

## **In Confidence**

Office of the Minister of Health

Office of the Minister of Police

Chair, Cabinet Social Wellbeing Committee

## **People in mental distress presenting via 111: transitioning to a multi-agency response**

### **Proposal**

- 1 This paper seeks agreement to develop a five-year plan to transition from a Police-led response to a multi-agency approach to supporting people in mental distress presenting via 111. The plan will help ensure people who present in mental distress via 111 receive the support they need, from the right people at the right time.

### **Relation to government priorities**

- 2 Transitioning to a multi-agency response to people who present in mental distress via 111 contributes to the Government's physical and mental wellbeing objective set out in the Government's Budget Policy Statement in December 2022.

### **Executive Summary**

- 3 There is an increasing number of people who are presenting in mental distress via 111. Our current Police-led response is not fit-for-purpose and mean people are not receiving the right support from the right people at the right time. The current approach is also putting increasing pressure on Police's ability to resource core policing services.
- 4 The needs of people who present in mental distress via 111 span a wide spectrum and vary in complexity. Presentations include people with serious mental health concerns and those in distress due to a broad range of health and social issues.
- 5 While there are existing multi-agency models in some areas, a comprehensive multi-agency approach, covering triaging through to a continuum of multi-agency responses and support options, is needed. This is expected to provide more effective and more timely support for people who present in mental distress via 111 than the current Police-led response.
- 6 This paper seeks agreement to develop a five-year plan to transition from a Police-led response to a multi-agency response. We propose jointly reporting back to Cabinet by March 2024 with this plan, which will set out the core components of a multi-agency approach, outline agencies' roles and

responsibilities, and set out options for funding and resourcing to implement this staged transition.

- 7 Building a comprehensive multi-agency approach will take time. An initial focus will be to improve triaging and phone responses to 111 calls for people in mental distress. In addition, work is underway to strengthen existing multiagency models, with the intent of establishing a model in all 12 Police Districts during the five-year transition plan. We will also take immediate action to improve existing supports and build our understanding of the needs of people who present in mental distress via 111. This will help ensure more people get the right support from the right people at the right time, while we undertake the necessary planning and preparation to shift our system-level response.

## **Background**

- 8 The number of people presenting in mental distress via Police is increasing. In 2021/22 Police 111 call centres received 73,006 calls coded as a person in mental distress or threatening suicide, an increase of 55% in the last five years. Police are unable to respond to all 111 calls received and all responses are therefore triaged to ensure police attendance is prioritised to the most serious emergencies or offences and situations with the most risk of harm to people. Of the 73,006 calls, Police attended approximately 30% of mental distress calls and 70% of the suicide or attempted suicide calls.
- 9 There are also signs that mental distress more broadly is increasing in New Zealand. The New Zealand Health Survey indicates that the proportion of people aged 15 years and over reporting high levels of psychological distress increased from 8.6% in 2017/18 to 11% in 2021/22. Increased levels of distress are likely due to a wide range of social, cultural, environmental and economic factors or a mental health condition.
- 10 Some people who present in mental distress via 111 will be engaged with specialist mental health services or have had previous engagement in the past five years. However, as noted above mental distress can occur due to a mental health condition or due to a range of factors, including social, cultural, environmental and economic determinants. People presenting in mental distress via 111 cover the full spectrum of mental health, addiction and social distress scenarios and needs, from low-risk situations to those involving active and immediate safety risks, such as people attempting to take their own life.
- 11 111 calls for people in mental distress can come from a range of sources including the individuals themselves, whānau members or members of the public who perceive someone as behaving in a way that indicates mental distress. Many 111 calls for people in mental distress are for people who need some form of health or social support but the person or concerned friends and whānau do not know how or are unable to access help.

- 12 There are a number of government strategies and action plans in place to improve wider mental health and wellbeing in our communities. Work to support these strategies is expected to have a positive impact on mental stress but will take time for these strategies to have an impact and they are not likely to significantly reduce 111 demand in the short to medium term. Examples of these strategies include:

12.1 *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing (Kia Manawanui)*

12.2 the Child and Youth Wellbeing Strategy

12.3 Pae Ora | Health Futures Strategies

12.4 Whakamaua: Māori Health Action Plan 2020–2025

12.5 All-of-Government Pacific Wellbeing Strategy.

**There are constraints on existing services available to support people who present in mental distress via 111**

- 13 Police currently triage and lead the response to these calls alongside emergency calls for core policing services and based on the information and behaviours presented on the phone. For the majority of calls (about 90%), the main response available is to despatch, or not despatch, a frontline Police officer.
- 14 Police 111 call handlers can also use the Earlier Mental Health Response (EMHR) line to provide a warm handover by telephone to a mental health professional for people who call 111 for mental distress (usually where the situation is quickly assessed as low risk and non-urgent). The EMHR line is funded by Te Whatu Ora and provided by Whakarongorau, the national telehealth service. Work is underway to ensure this service effectively and efficiently meets the needs of people calling 111.
- 15 When Police respond, their role is often to support the person and connect them to appropriate health services, where services are available. This may include transporting and accompanying the person to an Emergency Department for a mental health assessment. There are, however, often long wait times or difficulty connecting people with appropriate services in a timely way. This can result in frontline officers spending hours waiting with a person in mental distress. We know this can exacerbate distress for some people and prevents those Officers from returning to delivering core policing services.

