



Queensland  
**Mental Health  
Commission**

Final progress report:

# Improving outcomes from police interactions (a systemic approach)

April 2019

---

## Acknowledgements

We pay respect to Aboriginal and Torres Strait Islander Elders, past, present and future. We acknowledge the important role played by Aboriginal and Torres Strait Islanders as the First Peoples, their traditions, cultures and customs across Queensland.

We also acknowledge people living with mental illness, problematic alcohol and other drugs use, 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.

---

### Feedback

We value the views of our readers and invite your feedback on this report. 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](mailto: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 annual report, you can contact us on 1300 855 945 and we will arrange an interpreter to effectively communicate the report to you.



### Licence

This report is licensed by the State of Queensland (Queensland Mental Health Commission) under a Creative Commons Attribution (CC BY) 3.0 Australia licence. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/3.0/au/>. In essence, you are free to copy, communicate and adapt this annual report, as long as you attribute the work to the Queensland Mental Health Commission.

© Queensland Mental Health Commission 2019

Published by the Queensland Mental Health Commission, April 2019

### Queensland Mental Health Commission

PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

An electronic copy of this document is available at [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)

# Contents

- Introduction.....2**
- Options for continuous improvement.....3**
  - Option 1—Building relationships and adopting a holistic approach..... 3
  - Option 2—Involving families and carers ..... 4
  - Option 3—The system of support ..... 5
  - Option 4—Better collaboration and information sharing ..... 7
  - Option 5—Training in mental health (co-design) ..... 9
  - Option 6—Training in mental health (mentors) ..... 10
  - Option 7—Training in mental health legislation ..... 10
  - Option 8—Wellbeing of first responders ..... 12
  - Case study: Co-responder Mental Health Team awarded ..... 14
- Conclusion .....15**

# Introduction

In October 2017, the Queensland Mental Health Commission (Commission) published the [Options paper: Improving outcomes from police interactions—A systemic approach](#) (*Options paper: Improving outcomes from police interactions*).

The paper presented eight options for reform to help support and improve outcomes of interactions between first responders and people living with mental illness or experiencing a mental health crisis.

It was developed by the Commission as part of its role set out in the *Queensland Mental Health Commission Act 2013* 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 system<sup>1</sup>.

The options were developed through a series of strategic conversations the Commission hosted between October 2015 and February 2017. These conversations were informed by international and national evidence about what works, the nature of police interactions in Queensland, and models already being implemented to improve the experiences of people living with mental illness, their support people, frontline police, ambulance paramedics, and health workers.

The options paper included a responsibility for the Commission to publish a report outlining progress made towards implementing the options for continued improvement 12 months after the public release of the options paper.

It was released on the same day the State Coroner released the [recommendations of a Coronial Inquest](#) into the deaths of Anthony William Young; Shaun Basil Kumeroa; Edward Wayne Logan; Laval Donovan Zimmer; and Troy Martin Foster. The five men were shot and killed by officers from the Queensland Police Service, acting in the course of their duties, between August 2013 and November 2014 in unrelated incidents. The incidents occurred at the Sunshine Coast, Brisbane, and the Gold Coast. Each of the men had a history of known or suspected mental illness, highlighting the need for the Queensland Police Service to treat mental health as core business.

In July 2018, the Queensland Government released its [response to the Coroner's recommendations](#). The Government confirmed that the implementation of most of the recommendations is underway, including the areas of incident command and de-escalation training, first-aid training, mental health training as a core component of the recruit and first year constable training programs, review of fire arms training and continued funding for the roll-out of body-worn cameras.

This report outlines 12 months of progress made towards implementing the options outlined in [Options paper: Improving outcomes from police interactions](#).

---

<sup>1</sup> Section 11(2)(c) of the *Queensland Mental Health Commission Act 2013*.

# Options for continuous improvement

Out of [Options paper: Improving outcomes from police interactions](#), eight options for reform were identified to help support and improve outcomes of interactions between first responders and people living with mental illness or experiencing a mental health crisis.

Twelve months on, the collaborative, system-wide approaches outlined in the options paper continue to be implemented and are outlined as follows.

