



Queensland
**Mental Health
Commission**

Options paper

Improving outcomes from police interactions

A systemic approach

October 2017

About this options paper

This options paper complements the reviews undertaken by the Queensland Police Service and Queensland Health. It does not seek to review or make recommendations about the deaths of five men in 2013 and 2014 but rather considers police interactions broadly. It outlines opportunities to further improve outcomes for people with a mental illness, or people who may be experiencing a mental health-related crisis in the community that come into contact with police by considering the interactions between police, health and ambulance services.

Some Queenslanders including Aboriginal peoples and Torres Strait Islander peoples are more likely to come into contact with police. The strategies and initiatives needed to improve outcomes for these groups need to be tailored to address their unique circumstances. This options paper does not seek to address the circumstances of these groups which will require further consideration.

This options paper was developed by the Commission as part of its role set out in the *Queensland Mental Health Commission Act 2013* (the Act) to drive reform across service systems taking into account a wide-range of issues including issues for people living with mental illness in the criminal justice system¹.

It is based on a series of Strategic Conversations hosted by the Commission which were informed by international and national evidence about what works, the nature of police interactions in Queensland, and models being implemented to significantly improve the experiences of people living with mental illness and their support people and frontline police, ambulance and health workers.

Feedback

We value the views of our readers and invite your feedback on this paper. Please contact the Queensland Mental Health Commission on telephone 1300 855 945, fax (07) 3405 9780 or via email at info@qmhc.qld.gov.au.



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the paper, you can contact us on 1300 855 945 and we will arrange an interpreter to effectively communicate the paper to you.



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¹ Section 11(2)(c) of the Queensland Mental Health Commission Act 2013.

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Acknowledgement

We pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

We also acknowledge people living with mental health and alcohol and other drug problems, as well as those impacted by suicide, and their families, carers and support people. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery and have fulfilling lives.

Commissioner's message

Police play a vital role in our community. As first responders and in some parts of the state, the only 24 hour a day seven days a week service, they are called upon to respond to a wide-range of situations, including those involving people living with mental illness or experiencing a mental health crisis.

Interactions between the police and people living with a mental illness or experiencing a mental health crisis are important. Their outcomes can have a long-lasting impact on the recovery of the person living with a mental illness, members of the community and on the mental health and wellbeing of police and other frontline services.

While we need to continue to work towards reducing the need for police involvement when responding to people experiencing a mental health crisis in the community, we also need to ensure that when police do become involved, they have the tools and are supported by other services to facilitate a pathway to treatment and care. This can only be achieved by taking a system-wide collaborative approach, not only involving police, but also health and ambulance services and the non-government sector to addressing issues.

I am pleased to present this Options Paper, *Improving outcomes from police interactions: A systemic approach* which would not have been possible without the generosity of those who participated in a series of strategic conversations designed to bring a collective leadership approach to a complex issue.



Ivan Frkovic
Queensland Mental Health Commissioner

Summary

People living with mental illness or experiencing a mental health crisis rely on and have contact with frontline service providers from many sectors, including police, ambulance services, hospital emergency departments and mental health services. These interactions occur for a variety of reasons, with police often being the first responders to calls for assistance from families, carers and the community at crisis points or when no other service is available.

The Queensland Police Service, together with Queensland Health and Queensland Ambulance Service implement a number of initiatives designed to improve outcomes from these interactions, including the Mental Health Intervention Program, which includes information sharing between the Queensland Police Service and Queensland Health and the Police Communications Centre Mental Health Liaison Service to improve responses to calls for assistance to Triple Zero.

While the majority of these interactions are non-violent and occur without incident, the deaths of five men thought to be experiencing a mental illness or mental health crisis, brought the issue of police interactions with people living with mental illness or experiencing a mental health crisis to the forefront. The Queensland Police Service and Queensland Health initiated immediate reviews of their systems in response to the deaths.

This options paper complements these reviews by considering the interactions between these service systems to achieve better outcomes for people living with mental illness or experiencing a mental health crisis. It does not review the circumstances of the deaths, which are subject to a Coronial Inquest. Based on the views and experiences shared by people living with mental illness, and frontline police, ambulance and health workers during Strategic Conversations held over 18 months, it draws on research and outlines options for continued improvement.

During the course of the Strategic Conversations, a number of service enhancements were made which contribute toward improving outcomes for people living with mental illness or experiencing a mental health crisis, including: the expansion of the Police Communications Centre Mental Health Liaison Service; Vulnerable Persons Training for police, with a focus on communication skills; and the development and implementation of the Mental Health Support of Police Negotiators Program, which operates across Queensland and provides support 24 hours a day, seven days a week.

