Mental Health Carers NSW

Mental Health Carers NSW Inc.

Submission to the Law Enforcement Conduct Commission concerning Mental health and policing.

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Mental Health Carers NSW

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About Mental Health Carers NSW (MHCN)

Mental Health Carers NSW (MHCN) is the peak body for carers of people who experience mental health challenges in NSW. MHCN is a community managed organisation that provides systemic advocacy, capacity development and education for the carers, family, friends, and kin of those experiencing mental health challenges across NSW.

In Australia, there are approximately 354,000 mental health carers who, each year, provide 186 million hours of unpaid support.[1] Due to the demands of their caring role, carers are at a high risk of developing mental health issues, as well as experiencing loneliness and social isolation. MHCN supports mental health carers and advocates for services and systems that support them in their caring role. MHCN ensures the voices of mental health carers in NSW, and the people they care for, are represented in policy and service reform processes. We work to uphold the rights of carers and consumers to equitable, accessible, and adequately funded mental health services.

MHCN empowers mental health carers to become champions for mental health reform and advocacy. We engage regularly with carers so they can inform our policy priorities and advocacy; for example, every month we convene the *Carers of Forensic and Corrections Patients Network* meetings, and peer led *Mental Health Carer Connection* meetings.

MHCN also provides the Disability Advocacy Futures Program. This program engages in systemic advocacy on behalf of those who experience psychosocial disability. In this role MHCN advocates to non-Health state government services under the Disability Advocacy Futures Program.

MHCN is funded by the NSW Ministry of Health and the NSW Department of Communities and Justice. We are a foundation member of Mental Health Carers Australia.

[1] Diminic, S., Lee, Y. Y., Hielscher, E., Harris, M. G., Kealton, J., & Whiteford, H. A. (2021). Quantifying the size of the informal care sector for Australian adults with mental illness: Caring hours and replacement cost. *Social Psychiatry and Psychiatric Epidemiology, 56*(3), 387–400.

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Executive Summary

Mental Health Carers (NSW) advocates for transparent and urgent reform to the management of mental health crises in the community. A multi-disciplinary response such as the *Police, Ambulance, Clinical Early Response (PACER) model*, is needed to ensure safety, timely access to care, and reduction in harm to vulnerable persons experiencing mental health distress.

MHCN, on behalf of mental health carers, make the following recommendations:

That the ***Law Enforcement Conduct Commission***

- Call on the NSW Police Force (NSWPF) and NSW Health to release discussion papers on models and options they are considering for a future *Memorandum of Understanding* and on preferred models to reduce police involvement in mental health crises, and to reduce negative consequences arising from police involvement.
- Call on NSW Health to release documents on the evaluation of PACER and the options for providing PACER or a replacement into the future.
- Call on NSW Health and Police to release discussion papers on *'health led responses to mental health crises'* that could relieve the need for police led responses.
- Call on the NSW Government to undertake a review of the sections of the *Mental Health Act 2007 (NSW)* that require police involvement in ensuring that people with mental health issues being treated under the Act are detained and consider if all these powers are necessary or can be transferred to other professionals.
- Call on the NSW Government/NSW Health to release a discussion paper on possible reforms following the review.
- Call on NSW Health to consider enhancing the capacity of community mental health teams beyond case management so that the mental health system can work to prevent and intervene early when mental health crises arise in partnership with other people with a lived experience of mental health issues.
- Call on the NSWPF to provide experts that police can call in real time to assist with de-escalation when responding to mental health crises as an interim or additional measure.