## Option 1—Building relationships and adopting a holistic approach

**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.**

### **Queensland Police Service response:**

The Queensland Police Service is committed to relationship building and holistic approaches to enhance the response to people living with mental illness who come into contact with police during mental health crises. Engagement and partnership form the key foundation of the work that police undertake in this space.

Through the establishment of the Mental Health Intervention Program, police work alongside Queensland Health and the Queensland Ambulance Service to provide support to members of the community living with mental illness.

The Queensland Police Service has established dedicated Mental Health Intervention Coordinators. These are specialist police officers with additional training in police response to incidents involving people living with mental illness. Mental Health Intervention Coordinators undertake a number of responsibilities to ensure members of the community living with mental illness are kept safe, and to prevent or reduce any potential risks to the individuals or members of the community. For instance, Mental Health Intervention Coordinators often engage daily with Queensland Health staff to discuss ongoing support plans for people living with mental illness in the community to ensure the safety of the person. In addition, Mental Health Intervention Coordinators and frontline police officers engage with the families of people living with mental illness to develop safety strategies for de-escalation, and to support the person to access the most appropriate assistance. More broadly, police officers may call upon family members or carers when attending to calls for service to assist in supporting people with a mental illness to ensure timely care is provided. Police may also work alongside families of a person living with mental illness to identify alternative places of safety to minimise the need to transport a person to a health facility.

The Mental Health Intervention Coordinators liaise with Queensland Health units to provide advice on the roles and responsibilities of police when engaging with mental health patients. Providing this knowledge is important to ensure effective working relationships between agencies and gives clarity to the role police officers can play in supporting people with a mental illness. Mental Health Intervention Coordinators also participate in suicide prevention networks and collaborate with government and non-government agencies to remain current with emerging best practice in this area. In addition to external training, police officers (including Police Liaison Officers), are provided with annual training in communication skills, including mental health crisis and suicidal crisis communication skills, together with broader communication skills training.

Since 2005, the Queensland Police Service has been connecting vulnerable and disadvantaged people, who may be experiencing stress, distress and a range of social issues, with support services in a concerted effort to divert them from the criminal justice system. Police Referrals, as it is now known, has become an embedded strategy of the service's frontline operational policing, and continues to be

developed to ensure frontline officers are able to provide individuals, their families and carers the option of a referral to local service providers.

Police Referrals has over 480 service providers for any one of 23 different referral categories to support referred persons. This strategy, and the adoption of a proactive policing style, enables early and effective interventions in relation to a broad range of social issues, including mental illness.

There are currently three sub-categories under the Mental Health Referral category: 'support for person with mental health issues'; 'support for family/carer'; and 'veteran support'. There are currently 100 service providers supporting referrals to support persons with mental health issues, 20 service providers supporting referrals to support families/carers, and all veteran support referrals go to Returned Services League Australia. In 2017–18 there were 5081 referral reports submitted by police across the mental health referral category, directly connecting 4853 people with service providers.

## Option 2—Involving families and carers

**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.**

### **Queensland Police Service response:**

When appropriate, the Queensland Police Service will involve relevant people, including family, carers and support staff in attempting to de-escalate crisis situations or in responding to situations involving people living with a mental illness. For example, police officers may draw upon the expertise of mental health clinical staff situated within the Police Communications Centre, or District Mental Health Intervention Coordinators to liaise with appropriate staff from authorised mental health facilities on behalf of the client. When relevant, the Queensland Police Service may call upon Queensland Ambulance Service to transport a person to a health facility as an alternative to being transported by police. Police officers may transport a person to a place of safety as an alternative to restrictive practice and operate under the existing Safe Transport agreement between Queensland Police Service and Queensland Health. These may include the home of a family member, friend or support service.

The Queensland Police Service has developed service-wide position descriptions defining the roles and responsibilities for District Mental Health Intervention Coordinators. There are formal and informal arrangements between the service and relevant stakeholders to ensure its response is appropriate and sensitive to local needs. These arrangements also ensure opportunities for collaboration are embedded in service delivery, where possible.

Queensland Police Service District Mental Health Intervention Coordinators case manage clients who have come to the attention of police on multiple occasions, which may involve working with the families of the client and support services to achieve the best outcomes for that client. In practical terms this may include engaging families in treatment plans around a person's mental health or obtaining support from non-government organisations and support services to better assist those living with a mental illness.