This paper outlines eight options for continued improvements focused on improving outcomes for people living with mental illness or experiencing a mental health crisis when they come in contact with police.

The options for continued improvements are based on:

- building relationships between police and people with a lived experience and adopting a holistic approach to interactions
- involving families and carers
- strengthening the system of support to increase the options available to police when referring people to support services
- improving collaboration and information sharing including expanding arrangements to including the non-government sector
- enhancing mental health training for frontline service providers by involving people with lived experience, their families, carers and support people
- providing training in the new *Mental Health Act 2016*
- focusing on the mental health and wellbeing of first responders.

Introduction

People living with mental illness or experiencing a mental health crisis rely on and have contact with frontline service providers from many sectors, including police, ambulance services, hospital emergency departments and mental health services. These interactions occur for a variety of reasons, with police often being the first responders to calls for assistance from families, carers and the community at crisis points, or when no other service is available.

Across Queensland, police respond to and interact with people living with a mental illness or experiencing a mental health crisis on a daily basis. These interactions occur within different contexts and may be influenced by a wide-range of social factors, such as social exclusion and homelessness: factors which are beyond the control of police.

While there is a clear need to address these factors and reduce the need for police to be involved, there is increasing recognition both nationally and internationally, that police often play a significant role when there is a mental health crisis in the community¹.

The vast majority of police interactions with people living with mental illness or experiencing a mental health crisis in the community are non-violent and occur without incident², with police acting as a gateway to health care and other support services in many instances³. In Queensland, police have implemented a wide-range of initiatives both at the state and local levels and in collaboration with health services to improve outcomes for people living with mental illness when they interact with police.

Some interactions however can result in adverse outcomes, such as arrest and injury. This can impact on all those involved, including people living with mental illness or experiencing a mental health crisis, their families, carers and support people, as well as frontline police, ambulance and health workers. Between August 2013 and November 2014, officers from the Queensland Police Service, acting in the course of their duties, fatally shot five men thought to be experiencing a mental illness, in separate instances.

These deaths had a profound impact on families, carers and support people as well as on frontline service providers, including police. They also brought to the forefront the role of police and the health system when responding to calls for assistance or attending an incident involving a person living with mental illness or experiencing a mental health crisis.

Both the Queensland Police Service⁴ and Queensland Health⁵ commenced immediate reviews following the deaths, with a view to preventing future deaths and to improve overall outcomes for people living with mental illness or those experiencing a mental health crisis.

However, given the broad range of roles police are called upon to play in the community, there is a need to consider all forms of police interactions and how services can better work together to improve outcomes. In considering these issues it is also critical that the experiences of people living with mental illness, their families, carers and supporters as well as frontline officers inform continued improvements.

The State Coroner also held Inquests into the deaths and has handed down findings. Recommendations were released Friday 20 October 2017.

Strategic Conversations

The Commission, in consultation with key stakeholders, including the Queensland Police Service, Queensland Health, the Queensland Mental Health and Drug Advisory Council, and the Mental Illness Fellowship Queensland, agreed to host a series of Strategic Conversations to identify opportunities for continued improvements.

Strategic Conversations adopt a specific methodology that enables all stakeholders to participate as equals, to identify shared goals and work together to identify solutions. They adopt a transformational leadership approach to identify solutions to complex issues and involve participants to consider issues in-depth, from multiple angles and viewpoints, by listening to the experiences and expertise of others.

The Strategic Conversations focused on complexities of police interactions from the differing perspectives of people with a lived experience, support people and frontline police, mental health and ambulance workers. They focused on:

- the interaction between police and people with a mental illness, or people who may be experiencing a mental health-related crisis
- the intersection between police and mental health services in response to, and management of people with a mental illness, or those who may be experiencing a mental health crisis.

Participants in the conversations represented key decision makers, the non-government sector, people with a lived experience of mental illness, and their families and carers. They included the former Queensland Mental Health Commissioner, Dr Lesley van Schoubroeck, and Ms Jan Kealton, former Deputy Chair of the Queensland Mental Health and Drug Advisory Council. The following organisations were also represented:

- Queensland Police Service
- Queensland Ambulance Service
- Queensland Health
- Queensland Forensic Mental Health Services
- Mental Illness Fellowship Queensland
- Queensland Alliance for Mental Health Ltd
- Queensland Advocacy Inc.

