

30 June 2026

Law Enforcement Conduct Commission
Level 3, 111 Elizabeth Street
Sydney NSW 2000



Submitted via website: [Mental health and policing interactions in NSW | Have Your Say](#)

To the Law Enforcement Conduct Commission

Re: Mental health and policing interactions in NSW consultation

ACON welcomes the opportunity to provide input on how the NSW Police Force can improve its responses to mental health-related interactions. We endorse the key reforms outlined in Being's Joint Statement 'Having a mental health crisis is not a crime.'¹

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live healthier, more connected lives.

We have a long record of engagement with NSW Police, including ongoing consultation on issues affecting LGBTQ+ communities. We routinely contribute to policy discussions, provide evidence to inquiries, and collaborate on initiatives to promote equitable and responsive policing.

We strongly support implementing a health-led model in NSW that reduces inappropriate police involvement, protects patient safety and wellbeing, and improves access to care and treatment, particularly when the risk of harm to others is assessed as low to moderate.

ACON believes that an over-reliance on police responding to mental health incidents can cause distress and increase the risk of injury for both LGBTQ+ people experiencing mental health concerns and police officers.

This submission will highlight evidence from existing health-led models in comparable jurisdictions, both within Australia and internationally, to support the implementation of a new health-led model in NSW.

Mental health and policing experiences of LGBTQ+ people

LGBTQ+ people in NSW experience significantly worse mental health outcomes than the general population. Over half of LGBTQ+ adults report high or very high psychological distress. 76.7% of LGBTQ+ adults and 83.6% of LGBTQ+ young people have experienced suicidal ideation, and almost one third of adults and young people in NSW have attempted suicide in their lifetime.² These distressing figures are especially concerning for LGBTQ+ people with intersecting identities, including LGBTQ+ First Nations

¹ Being, (2026). Joint Statement: Having a mental health crisis is not a crime. Available: [Having-a-Mental-Health-Crisis-is-Not-a-Crime_Joint-Statement.pdf](#)

² Hinton, J. D. X, Lim, G., Amos, N., Anderson, J., & Bourne, A. (2025). LGBTQ+ mental health and suicidality: New South Wales Briefing Paper. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe

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people,³ LGBTQ+ people from culturally, ethnically and linguistically diverse backgrounds,⁴ and LGBTQ+ people with disability or long-term health conditions,⁵ including HIV.⁶

LGBTQ+ people have a complex relationship with police due to significant historical miscarriages of justice, ongoing experiences of bias and disproportionately negative interactions.⁷ These factors have contributed to lower levels of trust and fear in police across LGBTQ+ communities. This lack of trust can become a critical barrier when individuals are experiencing acute distress, as they may be reluctant to seek help or engage with responding officers. For individuals who have previously experienced police involvement during times of crisis, interactions can be heightened by fear or expectations of discrimination. This can make de-escalation more difficult to achieve.

In these contexts, even highly skilled and well-intentioned police officers may need to spend considerable time establishing trust before any effective intervention can occur, which can delay access to the immediate support a person in distress requires. Responses led by health professionals, including mental health clinicians, peer workers, and community-led service providers, are more likely to begin from a position of trust and shared understanding. This can enable faster, safer de-escalation and more effective transition to ongoing care.

ACON's experience across HIV prevention, harm reduction and anti-violence programs has shown that better health and safety outcomes are achieved when responses to distress are led by trusted and appropriately trained health professionals. We support establishing a genuinely health-led response model, in which mental health professionals are the default first responders and police are involved only as a secondary response when there is clear and significant risk to safety. This will ensure that interventions are both appropriate and aligned with the needs of the communities they are intended to support.

NSW Police, Ambulance and Clinician Response (PACER) program

NSW's existing PACER program cannot be characterised as a health-led and trauma-informed model of care because of its reliance on police initiation.

Under current arrangements, community-based organisations such as ACON are required to contact Triple Zero (000) to initiate an emergency response when there are concerns that an individual is suicidal and at risk of self-harm. Police are responsible for determining whether the PACER model is appropriate (i.e. attendance by a mental health clinician alongside police and/or ambulance services) and for coordinating the response.

