ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

Victoria Police submission

5 July 2019

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

VICTORIA POLICE

Victoria Police submission

In this submission, reference to mental health issues refers to some combination of diminished cognitive, emotional, behavioural and social abilities[1] which impacts an individual's thinking, perceptions, emotions, behaviour and relationships to others, or a combination of these.[2] The reference to mental health issues therefore encompasses mental illness which for the purpose of this submission can include a diagnosed mental illness; or behaviour that indicates the person may be experiencing a mental health issue which may or may not be diagnosed.

It is noted that police and protective service officers (PSOs) only need to be satisfied that a person appears to be experiencing a mental health issue based on the person's behaviour and appearance and any other relevant information including information from the family and carer if appropriate. Police and PSOs are not required to exercise any clinical judgment on whether a person has a mental illness.[3]

[1] Productivity Commission (2019) *Issues Paper: The Social and Economic Benefits of Improving Mental Health*
[2] Royal Commission into Victoria's Mental Health System Terms of Reference
[3] Department of Health and Human Services / Victoria Police Protocol for Mental Health: A guide for clinicians and police

Executive Summary

Victoria Police has a diverse range of responsibilities in relation to people experiencing mental health issues. This includes responding to crises and helping those who need assistance, as well as interactions in a criminal justice context.

To improve its responses to people experiencing mental health issues, Victoria Police continues to invest time and resources across a range of initiatives, including the development of a specialist mental health education and training package for all frontline police. Victoria Police also works collaboratively with other agencies, such as through the Mental Health and Police Response (MHaP - also known as PACER) initiative and Enhanced Critical Response Program, to provide support for individuals experiencing mental health issues.

Victoria Police data indicates that the need for police intervention in mental health events is increasing. In 2017/18, police attended approximately 43,000 events relating to a psychiatric crisis or suicide attempt or threat.[4] This represented an 87.9% increase from 2014/15 in events for psychiatric crisis alone and a 32.2% increase in events for both psychiatric crisis and suicide attempt or threat,[5] and means that police responded to mental health call outs approximately every 12 minutes in the last financial year. In the same timeframe, police facilitated 14,000 transfers to an emergency department or designated health facility for an urgent mental health response.[6] For many of these callouts, a health based intervention, rather than a law enforcement one, would have likely been the most beneficial response.

Victoria Police's concern is that "by the time the police become involved; many opportunities to intervene – to prevent mental ill-health deteriorating to the point at which people are in danger – will already have been missed."[7] Police interventions in complex mental health situations can compound stigma and increase the risk of trauma for individuals.

An optimal outcome for Victorians experiencing mental health issues would be timely access to appropriate and sustainable mental health interventions, prior to a situation escalating to police attention. There are opportunities through greater emphasis on mental health interventions in community and primary care to both reduce the reliance on police attendance at matters not requiring a crisis response; and prevent the escalation of circumstances that result in an emergency law enforcement intervention.

[4] Data extracted from CAD and LEAP, Corporate Statistics, Victoria Police.
Note: Mental Health Transfers data is reliant on police compiling the appropriate LEAP forms accordingly and characteristics of this data is based on its modus operandi data. Therefore there may be instances where one incident may contain more than one modus operandi codes.
[5] Ibid.
[6] Ibid. In relation to the reference to urgency, these transfers relate to sections 351 or 352, *Mental Health Act*.
[7] Her Majesty's Chief Inspector of Constabulary (2016), *State of Policing – The Annual Assessment of Policing in England and Wales*, p.8.

Introduction

The Royal Commission into Victoria's Mental Health System (the Royal Commission) offers unparalleled opportunity to drive significant, systemic system reform for the benefit of the community; well beyond incremental improvements that agencies are able to make as part of their business as usual operations.

In its recent submission to the *Productivity Commission's Inquiry into Mental Health,* Mental Health Australia points to the general difficulties and complexities for service access.[8] This is consistent in the Victorian context where the background to the Royal Commission into Victoria's Mental Health System Terms of Reference noted:

> "over the past ten years, an increasing number of people seeking help from mental health services has challenged the responsiveness of the system. Many people are seeking help from Victoria's mental health system but are not able to get the treatment and supports they need. For too many Victorians, the care they receive is far too late, when their mental health has deteriorated to the point of a serious crisis."[9]

The Royal Commission into Family Violence (RCFV) demonstrates the potential opportunities and benefits that may derive from the Royal Commission. The RCFV responded to the wealth of testimony and received considerable evidence of system gaps and ideas for their mitigation with 227 recommendations for improvements across the entire service system. Many of the RCFV recommendations articulated improvements that had been previously identified, but had not been implemented. Importantly, the RCFV created a unique environment compelling government and non-government service providers to work on common terminologies, approaches and directions.

As a result of the RCFV, Victoria is leading the nation in embedding innovative service reforms such as the establishment of Safety and Support Hubs and the introduction of evidence-based risk assessment tools. These reforms have been well-supported through significant Government investment, legislative change and an unambiguous commitment to implementing all recommendations handed down by the RCFV.

Victoria Police expects that the Mental Health Royal Commission will be a similar catalyst for significant improvements to create an integrated and holistic service system that meets the needs of people experiencing mental health issues, their families, carers and the community.

[8] Mental Health Australia (2019), *Submission in response to the Productivity Commission Inquiry into Mental Health*, pp.20-25.
[9] Royal Commission into Victoria's Mental Health System, *Terms of Reference - Background*

Interactions between police and people experiencing mental health issues

The role of Victoria Police is to serve the Victorian community and uphold the law so as to promote a safe, secure and orderly society,[10] by fulfilling the following functions:

- preserving the peace
- protecting life and property
- preventing the commission of offences
- detecting and apprehending offenders, and
- helping those in need of assistance.[11]

Within this broad remit, police regularly respond to incidents of crime, public safety and victimisation, as well as routinely engage with people who require some form of assistance or reassurance.