Eight Strategic Conversations were held over an 18 month period between October 2015 and February 2017 and were facilitated by Ms Jan Archer, Archerfield Management Consultants.

Participants agreed that improving outcomes required a focus on prevention, the need to recognise complexity, and providing police and other first responders (such as ambulance officers) with the tools to appropriately respond, for example: access to information about the person in crisis and options to improve systemic and integrated responses.

To guide the conversations and their findings, the participants adopted the following guiding principles:

- respect for people with a lived experience
- respect for the people who best know the person involved (such as family)
- respect for frontline workers who deal with difficult situations.

As part of the Strategic Conversations, the participants considered international and national research and policing in Queensland and models of collaboration that were being implemented. Most importantly participants heard from people with a lived experience, supported by workers from the Mental Illness Fellowship Queensland, and frontline police, health and ambulance workers.

International and national research

International and national research highlights the many factors which influence outcomes arising from police interactions with people experiencing mental illness or a mental health crisis. Some people living with a mental illness and their carers had previous negative experiences which can contribute to a pervasive fear of the police and feelings of being victimised or unduly targeted⁶. There is also a heightened sense of stigma involved in having contact with police which reinforces negative stereotypes (such as, people living with mental illness are dangerous). For victims of crime living with mental illness, stigma can result in perceptions that their complaints to police are not reliable⁷. These concerns may be compounded when the police officers involved are not known to the person experiencing a mental illness or a mental health crisis⁶.

From the police perspective, research also confirms that responding to calls for service, involving people in crisis can take longer to resolve than other calls for service; require police to have specialist training and skills; are mostly in response to relatively minor offences; and can involve repeat contact with the same people⁶. One of the main issues facing police is the lack of options when referring people to services and supports¹.

Research both internationally and nationally confirms the most effective approaches in responding to the needs of people living with a mental illness or experiencing a mental health crisis in the community involves collaborative models, with police working alongside mental health workers, rather than each service working in silos^{1,8}.

Effective collaborative approaches are being implemented in the United States of America, Canada and in Australia in Victoria, New South Wales and the Australian Capital Territory¹. While adapted to meet local needs, the models are based on three broad types:

1. **Police-based specialised police response:** sworn police officers who have special mental health training, serving as the first-line police response to people experiencing a mental health crisis in the community and acting as liaisons to the formal mental health system.
2. **Police-based mental health response:** mental health professionals (not sworn officers) employed by the police service to provide on-site and telephone consultations to police officers in the field.
3. **Mental-health-based specialised mental health response:** partnerships or cooperative agreements between police and mobile mental health crisis teams that exist as part of the local community mental health services system and operate independently of the police service¹.

Each model has its advantages and challenges, but overall there is evidence that they have been effective in reducing arrest rates and facilitating access to health services¹.

As well as models for collaboration, international research identifies empathy, understanding and involvement of families, carers and supporters as playing important roles in improving outcomes for people living with mental illness⁷.

Police interactions in Queensland

A small but increasing number of calls for assistance relating to mental health concerns are received through the Police Call Centre or Triple Zero. In 2014-15, around 3.5 per cent (24,416 calls) of the 700,000 calls police received were coded by police as relating to 'mental health'. This represented an increase of around 13 per cent from 2012-13. The Queensland Police Service advises these figures are likely to under-represent the number of calls relating to mental health concerns, because the nature of these calls can vary considerably from investigating situations, and suicide attempts.

Police in Queensland also play a role in carrying out functions under the *Mental Health Act 2016* (Mental Health Act) and the now repealed *Mental Health Act 2000* (former Mental Health Act). They are called upon, using powers under the Mental Health Act, to transport people to hospital for examination or treatment and to return people on involuntary orders to hospital when absent without leave. Police, as well as ambulance officers, also use Emergency Examination Authorities (formerly known as Emergency Examination Orders) under the *Public Health Act 2005*, to detain and assist a person to access mental services in emergency situations.

Models operating in Queensland

A number of collaborative models across police and health services were being implemented in Queensland at the state and local levels when the Strategic Conversations commenced. These included state-wide information sharing and training initiatives as well as localised collaborative models such as the Mental Health Invention Program, Police Communications Centre Mental Health Liaison Service, and the co-responder model. As well as these initiatives, the Queensland Police Service also operates the Queensland Fixated Threat Assessment Centre.

Mental Health Intervention Program

On a state-wide level, the Mental Health Intervention Program aims to prevent and safely resolve incidents involving people living with a mental illness and involves a partnership between the Queensland Police Service, Queensland Health and the Queensland Ambulance Service.

