MENTAL HEALTH CALL OUTS: WHO SHOULD RESPOND? FORUM

Hosted by National Justice Project, Justice and Equity Centre, Redfern Legal Centre, and

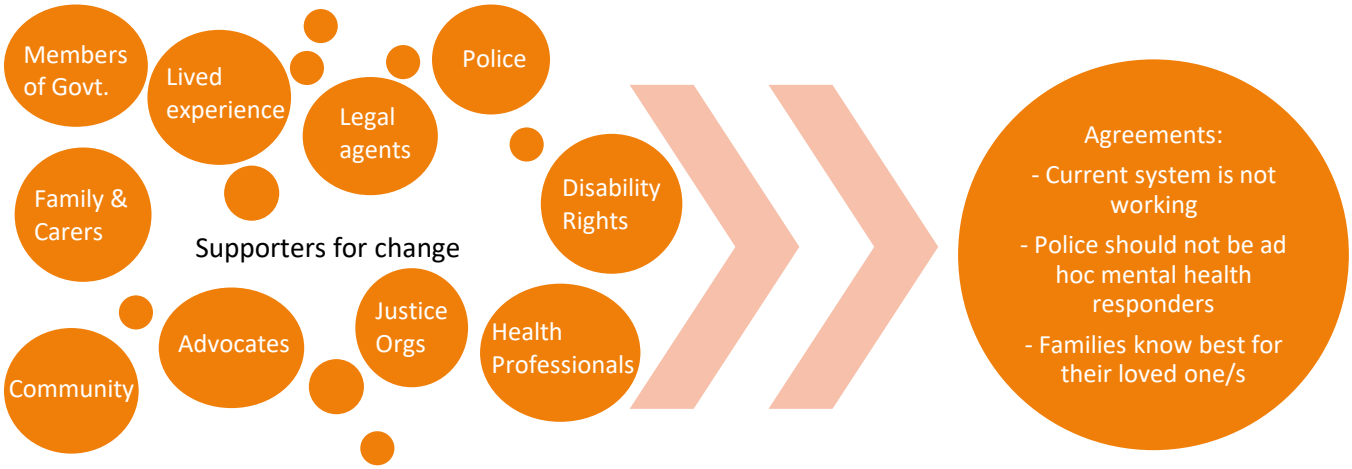
Aboriginal Legal Service

July 2024

Summary Report

> *"A person is experiencing a severe mental health episode, perhaps with delusions and paranoia... is at home yelling, and it sounds like there might be things breaking. A concerned neighbor rings triple 000. Police intend to conduct a welfare check. Their mere presence increases the person's distress and paranoia. They [the person] might feel the police are there to get them in some way. They might pick up a knife and this alarms police. Then what? Outcomes are leading to harm and death – what can we do to improve?"*
>
> James O'Loghlin

SHARED INTERESTS & SHARED AGREEMENTS



In July the National Justice Project, Justice and Equity Centre, Redfern Legal Centre, and Aboriginal Legal Service held a forum into their concerns about police responses to mental health call outs.

The forum united a range of voices from across the community, all deeply invested—some intimately — in improving responses to mental health incidents and the intersection with policing. The forum sparked conversations that were multi-layered and crossed over various social, legal and health matters.

It was unanimously agreed that the current system and responses to acute mental health incidents are broken and, at their worst, are causing harm and death; an increasingly common and preventable scenario. There was a consensus that police should not respond to, nor are they equipped to handle, acute mental health incidents. However, police are increasingly filling and enacting this health response role. Lastly, families of individuals experiencing ongoing and acute mental health needs are consistently responding and providing crucial support. Their knowledge, care, and expertise are critical for supporting individuals in mental health emergencies.

The best I can do is try to make change so that no other family has to live this nightmare – Leesa Topic

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FORUM SPEAKERS

The forum hosted a cross section of speakers. Speakers ranged from those who were loved ones of people killed by police, legal and health experts, and concerned community members.

James O'Loghlin (host), a former corporate and criminal lawyer turned stand-up comedian, is now a renowned television and radio host, author, and co-author of the book "Minding Your Mind" with Professor Ian Hickie. Together, they host the *"Minding Your Mind"* podcast, exploring aspects of mental health and different solutions to mental health issues.