Young people and families are invited to work alongside police with the aim of improving outcomes for children who may be experiencing behavioural or mental health concerns. Police may develop plans in conjunction with the family to address these concerns and may appoint a police family liaison/support officer as a consistent point of contact for the family.

### **Queensland Ambulance Service response:**

When responding to an incident involving a person living with mental illness, the Queensland Ambulance Service will treat an acute episode as it presents at time of call and provide immediate pre-hospital care and attention, if safe to do so. This may involve calling Queensland Police Service for assistance, contacting family members or other support options for immediate or referred assistance.

The Queensland Ambulance Service routinely involves family, carers and support people when responding to situations involving people living with a mental illness or experiencing a mental health crisis.

The Queensland Ambulance Service has a Standard Operating Procedure (SOP) in place that outlines the requirement of the 'Safe Transport of Patients with Mental Illness'. This SOP outlines situations involving an escort who may be a family member, carer or an appropriate health care professional. In each situation the decision to request an escort will be dependent on the patient assessment. In most cases, when the Queensland Ambulance Service is called to assist a person suffering a mental health crisis, the person is transported to an appropriate facility for assessment and ongoing care. Queensland Ambulance Service paramedics often involve the support of family and friends to help encourage the person to be transported. There is generally limited opportunity at this time for discussing a broader strategy to assist family members and friends to provide future support.

The Queensland Ambulance Service Operations Centres ensure families, carers and support people are provided with the opportunity to relay appropriate information at the time of the initial call, so that all initial detail provided by the caller regarding the person's condition, history and scene circumstances are accurately recorded in the incident. Paramedics are advised of incident details as initially provided, particularly information that relates to scene safety. Where the assessment of a person indicates they may be a risk to themselves or others, Queensland Police Service assistance may be required to safely manage the person during transport.

#### **Queensland Health response:**

Queensland Health continues to support the importance of appropriately involving families and carers in the care and management of people accessing public mental health services and public hospital services. There are several statewide resources designed to strengthen mental health service engagement and collaboration with carers/families and support services, including:

- the statewide standardised suite of mental health clinical documents [Guideline on the use of the standard suite of clinical documentation](#), and the [User guide for revised mental health clinical documentation](#)
- Queensland Centre for Mental Health Learning training packages, including [QC9 Critical Components of Risk Assessment and Management](#) and [QC14 Mental Health Assessment](#)
- the Queensland Health factsheet [Information sharing between mental health staff, consumers, family, carers, nominated support persons and others](#).

## **Option 3—The system of support**

**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.**

#### **Queensland Mental Health Commission response:**

The Commission has commenced work to examine alternative models of emergency care, including options for safe spaces for people experiencing a mental health crisis and improved connections to primary care.

[Shifting Minds, Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023](#) includes a commitment to examine alternative models to enhancing acute and crisis interventions. This includes

improved responsiveness and expanded options that are appropriate for people experiencing psychiatric and alcohol and other drugs emergencies and suicidal crises.

Findings of a recent snapshot survey of Australian and New Zealand emergency departments found that people presenting with a mental health crisis disproportionately experience waiting times for an inpatient bed of more than eight hours in emergency departments.<sup>2</sup> This is an issue that is potentially compounded in regional and rural areas. Alternative models of emergency care, including safe therapeutic spaces and after-hours mental health support, are required to improve outcomes and reduce preventable emergency department presentations. Innovative crisis response models are also required for alcohol and other drugs and suicidal behaviour.

In the early scoping stages, it was recognised that a broad range of approaches is being trialled in Australia and overseas. Alternatives to emergency departments or watch houses can take many forms—for example, they may involve community-based alternatives to clinical care; enhanced roles for peer workers; improved pathways of care in emergency departments; and integrated mental health/policing models of service. The Commission recognises there are existing innovative cross-sectoral approaches being implemented at a local level—for example the Co-responder Mental Health Program ([see case study on page 14](#)).

The Commission will continue to lead work with a wide range of stakeholders, including the Queensland Police Service, Queensland Health and the Queensland Ambulance Service, to investigate innovative crisis response models. Improving coordination and collaboration across sectors, including improved connections to primary care, will be considered to better meet the needs of individuals, their families and first responders.

