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The Secretary  
Senate Community Affairs Committee  
Parliament House  
CANBERRA ACT 2600

## **INQUIRY INTO MENTAL HEALTH SERVICES IN AUSTRALIA**

The Police Federation of Australia (PFA) represents the professional and industrial interests of Australia's 50,000 police and makes this submission on behalf of all state, territory & federal police associations/unions.

There can be no debate that police are in the front line of caring for people with severe mental illness. Police are one of the few groups of workers that are available 24 hours a day seven (7) days a week and are the first responders when someone is acting irrationally or likely to present a danger to themselves or others and as such are generally the initial contact for someone with a mental illness who is in that state. They are, by virtue of their position, often the only emergency response agency to which the public can turn in times of crisis that can be relied upon to turn up within minutes of being called.

In NSW alone we are advised that currently 10% of all police time is taken up with mental Health issues with police attending more than 20,000 recorded incidents involving the mentally ill in 2006 alone and that number is increasing during 2007.

In our previous submission to the 2005 Senate Select Committee on Mental Health we also outlined some of the dangers for both police and those persons suffering from mental illness when those contacts occur.

In our 2005 submission we identified a number of issues including –

- The problems post de-institutionalisation
- Police 24 – 7 coverage
- The variety of Mental Health Acts across the country
- The issue of MOU's between Police Departments and Department's of Health
- Issues around the scheduling of patients including the criteria for scheduling
- Inadequate security at hospitals
- Transport of the mentally ill
- Inadequately resourced mental health teams
- Interstate transport of mentally ill persons
- Inappropriate use of 000 service
- Critical incidents involving the mentally ill
- Police training

Our submission to this Inquiry will revisit some of these matters in line with the Committees Terms of Reference.

The PFA accepts that a holistic approach to dealing with the effects of mental illness will require collaboration between Commonwealth, State, and Territory governments and between government and non government sectors. We note and support the National Action Plan's aim to –

*"...improve mental health and facilitate recovery from illness through a greater focus on promotion, prevention and early intervention; improved access to mental health services, including in Indigenous and rural communities; more stable accommodation and support; and meaningful participation in recreational, social, employment and other activities in the community. Improving the care system will involve a focus on better coordinated care and building workforce capacity".*

In respect to the proposed outcomes of the plan and the roles and responsibilities for action, the PFA notes that the plan also indicates that States and Territories will be enhancing services in their key areas of responsibility including –

*"...mental health services for people in contact with the justice system..."*

We also note that there are a number of strategies identified in each of the state and territories individual implementation plans that if fully implemented should alleviate some of the burden that is still being placed on police, however none of the plans appear to identify or even accept the level of responsibility currently being placed on police in respect to dealing with the mentally ill.

Whilst the Senate Select Committee may have been reluctant to make significant recommendations about the role of police in dealing with the mentally ill, as it possibly saw this as impinging on jurisdictional responsibilities, there is little argument about the burden that is continually being placed on police. In the Committee's Final Report in April 2006 they quoted a witness representing the White Wreath Association<sup>1</sup> where they described police officers as "the front line mental health practitioners".

Accepting that there were a number of recommendations from the Select Committee in respect to the interface between the Mental Health and Criminal Justice systems, we believe that the only recommendation that specifically identifies police was recommendation 88 concerning mental health first aid training for police and ambulance officers in rural areas. Whilst we support any initiative that will better prepare police for dealing with the mentally ill, we raised concern in our submission and at the time of the Select Committee that if the solution was seen as more training for police, then the potential was that mental health professionals or others might take the view that police are adequately trained to deal with mental health issues and therefore not respond.

The PFA is of the view that this inquiry into Mental Health Services in Australia by the Senate Community Affairs Committee should make specific recommendations on what issues should be contained within the National Action Plan on Mental Health 2006 – 2011 and the States and Territories Individual Implementation Plans concerning police.

A first step should be a clear identification of the role of police in dealing with the mentally ill and a specific position for police on each of the State and Territory "COAG Mental Health State Reference Groups" to ensure that police concerns are taken into account when these important issues are discussed.

### **Establishment of Memorandums of Understanding at the State and Territory level:**

The PFA believes that the establishment of Memorandums of Understanding between the state and territories respective Health Department, Ambulance Service, Police Forces and where appropriate Corrective Services should be

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<sup>1</sup> Select Committee on Mental Health – Final Report April 2006 "Role of Police" 13.50 p.340

enshrined in those plans. Whilst we recognize the existence of MOU's in a number of jurisdictions we believe that they should be formalized in the National Action Plan and in the Individual State and Territory Implementation Plans. Such an outcome would give them specific standing.

Such MOU's should contain an a minimum –

- The roles of each of health, ambulance, police and where appropriate corrective services including responsibilities for security for persons in hospitals, mental health institutions and corrective services facilities;
- The responsibility for responses to call outs;
- The staffing levels and locations of crisis teams;
- The responsibility for transport of mentally ill persons;
- The issue of information sharing;
- A process of dispute resolution if any of the respondents to the MOU believes other respondents have not fulfilled their obligations under the MOU; and
- Provision for regular review of MOU's with identified funding allocated to such reviews.