Rose Jackson is a Labor Member of the NSW Legislative Council and serves as Minister for Mental Health, Housing, Homelessness, Youth, Water, and the North Coast. Elected in May 2019, she advocates for climate action, addressing homelessness, and improving housing affordability. With a background in the labour and union movement, Rose has served as Assistant Secretary of NSW Labor and held roles with United Voice (formerly LHMU).

Leesa Topic is the mother of Courtney Topic, who died in 2015 at the age of 22 after being fatally shot by police while experiencing severe psychosis. The Coroner criticised the police tactics as 'entirely inappropriate' in the lead up to her death. Leesa is now a passionate advocate for reforming the response to individuals experiencing mental distress.

Judy Deacon is the mother of Jesse Deacon, who was fatally shot by police in July 2023 inside his home in Glebe. Police were called by a neighbour who was concerned about Jesse self-harming. When police arrived, Jesse was holding a knife. Police responded by attempting to taser Jesse; when this failed, Jesse was fatally shot by police. Since Jesse's death, Judy has been advocating for a thorough investigation and reforms to improve emergency responses to individuals in need of mental health support.

Dr Olav Nielssen is a psychiatrist at St Vincent's Hospital and serves as a Professor of Psychiatry at Macquarie University. He conducts weekly clinics at the Matthew Talbot Hostel for the homeless and is the founder and chair of Habilis Housing. Dr. Nielssen has extensive research publications on homicide, suicide, substance use, risk assessment, and homelessness

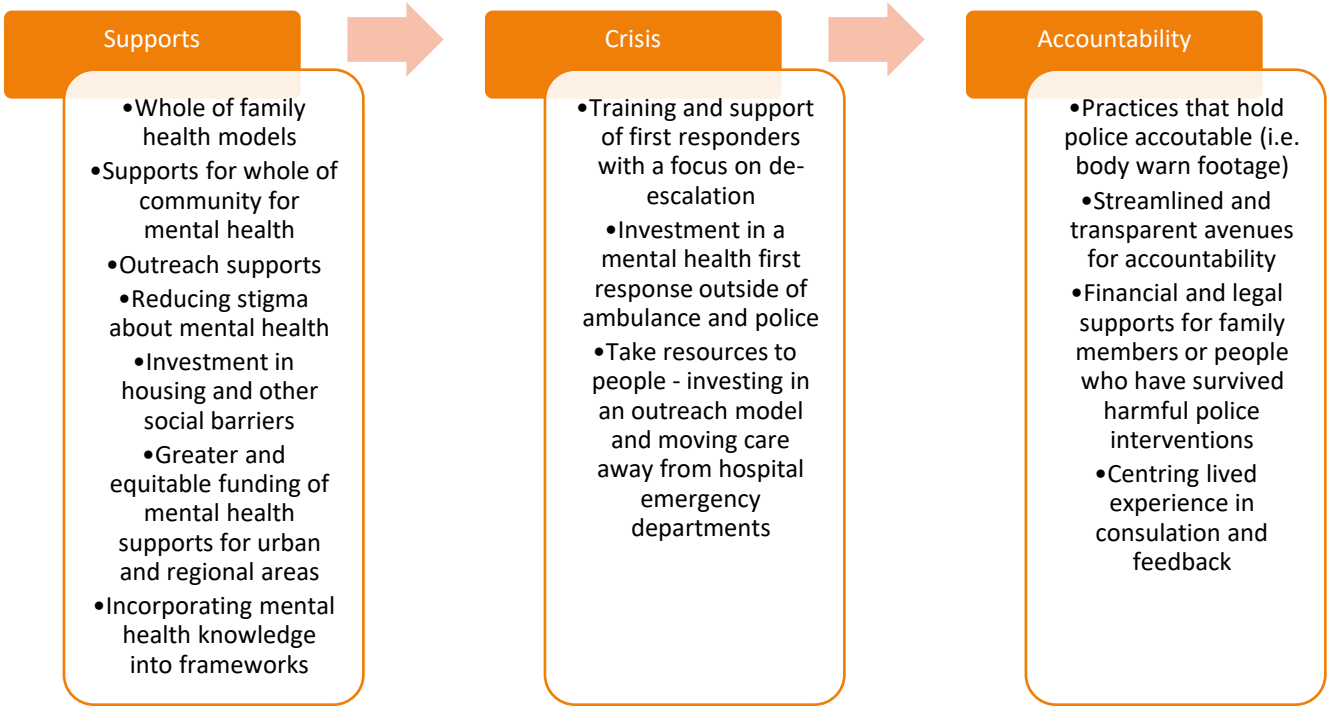
Kate Wild is an investigative journalist and award-winning author, known for her work at the ABC where she has received three Walkley Awards and a Logie. Her debut book, "Waiting for Elijah",

chronicles her six-year investigation into the death of Elijah Holcombe. Elijah, a 24-year-old with a history of mental illness, was fatally shot by police in Armidale, NSW, in 2009.