- Call on the NSWPF to mandate the use of body-worn cameras with the camera and sound switched on.
- Identify the minimum level of skills and knowledge about mental health issues and behaviours that police need to have to manage the situations they are likely to face in the community. This should enable a reduction in the observed variation in skills police exhibit when faced with a mental health situation.
- Conduct a thorough and wide-ranging review of the training provided to police on how to support persons experiencing a mental health crisis. This should include both the training and education provided to student police officers and the continuing education provided to serving officers. Continuing education should be compulsory for all serving officers.
- The review of training and education should include standards of skills in relation to assessment of a person experiencing mental health distress, de-escalation techniques, engaging with families and carers and partnering with other professionals in the community.
- Following that review of training and education, make recommendations to NSWPF and the NSW Government on the minimum standards of skills and education in relation to the handling of mental health crises that police in NSW should exhibit in their everyday work.
- Support the introduction of a Human Rights Bill in NSW so that statutes such as the *Mental Health Act 2007 (NSW)* have human rights principles and practices embedded and ensure that police involvement with people who have mental health issues adhere to the principles and rights enshrined in the Human Rights Bill.

Scope of this Submission

The Law Enforcement Conduct Commission (LECC) has invited submissions from interested parties on the issue of Police responses when a person in the community is experiencing mental health-related distress. The role of the LECC is to make sure the NSW Police Force has appropriate policies, systems, and training in place to help its officers effectively respond.

This submission is based on the collective experience of the carers who are members and staff of Mental Health Carers NSW.

Mental Health Carers NSW

Concerns about police conduct and skills

In the five years prior to July 2023, 52 people experiencing a mental health crisis had been killed by the NSW Police Force (NSWPF).[2] The Law Enforcement Conduct Commission (LECC), in its 2023 review of critical incidents over five years, found nearly half (sixty-eight out of one hundred and fifty-seven incidents) involved a person in a mental health crisis and resulted in death or serious injury.[3]

The LECC[4] noted that, despite coronial recommendations to improve police responses, training remains "extremely limited", stating:

> *"the adequacy of the training provided to police officers… involving a person experiencing a mental health crisis… [has been] an issue for the NSWPF, long before the Commission commenced monitoring."*

The recent Four Corners episode *Brutal Force* that aired on June 1, 2026, clearly showed that in some situations individual police officers demonstrate a critical lack of skills, empathy and inability to manage mental health crises, confirming that training is inadequate.

The episode highlighted severe harm by police to persons experiencing mental health distress within the context of interactions with the police. In addition, where people needing support are not killed, they may still suffer harm resulting from interactions with the police.

Case studies provided by mental health carers

Police and/or ambulance are the most likely services to be involved in managing a mental health crisis in the community (MHCN, 2026). Carers have informed MHCN that experienced police officers who are skilled in responding to mental health crises demonstrate respect and patience when communicating with the person needing care. However, training to de-escalate tense situations and support persons experiencing mental health issues is inadequate. The following

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[2] O'Brien Solicitors (2026). 52 Deaths in Five Years: NSW Police, Mental Health Crises, and a System Under Scrutiny

[3] Law Enforcement Conduct Commission. (2023). *Five years of independent monitoring of NSW Police Force critical incident investigations*. https://www.lecc.nsw.gov.au

[4] Law Enforcement Conduct Commission. (2023). *Five years of independent monitoring of NSW Police Force critical incident investigations*. https://www.lecc.nsw.gov.au

cases report the observations of the mental health carers on police involvement in crises.

Case 1

MHCN was told by a carer that the person they care for ran away when they were (inaccurately assessed) as having the capacity to arrive independently from the correctional facility to a transition place. They were later found in a public location by police who asked whether they had a place to stay. The person responded they were staying with friends (which was later found to be an incorrect account), and the police did not take any action to provide further support. However, another individual who later found the person disoriented, without shoes and only wearing light clothing in wintertime, called the police. The person needing care had in fact been living in the bushes (and not with friends). The person needing care would have lacked the ability to respond to or recognise their own personal safety needs, and experienced mental health issues which would have affected their judgment.

Had this triggered a mental health crisis response (instead of a welfare check type of response) the person could have received support sooner instead of being left to live in the bushes in wintertime without food, adequate shelter, clothing and shoes. In addition, the scenario suggests that the welfare check that was conducted needed to be more thorough. It is likely the person needing support was scared of the police. In this scenario, it would have been helpful if the police could have responded with a mental health worker.