In our 2005 submission to the Select Committee we suggested that the general aim of the MOU is to develop and formalise local working relationships between police, health and ambulance services by providing guidelines for the handling of situations which involve all services, ensuring standards of care for the mentally ill and agreeing on procedures for management of crisis and high risk situations. In this submission we also flag the possibility of including corrective services in such MOU's due to the important role they also play.

We also suggested that the framework in the MOU's should be broad so as to allow for the development of specific protocols at a local level, utilising local service components and addressing local needs. We also argued that to ensure the effectiveness of the MOU's they should be legislated for in the various Mental Health Acts but failing that, their recognition in the National Action Plan and Individual Implementation Plans should ensure their formal acceptance and adherence to them.

One of the key issues we raised in the Select Committee Inquiry was in relation to responsibilities being placed on police for the transport of mentally ill patients. We argued at that time, and continue to argue, that police vehicles are rarely an appropriate form of transport, and police are not trained to deal with a person who may require urgent assistance during their transport. These people are suffering a health problem and have a right to dignity; they should not be treated as offenders.

Where police may be required to assist in the transport of a person in an ambulance also raises issues for concern. Police are often required to undertake escorts in ambulances through different areas and different radio channels without appropriate back-up support. There is only room for one officer to act as escort.

When the person being escorted has a violent record there are issues in respect to appointments. It is often not safe to carry a firearm in the rear of the ambulance. It is not a safe environment to use OC Spray as it would affect everyone else within the ambulance. There is little or no room to use a police baton and it is often not recommended to use handcuffs. If a patient is properly restrained (ambulance officers now have that power in NSW) and/or sedated, is there a need for a police escort?

Too many times we have witnessed police being held responsible for a person's injuries or lack of treatment for illness when they are in police custody. If state and territory health departments and ambulance services provided dedicated mental health ambulances it would go a long way to relieving the burden on police of transporting such persons.

Another issue we raised was in relation to guarding persons in health facilities such as hospitals. We argued that the service provided by police was often abused by the hospitals and allowed them to avoid their responsibility to provide appropriate security services. Often poor security and practices in mental health centres allow patients to leave care all too easily and police must then use already sparse resources to return those patients to the centres and hospitals.

We believe that one way forward would be the establishment of transition services in hospitals where police could leave a person suspected of suffering from a mental illness which had adequate security, staff and resources.

The PFA also believes that issues surrounding the responsibility for custody of mentally ill persons, needs to be clearly identified in MOU's. In some jurisdictions we understand that alleged mentally ill persons who have been arrested for an offence and bail refused are also refused by Corrective Services until their court appearance. We are advised that in NSW for example, anyone who has a record of suicidal tendencies or a recorded mental health issue will not be accepted by Corrective Services prior to an appearance at Court and are therefore left in police custody and police cells.

Much of our submission to the Select Committee also focused on appropriate resourcing of mental health services and in particular crisis teams to assist police in the field. The PFA believes that a component of the MOU should be commitments from the respective State or Territory Health Departments to the

staffing levels and locations of such crisis teams. This would relieve some of the current burden on police first response teams.

### **National Criminal Investigation Database System:**

In a recent submission by the PFA to all federal political parties *“Law and Order In Australia: Polices for the Future”* the PFA sought their support for the full development of a National Criminal Investigation Database System.

Whilst we raised this issue in the context of criminal investigations including serious and organized crime as well as in the investigation of terrorism, the PFA is of the view that our proposed expanded data base (the CrimTrac Police Reference System (CPRS) for exchange of operational policing information) has the potential to house important information about persons suffering from mental illness that have had previous dealings with police. Whilst such information may be available on a state by state basis, this proposal would see it available nationally.

Such a system would allow police to be provided with information about the individual that might not be available if the person had not come under prior police notice in that jurisdiction. It would allow police to formulate their intervention with the individual and also to ascertain whether it is appropriate to seek more specialized mental health professional or other assistance before approaching the individual.

By having the information available nationally, regardless of where in Australia an individual might be, the information is accessible instantaneously by police.

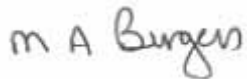
### **Conclusion:**

Australia’s 50,000 police officers are on the front line when dealing with person with a mental illness. We accept and recognize that due to the 24/7 nature of our work this is the case and will continue to be the case.

We believe however that a range of government and non government agencies need to share the burden. Police for too long believe that they have been carrying far more than their responsibility. For that reason we believe our suggested recommendations will ensure that, specifically as it relates to police, health, ambulance services and where appropriate corrective services, clearly defined roles and responsibilities are enshrined in national and jurisdictional plans by way of MOU’s.

We also believe that our proposed national CrimTrac Police Reference System (CPRS) will ensure that risks to both police and persons suffering from mental illness will be minimized because police will have at their disposal all of the relevant information about an individual at the time of their intervention.

The PFA looks forward to an opportunity to appear before the Inquiry.

A handwritten signature in black ink that reads "m A Burgess". The signature is written in a cursive, lowercase style.

Mark Burgess  
Chief Executive Officer