Combined with the prevalence of mental illness in the Victorian community, these broad functional responsibilities naturally result in police frequently coming into contact with people experiencing mental health issues.

Appendix A summarises the common forms of contact between police and people experiencing mental health issues; including offence-based interactions, crisis response and longer term early intervention/prevention activities. Interactions which may have particular relevance to the Royal Commission are discussed in more detail below and are broadly defined as follows:

- crisis response
- offence-based interactions
- custody management
- supporting court outcomes.

Crisis response

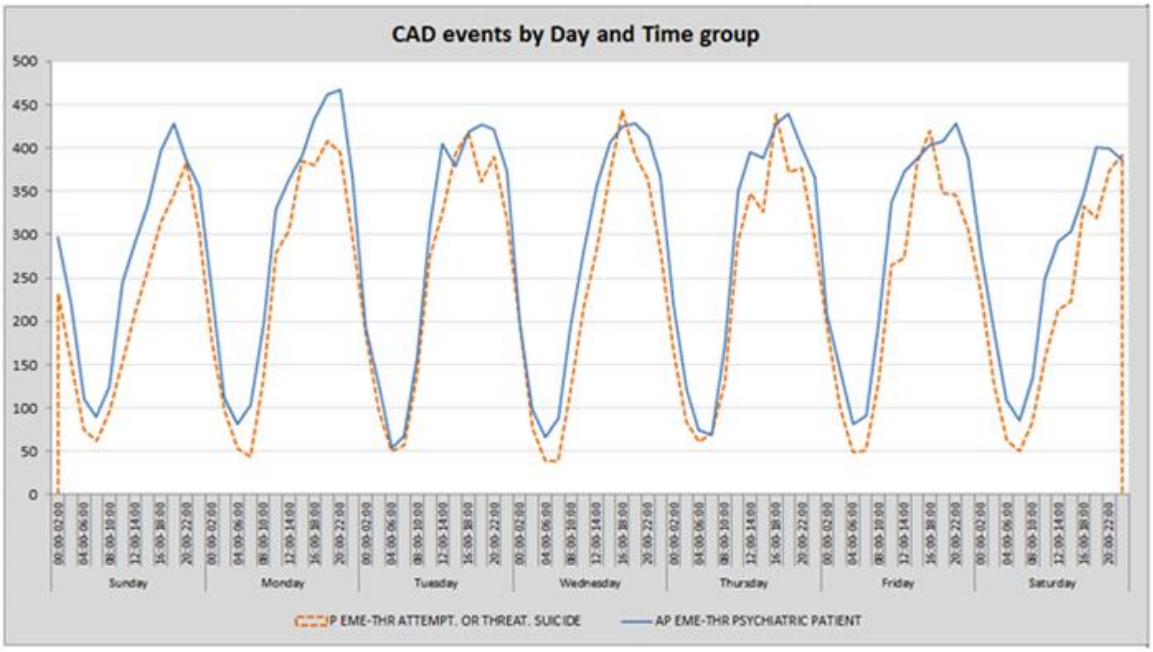
In 2017/18, police were dispatched to attend approximately 43,000 events relating to psychiatric crisis or suicide attempt/threat.[12] This means that police responded to a mental health call out approximately every 12 minutes in the last financial year. This represented an 87.9% increase from 2014/15 in events for psychiatric crisis alone and a 32.2% increase in events for both psychiatric crisis and suicide attempt or threat.[13]

In terms of drivers, a recent report from the Victorian Auditor-General suggested a number of reasons, including population growth, a reduction in stigma around seeking help, changes in legal and illegal drug use patterns, and increasing levels of social isolation in our community.[14] This report goes on to identify that demand pressures are placing the whole mental health service under substantial stress resulting in services lifting their thresholds so that only the most unwell are seen. The existence of little or no services

[10] Section 8, Victoria Police Act 2013
[11] Section 9, *Victoria Police Act 2013*
[12] Data extracted from CAD and LEAP, Corporate Statistics, Victoria Police. Note: Mental Health Transfers data is reliant on police members compiling the appropriate LEAP forms accordingly and characteristics of this data is based on its modus operandi data. Therefore there may be instances where one incident may contain more than one modus operandi codes.
[13] Ibid.
[14] Victorian Auditor-General's Office (2019) Access to Mental Health Services, p. 7.

between GPs and crisis support,[15] has flow-on effects as increasing numbers of Victorian mental health patients access acute services (such as at hospital emergency departments) through police, ambulance and self-presentations.[16]

Reliance on Victoria Police may also derive from the organisation's 24/7 state-wide coverage and response. As the below graph shows, demand for police responses to suicide threats/attempts and psychiatric crisis exists across all days of the week and, subject to some variation, at all times of the day.[17]



Victoria Police's concern with these call-outs is that "by the time the police become involved; many opportunities to intervene – to prevent mental ill-health deteriorating to the point at which people are in danger – will already have been missed."[18]

Police are called to these events by members of the public, from family/friends/carers, or from mental health / health / support services; or may otherwise encounter people experiencing a mental health crisis and in need of urgent attention during the course of their shift.

Members of the public may seek police assistance due to fears that a person apparently experiencing a mental health issue will be violent or aggressive if approached and they do not know who else to call. While research has shown that people receiving effective treatment for a mental illness are no more violent or dangerous than the rest of the population,[19] mental illness can elicit a fearful response from the community, relating to perceptions of danger or unpredictability.