The Mental Health Intervention Program comprises four main elements:

1. Targeted, and where appropriate, joint training for mental health intervention (mental health literacy, response techniques, legislation, policies and procedures, roles and responsibilities of each agency).
2. Mental Health Intervention Coordinators in all three agencies (lead training and agency improvement, case management and problem solving at the local level).
3. Information sharing under a memorandum of understanding that allows the exchange of information between Queensland Health and the Queensland Police Service for prevention, pre-crisis planning, and crisis intervention.
4. Police, ambulance, and health staff working together at a local level to seek solutions to localised issues.

As part of the program, more than 10,000 police officers (of the 10,500 state-wide officers) by April 2013, had undertaken specific training programs. The operational skills training, which all officers undertake on a regular basis, also has complementary components such as the tactical communication skills course. This training fits within a suite of courses designed to equip officers to make decisions consistent with the situational use of force model adopted by the police service.

Key benefits of the Mental Health Intervention Program include:

- appropriate responses to people with a mental illness or those experiencing a mental health crisis that result in safer outcomes
- a safer work environment for agency staff
- increased public safety
- rapid and accessible mental health responses for a person experiencing a mental health crisis
- enhanced skill and knowledge levels of staff in the agencies
- improved relationships and cooperation between the agencies
- increased and improved community support networks and crisis prevention capacity.

Police Communications Centre Mental Health Liaison Service

A Police Communications Centre Mental Health Liaison Service commenced in January 2015 to improve responses to calls for assistance received through Triple Zero as a joint initiative of Queensland Health and the Queensland Police Service. It embeds senior mental health clinicians in the Brisbane Police Communications Centre which receives Triple Zero phone calls, organises first response police officers, and dispatches police crews.

The service provides meaningful and timely mental health information, advice and assistance to the Queensland Police Service, which increases situational awareness for frontline police officers, enhances mental health service responses, and facilitates improved mental health service and police collaboration. An important function of the service is to interpret relevant clinical information and provide it in a way that is useful to police when interacting with people experiencing a mental illness or a mental health crisis, including communication strategies and styles, triggers; and strategies for de-escalation and engagement. Information provided to the Queensland Police Service is shared in accordance with an established memorandum of understanding.

Co-responder model

The co-responder model was first implemented in Cairns (2011) and Caboolture (2015). It currently also operates in Ipswich and the Sunshine Coast. Models are also being implemented on the Gold Coast, Logan and Redlands areas. They involve teams situated within a mental health service that include a police officer who works with a Queensland Health Mental Acute Care Team clinician. The model aims to provide a joint response that gives rapid, effective assistance to people in crisis, and manage and resolve mental health-related calls for services within the community.

The broad aims of the co-responder team are to:

- intervene swiftly to enable a timely, informed and accurate assessment of a person to prevent harm to themselves or to others, and to resolve situations safely and satisfactorily
- reduce the workload on emergency departments, to ensure only those who are at risk are transported to the emergency department
- provide interventions within the community that reduce the risk of escalation and remove the need for hospitalisation—promoting care or treatment within the community where possible
- enhance communications between mental health services and police, including the provision of more rapid access to mental health database information and police database information, to better serve those in need
- enhance mutual understanding of police and mental health service systems.

Options for continuous improvement

Informed by the international and national approaches, as well as the context in Queensland, the Strategic Conversations focused on the firsthand experiences of people living with mental illness, their supports and frontline police, health and ambulance workers.

These experiences highlighted both positive and negative outcomes arising from a wide-range of interactions, including police acting as first responders when a person was experiencing an episode of mental illness in a public place, investigating a crime reported by a person with lived experience, and when arresting a person. Police also described attending calls for assistance involving suicide attempts and transporting people to mental health services.

Through these experiences and viewpoints, as well as research which suggests that effective models require clear goals¹ centred on improving outcomes, participants at the Strategic Conversations identified the following goals for Queensland:

- improving outcomes for people experiencing a mental illness or a mental health crisis who come into contact with police
- reducing the risk of injury to a person experiencing mental illness or a mental health crisis, police and the community
- improving awareness among frontline police about mental illness and mental health crises
- improving collaboration with other government and non-government agencies, in response to and management of mental health crisis incidents
- reducing the time taken by police to transfer people experiencing mental illness or a mental health crisis to appropriate health services
- reducing arrests and involvement in the criminal justice system by appropriately diverting people to the healthcare system.