Case 2

Quote from a mental health carer:

> *I was told by a senior police sergeant who attended to my child's manic episode that less than 4% of the NSW police force are trained in mental health and that it is a one-off form of training for less than 1 day … that's it. He even said that he feels that this ad hoc training is insufficient. I also feel that mental health training should be a mandatory part of training at the police academy and an annual follow up would be a very useful skill for all front-line policing.*

Carers call for police to learn how to de-escalate and recognise that people experiencing mental health issues can become further agitated when they see police approaching. This could be due to trauma from previous negative experiences with the police, which can cause interactions to escalate and result in situations that could have been avoided.

Case 3

One carer stated,

> *I have witnessed police officers who were often rough and very aggressive towards my person, and I felt I couldn't say or do anything to stop their aggression.*

MHCN advocates for mandatory use of body worn cameras. The Four Corners episode, *Brutal Force*, that aired on June 1, 2026 showed the shocking behaviour of police assaulting vulnerable persons experiencing severe distress, including a psychotic episode. Police should be required to wear body worn cameras with the sound switched on to ensure transparency and accountability.

Case 4

The need for effective de-escalation of tense situations is urgent. Engaging a mental health worker in the response to a mental health crisis is important, as it can help de-escalate the situation. As one carer told MHCN:

> *It would be far less stressful for the individual and family/carer for a mental health nurse to be involved rather than the typical "heavy handedness" that happens when police attend these incidents.*
>
> *From my experience in over 13 years, as a carer, my person would frequently experience a manic episode. He would respond very differently when medical personnel were present, and the police were some distance away.*
>
> *There would be occasions where I would ask the police to move themselves away from the immediate vicinity (on one occasion there were 12 police officers from a metro area in Sydney) who attended to my person. My person would calm down very quickly and he would respond in a less aggressive way (compared to my person's response when lots of police are present). Usually there would be 5, 6 or even more police standing around in their uniforms – this is very, stressful and confronting for everyone.*

In addition, police should be able to call someone on the phone in real time to help with de-escalating and to respond in ways that cause harm to vulnerable persons, such as tasering or shooting.

The footage shown on the recent Four Corners episode *Brutal Force* showed that police would have sufficient time to engage an expert via phone call to assist with de-escalation. Access to an expert via a phone call could be an interim and/or additional measure, alongside the provision of training for police and engagement of mental health workers in managing mental health crises.

Case 5

Communicating and engaging with families is important, particularly as they contain information that could lead to a more empathetic and informed response by police and services. As one carer told MHCN:

> *It is essential that families and carers are involved in the response to a mental health crisis. They typically will also know what the best way is to care for the individual to reduce their stress and that of everyone else.*

However, carers have also experienced significant trauma through negative interactions with the police, and do not have confidence in the police to adequately respond to interactions involving a person with mental health challenges and/or disability. They may also feel that calling the police will destroy their relationship with the person they care for.

There are other barriers that prevent carers from calling the police to assist with mental health crises-related incidents, including a lack of anonymity and concerns for abuse of power. Specific scenarios MHCN has been informed about where a family member chose not to contact the police for assistance involved:

- the impact on the reputation of another family member (who was a law enforcement officer)
- concern for abuse of power within the police force (and repercussions for the family member who had had negative interactions with the police officer involved).

Increasing confidence in the ability of the police to manage mental health crises is needed to effectively include families and carers, many of whom can ensure that their person is able to receive the necessary support/can assist with de-escalation:

Including families and carers in mental health crisis response is critical. How can a mentally unwell person, who is very vulnerable, is usually very distressed and often manic be able to cope on their own? I have witnessed situations where my person has been very vulnerable and put in situations where he has had no support person with him and he has ended up in a police cell overnight with no food, water, or his medication. I wasn't contacted until the following day.