[15] Royal Commission into Victoria's Mental Health System, *Commission Update – June 2019*
[16] Victorian Auditor-General's Office (2019) Access to Mental Health Services, p. 11.
[17] Data extracted from CAD, Corporate Statistics, Victoria Police
[18] Her Majesty's Chief Inspector of Constabulary (2016), *State of Policing – The Annual Assessment of Policing in England and Wales*, p.8.
[19] Victorian Government (2013)*Mental Health and Violence* <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/mental-illness-and-violence>

Scenario 1

At 6pm on a Saturday afternoon, Person A is at a local park popular with dog walkers. Person A is alone and is attracting attention by walking around yelling, which he has been doing for about an hour.

Person B is at the same park with his child. He is concerned about Person A's behaviour but is worried about approaching him so calls 000. He asks the call taker to send police to the park, noting that Person A is behaving erratically, causing a disturbance and is not far from the playground.

Police arrive and speak to Person A to find out more about him. They do not identify any offending and assess that although he has a lived experience of mental health issues, Person A does not pose a threat to themselves or anyone else and therefore does not meet the criteria for a further mental health assessment by a clinician. Both the police and Person A then leave the park with no further action taken.

Police are not clinicians, but, as first responders, are often the primary decision makers on whether or not to engage other services.[20]

In determining the appropriate response to incidents involving mental health issues, police are regulated by a legislative and policy framework, including laws specific to mental health, as well as general statutory obligations, such as the *Charter of Human Rights and Responsibilities* (the Human Rights Charter) – see Appendix B.

Other obligations inform police decision-making, such as the rights and responsibilities that apply to interactions with children and young people, Aboriginal Victorians, and culturally and linguistically diverse members of the community.

As illustrated by Diagram 1, see following page, for contact that involves a mental health concern but does not involve offending, police have two main options:

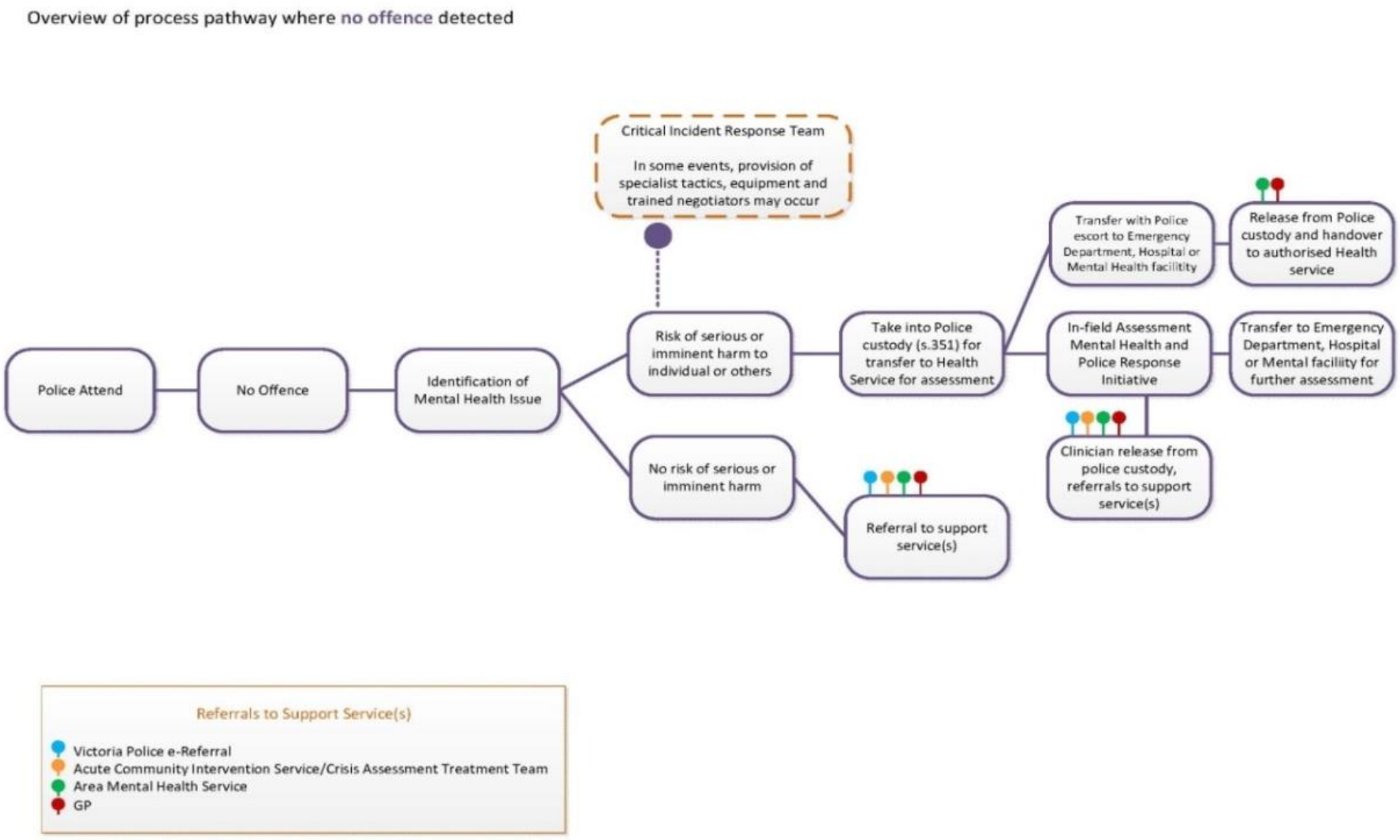
- refer the person to a service, primarily through the Victoria Police eReferral (VPeR) program, or
- apprehend the person under the *Mental Health Act 2014* (the MH Act) to facilitate examination by a registered medical practitioner or assessment by a mental health practitioner.

