IMPLEMENTING THE POLICE, AMBULANCE AND CLINICAL EARLY RESPONSE (PACER) MODEL IN GEELONG

A REGIONAL EXAMPLE OF POLICE-MENTAL HEALTH COLLABORATION

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BACKGROUND

- PACER is a collaborative model consisting of one police member and one mental health clinician who act as secondary response unit
- First trialled in one Melbourne division 2007
- Model has shown:
  - Improved timeliness
  - More streamlined/integrated approach
  - Improved use of agency resources
  - Reduced referrals to ED (Allen Consulting Group, 2012)
- Introduced to Geelong in 2013 - first regional implementation
- This presentation is drawn from interviews with both police and mental health staff working PACER in Geelong and aims to provide an operational perspective of the model

ALLEN CONSULTING GROUP 2012. Police, Ambulance and Clinical Early Response (PACER) Evaluation. Melbourne: Allen Consulting Group Pty Ltd.

GEELONG

- Largest regional centre in Victoria
- Population 220,000+
- Covers country, coastal and suburban
- Barwon Health – major health provider
- ‘Small town’ characteristics
- Limited resources

BARWON PACER DEVELOPMENT

- Transferred from metro models
- Knowledge exchange
- Adapted to suit the region
- Key differences
  - Rostered shifts (rather than permanent)
  - Police and clinician are not co-located – considered to be a better use of resources in this area
- Similar to other regions, designed to operate from 3-11pm, in line with statistically determined times of greatest demand

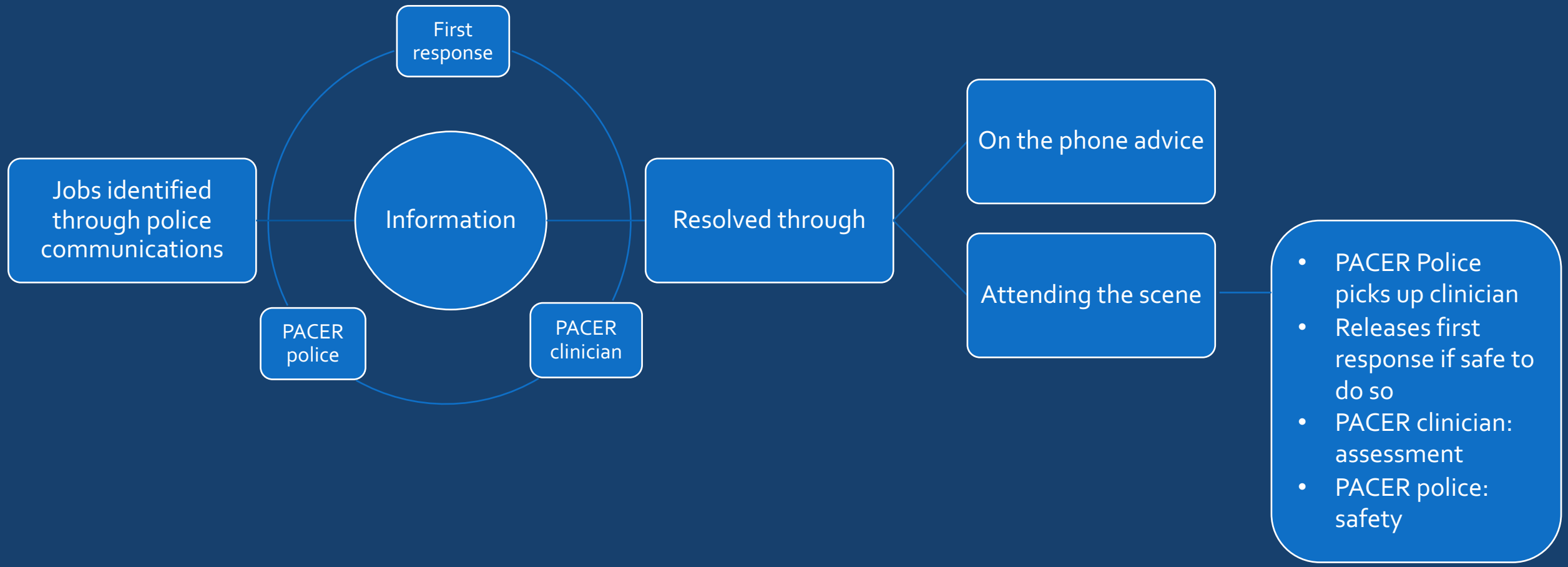
AIMS

- Enhanced service capability
- Reduction of time spent by operational police units with people presenting mental health issues
- Better outcomes for consumers including increased access to services
- Eased demand on police and ED
- Reduced risk to all parties

PREPARATION

- Team developed on voluntary basis
- Education sessions run jointly by Victoria Police and Barwon Health
  - Roles
  - Expectations
  - Operating procedure
- Team members are experienced clinicians and police
- PACER is grounded in sharing skill-sets - members felt well prepared due to experience in their other roles

OPERATION


First response
Jobs identified through police communications
Information
PACER police
PACER clinician
Resolved through
On the phone advice
Attending the scene
PACER Police picks up clinician
Releases first response if safe to do so
PACER clinician: assessment
PACER police: safety

IDENTIFIED STRENGTHS AND BENEFITS

- Increased capacity for information sharing and planned response
- Increased collaboration outside of PACER – enhanced local network of collaboration
- Education and knowledge exchange
- Improved relationship between police and mental health services
- Eased strain on services
- Consumer benefits (access to services, increased ability to assess in home environment)

"it adds to an indignity really to be brought to a very large emergency department where you might know people. So if you can avoid that, then that's better for the client too" (BH)

"Where people never wanted to speak to a clinician, now we can say, it's ok we're bringing them here. So the compliance rate is huge. Whereas it never used to be" (VP)

FOR CONSIDERATION…

- PACER seen as a 'good fit' for Geelong
- Most suggestions related to operational enhancement:
  - 24-7 service
  - Remote access to databases for clinicians
- Conflict or disagreement (only identified in small number of cases) can relate to:
  - Overstepping boundaries
  - Disagreement on what is a 'PACER job'
  - Differing interpretations of risk
  - Challenges expected in new inter-agency models – **how do we address these?**

QUESTIONS/COMMENTS/IDEAS?

GROUP ACTIVITY

- Introduce yourselves and discuss some or all of the following:
  - Where are you from, and are you aware of alternate models of response?
  - How do they compare to PACER?
  - What appeals to you most about the PACER model?
  - Would a this model work in your area? Why/why not?
  - How would you introduce and run it?
  - What, if anything, would you change and why?