#### **Queensland Police Service response:**

The Police Referrals system is a service that provides frontline officers the options of referrals to a variety of support services via the Queensland Police Records and Information Management Exchange (QPRIME). The system includes ability for frontline officers to provide voluntary referrals to mental health service providers, not only for people experiencing a mental health crisis, but also for their family and carers, any relevant victims, witnesses, or other relevant people.

The Police Co-responder model attends to calls for service and provides options for people living with mental illness to be assessed in the home or on-scene, rather than an emergency department. This option aims to mitigate the risk of escalating behaviours. The co-responder model also provides options for on-referral to a general practitioner, acute care team or non-government mental health service. The co-responder model involves Queensland Police Service officers and a clinical mental health nurse providing a secondary response to people experiencing a behavioural disturbance, once first response officers have safely secured the situation. In addition to provision of on-site clinical assessment, the co-responder can also receive and share information from relevant health services to support the intervention.

#### **Queensland Ambulance Service response:**

Under provisions of an emergency examination authority, paramedics can transport a person to a place of care that is not an emergency department or authorised mental health service, for example the person's home. This is not common practice given the treating paramedics may not have access to the person's history or be able to consult with the person's care team. Also, it may not be clear to paramedics which group of people suffering a mental health crisis would be appropriate for transport to a non-clinical safe place.

The Queensland Ambulance Service is therefore developing a suite of referral options that provides options for people who either refuse treatment and transport or, in the opinion of the paramedics, may be

---

<sup>2</sup> Australasian College for Emergency Medicine. *Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions*. Australasian College for Emergency Medicine; 2018.



suitable for active referral. The project will deliver a fully supported, statewide referral solution, 'QASLink', that paramedics can access from their operational iPad to refer vulnerable people to a range of local services, based on their location and referral criteria. These criteria would be inclusive of services for aged support, problematic alcohol and other drug use, counselling, disability support, domestic and family violence, drug misuse, gambling, homelessness, migrants and refugees, mental health, parenting children/youth, road trauma, sudden death support, suicide prevention, support for youth, and victim support.

**Queensland Health response:**

Queensland Health is participating in the inter-agency work in relation to this option, which is being led by the Queensland Mental Health Commission.

Partners in Prevention is a research-informed suicide prevention project funded under the Suicide Prevention in Health Services Initiative. The project builds on the existing Queensland Forensic Mental Health Service, Queensland Ambulance Service and Queensland Police Service collaboration. The project seeks to better understand the demand that suicide-related crises place on first responders; the characteristics of individuals who make suicide-related calls to emergency services; the types of responses that could best serve their needs; the capacity of the services to deliver the responses; and how to improve continuity of care following a suicide-related crisis that results in a call to emergency services.

The Mental Health Alcohol and Other Drugs Branch in partnership with the Queensland Mental Health Commission is reviewing alternative models of emergency care for people presenting to emergency departments in a suicidal crisis.

Queensland Health is also supporting the development of the National Suicide Prevention Implementation Strategy under the Fifth National Mental Health and Suicide Prevention Plan. Exploration of community based non-clinical options to support people in suicidal distress is occurring by the National Suicide Prevention Project Reference Group.

## Option 4—Better collaboration and information sharing

**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.**

**Queensland Police Service response:**

The Queensland Police Service, as the lead agency, with Queensland Health and the Queensland Ambulance Service commenced a joint review of the Mental Health Intervention Program in March 2018. The review aims to develop an appropriate framework to support a coordinated, multi-agency approach to the resolution and prevention of incidents involving people with impaired mental capacity. This review may include consultation and discussions with government and non-government agencies to identify best practice for information sharing and collaboration, as well as models for service delivery. It explores and reviews how the three agencies interact and respond to incidents of mental health.

Currently, Queensland Police Service and Queensland Health operate under an agreed Memorandum of Understanding to facilitate the timely sharing of information to support first responders when attending to a person experiencing a mental health situation.

