QUEENSLAND POLICE SERVICE

Submission to

The Queensland Parliament Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders

February 2022

Contents

Background

On Thursday, 2 December 2021, the Mental Health Select Committee was established by the Legislative Assembly to conduct an inquiry into the opportunities to improve mental health outcomes for Queenslanders. The QPS was invited to make a submission to the Committee to inform its deliberations and findings in accordance with the terms of reference.

How we respond to mental health in the community

The QPS is the primary law enforcement agency for Queensland, upholding the law and assisting the community, particularly in times of emergency, crisis and disaster. It fulfils this role throughout the state 24 hours a day, seven days a week, in accordance with governing legislation, policy and the organisation's vision, purpose, values and strategic objectives, as set out in the *QPS Strategic Plan 2021-2025*.[1]

As first responders, police officers attend many different types of calls for service, including calls involving persons experiencing mental ill-health and frequently when these experiences are at the point of crisis. Police may interact with people with mental health issues for a variety of reasons, including whether the person is an offender, a victim of crime, or as a result of their mental health related behaviours.

Some officers will respond to more than one suicide related call for service per year, and more than one police officer may respond to the same suicide event. As a result, the number of police who experience on scene exposure can be higher than experienced by staff of many other agencies.

Mental health exists on a broad continuum, from healthy functioning through to severe symptoms or conditions.[2] The types of calls for service the QPS responds to reflects this broad range of experience and includes: welfare checks (including in response to reports of a person being at risk of self-harm), suicidal thoughts, attempted suicide, deaths by suicide, sudden death (including overdose), disturbances (e.g. arguments, noise), emergency examination authority and assisting other emergency services.

There are generally significant complexities involved with members of the community experiencing poor mental health and police are often the first agency to initially respond to an incident involving mental health. The QPS notes a key focus area of the Queensland Government's *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-23* is whole-of-system improvement, which may influence the reliance on police by improving health service system responses.

The number of calls for service for mental health have increased year on year since 2016. Between 2016 and 2021, mental health related calls for service have increased by 58 per cent. Initials calls for service for suicide and attempting or threatening suicide have increased by 26 per cent and 61 per cent respectively over the past six years, between 2016 and 2021. These figures are reflected in Table 1.

[1] Queensland Police Service, *Reports and publications* (Web Page) <https://www.police.qld.gov.au/qps-corporate-documents/reports-and-publications>.
[2] Beyond Blue, *Good practice framework for mental health and wellbeing in police and emergency services organisations* (2020) p 7.

Table 1: Mental health calls for service[3]	
Year	**Total calls for service**
2016	32,040
2017	35,666
2018	40,741
2019	47,409
2020	48,495
2021	50,755

The time it takes for police to respond to a mental health call for service varies on the unique circumstances of each call. When responding to an apparent suicide, police officers are required to treat the death as a suspicious death until investigations clearly indicate that the deceased died without the intervention or assistance of another person.[4] Where there is any doubt that the person is deceased, police officers will perform emergency resuscitation attempts and seek Queensland Ambulance Service attendance. The investigating officer must comply with the requirements in section 8.4.3 of the Operational Procedures Manual (OPM),[5] including arranging for delivery of the body to the mortuary, maintaining continuity of identification of the body, advising relatives, and completing relevant forms. A life extinct form must be completed. Unless the death is an obvious death,[6] a medical practitioner, registered nurse or paramedic must complete the life extinct form.

When responding to an incident involving persons who have attempted suicide or where there is concern that a person may attempt suicide, police officers are required to take reasonable action with the health and safety of the person as the paramount concern.[7] Police officers will seize anything used in the attempt or threat and retain it for a reasonable time to prevent the person from causing harm to themselves. If

[3] These data are provided by Research and Analytics, Organisational Capability Command. These data are preliminary and may be subject to change. These data include initial call types of 502 (suicide), 503 (attempting or threatening suicide), 504 (mental health) and 716 (authority to return). These data were sourced from QCAD, which was gradually rolled out over time and, as such, previous figures may not be directly comparable with recent figures.

[4] OPM s 8.5.1.

[5] The OPM provides members with guidance and instruction for operational policing. It can be accessed online at https://www.police.qld.gov.au/index.php/qps-corporate-documents.