Where police are interacting with a person who needs help with various health and welfare issues but is not in an immediate crisis, police may refer the person to specialist support services.

This occurs primarily via the VPeR system – a consent-based, non-crisis, non-family violence referral system that provides referral options for 26 issue types that police encounter frequently during their daily duties, including mental health. While only one category can be chosen at any one time, the model operates a 'no-wrong door' policy which supports re-referral when required. Monash Health's mental health triage function is the VPeR receiving point for mental health referrals. They provide those who have been referred, and their families and carers where appropriate, with immediate, short-term, solutions-focused support and access to information and advice. There has been a 172% increase in mental health eReferrals through VPeR by Victoria Police between 2014/15 and 2017/18.[21]

[20] Morgan, M and Paterson, C, '*It's Mental Health, Not Mental Health': A Human Rights Approach to Mental Health Triage and Section 136 of the Mental Health Act 1983* (13:2) 2017, 130.
[21] Data extracted from Victoria Police VPeR database

Diagram 1


Overview of process pathway where no offence detected
Critical Incident Response Team
In some events, provision of specialist tactics, equipment and trained negotiators may occur
Police Attend
No Offence
Identification of Mental Health Issue
Risk of serious or imminent harm to individual or others
No risk of serious or imminent harm
Take into Police custody (s.351) for transfer to Health Service for assessment
Transfer with Police escort to Emergency Department, Hospital or Mental Health facilitity
Release from Police custody and handover to authorised Health service
In-field Assessment Mental Health and Police Response Initiative
Transfer to Emergency Department, Hospital or Mental facilitiy for further assessment
Clinician release from police custody, referrals to support service(s)
Referral to support service(s)
Referrals to Support Service(s)
Victoria Police e-Referral
Acute Community Intervention Service/Crisis Assessment Treatment Team
Area Mental Health Service
GP

Where police are satisfied a person appears to have mental illness; and because of the person's apparent mental illness they need to be apprehended to prevent serious and imminent risk of harm to themselves or to another person, police and Protective Service Officers (PSOs) have authority to apprehend a person under section 351, MH Act. Being 'satisfied' the person appears to have mental illness is based on the person's behaviour and appearance and any other relevant information including information from the family and carer if appropriate.[22]

In a report by the Office of Police Integrity (OPI) in 2012, they identified the importance of conveying mental health information to police in critical incidents involving people who appeared to be experiencing a mental health crisis as a mechanism to enable more tailored and prepared responses to these events.[23]

As part of this report, OPI consulted with people with lived experience of mental health issues and their advocates on the issue of police access to information regarding an individual's mental health and "there was general consensus that where this information is provided to better prepare police to respond to a person who appears to have a mental illness, this is in the best interests of the consumer."[24]

Victoria Police Enhanced Critical Response Program (ECRP)

The ECRP is a joint initiative between NorthWest Mental Health (Melbourne Health) and Victoria Police to enhance the response of the Victoria Police Critical Incident Response Team when attending high risk situations (including sieges and persons threatening self-harm) through provision of relevant and appropriate mental health information and advice.

This program has greatly assisted attending police to better understand observed behaviours and develop effective negotiation plans, which has led to significant increases in successful negotiation outcomes, including reduced use of force.

In 2018, the ECRP initiative won a Minister for Mental Health's award for excellence in supporting the mental health and wellbeing of Victorians.

There are now a number of initiatives in place to enhance police access to specialist clinical advice to inform their decision-making. Existing programs include:

- Victoria Police Enhanced Critical Response Program (ECRP) which operates at the very highest end of crises involving call outs to the Critical Incident Response Team (CIRT) (see adjacent).
- Mental Health and Police Response (MHaP) program, as described in further detail further below, which gives police crucial access to clinical information and decision-making.

Noting the benefits of these programs, it is generally agreed that unnecessary contact between police and people experiencing mental health issues should be minimised as this can compound stigma and add to their trauma, leading to suboptimal outcomes.

Additional to the adverse impacts on people experiencing mental health issues, involvement by police in crisis events can be resource intensive and can have significant impacts on frontline police. High risk situations may also require the attention and deployment of specialist responses, such as the Critical Incident Response Unit (CIRT), who may also determine that the situation requires a negotiator to provide specialised assistance. These police are trained to negotiate with individuals during highly volatile situations.

[22] Department of Health and Human Services / Victoria Police Protocol for Mental Health: A guide for clinicians and police
[23] Office of Police Integrity Report (2012) *Policing people who appear to be mentally ill,* p. 42.
[24] Office of Police Integrity Report (2012) *Policing people who appear to be mentally ill,* p. 42.

The following example regarding repeat callers to 000 provides some illustration of the resourcing impacts:

Example 1: A number of repeat callers frequently threaten suicide and/or self-harm via calls to 000. These identified callers make contact multiple times a week; sometimes multiple times a day. Given the nature of the calls, police members are required to attend each instance to assess the situation; and mobile phone triangulation is regularly required to identify the caller's location.

The number of occurrences and the resource intensive nature of these incidents significantly affect local police. Furthermore, these frequent callers are often placing themselves in situations that could result in significant harm to themselves and/or others. Additionally, the need to submit frequent Call Trace or Triangulation applications to locate the callers has a significant impact on resourcing and the ability to respond to other operational commitments. The following provides three specific examples:

- **Caller A** (Dec 2018): 14 calls threating suicide. Triangulation of phone to find location of caller and police attendance required for each instance.
- **Caller B** (July to Dec 2017): 27 calls threatening suicide. Triangulation of phone to find location of caller and police attendance required for each instance.
- **Caller C:** (Oct to Dec 2017): 58 calls threatening suicide. Police unit attended each instance to assess situation.