It allows for police receiving a call for service to access Police and Ambulance Intervention Plans via the Queensland Police Service internal database. These plans, which have previously been developed with the person and mental health staff, outline the ways in which they want police and ambulance officers to respond to an incident. The plan includes de-escalation techniques and contact details for support

people. The plans are effective as they can be accessed immediately by officers and outline what the person wants, enabling an individualised response to crisis.

**Queensland Ambulance Service response:**

In August 2017, the Queensland Ambulance Service endorsed the implementation of the recommendations from the Queensland Ambulance Service internal report *Strengthening Mental Health Intervention Report — Current State Assessment*. The report reviewed the steps the Queensland Ambulance Service has taken to better understand and address the issues of mental health, the status of initiatives and strategies, and made recommendations to strengthen mental health intervention strategies.

As a result of the recommendations, the Queensland Ambulance Service is continuing to implement the following:

- Appointment of a centrally located Queensland Ambulance Service mental health practitioner to assist Local Ambulance Service Network (LASN) Mental Health Intervention Coordinators to coordinate information and develop referral pathways with Hospital and Health Services (HHS)/Primary Health Networks (PHNs) and the Queensland Police Service. This position will also assist with the formalisation of a state-level process for the identification of frequent presenters and provide feedback through the monthly LASN performance reviews to ensure management/intervention plans are put in place early.
- Establishing uniform practices for storing and sharing information from Prevention and Intervention Plans (PAIPs) and Ambulance Management Plans (AMPs) to responding officers when required. Consideration has been given to:
  - access to PAIPs and AMPs
  - management of privacy and confidentiality provisions relating to the subjects of the plans
  - identified business owners within the Queensland Ambulance Service for PAIPs and AMPs
  - development of standard operating procedures for storing and recording information from PAIPs and AMPs
  - the practicality and feasibility of developing AMPs that incorporate information from PAIPs.
- Development of Queensland Ambulance Service education and training resources that increase understanding of paramedics responding to people experiencing a mental health crisis. This is to include education regarding the information contained in PAIPs and AMPs; the need to respond to people with empathy; how to de-escalate situations involving people having a mental health crisis; and how to identify the most appropriate treatment or referral pathway for someone experiencing a mental health crisis.
- Updating of the Queensland Ambulance Service Clinical Practice Manual to incorporate current mental health practices and resources to assist officers with de-escalation and referrals, such as including the availability of the 1300 MH CALL number for afterhours support as an additional advisory service when responding to people experiencing a mental health crisis.
- Standardising Queensland Ambulance Service representation at monthly Operational Liaison Committee meetings with the local HHS and Queensland Police Service.
- Progress discussions with HHSs to expand Co-responder models across the state and improve Queensland Ambulance Service access and knowledge of the service.
- Source funding to ensure ongoing coding of the entire Queensland Ambulance Service dataset to fully utilise the data generated by the Turning Point project. This will ensure Queensland Ambulance Service data collection is capable of accurately identifying and/or describing the quantum, nature or trends associated with mental health, alcohol and other drugs presentations attended by Queensland Ambulance Service paramedics.

- Implementation of practical strategies identified from the beyondblue [National Mental Health and Wellbeing study of Police and Emergency Services](#) (to be concluded early 2019), to improve the mental health of our emergency services personnel.
- Continuing to share data with Queensland Health Forensic Mental Health Services and the Queensland Police Service where relevant and consider implementation of the *Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations* Project recommendations where applicable (to be handed down in 2019). The project addresses knowledge gaps in first response and translates findings into service delivery enhancements and will propose how best to share information between the Hospital and Health Services mental health services, the Queensland Ambulance Service and the Queensland Police Service.
- Consider implementation of any applicable policy reforms identified by the [Improving outcomes for people with acute mental illness in the emergency department: a data linkage study](#) upon its completion (to be handed down in 2019). The study will link five years of information from health, police and national death databases, which will identify areas where services can be improved for vulnerable people seeking help for their mental health problem.
- Development of a local implementation plan for specific capital and service delivery programs identified and funded through [Connecting care to recovery 2016–2021](#).

#### **Queensland Health response:**

Queensland Health is participating in the tri-agency Mental Health Intervention Project Review. The review will result in the development of an appropriate framework and/or model of service to support a coordinated, multi-agency approach to the resolution and prevention of incidents involving people experiencing a mental health crisis. The review may consider options to extend information sharing and collaborative arrangements to the non-government sector, as appropriate.