**Other services are available to support people but can be difficult to access when support is needed**

- 16 Other services available to support people experiencing mental distress, include specialist mental health and addiction services for those with serious mental health concerns, and primary mental health and addiction services for

people with mild and moderate mental health concerns. There are also a range of telehealth lines such as 1737 available 24 hours a day, seven days a week, that people can access directly to speak with trained mental health professionals.

- 17 Additionally, specialist mental health services, in all parts of the country, provide after-hours crisis services. These services are staffed by teams of health professionals and cultural workers who are tasked with seeing people who need to be seen quickly. The expectation is that these services have the flexibility to respond to those people who present in crisis (both existing mental health service users and those presenting for the first time). Most crisis teams use an evidence-based standardised scale to assess the level of responsiveness required. This means people with the most acute needs are seen first, but also means some people may have to wait to access services.
- 18 For those experiencing mental distress as a result of social, cultural, environmental or economic stressors, and following immediate responses to their distress, supports available include financial supports (eg, main benefits, supplementary and hardship assistance), emergency and transitional housing, and help with getting ready for work. Access to these supports can however be difficult, particularly outside of working hours, or in the case of housing, not always quickly available.

**A multi-agency response is needed to better support people presenting in mental distress via 111**

- 19 We know that people's mental health needs fluctuate and that many people who present in mental distress do not have a mental health disorder. As such, they do not require formalised mental health services, but rather require broader health and social supports.
- 20 The current Police-led response to people in mental distress who present via 111 does not provide everyone with the support they need, when they need it. For instance, a Police-led response may be traumatising or stigmatising, adding further to their distress.
- 21 Police is also concerned about the growing demand these calls are placing on Police resource. 111 calls for people in mental distress represent approximately 10% of all 111 calls for service. In May 2023, Police attendance at these calls equated to over 6,000 officer hours. This demand is impacting Police's ability to respond to other 111 calls in a timely manner and to resource core policing services.
- 22 Local and international experience and evidence suggest a multi-agency response is likely to result in more appropriate support for people in mental distress and more efficient referral to relevant health or social services following an initial response. Ensuring people experiencing mental distress receive the right support when they need it is crucial; timely support leads to better outcomes for people and reduces the likelihood of adverse events, for

example self-harm. It may also result in more effective and efficient use of resources across agencies.

**Work already underway provides a foundation for transition to a multi-agency approach**

- 23 Work is underway to expand the range of options available to support people who present in mental distress via 111, including multi-agency response models and community-based alternatives to emergency departments. The aim is to have a multi-agency response in every Police District.
- 24 There are locally developed co-response teams who respond to 111 calls for mental distress in six out of 12 Police Districts. These teams provide a joint Police-Health response that supports early intervention, crisis responses, and access to health and social supports and aims to improve outcomes for people in mental distress. These models typically involve frontline Police and mental health professionals, one team includes ambulance officers. Some models have also incorporated other supports, such as iwi partners and peer support within response teams. None of these models are District-wide and coverage is limited.
- 25 Initial findings from locally developed co-response teams indicate that these teams provide valuable behind-the-scenes triage and support for frontline officers and increase cross-agency coordination. However, they still place substantial resource demand on mental health and addiction workforces and the ambulance workforce. Information about whether this model of response changes outcomes for people is currently limited. Further work is also needed to understand how scalable it is nationally.
- 26 Other models in place around the motu include:
  - 26.1 mental health clinicians co-located in the Police Watch House in Canterbury. The team has been operating on a 24 hours a day, seven days a week basis since 2008. It assesses vulnerable people detained in custody and refers to other agencies for people in custody with mental health and addiction needs. The team also provides telephone assistance to frontline police officers regarding a person's previous mental health treatment and support, care plans and other relevant information based on their health record, where possible
  - 26.2 He Tāwharau, a peer support crisis hub has been established in Hawke's Bay. The hub combines an emergency mental health team with crisis peer supporters, and work is currently underway to co-locate with a crisis respite service. Other health and social services are expected to be provided in the co-located site as well.
- 27 These existing models are positive steps towards an improved response for people experiencing mental distress and provide a useful platform on which to build and scale up. However, some of these models can be very resource

intensive for health workforces and there is not national coverage of these responses.

