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Tēnā koe Minister

National roll-out of alternative responses to community mental crisis

The Mental Health Foundation (MHF) supports the [recent call](#) for alternative responses to community mental and suicidal crisis across Aotearoa to replace police responding to these in isolation. We believe Health NZ/Hauora Aotearoa and the Māori Health Authority/Te Mana Hauora Māori are well placed to support localities to create community-led responses to crises.

We write to support the thrust of the recommendation in the [Wellington Mental Health Co-Response Team Evaluation](#) report that Aotearoa New Zealand adopt a different approach to acute mental and suicidal crisis responses throughout the motu. Supported by the \$27m [investment in community-based crisis services](#) through Budget 2022, the structure of the new health system is now well positioned to support and resource communities to develop effective solutions to suit their needs. We believe Health NZ/Hauora Aotearoa and the Māori Health Authority/Te Mana Hauora Māori should have an explicit mandate to provide the governance structure and long-term funding pathways for localities within the new health system to co-create responses for mental health crises that are community based, peer-led and co-designed by tāngata whaiora¹ and tāngata Māori.

¹ People seeking wellness/wellbeing. This kupu is used for those with lived experience of the mental health system.

An alternative approach to mental health crises fits squarely within the remit of our national suicide prevention strategy, [He Tapu te Oranga o ia Tangata](#), which is clear that those who are most vulnerable should be cared for safely and with compassion because this leads to more positive outcomes. The strategy challenges us to consider innovative responses to people at risk of suicide.

The MHF has long supported responses where police presence at mental health crises are the exception and not the rule. The manner in which people are supported in a crisis is crucial to their recovery.ⁱ Police are not usually best-placed to respond to those in crisis because their involvement often represents a coercive pathway into care, in some cases with the use of force.ⁱⁱ They can lack the right training and their presence, however well-meaning, can be frightening and can escalate someone's distress. Police responses to crisis should not always need to be the primary approach taken and we, and others, envisage a system in Aotearoa where police presence at mental health callouts will be the exception, rather than the rule.

Domestic and international evidence shows the benefits of alternative approaches, such as a multi-agency approach, to mental health crises for tāngata whaiora and agencies themselves. The [University of Otago Evaluation](#) found the co-response pilot in Wellington had a range of positive benefits, including a reduction of the use of powers under the Mental Health (Compulsory Assessment and Treatment) Act (MHAct) and less reliance on emergency departments. It also noted how joint decision making, information sharing, and multi-agency collaboration helped agencies provide more integrated and nuanced responses to crisis calls, and positively influenced outcomes for tāngata whaiora.

We are also aware of anecdotal evidence from other multi-agency approaches recently trialled in Aotearoa where, on several occasions, police have been able to stand-down and leave some situations to be dealt with by mental health teams alone. This frees up police resource and minimises the risk tāngata whaiora may be re-traumatised by interactions with police. There are also examples of mental health nurses and/or ambulance officers successfully de-escalating situations to prevent unnecessary arrests of tāngata whaiora.

These local findings are supported by international evidence from models being adopted in other jurisdictions. A study of consumer experience of formal crisis response services found no participants in the study wanted a police response to their mental distress and most participants welcomed, instead, a collaborative crisis intervention.ⁱⁱⁱ International research also shows using alternative responses improves crisis management and reduces inappropriate use of mental health legislation, emergency room visits and hospital admissions, and streamlines communication between agencies.^{iv} They can strengthen relationships between the police and health services, and potentially reduce costs to public services.^v Another international study found mental health service users valued responders with mental health knowledge and verbal de-escalation skills, as well as a compassionate, empowering and non-criminalising approach.^{vi}

There are several models of crisis response overseas which do not use police, other than in the rarest instances. For example, in Eugene, Oregon, [Cahoots](#) (Crisis Assistance Helping Out On The Street)^{vii} are often the first responders to mental health crises rather than police. Cahoots teams consist of a medic and a crisis worker with several years' experience in mental health; they handled over 20 percent of all calls made to police in 2019.^{viii} They provide immediate stabilisation in case of urgent medical or psychological crisis, assessment, information, referral, advocacy and transportation to the next step in treatment. They will, only when deemed completely necessary, call the police to support them.

Design and implementation of alternative approaches should be led by Māori and tāngata whaiora. The MHF recommends all crisis response approaches should be co-created by tāngata whaiora and tāngata Māori. Māori experience worse outcomes from their interactions with both the police and the mental health system; therefore it is important they are leading, advising and co-designing these crisis responses at all levels; from central government to the kanohi ki te kanohi, direct response level. We also recommend Health NZ/Hauora Aotearoa and the Māori Health Authority/Te Mana Hauora Māori be guided by tāngata whaiora and lived experience groups to ensure the broad range of crisis responses in Aotearoa are compassionate, non-judgmental, therapeutic and trauma informed.

Implementing alternative crisis approaches throughout the motu is part of the wider transformation needed in our mental health system and will be a critical system shift to support the repeal and replacement of the MHAct. We urge you to move quickly to ensure the new health system is mandated to support our communities to create crisis responses that work for them and place tāngata whaiora wellbeing at the centre. This will result in positive impacts for tāngata whaiora, whānau, communities, our mental health system and the police.

Mauri tū, mauri ora,



Shaun Robinson

Chief Executive Officer

Cc: Hon Poto Williams
Minister of Police

Andrew Coster
Commissioner of Police

Hayden Wano
Chair
Mental Health and Wellbeing Commission

References

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- ⁱⁱ According to the Tactical Options 2020 Annual report, 1 in 9 tactical options events occurred at a mental health incident or attempted suicide; and Māori were overrepresented in total use of force events with Māori subjects accounting for 52% of all tactical options events. Retrieved from <https://www.police.govt.nz/sites/default/files/publications/annual-tactical-options-research-report-9-print.pdf>
- ⁱⁱⁱ Boscato et al., 2014.
- ^{iv} <https://www.pcpcc.org/initiative/parachute-nyc-mental-health-treatment-fund-public-health-new-york-inc>
- ^v Lancaster, Andrew. (2015) Evidence for joint police and mental health responses for people in mental health crisis. *Mental Health Practice*, 19: 20-26. <http://journals.rcni.com/mental-health-practice/evidence-for-joint-police-and-mental-health-responses-for-people-in-mental-health-crisis-mhp.2016.e1067>
- ^{vi} Lamanna, D., Shapiro, G.k., Kirst, M., Matheson, F.I., Nakhost, A. and Stergiopoulos, V. (2018), Co-responding police-mental health programmes: Service user experiences and outcomes in a large urban centre. *Int J Mental Health Nurs*, 27: 891-900.
- ^{vii} Elinson, Z. (2018) *When Mental Health Experts, Not Police, Are the First Responders*. Wall Street Journal. <https://www.wsj.com/articles/when-mental-health-experts-not-police-are-the-first-responders-1543071600>
- ^{viii} <https://www.npr.org/2020/06/10/874339977/cahoots-how-social-workers-and-police-share-responsibilities-in-eugene-oregon>