Queensland Health is also implementing a new Individual Recovery Support Program for people with severe mental illness referred from Hospital and Health Services to be delivered by non-government providers. People in this program will receive non-clinical support services and have an individual support plan which will identify clear recovery goals and also clear processes to access clinical intervention where there is a deterioration in mental health.

## **Option 5—Training in mental health (co-design)**

**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.**

#### **Queensland Police Service response:**

The Queensland Police Service continues to review its mental health-related training to ensure it is contemporary and reflective of emerging trends to support people with a mental illness. The service implements a range of training deliverables to operational police, with officers required to undertake mandatory training on an annual basis. Training is strongly focused on managing mental health interventions and behavioural disturbances. A co-design approach is utilised when developing and delivering training to police officers. This approach incorporates information from people with lived experience, non-government and government agencies.

Mental health-related programs include:

- Crisis Intervention Training
- Recruit Mental Health Training
- Suicidal Call-Takers Training
- Mental Health First Aid Training

- Aboriginal and Torres-Strait Islander Mental Health First Aid Training
- First Responders Mental Health Intervention Training
- Mental Health Online Learning Products (OLP)

**Queensland Ambulance Service response:**

The Queensland Ambulance Service continues to review its mental health-related training packages to ensure they are contemporary and reflective of emerging trends to support people with a mental illness; and implements a range of training deliverables to all operational frontline staff each year. The process of developing and reviewing training packages is continuous. The Queensland Ambulance Service will develop new training packages and update existing training packages for frontline staff, facilitated through a co-design process with input from people with a lived experience and the non-government mental health sector, as part of the Queensland Ambulance Service’s future tier training programs.

## Option 6—Training in mental health (mentors)

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

**Queensland Police Service response:**

During the Queensland Police Service initial service training program, newly sworn-in officers are mentored by experienced Field Training Officers. Officers must work all shifts with a Field Training Officer during their first eight weeks of service and 50 per cent of shifts for the remainder of their first year. The mentoring period may be extended if deemed necessary.

The Queensland Police Service is leading the Mental Health Intervention Program Review. The review aims to develop an appropriate framework to support a coordinated, multi-agency approach to the resolution and prevention of incidents involving people with impaired mental capacity. This review is ongoing with an expected completion of 30 June 2019. The Mental Health Intervention Training is facilitated by a range of experienced officers, including Education Training Officers, Queensland Police Service Negotiators, and District Mental Health Intervention Coordinators.

## Option 7—Training in mental health legislation

**Option 7—Provide training on the new *Mental Health Act 2016* and the *Public Health Act 2005* to police and ambulance officers.**

**Queensland Police Service response:**

The Vulnerable Persons Training package highlighted the deep commitment the Queensland Police Service has towards delivering improved policing services to vulnerable people, particularly those with impaired mental capacity. The training package was delivered in 2017 to all sworn members, up to and including the rank of Inspector, and selected non-sworn members performing a frontline support role. The online training provided officers with knowledge related to legislation (i.e. *Public Health Act 2005*, and the new *Mental Health Act 2016*) and associated policy and procedural requirements. The face-to-face workshops, with a strong focus around cultural change, were an opportunity for officers to gain a deeper understanding of the social issues surrounding people with impaired mental capacity.

All police recruits and first year constables receive training in mental health legislation. Constables can access further training on mental health legislation through the Constable Development Program and the First Responder Mental Health Intervention Training.

Mandatory training is undertaken annually in relation to police operational skills. A strong focus of this training is skilling officers to de-escalate a potentially dangerous or violent situation through their

appropriate use of communication skills. A large component of the training relates to people who are having a behavioural disturbance.

Police officers receive regular training to communicate with people experiencing crises. The mental health component of the Vulnerable Persons Training has been superseded by training focused strongly on legislation, de-escalation communication, mental impairment, disability and co-morbidity. Existing training to incorporate disabilities will be developed and expanded in 2019.

