

# POLICY FUTURES

## *A Reform Agenda*



### By Glen Blackwell

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*The Churchill Fellows Association of Western Australia Churchill Fellowship to establish diversionary practices for mentally and intellectually disabled persons engaging police – Canada, UK, USA.*

## Simplifying a call for help

Creating a national three-digit call line and receiveal centre framework for those in behavioural health crisis.

Crisis call lines are crucial but too many providers, complex numbers and a reliance on non-government agents is problematic for consumers. The result is an over-reliance on and over-burdening of emergency services and hospital emergency departments (EDs) via the 000 system. This reinforces distress to consumers and the government fails in its capacity to fulfill its National Suicide Prevention Strategy.

Internationally, governments have launched national three-digit call numbers mirroring traditional emergency services call systems to provide efficient, recognisable and standardised government-led clinical support for those in mental distress. Such call systems reduce the over-reliance on emergency services and the judicial system via traditional 000-style calls.

Improving call line efficiencies also requires an interdependent improved model of care for where those in distress can go.

Traditional hospital EDs only exacerbate distress for those in crisis, so internationally behavioural health emergency departments are the standard model of care. Two leading examples in Australia are Robina's Crisis Stabilisation Unit and Adelaide's Urgent Mental Health Care Centre, which could set the foundation of a national framework.

Urgent crisis care needs urgent reform to deliver better support to our vulnerable. Changing how individuals can reach out and where they can go to be safe can be that start of progressive reform.

## Key Policy Recommendations

The National Cabinet should convene and facilitate a stakeholder working party to:

1

- Establish a national three-digit behavioural health crisis call line through a whole-of-government policy approach led by Department of Health and Aged care with state Health and Emergency Services ministers
- Develop guidelines and policy to standardise state run mental health call lines as the primary service providers to the national three-digit call line
- Enshrine funding from federal and state treasuries for ongoing maintenance and promotion of a national three-digit call line.

2

The National Cabinet should task the national three-digit behavioural health crisis call line working party with reviewing and establishing a new offering sequence and offering stream to the current 000 call line, such as:

- Introducing the new stream 'Mental Health'
- Amending the offering sequence to 'Ambulance, Mental Health, Fire, Police'.

3

The National Cabinet should convene and facilitate a stakeholder working party to explore extending the mental health ED models of Robina, Queensland and Adelaide, South Australia, from state-based programs to a national framework, in line with the current national Suicide Prevention Strategy 2024.

### For further details, please contact:

Glen Blackwell  
Mental Health Co-Response – Senior Trainer  
Western Australia Police Force  
T: +61 (0)438 008 952  
E: dash\_blackwell@hotmail.com



# Policy Snapshot



## Simple standardised national health-led crisis call line



USA  
**988**



Canada  
**988**



UK  
**111**



Australia  
**?**

A review of crisis call centres highlighted paid call-takers produced superior outcomes, decreased caller distress, promoted a consistent approach to suicide prevention, and reduced distress in the call-takers themselves when compared to not-for-profit crisis lines.

**150%** service usage increase on 3-digit 988 implementation

**48%** of UK 111 calls are self-referral

**19%** reduction in ambulance ED admissions in the first 8 months of UK 111 line

**≤2%** USA 988 and UK 111 transferred to law enforcement call-out



## Australians and behavioural health crisis

**1 in 8**

Seriously considered suicide

**1 in 5**

Diagnosed with mental health or neurodiversity

**25%**

Rely on telephone or digital services as their primary support

**50%**

Australians identify costs and wait times as barriers to support



## 000 call-taker offering options and sequencing

### PRESENT STATE

Police, Ambulance, Fire,  
*Mental Health?*

**20-30%**

**Australian police tasking is mental health related.**

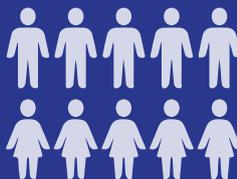
Offering mental health as a fourth 000 emergency service would expedite entry to the health system while reducing judicial / law enforcement engagement

### FUTURE STATE

*Ambulance, Fire, Mental Health, Police*



## Mental health ED



**10x** more police presentations to hospital EDs for mental health than any other presentation

**54%**

ED mental health presentations diagnosed substance use or neurotic, stress related

**78%**

ED mental health presentations classified as urgent or semi-urgent

**ONLY 1 in 3 presentations require hospital admission**