The number of police vehicles (which each carry two police officers) involved in a response to psychiatric crisis or suicide attempts/threats is also indicative of the impact of a call on police resources.[25] As per the table below, over 19,000 of these events types involved two or more vehicles in 2017/18:

Table 1: Police vehicles dispatched

Number of police vehicles dispatched per event	Total number of events	Event Type	
		Psychiatric crisis	Suicide attempt/threat
1	21,916	12,714	9,202
2	12,560	6,636	5,924
3	5,455	2,761	2,694
4	1,795	827	968
5	630	234	396
Over 5 units	602	194	408

These demands on police resources can have a cumulative effect and place significant strain on an area's capacity to respond to other incoming requests for assistance. The case study below provides an illustration of this strain:

Example 2: In May 2019, Hospital X called '000' to request police assistance for an extremely agitated inpatient with a history of mental health issues who was posing a significant risk to hospital staff and other patients. At the time of the call, the local police command had five police units (consisting of one vehicle with two police members per vehicle) in operation. All five units were in attendance at incidents as per the following:

- 3 x units were attending incidents involving persons experiencing mental health issues in the community
- 1 x police unit was attending a serious traffic collision involving fatalities
- 1 x police unit was attending the scene of a significant gas leak

This meant that there were no available local police units able to attend to the significant situation at Hospital X and a police unit from a neighbouring location was requested to attend Hospital X.

[25] Data extracted from CAD, Corporate Statistics, Victoria Police

Offence-based interactions

While most people experiencing a mental health issue do not commit crimes; people with a lived history of mental health issues are over-represented in the criminal justice system.[26]

The diagram on the following page summarises the common offence-based interactions between police and people experiencing mental health issues.

If police intend to interview a person in the course of an investigation and the person appears to be experiencing a mental health issue, police seek clinical advice from a Forensic Medical Officer (FMO), via the Victorian Institute of Forensic Medicine, to determine the person's fitness for interview. As well as ensuring all people deprived of their liberty are treated humanely (section 22, Human Rights Charter), police are legally obligated to ensure that individuals who are interviewed are afforded the rights relating to criminal proceedings.

Further, if police suspect a person to be interviewed has a cognitive impairment (which includes mental health issues) which affects their ability to communicate and understand information, police will seek an independent third person (ITP) to be present during the interview. An ITP can be a volunteer from the Office of the Public Advocate (a trained ITP), a parent, guardian, relative or close friend of the person.[27] Determining whether an individual has a cognitive impairment can sometimes be challenging, including due to the complexities the person may present with and/or because of limited access to information about the individual's needs.

Before a matter proceeds to prosecution, a brief of evidence must be authorised by a supervisor. One of the considerations before authorising or continuing with a prosecution is the mental health condition of the accused at the time of committing the offence.

In reaching a decision, Victoria Police applies the two-part test outlined by the Director of Public Prosecutions:

A prosecution may only proceed if:

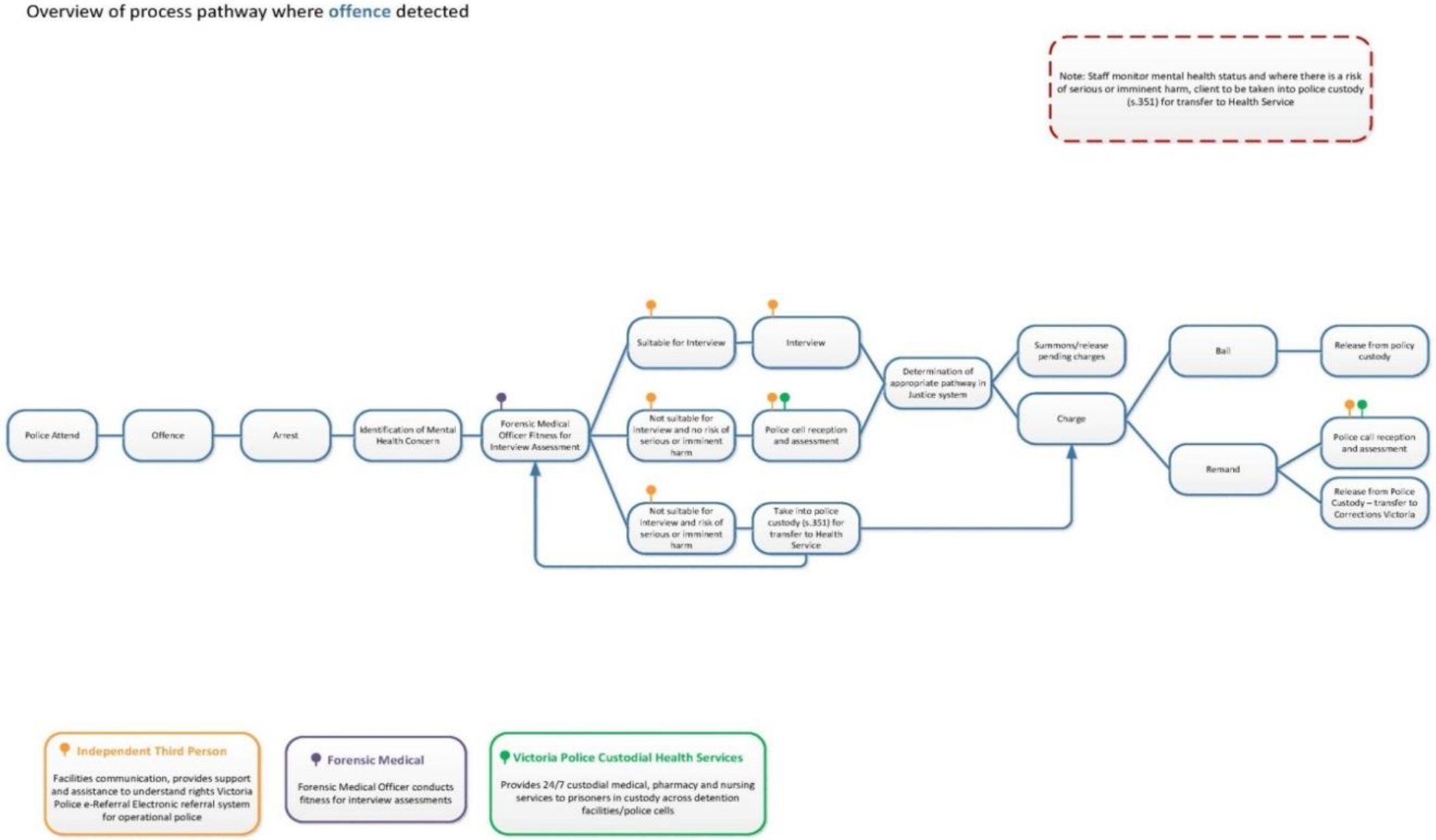
- *there is a reasonable prospect of a conviction (finding of guilt); and*
- *a prosecution is in the public interest.*[28]