Case 6

While police have conducted helpful and respectful welfare checks, there is also the risk that police misjudge the severity of the situation. For example, in one incident that MHCN is aware of, police conducted a welfare check on a person who not long afterwards attacked and injured their neighbour with a knife. It is not clear whether there had been any substantive communication, follow-up, planning or involvement with the person and/or the police after the welfare check.

Families and carers should also be included, as they often bridge gaps in support which can prevent dire outcomes. When persons needing care cannot continue receiving care from a service, for example, it is essential that families and carers are informed. MHCN is aware of instances in which the discontinuation of services (as was the case during Covid) had significant consequences for the person needing care, and other persons in the community.

NSW Health and NSW Police

Existing Memorandum of Understanding

In NSW, police, health, and ambulance officers have been meeting in secret over several years to review the outdated Memorandum of Understanding on how these services should work together, particularly in response to mental health issues. This work is intended to replace the most recent publicly available Memorandum of Understanding on how police, ambulance and health services work together, which was published in 2018[5]. However, there have been no public

[5] NSW Health, 2018, NSW Health – NSW Police Force Memorandum of Understanding 2018 Incorporating provisions of the *Mental Health Act 2007 (NSW)* No 8 and the Mental Health Forensic Provisions) Act 1990 (NSW).

consultations and no publicly released discussion or options papers on which models are being considered for the new Memorandum of Understanding.

To assist this debate, NSW Health and the NSW Police should provide an update on discussions around the review of the Memorandum of Understanding and provide the NSW community with information on options for reform that are being considered.

Response teams including mental health specialists

One option for how police, health and ambulance could work together is for NSW Government to fund specialised teams, which include specialist mental health nurses, who can provide immediate assessments and advice along with support during any mental health crisis. Involving mental health clinicians would reduce unnecessary detentions and ensure the person can receive timely and appropriate support.

One such model is PACER which has been operating in cooperation between NSW Police and NSW Health over several years. However, there is very little indication that this model will be scaled up across NSW. Currently, the PACER model is implemented in only 16 of 57 Police Area Commands and Districts.[6] The model also needs to provide a 24/7 coverage . There is also very little data provided in the public domain about the operations of PACER and the impact that it has had on presentations to public hospitals and relieving police from the responsibility of taking someone to hospital.

Anecdotal evidence is that individual police commands are very satisfied with the operation of PACER, although this favourable view may not be shared by senior management in the police force. Emergency staff also appear to be very happy with PACER as they believe the intervention has greatly reduced the number of unnecessary presentations to the Emergency Departments of public hospitals.

[6] NSW Police Force Internal Review (2024): This review provides detailed statistics on the number of mental health-related incidents attended by the NSW Police Force, highlighting an increase from approximately 43,000 incidents in 2018 to 61,164 incidents in 2022.

NSW should provide data on the outcomes of the PACER model preferably through a summary of the data on the effectiveness of this model on emergency services and community mental health services.

Features of multidisciplinary response teams

Other key points for developing a multidisciplinary response involve:

- A mental health professional, employed in the public health sector, should also conduct a debrief with the whole team and provide education and support. This should include police. After the multidisciplinary intervention, the team can discuss how the responses can be improved and address any concerns that the team may have. This discussion can include the safety of the person experiencing mental health issues, and their own safety.
- The mental health peer workforce, employed in the NSW Public Health System, could also be trained to be a part of a team of first responders.
- People trained with a Master of Counselling registered with the Psychotherapy and Counselling Federation of Australia (PACFA) or the Australian Counselling Association (ACA) could also be included as first responders. Professionals would need to complete additional training relevant for responding to a mental health crisis. These professionals would need to be employed or contracted to the public sector, preferably the mental health services.
- Other models exist overseas and interstate that may be applicable in NSW.