[6] See OPM s 8.4.4. An obvious death is a death where the state of the body is clearly incompatible with life, such as:

- severe incineration has caused charring and blackening of most of the body surface, with exposure of underlying tissues in some areas;
- extensive trauma has caused decapitation, severance of the torso, disruption of vital organ (e.g. brain), or fragmentation of the body;
- well established decomposition has caused extensive discolouration of the skin, bloating of the body and, in some cases, larval infestation and partial exposure of the bones; or
- advanced decomposition has exposed most of the skeleton.

[7] OPM s 8.5.1.

doing so may assist in preventing further attempts or threats, police officers are to disclose appropriate details of the incident to the person's family, next of kin or carer. Some persons may prefer to deal with medical staff during an incident. Police officers will seek Queensland Ambulance Service attendance in these cases. If the person has caused physical harm to themselves or another, police officers will seek Queensland Ambulance Service attendance to treat or transport any injured persons.

An authority to transport is completed by a police officer locating the person, detaining them and transporting them to the nearest inpatient facility of an authorised mental health service or public sector health service facility.[8]

EMERGENCY EXAMINATION AUTHORITIES

In emergency circumstances, police officers are empowered by chapter 4A of the *Public Health Act 2005* (Qld) to detain and take a person to a treatment or care place if the person appears to have a major disturbance in mental capacity.[9] This applies where the police officer believes:

- the person's behaviour indicates they are at immediate risk of serious harm
- the risk appears to be from a major disturbance in mental capacity
- the person appears to require urgent examination or treatment and care.

These circumstances also enliven a police officer's power of entry under section 609 of the *Police Powers and Responsibilities Act 2000* (Qld) to establish whether there is an imminent risk of injury to a person at that place.[10]

If the police officer takes the person to a public sector health service facility, the officer must make an emergency examination authority (EEA) for the person.[11] The police officer must then give the EEA to a health service employee at the facility.[12] The EEA allows the facility to detain the person for no more than 6 hours to examine the person and decide their treatment and care needs.[13] The examination period can be extended by a doctor or health practitioner to not more than 12 hours if necessary to carry out or finish the examination.[14] Once the person is transported to the facility, responsibility for the person is immediately assumed by the facility.[15]

TRAINING FOR POLICE OFFICERS

The QPS offers a range of training programs for police officers to assist them in responding to mental health related calls for service, as well as appropriately managing mental health issues that may arise in a custody setting. Officers in charge of regions are required to ensure sufficient first response officers have completed mental health intervention training.[16]

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[8] OPM s 6.6.6.
[9] *Public Health Act 2005* (Qld) s 157B. The power also applies to an ambulance officer as defined in the *Ambulance Service Act 1991* (Qld) sch.
[10] A police officer may consider advice from a health practitioner in forming this view: *Public Health Act 2005* (Qld) s 157B(2).
[11] *Public Health Act 2005* (Qld) s 157D.
[12] Ibid sub-s (4).
[13] Ibid ss 157E and 157F.
[14] Ibid s 157E(4).
[15] *Queensland Interagency Agreement for the Safe Transport of People Accessing Mental Health Assessment, Treatment and Care*, Queensland Health and Queensland Police Service, signed 2019 (Memorandum of Understanding) <https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444902/mh-pat-trans-aggr-jul-14.pdf> s 9.
[16] OPM s 6.6.13.

The QPS also holds First Response Crisis Intervention workshops which are aimed at first responders in remote areas of Queensland. These police officers attend a variety of mental health related critical incidents where qualified negotiators can be a considerable time or distance away. The workshops equip first responders with core de-escalation and communication skills using the behavioural influence stairway model.

MENTAL HEALTH LIAISON SERVICE

Operating out of the Police Communications Centre (PCC) at Brisbane, the Mental Health Liaison Service is a partnership with Queensland Health where clinicians work within the PCC to interpret relevant clinical information about persons in contact with police officers and provide meaningful and timely information to those officers in a relevant and actionable way on a state-wide basis.

The service operates 16 hours a day, 7 days a week for general duties officers and an on-call 24-hour service is available for police negotiators. Information received by police officers assists with immediate management of the individual including communication strategies and styles, triggers, and strategies for de-escalation and engagement with the individual.