**Queensland Ambulance Service response:**

The Queensland Ambulance Service has provided training on the new *Mental Health Act 2016* and the *Public Health Act 2005* to ambulance officers through the Managing Mental Health Update 2017: a 30-minute online multimedia training program that incorporates a video and short exam to ensure consolidation of knowledge.

The Queensland Ambulance Service has also developed and released a series of short videos, delivered by subject matter experts, which discuss the following:

- Queensland Ambulance Service mental health referral pathways
- Long-term consequences for the person placed on an Emergency Examination Authority (EEA)
- EEA's and Queensland Police Service QPRIME records and confidentiality
- paramedic obligations when arriving at an Authorised Mental Health Service or Public-Sector Health Service facility and the hospital personnel view that the person should be placed on an EEA
- whether the behaviour or communication has to be witnessed (such as a threat to commit suicide) to form the belief that the person is at immediate risk of serious harm
- Queensland Police Service officers on scene for prolonged periods waiting for the Queensland Ambulance Service to transport
- a person provides consent to be transported—is there a need for an EEA
- a person absconds prior to arrival at the hospital, or after the Queensland Ambulance Service has arrived at the hospital but before the person has been admitted
- EEA and people who do not have a mental illness
- whether the *Mental Health Act 2016* applies in circumstances where the person is suffering from a life-threatening condition that is due to trauma or a medical condition and the person appears to lack the capacity to make a decision regarding health care
- Queensland Police Service request paramedics' attendance and transport of a person to a health facility and complete an EEA for this purpose.

**Queensland Health response:**

A comprehensive online education resource, which was made available for police and ambulance officers (as well as Queensland Health staff and members of the public), was released to support implementation of the *Mental Health Act 2016*, which commenced in March 2017. Queensland Health also worked closely with the Queensland Police Service to ensure inter-agency resources to support implementation of the Act were clear, consistent and available to officers and staff working in frontline services.

Resources to support the implementation of the *Public Health Act 2005* provisions relevant to emergency examinations were also made publicly available prior to the commencement of the *Mental Health Act 2016*. An evaluation of the implementation of the *Mental Health Act 2016* is underway and includes consideration of inter-agency matters. The police/mental health steering committee, which oversees the range of collaborative projects and interfaces across Queensland Health and the Queensland Police Service, monitors police training needs and developments at each quarterly meeting.

## Option 8—Wellbeing of first responders

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

#### **Queensland Police Service response:**

In 2018, the Queensland Police Service, together with its unions, established an [Our People Matter Strategy](#) and a strategic priority, Healthy Minds, to guide its workforce in the creation of activities and events to build improvements in the mental health of employees and their families.

The service is currently reviewing and enhancing its suite of education and training programs to improve mental health literacy of its employees. Key objectives with the review are to improve current educational offerings to destigmatise mental health issues, encourage help seeking behaviour and build individual resilience and organisational capability.

The Queensland Police Service is currently trialling an automated and voluntary mental health screening process to monitor employee mental health. The mental health screen will also be offered to age-retiring employees as part of the pre-separation process.

The service is working with the Office of Industrial Relations, WorkCover Queensland and the relevant unions to improve support and early access to treatment for officers claiming workers' compensation for post-traumatic stress disorder.

Its mental health training products are aligned with external agency publications including; the Queensland Audit Office [Managing the mental health of Queensland Police employees report \(2017–18\)](#), beyondblue [National Mental Health and Wellbeing Study of Police and Emergency Services](#), and Heads Up, [Good practice framework for mental health and wellbeing in first responder organisations](#).

All Queensland Police Service members are supported by Employee Wellbeing, which aims to promote and support the psychological wellbeing and resilience of all officers and staff. Employee Wellbeing facilitates the implementation of proactive programs (training courses and resources) to support members, colleagues or family members through difficult situations. Employee Wellbeing consists of senior psychologists/social workers, peer support officers and chaplains. Additionally, Employee Wellbeing provides a free, confidential external counselling service to current employees, their partners and children, and retired service members. It is available 24hours a day, 7 days a week.

#### **Queensland Ambulance Service response:**

The Queensland Ambulance Service continues to provide and strengthen support to improve and maintain mental health and wellbeing of frontline ambulance officers through the provision of fatigue management refresher training, which incorporates a component relating to wellbeing, particularly around sleep cycles and nutrition.

