

Aide-Mémoire

Meeting with Hon Mark Mitchell to discuss transitioning to a multi-agency response for 111 mental distress calls

Date due to MO:	15 March 2024	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	H2024037356
To:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: <input checked="" type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

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Date due: 15 March 2024

To: Hon Matt Doocey, Minister for Mental Health

Security level: IN CONFIDENCE **Health Report number:** H2024037356

Details of meeting: Tuesday 19 March 2024, 9:00-9:30am
Venue: 4.3L EW

Purpose of meeting/proposal: You are meeting with Hon Mark Mitchell, Minister of Police to discuss work to develop a five-year transition plan to move to a multi-agency response for people calling 111 in mental distress.

You and Hon Mitchell are jointly reporting back to Cabinet in April/May 2024 with a proposal for how to take this work forward and ensure a transition plan is fit-for-purpose.

This meeting is an opportunity for you to ensure that you and Minister Mitchell agree about the need for further work, and a report back to Cabinet by November 2024. It is also an opportunity to discern the strength of Police's intention to have clinical support in their Emergency Call Centres (ECC).

Comment:

Background

- An increasing number of people with a broad range of health and social issues are presenting via 111, many of whom do not require a police response but may require a health response or some level of social support.
- In August 2023, officials from the Ministry of Health, Health New Zealand, the Māori Health Authority, the New Zealand Police (Police), and other social service agencies were directed by Cabinet to develop a five-year plan to transition from a Police-led response to a multi-agency response.
- The purpose of the transition plan is two-fold: to allow Police to focus on core policing; and to provide a better response to those in need who are currently calling 111.

- The mental health and addiction workforce and the Police workforce are experiencing unprecedented demand, and the former is carrying significant vacancies.
- The data currently collected about people calling 111 does not provide enough information about who is calling and what their needs are to design a fit-for-purpose multi-agency response which builds on existing supports and channels.

Next steps

Upcoming Cabinet report back

- The Cabinet paper will:
 - Describe the overall problem:
 - High demand in the system – too many people calling for Police to manage
 - Police needing to return to core policing (threats to life and safety)
 - People not getting what they need (and a number of people getting nothing)
 - Considerable workforce pressures for Police and Health.
 - Note that currently collected data is insufficient, so the Ministry of Health, Health New Zealand and Police will work together over the next six months to collect and analyse data to better understand people's needs, to determine effective interventions.
 - Outline that as part of the first year of the transition plan, Police and Health agencies will undertake a range of activities that can proceed without further data and investment to improve the system continuum. These activities include:
 - Police improving its triage of existing calls to limit the dispatch of police officers to low-risk, non-urgent incidents
 - Reducing Police time in emergency departments (EDs)
 - Exploring the introduction of peer support into some EDs
 - Giving people alternatives to calling 111
 - Improving the responsiveness of the Earlier Mental Health Response (EMHR) line (a specific mental health telehealth service that 111 call operators can transfer calls to).

Report back to Ministers later in 2024

- Once there is a better understanding of why people are calling 111 and what their circumstances are, Police and Health agencies will report back to joint Ministers in late 2024.
- Officials can then prepare a further Cabinet paper with advice on effective interventions and costs of the full transition plan.

Items for discussion with Hon Mitchell

You may wish to raise the point below for proactive discussion:

- There are a number of items for discussion, but Health agencies consider the most contentious item of work is Police's call for **clinical expertise in call centres**. Proactively raising this with Minister Mitchell and getting in-principle agreement to Police working with Health to resolve issues with EMHR before trying to create roles for clinicians in ECCs is most important to getting the system working well.
 - Health agencies understand Police are keen to have mental health clinical staff based in their ECCs to transfer calls to. Health agencies have concerns due to workforce shortages and the reality of trying to staff 3 ECCs with clinicians when there is already funding in the system for EMHR. Health agencies consider this to be an inefficient use of a scarce resource that also poses significant clinical risk.
 - Health agencies request that we work together on getting EMHR working well for Police (Health will ensure this is given priority and seniority to resolve) before we create more places for clinical staff across the crisis continuum and further shortage.

Other items you may wish to respond to if raised are:

- **Health agency work:**
 - Health New Zealand is exploring the introduction of peer support roles in EDs
 - Health New Zealand will also commence work on ED handover procedures with Police to reduce Police time in ED.
- **Managing ECC demand:** Health agencies consider working with Police on scripts for call takers as the first step to end calls sooner and safer is a priority. The planned work Police will trial, to improve the triaging in 111 call centres (the Solve method), may alleviate pressure on the call centres but Health agencies advise that training for call takers and scripts would benefit call takers and reduce call times.

- **Data:** The data currently collected about people calling 111 does not provide enough information about who is calling and what their needs are to design a fit-for-purpose multi-agency response which builds on existing supports and channels. The current Police classification system for coding mental health related calls is very broad – many of those callers do not have a mental health concern rather they are phoning due to other social concerns. Work to collect and analyse further data about callers’ needs is a very important first step of the transition plan.
- **Workforce:** The mental health and addiction workforce is experiencing unprecedented demand and is carrying significant vacancies. Police are also facing unprecedented demand and are resetting their response to mental health demand to enable them to step-back and redirect resources to core policing services, so we need to acknowledge the pressure on both workforces.
- **Improving telehealth capacity:** The EMHR line enables triage and 24/7 mental health clinician support for Police. Health agencies are committed to ensuring this works well for Police.
- **Feasibility of a 4th option when calling 111:** work on this is in very early stages. Officials will provide advice on how best to proceed with this work, to determine feasibility and options. Establishing a separate 4th option response would be very expensive and it would be beneficial to see what bolstering other parts of the system does to reduce demand on Police before investing in this.

Issues the Minister of Police may raise

- **Core policing:** It is likely that the Minister of Police will be focussed on the theme of returning to “core policing” and the view that responding to calls which Police categorise as people in mental distress is not core policing. He may also indicate he does not see Police as part of the mental health continuum at all.

You may wish to respond with agreement that Police deal with too many things outside of core policing, and we need good data to bring other agencies into this work to take responsibility.

- **5 years is too long for transition:** It is possible the Minister of Police will be keen to push for a faster transition than the 5 years directed by Cabinet. It is important to note that with the limited workforces, Health and Police need to work together to look for the most effective way to deploy the workforces in a range of areas including: Police, mental health crisis teams, mental health workforce, social sector agencies, and NGOs. Redeploying and growing new workforces will take time.

You may wish to respond with agreement that 5 years is a long time, but given that there is a severe shortage of clinicians and we need other agencies involved, the 5 years is probably realistic.

- This aide-mémoire discloses all relevant information.



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