Support from families and carers during a mental health crisis

First responders, including police, should be trained to communicate with distressed family members. Families and carers also experience trauma because of these incidents and their continuing involvement with the consumer after the current crisis can be compromised by the trauma they experience. It is in the interests of all, and the NSW society in general, that families and carers continue to provide their supporting role into the future.

Support provided by first responders in a mental health crisis is particularly important for families that are from a culturally and linguistically diverse background, and for First Nations families and communities. For these families,

first responders will find that many family members may be present at the scene. This can make the job of first responders challenging and increases the number of people who experience trauma from the incident. First responder teams, including police, have a role not only to respond to the person needing care, but also to provide onsite support to the family and carers.

Funding also needs to be provided for the further education of NSW Ambulance staff, police, and other responders; to increase skills so first responders can provide an appropriate and empathetic response to persons experiencing a mental health crisis.

Replacing police in situations involving a person with mental health issues

The *Summary Internal Review of the NSW Police Force* (NSWPF) *response to mental health incidents in the community* published in 2024 indicates that, on average, a mental health incident is attended/recorded by NSWPF every 9 minutes. In 2022, NSWPF recorded 61,164 incidents in its COPS system in relation to people experiencing a mental health emergency or incident where there was not an associated criminal offence. This is an increase from around 43,000 incidents in 2018 (41.6%) – an increase of approximately 10% per annum (NSW Government, 2024).

This 10% per annum increase in police responses to mental health incidents is of concern and there does not appear to be a shared understanding of the reason for it. However, this internal review made only one recommendation: 'The NSWPF recommends that the NSWPF work with NSW Health to explore models for responding to mental health incidents in NSW consistent with the principles of RCRP ('Right Care, Right Person')[7].

However, we are not aware of any proposals released by either NSW Health or the NSWPF on options that they may be considering in response to this recommendation.

[7] NSW Police Force, 2024, Summary Internal Review of the NSW Police Force response to mental health incidents in the community, page 11.

Understanding a 'health led response'

The current debate about police involvement in mental health situations often refers to the preference for a 'health led response' to situations involving a person with mental health issues. While this is desirable and makes a great summary objective, details are often missing when this proposal is made about those situations where another agency could replace the police.

Detailed consideration needs to be given to those situations where the police could be replaced by another professional and those where police involvement is required.

While police are the natural service when there is a safety concern, they also attend situations involving people with mental health issues because they have legal powers that other professionals do not have.

Situations where police attend mental health crises

While a 'health led response' is a commendable goal there are many situations which require the police to attend to mental health emergencies because of a legislative requirement. The following table summarises situations involving people with a mental illness where police attend. Many of these situations require police to attend because of the role and responsibilities police are given by the *Mental Health Act 2007 (NSW)*.

This table includes comments on the likelihood of other professionals replacing the police in these circumstances should the legislation be changed. The table is based on the knowledge of the authors and is not exhaustive. It includes the most common circumstances (known to the authors) where police attend to mental health crises.

Table 1 Situations where police currently attend mental health crises.

Situation	Description	Notes
People exhibiting	Police and/or ambulance are the most likely services to be called when someone	The operator at the 000 line must decide whether to refer the call about a mental health

altered behaviour	is exhibiting altered behaviour. This is because police and ambulance are mobile and available and other services which may be able to manage these situations such as community mental health teams, are not immediately available and mobile.	crisis to police or ambulance. To replace police as the first responders with a health professional may require a significant change in the way that 000 calls are assessed. Where there are no perceived safety concerns these situations may be appropriate for other professionals, such as suitably resourced community mental health teams.
Welfare checks	Police are often requested to conduct 'welfare checks' when there is concern for an individual because they cannot be contacted. There may be a concern that the person is physically unwell, mentally unwell, missing, or dead. The incidences are infrequent but not rare. The requests may be made from organisations including health and mental health services, families and carers and other individuals. In 2022 police made 290,567 welfare checks[8] where 'acute risk or a crime is not initially established.' These may not have all	These situations often involve people who are known to the public mental health services. Police are called because they have powers to enter and these powers are not available to other responder agencies, such as mental health teams. To replace police with other professionals to undertake welfare checks may be wasteful if the other professional then must call on the police to enter the property. Legislative changes could be made to provide other professionals with powers to enter premises without permission where there is good reason to have concerns.