**We propose developing a five-year plan to transition to a multi-agency response**

- 28 We propose developing a staged transition plan to provide an effective response to support people who present in mental distress via 111. This will span initial triaging processes and needs assessment, through to the support options available to respond to people's mental distress, and how people will be connected with the services that best meet their needs, with the appropriate level of immediacy.
- 29 As development of this staged transition plan will require officials from Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora and Police to work with officials responsible for social services, housing, welfare and other social supports, we are seeking Cabinet direction to the joint development of a staged transition plan. We propose a five-year transition plan be developed to move to a multiagency response to people in mental distress who present via 111. The plan would aim to ensure that people who present in mental distress via 111 receive the support they need, from the right people at the right time.
- 30 The transition plan would consider responses to different types and levels of mental distress resulting in calls to 111, as well as workforce and funding requirements, and will set out a staged process to better respond to these calls.
- 31 Input from Māori, people with lived experience and their whānau will be key to the development of the five-year transition plan. The transition plan will also need to be guided by local and international evidence, including the work underway and outlined above, to ensure it supports improved outcomes.
- 32 The transition plan will set out the key areas of system change over the next five years and a staged process to achieve the change. It will include consideration of a range of options to help build a comprehensive response including:
  - 32.1 improved triaging in Emergency Communication Centres, including consideration of cross-agency support for prioritisation
  - 32.2 increased use of existing telehealth and digital counselling supports
  - 32.3 opportunities to strengthen or scale up multi-agency responses including co-response teams nationwide
  - 32.4 the development of multi-agency crisis hubs as alternatives to relieve pressure on emergency departments and Police waiting to transfer people in mental distress
  - 32.5 exploring greater mental health-related training of existing workforces.

**Transitioning to a multi-agency response will have financial and workforce implications**

- 33 Transitioning to a multi-agency response will take time and require resources to ensure there is sufficient capacity in the relevant systems and workforces to meet the needs of those who present in mental distress via 111. A five-year plan is ambitious but will help provide momentum to achieving this shift.
- 34 The level of resources needed to implement the transition plan will depend on the scope of the plan. Section 9(2)(f)(iv) [REDACTED]
- 35 In developing the plan and its phasing, consideration will also be given to existing workforce pressures and the time needed to build workforces, particularly in the health sector, to reduce the potential of diverting resource and workforce from other areas within the mental health and addiction system and wider health and social sectors (which could inadvertently increase people's distress).
- 36 Funding options will be investigated as part of the development of the fiveyear plan and captured in more detail when we report-back with a transition plan. Section 9(2)(f)(iv) [REDACTED]

**There are opportunities for immediate action to improve support for people presenting in mental distress via 111**

- 37 Building a multi-agency response will take time and careful planning; however, we know we must do better to support people in mental distress now. While longer-term planning is underway, officials will progress joint work to build our understanding of people's needs and current service effectiveness. Immediate actions to improve our understanding and to inform longer-term planning will include the following:
- 37.1 Te Whatu Ora is undertaking an in-depth assessment of the existing interface between Police and mental health crisis services in each of the 18 Te Whatu Ora Districts. This work is expected to be completed in September 2023 and will provide information about what models are currently being funded or trialled and their strengths and challenges, including what we know about any impacts on outcomes.
- 37.2 Police is conducting research into the nature of demand currently observed through 111 calls. Findings are expected to be available from September 2023.
- 37.3 Health officials are linked with a number of local and international researchers currently conducting research related to multi-agency response models and approaches and are keeping abreast of

emerging findings and experiences. Police officials are liaising with international counterparts to understand how multi-agency approaches impact on 111 demand and policing resources.

- 38 There are also opportunities for short-term gains while we shift our systemlevel response. Initial actions will include the following:
- 38.1 Police and Te Whatu Ora will work with Whakarongorau to identify how the EMHR service could more effectively and efficiently meet the needs of people calling 111 in mental distress.
  - 38.2 Health officials will explore options to increase promotion and use of existing telehealth and digital supports such as 1737 and Groov (a free app that supports mental health and wellbeing) and Headstrong (a free chatbot app with wellbeing courses and resilience strategies), for people experiencing mental distress.
  - 38.3 Te Whatu Ora and Police will also look into current practices to identify circumstances drawing on Police time that could be replaced with alternative responses that better meet people's needs and make better use of Police resource. This could include matters such as the use of Police for welfare checks and Police remaining with people transferred to Emergency Departments.