To achieve these goals, people with lived experience, and frontline police, health and ambulance workers shared their experiences to enable participants in the Strategic Conversations to identify the following areas for improvement:

1. building relationships with people living with mental illness and adopting a holistic approach, taking into account a person's whole situation
2. involving families and carers
3. strengthening the system of support
4. improving collaboration and information sharing
5. enhancing training for frontline service providers in mental health
6. providing training in the Mental Health Act and the Emergency Examination Authorities under the Public Health Act
7. focusing on the wellbeing of first responders.

Building relationships and adopting a holistic approach

People with a lived experience and their supporters highlighted the need for front line services, including police to build relationships within the community. This was seen as an important part of building trust, raising awareness and enabling police and ambulance services to better connect with other sectors, including non-government organisations.

This was particularly highlighted by people with a lived experience who indicated positive interactions were partly due to responding officers knowing them and their situation. Police also reported being better able to support people with a lived experience when they were aware of their situation and were trusted. In these situations police felt more confident interacting with people living with mental illness or experiencing a mental health crisis.

People with lived experience noted the importance of Police Liaison Officers in building relationships and trust within the community and that these roles could play a vital part in improving outcomes for people living with mental illness or experiencing a mental health crisis.

“PLOs (police liaison officers) are a huge help in the community for people with PTSD. More of that is needed because of different cultures.” — Person with lived experience

People with a lived experience also said that interactions with police and other front line services were less likely to result in adverse outcomes if their whole circumstances were taken into account. Stigma and the way people were spoken to and treated played a very significant role in how they felt about, and responded to, their interactions with police and ambulance officers.

Some people living with a mental illness reported experiences where police and ambulance officers had reacted to situations without understanding their background or what had led them to the mental health crisis. Police and ambulance officers raised concerns that they are often called to provide assistance but have limited information about the person they are interacting with and that this can make a considerable difference to their responses.

In rural and remote areas, however, there was a view among frontline police and ambulance workers that they were better able to support people living with a mental illness or experiencing a mental health crisis because they already knew them.

“In remote areas, ambulance officers know every patient, their history and circumstances. We know what to expect when we are called out. In the city, the crew is different most times and colleagues don’t know the patient’s history.” — Frontline ambulance officer

Some indicated that relatively minor incidents had serious consequences on other parts of their lives and these consequences were not necessarily understood at the time, for example the impact on maintaining social housing. A number of police officers highlighted they are trained to deal with a crisis situation, but often the longer term impact of that engagement is not considered. Often, their immediate focus was to keep everyone involved safe, without opportunity for thought of future implications.

“We don’t think about the ramifications about their future. We just think we need to get them safe and well because we’re in crisis mode.” — Frontline police officer

Option for continuous improvement

Option 1—Police continue to build relationships, including through police liaison officers, with communities and with people living with mental illness, families, carers and support people, including the non-government sector.

The views expressed during the Strategic Conversations about the need to develop relationships is consistent with international evidence which demonstrates that relationships with people living with a mental illness, families, carers and support people can make a significant difference to outcomes¹. Trust and understanding is built through relationships and improves responses by first responders, as well as reducing fear and distress experienced by people living with mental illness.

Involving families and carers

The important role of families and carers and support people was identified by a number of people with a lived experience. One person indicated that while her interaction with police and ambulance officers was good and the outcome was that she received needed treatment, it could have been further improved had her family been contacted.

“I was in a manic episode—my first ever... the police and ambulance service worked well together. They sent female paramedics. I was quite comfortable. The only feedback is that my family could have been contacted earlier because it was a bit of a scary process.” — Person with a lived experience

Frontline mental health workers also highlighted the importance of involving families, friends and carers. Police and ambulance officers encounter situations which could be more openly discussed with those who support the person, including families and non-government support services. However, procedural and legislative barriers can sometimes limit the amount of open communication. It was suggested that when police and ambulance officers are more engaged with families and non-government support services, they are able to better understand a person’s needs and situation to inform their response, contributing to better outcomes.

Option for continuous improvement

Option 2—Queensland Health, Queensland Police Service and Queensland Ambulance Service consider ways of involving families, carers and support people as far as possible and as appropriate, in providing advice and support when responding to situations involving people living with a mental illness or experiencing a mental health crisis.

Families, carers and support people play a vital role in the lives of many people living with mental illness or experiencing a mental health crisis. They can have information vital to understanding a person’s situation and can also help to inform appropriate responses. It should be acknowledged however that there will be times when it would not be appropriate or practical to consult families, carers and support people. However, as far as possible and as is appropriate, first responders should have access to the knowledge and understanding of families, carers and support people when responding to situations involving people living with mental illness or experiencing a mental health crisis.