MENTAL HEALTH INTERVENTION PROGRAM

The QPS is a member of a joint initiative with Queensland Health and the Queensland Ambulance Service to manage various mental health issues in the community. Across police districts, 23 Mental Health Intervention Coordinators provide an early-intervention mechanism. Four of these coordinators undertake the role full-time. Coordinators review calls for service about mental health issues and provide support and advice to police officers and community members.

District coordinators have specialised expertise in policing responses to mental health crisis and are able to guide service integration and evidence-based crisis management. These positions are necessary to support the ongoing involvement in collaborative working groups dependent on local needs, monitoring collaborative interagency responses to incidents involving mental health, and the consultation and advocacy of alternative care pathways. They are a fundamental part of the Service response to mental health crisis in the community and are essential for building and maintaining integral interagency partnerships.

POLICE REFERRALS

The Queensland Police Referrals service allows frontline police officers to connect at-risk and vulnerable people with external support service providers. Offering a referral has become an embedded strategy in the frontline policing response to all occurrences. A police referral can be completed for any adult with their consent. For a child under 16 years of age, consent must be obtained from a parent or guardian.

Our service providers nominate their catchment area for each service to support at risk and vulnerable clients from local, district, regional or state-wide levels.

The QPS currently maintains mental health service providers for both adults and youths for the categories listed in Table 2 below. Some subcategories below note that only local, district or regional providers are available. This is because there is currently no organisation which is either resourced and/or desirous of providing a state-wide service suitable to the needs of Police Referrals for those sub-categories. The

Referral Management Coordination Service continues to engage with several providers to try to secure a state-wide provider for these categories.

The QPS Police Referrals team ensure clients who live in a place where no local, district or regional provider is available still receive some support in the form of an automated email or SMS message to the referred client where safe to do so.

The message contains information referring the client to their general practitioner to obtain a mental health care plan. If sent as an email, it also includes information and hyperlinks to publicly available support via the whole-of-government website and the Queensland Health corporate website.

Table 2: Police Referral categories related to mental health

Significant issue category	Subcategory
Mental health	• Support for family or carer • Support for person with mental health issues (local, district or regional providers only) • Veteran support
Sudden death support	• Support for family or friends following suicide • Support for family or friends following unexpected death • Support for family or friends for death related to pregnancy or a child under 12 years of age
Suicide prevention (non-emergency)	• Support for a person who may be suicidal (non-emergency) (local, district or regional providers only) • Support for family or carer (local, district or regional providers only)
Support for youth	• Mental health, including suicide prevention, self-harm, anxiety or depression • Support for family or carer

Police referrals data is reflected in Table 3 below. The highest referral category was for Mental health – Support for person with mental health issues with 5,927 referrals. On average, about 64 per cent of referred clients mentioned in Table 3 accepted services, were connected with another service or were sent information because of the referral.

Table 3: Volume of police referrals submitted related to mental health[17]		
Significant issue	**Subcategory**	**Number of referrals**
		01/07/2020 – 30/06/2021
Mental health	Support for family or carer	1401
	Support for person with mental health issues	5927
	Veteran support	33
Sudden death support	Support for family or friends following suicide	449
	Support for family or friends following unexpected death	530
	Support for family or friends for death related to pregnancy or a child under 12 years of age	72
Suicide prevention (non-emergency)	Support for a person who may be suicidal (non-emergency)	93
	Support for family or carer	44
Support for youth	Mental health, including suicide prevention, self-harm, anxiety or depression	350
	Support for family or carer	1401

QUEENSLAND FIXATED THREAT ASSESSMENT CENTRE (QFTAC)

QFTAC is a joint initiative between the QPS and the Queensland Forensic Mental Health Service (QFMHS) that identifies fixated individuals through their abnormal communications with public office holders.

[17] Police Referrals System data. These figures are not official QPS statistics. Official statistics are released only through Research and Analytics, Organisational Capability Command after available data is collected, classified and collated in accordance with nationally accepted rules.

QFTAC mitigates the risk posed by these individuals by linking them with mental health interventions and addressing other identified risk factors.

POLICE AND AMBULANCE INTERVENTION PLANS

Queensland Health leads the development of police and ambulance intervention plans. These are developed by a mental health clinician and the mental health consumer and provide specific information and strategies about a mental health consumer to assist the QPS and the Queensland Ambulance Service in mediating a mental health event in the community. The plans may outline the ways in which the consumer wants police and ambulance officers to respond to an incident and include de-escalation techniques and contact details for support persons. Police officers can refer to the information in the plan when responding to an incident involving the mental health consumer.