[8] NSW Police Force, 2024, Summary Internal Review of the NSW Police Force response to mental health incidents in the community, page 4.

	been mental health situations.	
Section 19 Schedule – police assistance	A medical officer or accredited person can sign a 'schedule' under section 19 of the *Mental Health Act 2007 (NSW)*, which requires the person to be assessed by an authorised medical practitioner at a declared mental health facility. The person signing may indicate on the Schedule that '*police assistance is required if the person giving the certificate is of the opinion that there are serious concerns relating to the safety of the person or other persons if the person is taken to a mental health facility without the assistance of a police officer.*'	Police assistance is not always required following the issue of a schedule. However, where a person needs to be transported to a mental health facility against their will, it is difficult to see how, without significant legislative reform, this responsibility could be undertaken by someone other than a police officer. In 2022 police attended 61,164[9] mental health emergency situations where an individual experiences a mental health crisis. These situations include where a schedule under section 19 has been issued.
Section 21 and 22 – police assistance and apprehension by police	Section 21 provides that police may attend when requested by Section 19 (a schedule) or Section 20 (at the request of an ambulance officer). Section 22 provides for the police themselves to make the decision that someone	It is difficult to see how police could be replaced by another professional while retaining these provisions of the *Mental Health Act 2007 (NSW)*. It is also difficult to identify other professionals who can undertake this role other than the police.

[9] NSW Police Force, 2024, Summary Internal Review of the NSW Police Force response to mental health incidents in the community, page 4.

	is mentally distressed. They can determine to take them to a mental health facility for assessment.	
Persons detained under the *Mental Health Act 2007 (NSW)* who have absconded	Police are often notified by the mental health unit within a public hospital that someone has absconded while detained involuntarily in the emergency department or the inpatient unit. These are *declared mental health facilities* under the MHA where people with a mental illness can be detained. The police are requested to find them and take them to the hospital. Because the MHA has been used to detain them, the police can act to bring them back to the hospital against their will.	This is an area of some frustration for police. They do not understand why the person was allowed leave from the unit and has not returned or that the emergency department or mental health unit is so easy to 'escape'. Other professionals could try and locate these persons, and the *Mental Health Acute Care Teams* often do visit people at home after they have gone AWOL. However, even if the acute care team finds them, police often need to be involved if the person refuses to return to the mental health facility.
Section 58 (4) Community Treatment Orders (CTO)	The *Mental Health Act 2007 (NSW)* empowers the *Mental Health Review Tribunal* to order a person to comply with a *Treatment Plan* prepared by the local community mental health service. When the person fails to comply with the CTO the MHA provides power to the *Director of*	In these circumstances the person is already under the care of health professionals who have not been able to convince the person to comply with the CTO. Like the above situation it is difficult to see how the police could be replaced in this situation with another professional.

	Community Treatment, at a community mental health service, to sign an order that requires police assistance to take the person to a mental health facility. This occurs if the person refuses or fails to comply with the treatment plan associated with the CTO.	
Threats of suicide	Police are often called when there is perceived threat of suicide. Typically, the person has placed themselves in a dangerous position or may be holding a weapon.	Other professionals can be useful in these situations. However other professionals may be limited in their capacity to intervene, e.g., physical intervention. Other professionals may not be willing to attend if they are at risk of harm.
Threats to others	Police will respond to calls when someone is thought to be at risk due to a person's behaviour and has a weapon.	It is challenging to ensure safety for other professionals intervening when there is a clear threat to someone.

