mental%20health%20crisis.
[135] https://www.aic.gov.au/publications/crm/crm26
[136] https://www.aihw.gov.au/getmedia/6709c52a-95f0-4592-a1b9-78a429638fb6/14455.pdf.aspx?inline=true
[137] https://www.aihw.gov.au/getmedia/6709c52a-95f0-4592-a1b9-78a429638fb6/14455.pdf.aspx?inline=true

for the protection of the community. Hence, the general aim of night patrols was to offer a safe environment on the streets of Indigenous areas, protecting the people from any interests of criminal actions.[138]

The Safe Aboriginal Youth Patrol program (SAY Patrol) of NSW provides safe transport for young Indigenous people to their homes or an appropriate place of stay at night. The aim of the program is to provide safety for youth individuals at risk of danger and anti-social behaviour.[139] The program has demonstrated efficiency in night patrols for community development, crime prevention as well as introducing a form of well-fare service to the Indigenous community. Furthermore, additional information regarding safety and referral to agencies which assists in emergency situations and counselling is also provided. However, a major limitation of the patrol is that it only operates on Wednesday, Friday and Saturday evenings depending on the needs of the community. This reflects a poor level of operating hours, as aid from the program patrol might be required on other days. Therefore, the lack of sessions of duty will eventually result in a reduction in the ability to effectively intervene.

Overall, the establishment of the SAY patrol demonstrates an innovative program in advocating for the protection of Aboriginal youths of NSW.

6. Consumer Worker Approach

6.1 Consumer Workers

The current inpatient and crisis services are severely under-supported, and the health system itself suffers from being under-resourced. As a result, the existing mental health centres are stretched thin, and forced to prioritise certain crises, leaving many without adequate help. Moreover, services such as the police lack sufficient training to handle the plethora of issues they face effectively.[140] In essence, there are simply not enough people with the right understanding and care needed to deal with mentally ill individuals specifically.

Therefore, we propose a consumer worker approach system, wherein individuals with lived experiences actively participate in the existing and proposed models of service. This

[138] https://journals.sagepub.com/doi/epub/10.1177/0095399717700225
[139] https://ccsd.org.au/youth/youth-night-patrol#:~:text=The%20SAY%20Patrol%20
[140] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c08

approach would be highly beneficial as these individuals possess unique knowledge and insights that can only be gained through personal experience. Additionally, help-seekers may feel more at ease with someone who has undergone a similar situation, as they can better understand aspects of the situation that would be incomprehensible to those without lived experience. The research indicates that there are improved consumer outcomes and experiences when a service is developed and operated by the people who use it.[141]

Consumer workers have already been included in the implementation and development of some models. For example, a core part of Lifeline is the "Lifeline Lived Experience Advisory Group (LLEAG)", a group of individuals with lived or living experience of crisis and/or suicide. The LLEAG meets bi-monthly, and advises Lifeline on research, practice and politics; staff will also regularly seek advice and input from the LLEAG[142]and Suicide Prevention Australia, Australia's national peak body for the suicide prevention sector. They also have a "Lived Experience Panel", which provides input to the organisation at every level.[143]

Individuals with lived experience can play a number of roles from facilitating group support platforms and discussions, to more serious individual social work and counselling.[144] This strategy has been implemented to various degrees around the world, with great success. It is easier for people with mental illnesses to "unmask" and effectively and rationally communicate, when they know for certain they are in an environment without judgement or aversion.

In developing a model for non-police crisis support, we may want to involve individuals with lived experience of accessing crisis support through the police. These individuals may have had positive or negative experiences, and can provide key insights into what they would like to see as part of the model, and what changes can be made.

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[141] Department of Health. Victoria, A. (2022) *Lived experience*, *Department of Health. Victoria, Australia*. (Web Page) https://www.health.vic.gov.au/mental-health-reform/lived-experience
[142] Lifeline, *2022 Annual Report* (2022), 10 https://www.lifeline.org.au/media/hikdmw5w/lifeline-annual-report-2022.pdf
[143] https://www.suicidepreventionaust.org/lived-experience/
[144] Sunkel, Charlene, and Claudia Sartor. "Perspectives: involving persons with lived experience of mental health conditions in service delivery, development and leadership." *BJPsych bulletin* vol. 46,3 (2022): 160-164. doi:10.1192/bjb.2021.51

If consumer workers are trained in crisis intervention, support and counselling, they could be sent to attend to a crisis in place of police. Or, as with the PACER model, a consumer worker could partner with a police officer to assist the person undergoing a crisis.

6.2 Critical Situations

According to the NSW police force, there is a list of incidents that would be considered the "critical situations" under the section 111 of *Law Enforcement Conduct Commission Act 2016,* which require police involvement[145]. With such promotion in the definition of critical situation, a proper investigation is guaranteed in relations to "the actions of members of the Police Force involved in a critical incident at the time of, and leading to, the critical incident"[146].

CAHOOTs and STAR expressly state that they are only to be utilised in 'low-risk' call-outs, [147] [148] i.e. non-violent call-outs. Meaning, that the call-outs are reserved for non-violent, low-risk situations. Rather than serve as a replacement of police force, both CAHOOTs and STAR only act as an assistance regarding police's overloading cases, whereby they are restrained to non-violent cases including welfare checks, public assistance, transportation to services. [149]

Nevertheless, such competence in extending to the non-violent cases doesn't represent the sufficient capacity in addressing all potential cases, even in the absence of violence. The case relating to the disappearance of Amanda Jones during her term of pregnancy leaves both CAHOOTS and STAR blatantly detached, as although it does not necessarily constitutes the basis of violence, their limited scope of investigation hinders them from searching the missing effectively as either of them is a legal enforcement and thus lacks the corresponding authority.

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145 https://www.police.nsw.gov.au/__data/assets/pdf_file/0020/420392/Critical_Incident_Guidelines_External_Version_746926_12Jan2021.pdf

146 https://legislation.nsw.gov.au/view/html/inforce/current/act-2016-061

147 https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program

148 https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Media.pdf

149 https://whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media-Guide-20200626.pdf

That being said, it is entirely possible to teach individuals how to deal with violent outbursts and cases[150], and thus broaden the field of qualifications for consumer workers. With adequate funding and training of crisis intervention teams and consumer workers, the amount of situations where qualified and experienced individuals can respond to mental illness calls will increase exponentially. In turn, this would reduce the number of "critical situations" where persons suffering from mental health issues are barred from receiving proper care upon first contact.

[150] Department of Health. Victoria, A. *Occupational violence and aggression - training*, *Department of Health. Victoria, Australia*. (Web Page, 2023) https://www.health.vic.gov.au/worker-health-wellbeing/occupational-violence-and-aggression-training.