### Next steps

- 39 Subject to Cabinet's approval, officials will work to develop a five-year transition plan. This will include advice on the core components of a staged transition, agencies' roles and responsibilities, and options for funding and resourcing to implement this staged transition. This next phase of work will require input from social sector agencies. We will jointly report back to Cabinet with a draft plan for Cabinet agreement in March 2024.
- 40 Wider work on other government strategies will continue and is expected to help improve support for people experiencing mental distress more broadly. For example, *Kia Manawanui* sets out the Government's 10-year strategy and action plan to improve mental wellbeing. It commits to a whole-of-government approach with a focus on supporting people to stay well and providing access to a range of support, when and where they need it.

### Cost-of-living Implications

- 41 This paper has no direct cost of living implications. However, transitioning from a Police-led response to 111 calls for people in mental distress to a multi-agency response could have a positive impact on cost-of-living implications (eg, by enabling people experiencing mental distress to remain in employment and/or education).



### **Financial Implications**

- 42 This paper has no direct financial implications. As noted above, there are expected to be funding implications to implement a five-year transition plan. The high-level funding implications will be identified and approaches for meeting funding implications will be included in the March 2024 Cabinet report-back seeking agreement to the transition plan.

### **Legislative Implications**

- 43 There are no legislative implications arising from the proposals in this paper.

### **Population Implications**

- 44 There are no direct population implications arising from the proposals in this paper. However, development of the transition plan will need to consider the needs of all population groups, particularly those at disproportionate risk of poor mental health such as Māori, disabled people and young people. A multiagency response will help ensure people are able to receive the support they need, when they need it.

### **Human Rights**

- 45 The proposals in this paper are consistent with the rights and freedoms contained in the New Zealand Bill of Rights Act 1990 and Human Rights Act 1993.

### **Use of external Resources**

- 46 Development of this paper has not included any external resources. Development of the five-year transition plan and associated advice is not currently expected to involve the use of contractors or consultants.

### **Consultation**

- 47 This paper has been prepared by New Zealand Police, Te Whatu Ora and Manatū Hauora. The following agencies have been consulted on this paper: Te Aka Whai Ora, Ara Poutama Aotearoa, Ministry of Business, Innovation and Employment, Ministry for Ethnic Communities, Ministry of Justice, Ministry of Social Development, Ministry for Pacific Peoples, Oranga Tamariki – Ministry for Children, Social Wellbeing Agency, Te Puni Kōkiri – Ministry of Māori Development, the Department of the Prime Minister and Cabinet (the Policy Advisory Group), Whaikaha – Ministry of Disabled People, Ministry for Women, Te Kawa Mataaho – Public Service Commission, and Te Tai Ōhanga – The Treasury.

### **Communications**

- 48 We intend to announce the decision to transition to a multi-agency response following Cabinet agreement and in consultation with the Prime Minister's Office.

## Proactive Release

- 49 This Cabinet paper will be released proactively when the five-year transition plan is released, subject to any redactions as appropriate under the Official Information Act 1982.

## Recommendations

The Minister of Health and Minister for Police recommend that the Committee:

- 1 **note** that increasing numbers of people are presenting in mental distress via 111, including people with serious mental health concerns and those in distress due to a broad range of health and social issues
- 2 **note** that the current Police-led response to people presenting in mental distress via 111 means some people are not getting the support they need, when they need it
- 3 **note** that 111 calls for people in mental distress is placing a growing demand on Police resources, putting pressure on Police's ability to resource core policing services
- 4 **note** that a comprehensive multi-agency response to 111 calls for people in mental distress is expected to provide better outcomes
- 5 **direct** Health, Police and officials responsible for social services, housing, welfare and other social supports to jointly develop a five-year plan to transition from a Police-led response to a multi-agency response to 111 calls for people in mental distress
- 6 **note** that the five-year plan will focus on the system continuum from triaging through to multi-agency responses and support options
- 7 **agree** in principle that the five-year plan will include provisions for every Police district to have a multi-agency response in place
- 8 **agree** in principle that the plan will have an initial focus on improving triaging of 111 calls and initial telephone responses for people in mental distress, to support a multi-agency response.
- 9 **direct** the Minister of Health and the Minister of Police to provide Cabinet with a five-year plan by March 2024 to transition to a multi-agency response to 111 calls for people in mental distress
- 10 **note** that financial and resourcing implications will be identified as part of development of the plan and will need to be addressed in order for the plan to be implemented
- 11 **note** that while longer-term planning is underway, Health and Police officials will take immediate steps to improve existing supports, build our understanding of the needs of people who present in mental distress via 111

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and explore expansion of current multi-agency models (eg, co-response teams).

Authorised for lodgement

Hon Dr Ayesha Verrall  
Minister of Health

Hon Ginny Andersen  
Minister of Police