The system of support

Some police and ambulance officers expressed a sense of powerlessness at making a difference, particularly when people are discharged from hospital shortly after being taken for examination. Of significant concern for officers was a lack of appropriate services to refer people to. This was of particular concern in relation to people who may be experiencing a mental health crisis, but who were not experiencing a mental illness and requiring treatment in an acute mental health service.

Police officers indicated if there is a risk to the person or others, they would rather transport a person to hospital to receive appropriate help, rather than leave them experiencing a mental health crisis in the community. Police noted that often, the only options they have are to take the person to the hospital or to the watch house. Access to support services after hours, on the weekend, or public holidays was also identified as an important issue further limiting options police have to refer to people to appropriate services and supports.

“We could take them to the watch-house and charge them but 99 per cent of the time the watch-house doesn’t want them. Or we could EEO them... but there’s nothing in between. They’re not suffering from a mental illness—its substance abuse but we have nowhere to take them—like a detox centre or place of safety—and unless they seek help themselves, there’s no follow up. It’s frustrating because we go to the same thing day-in day-out and there doesn’t seem to be any avenues to change it.” — Frontline police officer

Option for continuous improvement

Option 3—The Commission, Queensland Police Service, Queensland Health and the Queensland Ambulance Service investigate:

- **options to provide safe places for people experiencing a mental health crisis who do not meet the criteria for receiving treatment and support in mental health services**
- **ways to better link people who are not admitted to hospital to support services, including to GPs.**

One of the main issues identified in research and outlined by stakeholders at the Strategic Conversations was the gap in appropriate responses for people who do not meet criteria for accessing tertiary mental health treatment. The options are very limited, particularly for people experiencing a mental health crisis and who do not require treatment for a mental illness. This situation may also apply to people who may be intoxicated at the time of needing assistance.

Police highlighted the need for a ‘safe place’ other than a watch-house as being more appropriate in some circumstances. As well as the need for a safe place there is also a need to provide a pathway to support services, such as GPs and other primary health or social services. A model implemented in Canada, the Crisis Outreach and Support Team, aims to link people during and following a crisis with necessary community resources and support systems¹.

Better collaboration and information sharing

Collaboration and information sharing between police, ambulance and mental health services was seen as one of the best ways to improve outcomes. Having access to information about a person’s situation can make a considerable difference to how police and ambulance officers respond and can impact significantly on outcomes. Police at the Strategic Conversations identified the need for information to be shared before a crisis occurs, when an incident happens, at hospital, and when a person is receiving care from mental health services. Having the right information at these times can make all the difference.

Frontline mental health staff indicated a need to work collaboratively and share information with other agencies such as child safety, domestic violence and homelessness services. This was seen as an important part of understanding a person’s situation and enabling a more informed and appropriate response.

Police indicated they were working towards better information sharing and that there are some examples of good practice operating in Queensland through local arrangements.

An Executive Mental Health and Police Steering Committee has been established across Queensland Health and the Queensland Police Service which has responsibility for overseeing collaborative programs and information sharing initiatives at a system-level. A Domestic and Family Violence and Vulnerable Persons unit operating in Logan was identified as a best-practice example of cooperation and information sharing. This model supports agencies coming together with the aim to get a cohesive and full picture of the person, in order to deliver the right service. This cooperation also reduces demand for police intervention.

First response officers highlighted the value of patient management plans, especially for people who make frequent calls for assistance, sometimes many times a day. Information in relation to these people is readily available for officers and this helps officers determine an appropriate course of action before they respond. The plans outline situations which may act as 'triggers' for the person and de-escalation techniques. The plans are developed in consultation with mental health services and families.

A large number of patient management plans have been put in place with the consent of people with a lived experience. Mental health workers indicated the patient management plans improve case management of people who frequently come into contact with police, decrease the number of calls, and improve outcomes and service satisfaction for people living with a mental illness.

“People didn’t know what was happening to them. They don’t know the process; they’re being handed around. Sometimes we take for granted that we know the system.” — Support person

While the memorandum of understanding and the plans are considered to be useful and working, mental health workers and police noted they could be further improved by including local non-government services.

Frontline mental health workers also indicated the co-responder model should be expanded to other parts of the state and could involve mental health practitioners supporting ambulance officers to assess whether there is a need for the person to receive treatment in hospital.

Option for continuous improvement

Option 4—The Queensland Police Service, Queensland Health and Queensland Ambulance Service investigate options to extend information sharing and collaborative arrangements to the non-government sector, as appropriate.