Any possible defence, such as mental impairment, ought to be considered when assessing the 'reasonable prospect' test. The mental health of any victim, witness, or offender forms part of the 'public interest' considerations.

As demonstrated through the Assessment and Referral Court, a health based approach to address these drivers can often be more beneficial than a traditional criminal justice pathway.

[26] Commonwealth of Australia (2006) *First Report - A national approach to mental health – from crisis to community,* Chapter 13.20
[27] Section 8.7, Independent Third Persons, *Interviews and Statements*, Victoria Police Manual
[28] Office of Public Prosecutions Victoria (2019) *Policy of the Director of Public Prosecutions Victoria,* p.2.

Diagram 2


Overview of process pathway where offence detected
Note: Staff monitor mental health status and where there is a risk of serious or imminent harm, client to be taken into police custody (s.351) for transfer to Health Service
Police Attend
Offence
Arrest
Identification of Mental Health Concern
Forensic Medical Officer Fitness for Interview Assessment
Suitable for Interview
Interview
Not suitable for interview and no risk of serious or imminent harm
Police cell reception and assessment
Not suitable for interview and risk of serious or imminent harm
Take into police custody (s.351) for transfer to Health Service
Determination of appropriate pathway in Justice system
Summons/release pending charges
Charge
Bail
Release from policy custody
Remand
Police cell reception and assessment
Release from Police Custody – transfer to Corrections Victoria
Independent Third Person
Facilities communication, provides support and assistance to understand rights Victoria Police e-Referral Electronic referral system for operational police
Forensic Medical
Forensic Medical Officer conducts fitness for interview assessments
Victoria Police Custodial Health Services
Provides 24/7 custodial medical, pharmacy and nursing services to prisoners in custody across detention facilities/police cells

Custody management

Once police take a person into their custody, they must arrange for them to be taken to an appropriate location for processing, assessment and/or treatment depending on the context of the apprehension. For some, this will be to the police station and/or cells.

A 2010 Victorian report found that the police frequently come into contact with those who are experiencing mental health issues or have histories of needing mental health treatment. [29] The Australian Institute of Health and Welfare also states that almost half of prison entrants (49 per cent) report being affected by a mental health issue.[30] All of these people will have entered the criminal justice system via contact with police.

Victoria Police's Custodial Health Service (CHS) provides nursing, medical and pharmacy services and assistance to police custody managers prior to the transfer of detainees into the correctional system or release to community. This includes services in relation to people experiencing mental health issues.

When a person comes into police custody, police must assess them against a Medical Checklist.

Where a mental health issue is identified or disclosed, police are directed to contact the Custodial Health Advice Line (CHAL) for advice. Custodial Nurses are available 24 hours a day to help care for persons in custody, although this advice is subject to the accuracy of the information provided over the phone and/or any previous medical records regarding the individual that the CHAL can access.

To give an indication of the scale of detainees' needs, the Victoria Police Custodial Health Service HR Assist Health database (the database) categorises mental health risks and requirements of relevant individuals. The following extract from that database shows that between 2016 and 2018, 1253 detainees fell into the highest category of care: *P1 - Serious Psychiatric Condition Requiring Intensive and/or Immediate Care*. This extract also identifies that many other detainees had need for other forms of mental health assessment or treatment, which presents capacity and resourcing challenges for police and mental health services alike:

Table 2 - Prisoners in Police Custody - Mental Health Risks & Forensicare Referrals[31]

Categories	Yearly Totals		
	2016	2017	2018
P1 - Serious Psychiatric Condition Requiring Intensive and / or Immediate Care	343	366	544
P2 - Significant Ongoing Psychiatric Condition Requiring Psychiatric Treatment	565	612	845
P3 - Suspected or Stable Psychiatric Condition Requiring Appointment or Continuing Treatment	2836	3079	3543
PA - Suspected Psychiatric Condition Requiring Assessment	665	631	610
Mental Health Referrals - Forensicare Assessment Requested	1112	1176	1333

It is difficult to provide individuals experiencing mental health issues with appropriate treatment and support in police cells and Victoria Police must comply with the Human Rights Charter and other obligations, such as the Optional Protocol for the Convention against Torture (OPCAT), when managing detainees.