George Newhouse is a human rights lawyer and CEO of the National Justice Project, a social justice legal service dedicated to fighting systemic discrimination in policing, prisons, offshore detention, and healthcare. Recently, George represented the family of Todd McKenzie in a coronial inquest following Todd's death. Todd, who was diagnosed with schizophrenia, was fatally shot by police in his home in 2019 while he was experiencing psychosis.

Damian Griffis, CEO of the First Peoples Disability Network (FPDN), is a descendant of the Worimi people of the Manning Valley in NSW. He is a prominent advocate for the human rights of Aboriginal and Torres Strait Islander people living with disabilities. Damian played a pivotal role in founding both the Aboriginal Disability Network NSW and the national organisation, First Peoples Disability Network Australia (FPDN), which represents and advocates for Aboriginal and Torres Strait Islander people with disabilities and their families.

SPECTRUM OF CARE AND OPPORTUNITIES



Speakers at the forum shared valuable knowledge and experiences for improving responses to people experiencing mental health emergencies. It is during these acute emergency responses that the risk of harm and death to a person experiencing psychosis is most prominent. This is because of current response frameworks. To adequately address the forum topic, speakers often referred to moments and opportunities where people could receive better support and access safer provisions of care. What became apparent is that there were three (3) categories that created a spectrum of care.

SUPPORTS

Speakers raised the lack of mental health and social support available to people and families. These gaps mean that points of contact in a crisis are filled by police. Addressing this is key for keeping mental health crisis a health concern. Family have and continue to fill in these gaps – support for their role is crucial for ensuring individualised care and collective community care. Government investment in mental health and social support underpins the infrastructure needed for safe responses to acute mental health crisis. The domino effect of this investment includes reducing stigma around receiving and seeking mental health support.

> *"Broadening our understanding of what it takes to prevent and treat mental illness, to really include all of… psychosocial elements… Housing is one [and] trauma [and] financial stress. I don't think we lean nearly enough into the link between trauma and mental illness"*
>
> *– Rose Jackson*

CRISIS

Speakers shared their experiences and critique of the status quo – having police respond to mental health incidents. During a police call-out there is limited to no consideration for mental health professional input who can in turn provide best practice for de-escalation. There is no investment for de-escalation training of police which is the preferred model for mental health crisis responses. The role of family is often ignored nor considered for de-escalation action plans by police as first responders. The role of police is not equipped nor appropriate for the task of acute mental health crisis responses. Trying to fit a triangle into a circle or as stated at the forum, *"If I wanted my hair coloured, I wouldn't call a plumber"*. The inappropriate criminalisation of mental health is at the heart of this community issue.

"The police operation was flawed, police practices aggravated the situation and led to a fatal confrontation. Police did not sufficiently consider seeking further help from mental health professionals, and they should change their policies about consent. Police were wrong to discount the role of Todd's family, who could have helped in Deescalating the situation."

– George Newhouse on the Coronial Inquest for Todd McKenzie

ACCOUNTABILITY

In some tragic situations, when harm or death has occurred there should be adequate accountability and avenues for justice. Speakers raised the barriers families face when seeking accountability and justice. The quest for answers and accountability post police interventions mimics a criminal legal journey of court cases, adversarial practices and inquests. Families struggle to secure adequate legal resources and support to seek answers – this can span across years and is often counter-therapeutic and fails to meet most families' expectations of justice.

This must improve for community to have greater faith in government systems and institutions and for our prejudiced systems to change.

"The finding that come out of inquests have gotta be more than just words on a document… they need to be acknowledged, and they need to be implemented for real change to happen"

– Leesa Topic

"We [family] need support... you [have] died yourself until the Coroner gives his findings, two or three years down the track and meanwhile you've got no help, no support, no nothing"

– Judy Dicken

IN THE HOME AND IN THE PUBLIC SPACE

Acute mental health crises frequently occur in family homes, away from public spaces and without posing harm to others. Calls for help and police responses can inadvertently criminalise these ostensibly safe environments. People who are experiencing homelessness often experience their mental health crises in

public spaces and they often become criminalised because of police acting as de facto first responders. In both private and public spaces, there must be a health-led alternative to respond to mental health incidents. Models of care must include an investment in housing and community outreach support. Both are critical for reducing the criminalisation of mental health and disability.