Options for 'health led responses'

One option is for the NSW Government to fund specialised teams which include mental health professionals, such as mental health qualified registered nurses, who can provide immediate assessments and advice along with support during any mental health crisis. Involving mental health workers will reduce unnecessary detentions and ensure the person receiving care can receive timely and appropriate support. One such model is PACER, as discussed above. However,

PACER is not a 'health led response' but rather a police response including health professionals and does not provide a 24/7 coverage.

Education needs of police

The seems to be a universally shared view by observers based on observed evidence that police officers need a higher level of skills and education in managing mental health crises. There is consensus that this is a priority area for consideration by the NSWPF.

NSW police should release into the public domain an options paper on increasing the skills of police to better manage mental health crises in the community, which involves assisting mental health consumers.

Conclusions

The following conclusions can be made from the evidence provided above.

- Discussions have been taking place for some time between NSWPF and NSW Health on a replacement to the current Memorandum of Understanding that operates between the police force and NSW public health services, including NSW Ambulance. Although there has been considerable public debate on these issues recently, there have been no publicly released discussion papers or other documents on the models that police and health agencies are considering.
- There are several situations where police involvement is required under the *Mental Health Act 2007 (NSW)*. A detailed examination of the Act should be undertaken to identify if some of these circumstances that require police to deal with mental health situations and events could be dealt with in a different way.
- There are alternative models for involving health professionals with police and ambulance in attending to mental health crises, the most notable of these is PACER. However, there is no publicly available reports or statistics on the work of this model released and no discussion papers have been released from either police or health agencies on alternative 'health led' models.

- There is variation in the skills of NSW Police in managing mental health crises. There is a consensus that the training of police on how to support people with a mental health crisis is considerably lacking.

Recommendations

MHCN, on behalf of mental health carers, make the following recommendations.

That the ***Law Enforcement Conduct Commission***

- Call on the NSWPF and NSW Health to release discussion papers on models and options they are considering for a future *Memorandum of Understanding* and on preferred models to reduce police involvement in mental health crises, and to reduce negative consequences arising from police involvement.
- Call on NSW Health to release documents on the evaluation of PACER and the options for providing PACER or a replacement into the future.
- Call on NSW Health and Police to release discussion papers on *'health led responses to mental health crises'* that could relieve the need for police led responses.
- Call on the NSW Government to undertake a review of the sections of the *Mental Health Act 2007 (NSW)* that require police involvement in ensuring that people with mental health issues being treated under the Act are detained and consider if all these powers are necessary or can be transferred to other professionals.
- Call on the NSW Government/NSW Health to release a discussion paper on possible reforms following the review.
- Call on NSW Health to consider enhancing the capacity of community mental health teams beyond case management so that the mental health system can work to prevent and intervene early when mental health crises arise in partnership with other people with a lived experience of mental health issues.
- Call on the NSWPF to provide experts that police can call in real time to assist with de-escalation as an interim or additional measure.
- Call on the NSWPF to mandate the use of body-worn cameras with the camera and sound switched on.

- Identify the minimum level of skills and knowledge about mental health issues and behaviours that police need to have to manage the situations they are likely to face in the community. This should enable a reduction in the observed variation in skills police exhibit when faced with a mental health situation.
- Conduct a thorough and wide-ranging review of the training provided to police on how to support persons experiencing a mental health crisis. This should include both the training and education provided to student police officers and the continuing education provided to serving officers. Continuing education should be compulsory for all serving officers.
- The review of training and education should include standards of skills in relation to assessment of a person experiencing mental health issues, de-escalation techniques, engaging with families and carers and partnering with other professionals in the community.
- Following that review of training and education, make recommendations to NSWPF and the NSW Government on the minimum standards of skills and education in relation to the handling of mental health crises that police in NSW should exhibit in their everyday work.
- Support the introduction of a Human Rights Bill in NSW so that statutes such as the *Mental Health Act 2007 (NSW)* have human rights principles and practices embedded and ensure that police involvement with people who have mental health issues adhere to the principles and rights enshrined in the Human Rights Bill.

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