[29] James Ogloff, Lisa Warren, Christine Tye, Foti Blaher, Stuart Thomas (2011) *Psychiatric symptoms and histories among people detained in police cells* (46:9) Social Psychiatry and Psychiatric Epidemiology
[30] Australian Institute of Health and Welfare *The health of Australia's prisoners* (2015) Cat. no. PHE 207.
[31] Data sourced on 1 May 2019 from Victoria Police Custodial Health Service HR Assist Healthe database

CHS' capacity to respond to the needs of detainees can be limited by the fact that it does not fall under the MH Act. For example, when a person is too unwell to consent, CHS cannot provide them with psychiatric medications, nor recommence medications they may have ceased to take. Additionally, individuals in custody/remand/prison (including those under the care of CHS) have the right to refuse medication and medication cannot be given without their consent (that is, involuntarily). This means there is no capacity for CHS or police custody officers to treat these individuals in the custodial environment which can result in further deterioration among this vulnerable cohort.

Victim support

Police have a responsibility to provide victims of crime with information about the support services available to them. Victims of crime can also be referred by police, with their consent, to an appropriate agency via the VPeR system. The referral agency then provides a triage service to ensure victims are connected to timely and effective support for their needs (which may include mental health support). Victims may also be supported through the Victims Assistance Program which is co-located in some police stations.

People living with mental illness are more likely to be victims of violence than other people.[32]Multiple studies show that individuals with severe mental illness are especially vulnerable to being victimised, including theft, assault, or rape.[33] Adults with mental illness are reportedly more likely to be victims, than perpetrators, of community violence,[34] and a history of offending behaviour and substance misuse were also risk factors for the experience of violent victimisation.[35]

People with mental health issues may experience barriers to reporting crime including because they may be perceived as unreliable informants about their life experiences. Should victims/survivors with mental health conditions report abuses to organisations including hospitals and police, they may have their story seen as a false report, and/or not have their case proceed to court, including through decisions made during the brief authorisation process.

Supporting court outcomes

People with a lived experience of mental health issues comprise a disproportionate number of the people who are arrested, who come before the courts and who are imprisoned.[36] The over-representation of people with mental health conditions in the justice system is multifaceted and complex, and there is a challenge in ensuring that a person's anti-social or low offending behaviour does not unnecessarily drag them into the criminal justice system.

For alleged offenders with a lived experience of mental health issues, police provide certain supports during the investigation phase and while within police custody (as described above).

Within the summary court jurisdiction, the Assessment and Referral Court (ARC) operates to help people address underlying factors that contribute to their offending. A referral must be made before a matter can

[32] Sane Australia (2016) Fact vs myth: mental illness & violence < https://www.sane.org/information-stories/facts-and-guides/fvm-mental-illness-and-violence>
[33] White MC, Chafetz L, Collins-Bride G et al. History of arrest, incarceration and victimization in community-based severely mentally ill. Journal of Community Health 2006; 31:123–135.
[34] Desmarais, S. L., Van Dorn, R. A., Johnson, K. L., Grimm, K. J., Douglas, K. S., & Swartz, M. S. (2014). Community violence perpetration and victimization among adults with mental illnesses. American journal of public health, 104(12), 2342–2349. doi:10.2105/AJPH.2013.301680
[35] Silver E, Arseneault L, Langley J, Caspi A, Moffitt TE. (2015) Mental disorder and violent victimization in a total birth cohort. Am J Public Health 2005; 95:
[36] Commonwealth of Australia (2006) *First Report - A national approach to mental health – from crisis to community,* Chapter 13.1

be heard in the ARC and an assessment by an ARC case manager is also required to ensure the accused person meets the eligibility criteria.

Along with other agencies, the Victoria Police Prosecutions Division plays an integral role in the ARC to ensure that appropriate court outcomes eventuate for accused persons who have a mental health issue and/or a cognitive impairment. Within the prosecutorial process, the Assessment and Referral Court provides a justice system response for people with complex needs, including homelessness, mental illness, disability and substance misuse. The Court facilitates access to treatment and support, during which clients are required to meet regularly and report on progress,[37] and has a critical role through which rates of imprisonment may be reduced.

The existence of the ARC is positive in this regard as it works to more effectively support the needs of such individuals. However, Victoria Police understands that due to the increasing demand on the mental health service system there can be difficulty for individuals to access the support services they need.

[37] Magistrates Court Victoria (2018) *Assessment and Referral Court* <https://www.mcv.vic.gov.au/about-us/assessment-and-referral-court-arc>

Opportunities for improving interactions

Victoria Police believes an optimised outcome for Victorians experiencing mental health issues would be timely access to appropriate and sustainable mental health interventions, and other required health and support services, prior to a situation escalating to police attention.

Where Victoria Police is engaged in situations involving people who are experiencing mental health issues, the following opportunities could enhance the capacity of the police response:

- **Access to clinical expertise and information for the purposes of enhancing police decision-making prior to, and upon attending, callouts**

  As per the DHHS-Victoria Police Protocol for Mental Health, police are not required to exercise any clinical judgment on whether or not a person has a mental illness,[38] but they are expected to determine an appropriate response to a call-out. To support this decision-making, Victoria Police submits that consistent access to clinical expertise to help police triage their response would be beneficial.

  As outlined above, the Victoria Police Critical Incident Response Team has access to relevant and appropriate mental health information and advice as part of the ECRP initiative to enhance their responses to people experiencing mental health issues. This initiative has shown that access to clinical information supports more effective decision-making and responses and results in better outcomes for individuals. Victoria Police access to this information is limited to this initiative.