³ Liddelow-Hunt, S., Uink, B., Daglas, K., Hill, J.H.L., Hayward, L., Stretton, N., Perry, Y., Hill, B., & Lin, A. (2023). Walkern Katatdjijin (Rainbow Knowledge) Phase 2 National Survey Community Report, Perth, Western Australia.

⁴ Hill et al. (2020), pp. 110-111

⁵ Hill et al. (2020), pp. 104-106

⁶ Norman, T., Power, J., Rule, J., Chen, J., & Bourne, A. (2022). HIV Futures 10: Quality of life among people living with HIV in Australia (monograph series number 134). Australian Research Centre in Sex, Health and Society, La Trobe University. doi: 10.26181/21397641

⁷ Standing Committee on Social Issues (2021). Gay and transgender hate crimes between 1970-2010: Final report. NSW Parliament Legislative Council. Available: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2562#tab-reportsandgovernmentresponses>

For individuals experiencing a suicidal crisis, police involvement can be inherently distressing and, in some cases, re-traumatising. A trauma-informed approach would prioritise responses led by mental health clinicians and trained peer workers, who are better equipped to de-escalate situations and provide appropriate, person-centred care without the additional stress often associated with law enforcement involvement.

ACON has observed several instances that illustrate these concerns. In one case staff were supporting a gender diverse client at immediate risk of suicide. An ACON mental health clinician called 000, clearly communicating the individual's name, pronouns, and situation, and explicitly requesting a health-led response through the PACER program rather than police attendance. Despite this request, five police officers attended the scene.

In other instances, ACON staff have supported clients whose mental health crises were exacerbated by inappropriate responses. These include a client whose situation escalated rapidly after an ineffective intervention, resulting in their overnight detention in police custody without access to adequate mental health support, and another client who was forcibly removed from their home by police, who gained entry without the individual hearing any prior announcement or attempt at engagement.

The NSW Police Force's (NSWPF) internal review of the role and function of policing in mental health acknowledged that there is limited evidence supporting police intervention in a mental health crisis. It found that using police officers as the primary response to a mental health crisis increased the risk of adverse outcomes for mental health consumers, limited appropriate service engagement and treatment, and increased missed opportunities to address consumers' mental ill health. The involvement of law enforcement was often perceived as a threat, an authoritarian response, and an escalation factor.⁸

The review also acknowledged that prioritising police training to address de-escalation and threats in circumstances where police attendance is requested was unlikely to adequately address the needs and risks of people experiencing mental health crises in the community.

The Productivity Commission's Mental Health Inquiry Report noted that police officers are typically not mental health clinicians and therefore cannot adequately 'triage' people to appropriate mental health care. It found that, ideally, police should respond to mental health-related incidents only when there is a threat to public safety or an imminent risk to staff involved.⁹

Novel approaches that do not always involve the police are therefore required. These approaches must be co-designed with communities and rigorously evaluated.¹⁰ Alternative models that adopt a consumer-centric and trauma-informed approach and reduce police involvement, ensuring people experiencing a mental health emergency are supported by the most appropriate health professionals, are explored below.

⁸ NSW Police Force, (2024). Summary Internal Review of the NSW Police Force response to mental health incidents in the community. Available:

https://www.police.nsw.gov.au/_data/assets/pdf_file/0004/884974/Review_of_the_NSW_Police_Force_response_to_mental_health_incidents_in_the_community.pdf

⁹ Productivity Commission, (2020). Mental Health, Report no. 95, Canberra, p 1026. Available: [Volume 3 - Inquiry report - Mental Health](#)

¹⁰ 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), 1665-1679.

International health-led models

UK model

The UK's Right Care, Right Person model (RCRP) is centred on a trauma-informed response to people experiencing emotional distress and mental health crises. It was designed to ensure that people of all ages with health and/or social care needs are supported by the right person, with the right skills, training, and experience to best meet their needs. It also allows police to refocus on core policing functions.

