Presented by:
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Lake Illawarra PD
NSWPF Corporate Objectives

• Reduce the risk of injury to police and mental health consumers during mental health crisis events,

• Improved awareness by front line police of risks involved in dealing with mental health consumers and strategies to reduce injuries to police and consumers,

• Improved collaboration with other government and non-government agencies in the response to and management of mental health crisis events, and

• Reduce the time consumed by police in the handover of mental health consumers into the health care system.
# What is NSWPF role in MH

<table>
<thead>
<tr>
<th>Mental Health Act Incident Category</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter Hospital Trans - Assist Amb</td>
<td>408</td>
<td>329</td>
<td>330</td>
<td>308</td>
</tr>
<tr>
<td>Schedule 1 - Medical Practitioner</td>
<td>2,357</td>
<td>2,464</td>
<td>2,332</td>
<td>2,563</td>
</tr>
<tr>
<td>Sect 22 - Detained By Police</td>
<td>12,348</td>
<td>12,894</td>
<td>13,621</td>
<td>14,724</td>
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<tr>
<td>Sect 33 - Certificate By A Magist</td>
<td>145</td>
<td>187</td>
<td>224</td>
<td>271</td>
</tr>
<tr>
<td>Sect 59 - Community Treatment Ord</td>
<td>209</td>
<td>203</td>
<td>210</td>
<td>213</td>
</tr>
<tr>
<td>Other</td>
<td>20,002</td>
<td>21,765</td>
<td>22,597</td>
<td>24,831</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>35,469</strong></td>
<td><strong>37,842</strong></td>
<td><strong>39,314</strong></td>
<td><strong>42,910</strong></td>
</tr>
</tbody>
</table>
How does the Lake Illawarra PD compare across the state

Lake Illawarra PD (2018)
Section 22s orders - 225 (Ranked 28th NSW)
MH Incidents 393 (Ranked 43rd in NSW)

Comparative Data (same period)
Wollongong S22 orders - 216 (Ranked 29th) &
323 MH incidents (Ranked 49th)
South Coast S22 orders 164 (Ranked 38th NSW)
984 Mental Health Incidents (Ranked 1st NSW)

Geographic hotspots and issues NSW
Campbelltown PAC has the most Section 22s 732 (2 per day in 2018)

COPS data 2012-2016 indicates that South Coast had 490 Attempted Suicides reported to NSWPF Number 1 in the state. In comparison Lake Illawarra 121 and Wollongong 206
Section 22 Mental Health Act (2007)

(1) A police officer who, in any place, finds a person who appears to be mentally ill or mentally disturbed may apprehend the person and take the person to a declared mental health facility if the officer believes on reasonable grounds that:

(a) the person is committing or has recently committed an offence or that the person has recently attempted to kill himself or herself or that it is probable that the person will attempt to kill himself or herself or any other person or attempt to cause serious physical harm to himself or herself or any other person, and

(b) it would be beneficial to the person's welfare to be dealt with in accordance with this Act, rather than otherwise in accordance with law.

(c) A police officer may apprehend a person under this section without a warrant and may exercise any powers conferred by section 81 on a person who is authorised under that section to take a person to a mental health facility or another health facility.
Section 81 (NSW MHA 2007)

- Section 81
- (1) Empowers Police to transport Mental Health Consumers
- (2) Use of reasonable force and restraint
- (3) Sedation
- (4) Searching
- (5) Seizing of items found
- (6) Frisk and ordinary searches
Police Role in the MOU

- Police main function is **public safety**
- Police can assist other agencies where public safety is at risk or imminent
- Police are empowered to assist with transport (as a **last resort**), assist in the sedation of patients and to search
- In the absence of demonstrated risk, police should not routinely attend to “concern for welfare” checks on behalf of other agencies
Key points in 2018 MOU between NSW Health and Police

- Police only transport Mentally Ill persons as a last resort
- Police can complete a Section 22 and hand the person and the signed form to NSW Ambulance to transport
- The primary role for NSWPF is Public Safety
- Dynamic Risk assessments allow Police and NSW Health to share information to support the persons care and treatment
Transport Options

APPENDIX C - TRANSPORT OPTIONS - COMMUNITY SETTING

Option 1 - Family/Friends
- Person is co-operative and no risk
- Person conducting transport is suitable and reliable

Option 2 - MHS Vehicle
- Person is co-operative
- Low risk to safety

Option 3 - by Ambulance
- Where person’s clinical needs require ongoing care and monitoring (Health Circular 98/119)

Transport must: (a) reflect person’s rights and dignity (b) be the least restrictive under the circumstances (c) not be dependent upon expediency (d) be appropriate for risk factors (e) be provided as promptly as practicable.

ALL AGENCIES REFER TO MARIA GUIDELINE TO DETERMINE AGENCY PRESENCE

Option 4 - by Ambulance with appropriate Health escort where clinically indicated
- Patient needs ongoing mental health care,
- Medium risk to self/others
- Where sedation has been administered

Option 5 - Ambulance with Police escort
- Serious risk to self/others and need for physical restraint
- Patient requires ongoing mental health care
Police to determine firearm security (Section 39 (1) Firearms Act 1996 (NSW))

Option 6 - Police Caged Truck
- Serious concerns relating to the safety of the person or the public

MHS contacts the Police LAC (Duty Officer or Team Leader) and provides information on name, DOB, physical characteristics, behaviour, risk factors & destination

Police to contact Ambulance Operations Centre Supervisor and arranges mutually convenient time. Police to advise MHS accordingly.
What is NSWPF doing in the Mental Health space

• MHIT established in NSW in 2007 as a pilot
• Fulltime unit in NSW Police Force
• Responsible for mental health strategy, policy, program delivery and training for NSWPF
• Network of 53 Mental Health Contact Officers (MHCO’s) across the state
• An Alumni of 2760 officers who have undertaken the Four Day Training since 2008
• In 2019 YTD the MHIT have trained over 700 frontline and specialist staff
MHIT Training

Comprehensive four day training program includes;

- Trained in signs and symptoms of mental illness, Ambulance procedures, dynamic risk assessments in accordance with the MOU, child and adolescent disorders, medications, personality disorders, substance abuse, Mental Health Act legislation, Diversity and Aboriginal Mental Health.

- STOPAR De-escalation training module with an emphasis on distance (increased) and time (slowing)

- A Consumer and Carer panel to discuss the lived experience

- Undertake three (3) High Risk Role play scenarios to allow police to put into practice the information they have learnt – (role players are clinical health workers)
Conclusion

• The NSWPF is taking an active role in how we as an organisation deal with mental health presentations

• We are achieving this through training, policy and engaging with other involved agencies.