The Queensland Ambulance Service has also implemented a multi-layered educational package designed to promote mental health and wellbeing among frontline ambulance personnel and minimise the risk of psychological injury, trauma and suicide. This education is implemented throughout the working lifespan of the employee to ensure consistent and ongoing messages around psychological wellbeing, strategies to promote resilience and post traumatic growth, and reduce mental health stigma and barriers to accessing support.

Education begins pre-employment and is provided to university students prior to their first Queensland Ambulance Service placement (currently this includes five Queensland universities at their invitation). This initial opportunity for education ensures that mental health and wellbeing is recognised early as a priority and that there are early consistent messages of the importance of adaptive coping strategies and self-care. This assists in reducing mental health stigma and reducing barriers to support through

normalisation and salutogenic-based education (focused on supporting health and wellbeing, rather than on risk and problems).

The Queensland Ambulance Service provides evidence-based training specifically developed for its managers and supervisors to provide them with the tools and resources to ensure the psychological welfare of both themselves and their staff. Offered annually, this training promotes resilience within the workforce by providing managers and supervisors with the necessary skills and resources to provide early interventions with staff following exposure to potentially traumatic experiences.

The Queensland Ambulance Service has in place a significant and multi-layered Staff Support Program. This program has been in place for over 25 years and is readily recognised and accessed by Queensland Ambulance Service personnel and their families. The program is designed to promote and protect the psychological wellbeing of its personnel and to identify and mitigate against potential psychological injury. The program makes available frontline staff support services, in addition to advising and supporting the service with organisational processes critical to the psychological wellbeing of personnel.

In addition to responses provided following an incident, there are considerable levels of pre-incident psychological education and other resilience-building strategies provided through the program. For example, information on effectively coping and supporting others in relation to issues inside and outside the working context is provided to all Queensland Ambulance Service operational employees, managers and supervisors and peer support officers.

The Queensland Ambulance Service has released a Queensland Ambulance Service Mental Health and Wellbeing Strategy that identifies the current psychosocial risks for its personnel and their immediate families, and aims to provide strategic direction in meeting and mitigating against these risks.

The Queensland Ambulance Service is also committed to implementing the practical strategies identified from the *beyondblue* [National Mental Health and Wellbeing Study of Police and Emergency Services](#) to improve the mental health of our emergency personnel.

## Case study: Co-responder Mental Health Team awarded

In a Queensland-first, police and mental health nurses in Ipswich are working together to help save lives.

Police as 'first responders' to incidents in the community are frequently required to attend to people with mental health problems who are in crisis. Through collaboration with Queensland Police Service and support from Queensland Ambulance Service, West Moreton Health commenced the Mental Health Co-Responder Project (MH-CORE) in March 2017, to better meet the needs of people with mental health problems who are in crisis.

The project won the *Pursuing Innovation Category* and received the *Overall Outstanding Achievement* at the 2018 Queensland Health Awards for Excellence.

The project was also awarded with the 2018 Board Chair Award at West Moreton Health Caring Better Together Awards.

The program was developed to connect people experiencing a mental health crisis to the most appropriate forms of care by improving the responses of police, emergency and health services, when responding to a triple-0 call.

Police responding to emergency calls relating to mental health have a nurse accompany them to provide on-the-spot assessment and support to people experiencing a crisis.

A determination is then made whether the person requires Emergency Department care or alternate support options, allowing for efficient and effective allocation of time and resources and better outcomes for those in crisis.

The Awards are a significant celebration of the program's achievements, recognising individuals and teams across the health service.

The presentation of these awards to the Co-responder Mental Health Team acknowledges the inroads this trial has made into mental health treatment in the community. The Minister for Health and Minister for Ambulance Services, the Hon Dr Steven Miles MP has since voiced his support for an expanded program across the state.



# Conclusion

The Commission commends the Queensland Police Service, the Queensland Ambulance Service and Queensland Health for their concerted ongoing effort and commitment to implementing the options put forward in the 2017 [Options paper: Improving outcomes from police interactions](#).

This final progress report demonstrates that agencies have put in place systems to share information and better collaborate to continuously improve outcomes for both people experiencing a mental crisis as well as first responders.