The RCRP model establishes a risk threshold to assist police in deciding when it is appropriate for them to respond to incidents involving people with mental health needs. The adopted threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring; or
- to protect people when there is a real and immediate risk to a person's life, or to a person being subject to, or at risk of, serious harm.¹¹

A UK Home Office report found that the RCRP model reduced the need for the use of force and restraint by police officers, enabling reinvestment in core police functions, crime prevention, and police training, and allowing deployments to focus on appropriate risk.¹²

ACON supports NSWPF's internal review's key recommendation that NSWPF work with NSW Health to explore models for responding to mental health incidents in NSW, consistent with the principles of the RCRP model.

Australian health-led models

South Australian model

In considering the development of a health-led approach to mental health crises, ACON sees merit in the South Australian Mental Health Co-Responder program (MH CORE). The program pairs paramedics with mental health professionals to respond to low- to medium-acuity mental health incidents. Similar to international health-led models, SA police attend only if there is a safety risk, not as a primary response.

Pilot results showed that more than three-quarters of people seen during callouts avoided the emergency department, instead receiving appropriate care and follow-up in the community. This model has resulted in a much lower rate of SA Police involvement and helped ease strain on the hospital system, limiting police handover delays (ramping). Between 2021 and 2024, the proportion of police hospital drop-offs experiencing delays fell significantly, even with a 47% increase in overall transport volumes.

ACON believes this model would fundamentally transform NSW's approach to mental health responses, making them health-led and without the automatic involvement of NSW police.

¹¹ UK Home Office, Department of Health & Social Care, (2024). National Partnership Agreement: Right Care, Right Person (RCRP). Available: [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK](#)

¹² UK Home Office, Department of Health & Social Care. Right Care, Right Person. Available: [Right Care, Right Person - GOV.UK](#)

Western Sydney Local Health District model

In 2013, the Western Sydney Local Health District (WSLHD) established a Mental Health Acute Assessment Team (MHAAT) at Cumberland Hospital. The service responds to relevant Triple Zero calls via a dispatch system, using dedicated paramedics and mental health clinical nurse consultants to provide a comprehensive medical and mental health assessment of the consumer on site.

The MHAAT model significantly improved the quality of care for mental health consumers while reducing costs and maximising the use of other mental health resources. Within three months of implementation, MHAAT diverted 76% of calls from Cumberland Hospital ED, with 24% of those calls receiving referrals to mental health services in the community.¹³

This approach has the potential to reduce mental health stigma among LGBTQ+ patients by providing them with privacy, respect and a smoother transition to ongoing mental health care, and by empowering them to participate in their own management plan when appropriate.

Overall, health-led models offer a comprehensive solution that could enable NSW Police to focus on law enforcement issues while ensuring appropriately trained responders are dispatched for each unique situation.

ACON therefore provides the following recommendations:

Recommendation 1: NSW Police, in partnership with NSW Health, continue to explore implementing a health-led response to mental health emergencies, informed by the experiences of the successful South Australian Mental Health Co-Responder program, the Western Sydney Mental Health Acute Assessment Team, and the UK's Right Care, Right Person model.

Recommendation 2: NSW Police, NSW Health and NSW Ambulance ensure that any review or new model is co-designed with consumers and carers, including LGBTQ+ communities.

Recommendation 3: That any health-led model include an informed risk assessment through access to medical records, support for carers of the person experiencing a crisis, and robust monitoring and reporting mechanisms to measure police involvement, trust in the health system, and the experiences of marginalised communities, including LGBTQ+ people.

We would be more than happy to engage further with you on this submission. Please do not hesitate to get in touch with me, Michael Woodhouse, at MWoodhouse@acon.org.au.

Regards



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¹³ NSW Government, Agency for Clinical Innovation, (2018). Innovative Service Delivery Model. Available: [Innovative Service Delivery Model | Innovation Exchange | Agency for Clinical Innovation](#)

