

Submission to the Law Enforcement Conduct Commission on Mental Health and Policing Interactions in NSW

Prepared by Michael Baker with assistance from Dr. Rory Gillard, CRC Advocacy Policy and Research Unit (ARPU), with help from CRC's AOD Transition Program, Miranda Project and Pathways Home Program.

What is this paper about?

This submission is about **police interactions** with people experiencing **mental distress** or **mental illness**.

Many people experiencing a mental health crisis come into **contact with police**.

CRC is concerned that police are often asked to respond to situations that are primarily **health and wellbeing issues** rather than **criminal matters**.

Our submission draws on research, policy evidence and the experiences of people supported through CRC programs.

We argue that **police responses** can sometimes **increase distress** and contribute to **harmful outcomes**, including criminalisation and imprisonment.

What does CRC say about this?

CRC believes people experiencing a mental health crisis should receive **support from health and community services** wherever possible.

We called for:

- More **health-led** and **community-based** responses to mental health crises.
- Less reliance on police attendance at mental health incidents.
- Greater investment in **early intervention**, **prevention** and support services.
- More **culturally safe** responses for Aboriginal and Torres Strait Islander people and communities.
- Stronger **accountability** and **oversight** of police responses to people experiencing mental distress.
- Continued development of **alternatives** to police-led crisis responses.

CRC believes **mental health crises** should be treated as **health and social support** issues.

People experiencing mental distress need access to **care, support** and services that promote **safety, wellbeing and recovery**.

Our submission argues that NSW should continue moving towards **community-based responses** that reduce **unnecessary** criminal legal involvement.