Managing persons in police custody

Staff who work in watchhouses deal with some of the most vulnerable people in our community. Persons detained in watchhouses may be acutely or chronically affected by alcohol or drugs and often also have other elevated health risks, including mental illness or psychological distress. Section 16.3 of the OPM outlines QPS policy about ensuring the health and wellbeing of persons in custody.

The watchhouse manager is to ensure all persons in custody are personally inspected regularly.[18] Police officers and watchhouse officers who form a reasonable degree of suspicion about the health of a person in custody are to cause a professional healthcare provider to be contacted.[19] If there is a likelihood that a person in custody will attempt suicide or self-harm, the responsible officer must take appropriate action to prevent this.[20]

If a police officer or watchhouse officer discovers that a person detained in a watchhouse or in police company has attempted suicide or has self-harmed, the officer will call for assistance and render necessary attention to the person.[21]

Where a person detained in a watchhouse appears to have a mental illness and needs treatment or care, the watchhouse manager will arrange for a doctor or authorised mental health practitioner to examine the person.[22] If the practitioner makes a recommendation for assessment, the person will be transported to an authorised mental health service.

Partnerships with other government agencies

The QPS acts in partnership with other government agencies to ensure high quality service delivery for persons experiencing poor mental health while also protecting all Queenslanders.

[18] OPM ss 16.13.3 and 16.9.5.
[19] OPM s 16.13.
[20] OPM s 16.13.1.
[21] OPM s 16.16.1.
[22] OPM s 16.15.2.

A memorandum of understanding between the QPS and Queensland Health, including the Queensland Ambulance Service, was developed and entered to support the safe transport of people with a mental illness between health facilities, custodial facilities, clinically appropriate locations and the community.[23]

A memorandum of understanding between the QPS and Queensland Health was developed and entered to support the development of mental health strategies to respond collaboratively to mental health incidents involving vulnerable persons.[24]

The QPS has also entered memoranda of understanding with some local level public mental health services defining transport arrangements, coordinated service delivery responses and ensuring services meet the needs of the community.

Our People Matter – How we respond to, and promote, members' mental health and wellbeing

Policing is an inherently dangerous occupation, not just physically, but psychologically. Police officers are exposed to traumatic stress and critical incidents which can place them at a greater risk of certain adverse mental health outcomes as compared to the general public. Psychological risk also extends to unsworn staff members, who may also be exposed to sensitive, graphic or distressing material either due to their duties, or by virtue of working within policing establishments.

More than one in 2.5 first responder employees have been diagnosed with a mental health condition in their life compared to one in five of all adults in Australia.[25] The mental health challenges faced by law enforcement have likely been compounded by the substantial changes to, and expansion of, many policing functions, roles and responsibilities in responding to COVID-19, as well as fatigue and the prospect of infection in the course of duties.[26]

There are a number of internal and external employee wellbeing options available for members, including volunteer Peer Support Officers, Chaplains, internal Senior Psychologists and Social Workers, the Alcohol and Drug Testing Coordinator (case management of rehabilitation for persons with alcohol and drug issues), dieticians and exercise physiologists, telephone counselling for QPS members and their families, and external counselling options.

WELLBEING STRATEGY

On 28 April 2021 the QPS launched the *Queensland Police Service Wellbeing Strategy 2021-2024*, which sets a wellbeing vision for the organisation: a thriving workforce where our people realise their full potential. The strategy's purpose is to increase awareness, reduce stigma and foster a supportive culture

[23] *Queensland Interagency Agreement for the Safe Transport of People Accessing Mental Health Assessment, Treatment and Care*, Queensland Health and Queensland Police Service, signed 2019 (Memorandum of Understanding) <https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444902/mh-pat-trans-aggr-jul-14.pdf>.
[24] *Mental Health Collaboration*, Queensland Health and Queensland Police Service, signed 2017 (Memorandum of Understanding)
[25] Beyond Blue (2018) *Answering the Call: National Survey*.
[26] Australia and New Zealand Policing Advisory Agency (2020) *ANZPAA 2020 Trends Analysis*.

of comradery, where mental health and wellbeing is an organisational priority. The wellbeing strategy complements the Our People Matter Strategy, which was launched in 2018.