Collaboration and information sharing are central to all effective models implemented nationally and internationally. Through these arrangements, a more holistic and informed approach can be taken, increasing the likelihood that better outcomes will be achieved. However, as noted during the Strategic Conversations formal collaborative arrangements and information sharing protocols predominantly involve government agencies. The non-government sector plays a key role in supporting recovery, and therefore has access to information and knowledge which could further improve outcomes. One model, the Mental Health Intervention Team Trial in New South Wales, involves a partnership between the police service and the non-government sector with organisations such as the Schizophrenia Fellowship⁹.

Training in mental health

Police and ambulance officers said they need more education and training about mental illness. They acknowledged that experience is also important for building rapport with the person, as well as their support network to de-escalate difficult situations.

Some felt that police and ambulance officers would benefit from more face-to-face contact with people with mental illness as a way of developing a better understanding of mental illness.

Frontline mental health workers said more education and training of general health staff about mental illness is also needed. This would assist with reducing issues associated with stigma and improve staff confidence in responding to crisis situations.

“Although many ambulance officers are now university educated, mental health is only a minor component of the curriculum. More needs to be done in education and training around mental health.” — Ambulance officer

“There is often a poor understanding of mental health because you can’t see it. It is easier to treat a broken leg.” — Ambulance officer

Option for continuous improvement

Option 5—The Queensland Police Service and Queensland Ambulance Service develop training in mental health that is co-designed by people with a lived experience and the non-government mental health sector.

Option 6—The Queensland Police Service investigate options for more experienced officers acting as mentors to new recruits and officers.

There is a great deal of evidence which supports involving people with lived experience, families and carers in training across a wide-range of sectors. From the point of design to delivery of training, involving people with a lived experience can contribute to reducing stigma and create better understanding. One of the key features of the Mental Health Intervention Team Trial in NSW is that police training is developed in partnership with the non-government sector and is informed by lived experience⁹. There currently is training for police and ambulance in Queensland but it could be further improved.

Training in mental health legislation

One of the issues discussed by frontline police and ambulance officers was the need to have a consistent understanding and use of provisions in the Mental Health Act and in particular using Emergency Examination Authorities under the Public Health Act. Police indicated they were more likely to use the authorities as a way of helping a person to access health or mental health assistance when they are in crisis, while some ambulance officers were concerned about the stigma associated with the use of Emergency Examination Authorities.

Option for continued improvement

Option 7—Provide training on the new Mental Health Act and the Public Health Act to police and ambulance officers.

The new *Mental Health Act 2016* includes significant changes to process to access health care in emergency circumstances. There is an opportunity to ensure training is provided to police and ambulance to better support a consistent approach to using the provisions of the new Mental Health Act and the Public Health Act.

Wellbeing of first responders

Police officers explained that when they are called out to assist a person experiencing a mental health crisis, they never know quite what to expect and things rarely go to plan. The unpredictability of these situations leads to anxiety for some officers, particularly if they are inexperienced or have had a challenging experience previously. Some described situations encountered as part of their duties which had a long-lasting and profound impact on their mental health and wellbeing.

Ambulance officers also talked about the impact on their wellbeing which was a concern also shared by health workers and people with a lived experience.

“People make split-second decisions that may not be right for themselves or someone else. You don’t know how you’re going to cope when you are faced with a situation.” — Police officer

Option for continued improvement

Option 8—Continue to provide and strengthen support to improve and maintain mental health and wellbeing of frontline police and ambulance officers.

It is well recognised that frontline emergency workers, particularly police and ambulance are exposed to traumatic events and are under considerable pressure in their day-to-day work. For some this can have a significant impact on their mental health and wellbeing and may increase the risk of experiencing mental health problems, such as Post Traumatic Stress Disorder¹⁰. Efforts are being taken both in Queensland and in other states and territories to better support good mental health and wellbeing and reduce the impact of traumatic events^{11, 12}.

What has been achieved so far

During the course of the Strategic Conversations, agencies represented were implementing and researching new innovative and collaborative strategies to improve outcomes. They were also improving and expanding their already existing initiatives and training programs. Many of these improvements were informed by the Strategic Conversations and by research undertaken by the Queensland Police Service, Queensland Health and the Queensland Ambulance Service.

Queensland Police Service

The Queensland Police Service released and commenced implementation of 31 recommendations outlined in the *Final Report: QPS Violence Confrontations Review Report*⁴ which focus on a range of issues, including policies, procedures and training. Recommendations made in the report include, improved real-time information sharing with other agencies such as Queensland Health, coordination of a full evaluation of the Police Call Centre Mental Health Clinician initiative, and integrated responses to calls for assistance.