A CASE STUDY - LOOKING TO THE UNITED KINGDOM FOR SOLUTIONS

The forum consensus was that the system for responding to mental health incidents is broken.

One model that was discussed was based on the learnings and implementation of the 'Right Care Right Person' model ('RCRP Model') which was developed by Humberside Police (United Kingdom) to ensure that people who call the police get the best support and service. Prior to the initiative, Humberside Police officers were deployed an average of 1,566 incidents a month for matters relating to: concerns for welfare, mental health incidents or missing persons.

The rise in demand stemmed from an overflow from other agencies who were unable to cope with demand in the mental health and social sectors. Welfare calls grew to over 25,000 calls per year in 2018/19 and accounted for 11% of police calls for assistance. In the same year, 4,577 of those calls were from other agencies and police attended 70% of them. Police were becoming a 'do all' service without the expertise or specialisation of their counterpart agencies. Police were making decisions with limited understanding of the complexities of mental health or the skills to prevent a problem escalating into a crisis.

That scenario posed the question about whether police were suitable responders to these incidents and focused on the need for specialist support, and the increased risk when police respond to these concerns. The high levels of deployments were also impacting the ability for police to respond to incidents where there was a crime occurring or there was a risk to life.

Example of police deployment before 'RCRP' Model: Walk out of health care facility

Emergency services receive a call from a hospital emergency department about a patient who had left before being discharged and the person still has a cannula in their hand. Police are dispatched to locate them.

Example of police deployment before 'RCRP' Model: Concern for welfare

A mental health service reports that an individual did not attend their appointment the day before and family of friends are concerned about them.

Humberside Police decided to adopt a 'Right Care Right Person' model. This model included understanding where duty of care and responsibilities lie and where other agencies would be more appropriate to attend health and social calls for service. At the core of this model was developing partnerships to provide better and more appropriate care when police are sought but are not needed nor appropriate. This included a dedicated multi-group agency which included local authorities, mental health providers, acute hospital trusts, clinical commissioning groups, third sector charities and organisations, and ambulance trusts.

The result of the UK experience was the creation of a triage operating model. Calls to the force control room are assessed and the most appropriate course of action is deployed (the question: *are police powers needed or is another agency better equipped to respond?*). Initial evaluation of the model saw a decrease in the number of average police deployments per month (540). Requests for welfare checks from health agencies became an anomaly and standard practice was for those agencies to carry out their own welfare checks. In recognition of this shift in operational duties, local mental health providers included in the model received additional funding to support a 24/7 staffed team for responding to crisis calls.

Key learning points from the model have included the need for:

- Consideration of internal culture when implementing significant change;
- Developing and maintaining a shared vision between partnerships as there will be difficulties;
- Ensuring evaluation and monitoring and embedded in any model for change;
- Including mental health advisors and experts in emergency control rooms; and
- The essential nature of police buy-in for the model.

"Having police respond to people with disability is no longer tenable nor appropriate from a disability perspective. There needs to be… the development of a concerted outreach model of

support for people with psychosocial disability in crisis. It must be outreach focused… we can look to the UK for ways of doing this. "

– George Newhouse on behalf of Damien Griffiths

A comprehensive report on the 'Right Care Right Person' Model can be found here: https://www.college.police.uk/support-forces/practices/smarter-practice/right-care-right-person

NEXT STEPS

The National Justice Project, Justice and Equity Centre, Redfern Legal Centre, and Aboriginal Legal Service have written to the Minister for Mental Health, the Hon Rose Jackson MLC, in support of her commitment for the New South Wales Government to have developed a framework for an alternative model to mental health call outs by the end of the year.

All organisations continue to explore avenues for change and accountability for police responses to mental health incidents. For further information or comment you can contact the following people:

National Justice Project – Chloe Fragos – info@justice.org.au

Justice and Equity Centre – Alannah Daly – contact@jec.org.au

Redfern Legal Centre – Samantha Lee – info@rlc.org.au

Aboriginal Legal Service – Media Enquiries - 0427 346 017