The framework for monitoring and managing the mental health and wellbeing of our members takes a holistic approach to:

- expand the knowledge and skills of all members in managing mental health and wellbeing in every aspect of their lives
- focus on building a thriving, strengths-based culture as well as illness reduction
- view mental health and wellbeing as a shared responsibility involving both the individual and organisation
- acknowledge the important role that leadership play in addressing stigma, promoting a mentally healthy workplace and supporting individuals through the challenges inherent in the role
- ensure that training is embedded throughout operational programs to enable learnings to be reinforced and applied in real scenarios
- use a variety of educational platforms to increase reach.

One of the key levers of the *Wellbeing Strategy 2021-2024* is a commitment to improving employee wellbeing at all stages of the career. The Strategy promotes continuous improvement and evidence-based approaches regarding various stages of the employee lifecycle (recruitment, in service, transition out or post-service) by delivering integration and transition programs focusing on mental, physical and social wellbeing. Ensuring a shared responsibility, this will be undertaken with involvement of families in the promotion of wellbeing and education activities to facilitate a broader support system for employees.

The Strategy also acknowledges the need to not only support members who require assistance with their health and wellbeing, but also to take active steps to use proactive and early-interventions strategies to protect and enable members to remain well.

Actions undertaken in 2020-21 and so far in 2021-22 that support the Strategy include:[27]

- the inaugural Wellbeing Survey was conducted between April and May 2021
- development of a compulsory online learning product for psychological health and fitness that provides information and tools needed to help build and maintain personal wellbeing and that of our colleagues and families
- launched the external mental health, wellbeing and support material, including support services, available on the external Our People Matter website and accessible by current and former QPS members and their families
- a comprehensive review of the QPS injury management system was completed in November 2020. An implementation team has been established to prioritise and action the recommendations from the review report.
- progressing the establishment of an external 'Self Refer' anonymous counselling service with planned launch in second quarter 2022
- continuing development of educational products within the mental health training framework and delivering digital wellbeing solutions
- releasing the updated QPS policy and training for Psychological First Aid as a response to critical incidents and potentially traumatic events.

PREVENTING SUICIDE AND POSTVENTION SUPPORT

[27] Queensland Police Service 2020-21 Annual Report, pp 58-59.

The QPS is in the process of developing a rigorous Suicide Management Framework, which will be developed in 2022. The Framework will address the three key areas of suicide prevention, suicide intervention and suicide postvention and link to the employee lifecycle. It will be embedded predominantly in the lifecycle arm of the Wellbeing Strategy.

PSYCHOLOGICAL FIRST AID

The QPS maintains *Guidelines for Psychological First Aid* which provide a procedural framework to the application of psychological first aid in the context of the policing environment. The Guidelines used an evidence-based stepped-care approach to care for all members who are exposed to potentially traumatic events, which include exposure to actual or threatened death, serious injury or sexual violence. This includes exposure to events that occurred to a close family member, close friend or close colleague. It supports short- and long-term adaptive coping strategies, and for the majority of people, this type of aid will be all that they need.

The purposes of psychological first aid are to create a sense of safety, promote calm, build self-efficacy, ensure connection with others and to give a sense of hope. The practical delivery of psychological first aid is flexible and can suit the needs of the individual.

Prescribed responsibilities have been embedded into the OPM to ensure psychological first aid is delivered operationally and resourced appropriately. In particular operational circumstances, investigating officers, police forward commanders and regional or district duty officers are required to ensure that psychological first aid is provided.[28] And police forward commands and regional or district duty officers are instructed to deploy a dedicated psychological first aid resource in response to critical incidents and potentially traumatic events where necessary and possible to support members.[29]

This psychological first aid may also be beneficial to members throughout critical touchpoints during their employee lifecycle where distress may occur due to organisational factors, such as disciplinary matters, incurring a workplace injury or workplace conflict.

[END]

[28] OPM ss 16.16.2, 1.12.3, 1.16.2.
[29] OPM ss 1.12.3 and 1.16.2. A dedicated psychological first aid resource is a peer support officer, or a chaplain trained in psychological first aid. They are allocated solely for the provision of specialised support.

Acronyms

The following acronyms are used throughout this submission and presented for convenience.

Acronym	Meaning
OPM	Operational Procedures Manual
QPS	Queensland Police Service
EEA	Emergency examination authority
PCC	Police Communications Centre