The Queensland Police Service has also implemented a Vulnerable Persons Training Package which provides officers with a better undertaking of impaired capacity, information sharing and partnerships, and de-escalation techniques which can be used at time of crisis. The package includes a strong focus on community skills as well as changes to the Mental Health Act. The Queensland Police Service advises that as at August 2017, 11,000 police officers and frontline staff had completed the training.

Queensland Health

In September 2016, Queensland Health released the report: *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services*⁵. The review was led by external experts, Professor James Ogloff AM and Associate Professor Peter Burnett and focused on providing guidance to public sector mental health services to deliver best practice treatment and care.

Another significant change was the commencement of the new Mental Health Act in March 2017. The new legislation includes provisions to enable information sharing between mental health services and police when returning a person absent, without permission, to involuntary treatment. It also contains provisions for other prescribed circumstances and enables ambulance, mental health clinicians or police to transport people to hospital.

New provisions regarding Emergency Examination Authorities have also been included in the Public Health Act to give an option for first responders to transport a person to a hospital in emergency circumstances.

Queensland Ambulance Service

The Queensland Ambulance Service is working with the Queensland Police Service and other agencies to achieve better interactions between people and the system. This includes providing training to all frontline officers in mental health and improving awareness of support contacts and resources for frontline service providers.

Collaborative models

The Queensland Police Service, Queensland Health, Hospital and Health Services as well as the Queensland Ambulance Service have worked to both strengthen and expand existing collaborative models and information sharing arrangements. They have also developed new models and are undertaking research which will identify a model for collaboration with primary health care.

Police Communications Centre

The Police Communications Centre Mental Health Liaison Service was evaluated in 2016 by the Forensic Mental Health Service with support from the Commission. The evaluation provided strong support for the service, which was found to have had significant positive impact on people experiencing mental health crisis in the community, first responders and mental health services. As a result of the evaluation, the service was expanded and now operates seven days a week, including all day Saturday and Sunday.

Supporting police negotiators

In 2016, the Commission also supported the Forensic Mental Health Service to develop a model of service for mental health services to support police negotiators. The model was finalised in March 2017. The mental health support of police negotiators program operates from the Queensland forensic mental health service on a state-wide basis. The program is available 24 hours per day, seven days per week and provides support for police negotiators requiring mental health services.

Expanding the co-responder model

The co-responder model was first implemented in Cairns (2011) and Caboolture (2015). It currently also operates in Ipswich and the Sunshine Coast. Models are also being implemented on the Gold Coast, Logan and Redlands areas. They involve teams situated within a mental health service that include a police officer who works with a Queensland Health Mental Acute Care Team clinician. The model aims to provide a joint response that gives rapid, effective assistance to people in crisis, and manage and resolve mental health-related calls for services within the community.

Localised initiatives

The Queensland Ambulance Service is liaising with local police and Hospital and Health Services to review management plans for people living with a mental illness and to strengthen inter-agency coordination and information sharing. The Queensland Ambulance Service is also improving access to information by frontline ambulance officers by incorporating information from Police and Ambulance Intervention Plans and Acute Management Plans into Queensland Ambulance Service systems.

New research

A key initiative which commenced in July 2017 is the Partners in Prevention project, which is a suicide prevention initiative based on an existing collaboration between Queensland Health, Queensland Ambulance Service, and Queensland Police Service. The project is led by the Forensic Mental Health Service and will identify opportunities to enhance the role of the existing Police Communications Centre Mental Health Liaison Service's program in suicide prevention. Specifically, it will address the first responses to suicide crisis situations; the mental health input into education and development of police and ambulance officer training in suicide crisis situations; and care pathways for those involved. This project will also identify opportunities to work collaboratively with other support agencies such as primary health networks and is due to be completed in 2019.

The way forward

Prevention, early intervention, supporting recovery and service integration will continue to be the focus for cross-sectoral reform as part of the renewed *Queensland Mental Health, Alcohol and other Drugs Strategic Plan*.

An important part of this reform will be not only reducing the need for police involvement, but also improving outcomes when police are called to provide assistance. Considerable improvements have been made while the Strategic Conversations were occurring but more is still needed.

The Commission will continue to support police, health and ambulance services to implement innovative, evidence-based strategies and initiatives informed by the Strategic Conversations and the Coroner's recommendations. A report outlining progress made towards implementing the options for continued improvement will be published by the Commission, 12 months after the publication of this paper.

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