  In some jurisdictions in Australia, mental health clinicians have been embedded in police call centre and dispatch services to support more clinically informed decisions. For example, in Western Australia, mental health practitioners are co-located in the Police Operations Centre (POC). A recent evaluation found that the presence of the mental health practitioner in the POC resulted in 'a reduction in risk for both individuals experiencing a mental health crisis and police officers as police were better prepared to respond to the incident'[39]. The evaluation also found that access to the mental health clinician improved the police response as radio POC staff had the requisite information to inform police of risks, and make valid and informed decisions about the allocation of resources to counter those risks (for example, send more response units or increase the priority level of the task). This had a direct and positive impact on efficient resource allocation by ensuring allocated resources were proportionate to the call. Australian Federal Police in Canberra have also implemented a similar model.[40]

  While acknowledging individuals' right to privacy, Victoria Police submits some significant benefits may be realised from giving police better and more widespread access to clinical expertise to inform operational decision-making.

- **Enhanced capacity to respond to the mental health needs of people in police custody**

  There may be opportunities to increase the clinical expertise available to those working in custodial environments to assist them to better meet the needs of people in police custody.

[38] Department of Health and Human Services / Victoria Police Protocol for Mental Health: A guide for clinicians and police
[39] Henry, P. and Rajakaruna, N (2018) *WA Police Force Mental Health Co-Response Evaluation Report* <http://www.parliament.wa.gov.au/publications/tabledpapers.nsf/displaypaper/4011830c6f17958a776124a04825830d0003e135/$file/tp-1830.pdf>
[40] Office of Police Integrity Report (2012) *Policing people who appear to be mentally ill*, p. 42.

The CHS is subject to a number of restrictions which limit their ability to respond to the needs of detainees who are experiencing mental health issues. Victoria Police submits that the Royal Commission may be in a position to identify how people experiencing mental health issues while in custody can more effectively access the treatment and services they need.

- **Support for people who are experiencing mental health issues and are victims of crime to report abuses and receive justice outcomes**

  People with mental health issues may experience considerable barriers to reporting crime and receiving justice outcomes. With respect to victims' access to justice, the Intermediary Pilot Program in Victoria has seen the introduction of skilled specialists (intermediaries) in the criminal justice system to facilitate communication with children, and adults with cognitive impairment (including those with mental health issues). The pilot will operate between 1 July 2018 and 30 June 2020.[41]

  By supporting communication with the witness, the pilot sees intermediaries assist police during the investigation, as well as the prosecution, defence and court through the court process.

  Victoria Police suggests that other mechanisms to support victims of crime who are also experiencing mental health issues to report abuses and receive justice outcomes may warrant further consideration by the Royal Commission.

- **Expansion of diversions, specialist courts and support services**

  The ARC has expanded its operations since 2018 to enable greater coverage and meet the increasing demand. Victoria Police suggests there may be benefit to the Royal Commission looking at the capacity and capability of this specialist court and possible further expansion options, including consideration of adult diversions to appropriate support services prior to court. It is imperative that any consideration of expansion should include the availability of appropriate treatment and services to support the increasing demand and maximise effectiveness.

  In addition, as outlined above, where police are interacting with a person who needs help with various health and welfare issues but is not in an immediate crisis, police may refer the person to specialist support services. Police have limited access to specialist mental health referral; however the implementation of VPeR has been beneficial in this regard. The mental health pathway in VPeR is a key early intervention initiative for people who have contact with police and are experiencing mental health issues but are not currently in crisis. Monash Health, the mental health referral agency, receives funding from DHHS to receive referrals for this early intervention initiative. However, as VPeR mental health referrals continue to increase - 172% increase between 2014/15 and 2017/18 – this creates increasing service imposts for Monash Health.

  Victoria Police submits that ongoing commitment to continue to fund this referral pathway, and increase the funding as service pressures increase, is critical; otherwise police would be limited in providing assistance to people experiencing mental health issues only acute crisis situations and a key opportunity to intervene early would be missed.

[41] Supreme Court of Victoria (2018), *Multi-Jurisdictional Court Guide for the Intermediary Pilot Program: Intermediaries and Ground Rules Hearing*

Facilitating access to health services

Police transfers and referrals to the mental health service system

As a consequence of their engagement with people experiencing mental health issues, police are increasingly being relied upon to operate as gatekeepers to the mental health service system. As one article puts it, 'the role of police officers as custodians of coercive state force has slowly elongated to include a security function which supports the health sector'.[42]

Most commonly, police seek to engage people in the health service system following crisis interactions where section 351, MH Act is engaged. It also occurs when a person is in police custody and a need for further treatment or assessment is identified.

When police identify that a person requires assessment under section 351, MH Act, they have two options. Often, police will arrange for the person experiencing mental health issues to be transferred to a hospital emergency department. Alternatively the development of the Mental Health and Police Response (MHaP) initiative (formerly known as PACER) has also provided some welcome opportunities for in-field assessment (see adjacent).

Mental Health and Police Response (MHaP) initiative

Also known locally as PACER, the MHaP initiative aims to provide a targeted and timely response for people who need urgent mental health support in the community.

The MHaP Response initiative operates as a secondary response which is activated on request by an operational police unit (first responder unit) attending a call-out in the community. It is delivered by a joint team that consists of a mental health clinician and a police member.

The clinician undertakes a mental health assessment at the original point of contact and determines the appropriate response for that indivdiual.

There are some issues with the current operation of the scheme, in that its format is not consistent across the State,it is not available in all locations or at all times –shifts typically operate from about 2-10pm– and there can be a lack of available clinicians to support these shifts. Despite this, and the fact that the current program has not yet been evaluated, many frontline police echo the findings of previous evaluations of MHaP-like models nationally which report timely access to mental health assessment services, reduction in use of emergency departments, and increased transportation directly to an appropriate mental health service.

In 2017/18, police facilitated approximately 14,000 'Mental Health Transfers'[43] involving the transfer of an individual with a suspected mental illness to another location (usually a hospital emergency department) for assessment, treatment and support. This was a 169% increase from the approximately 5,200 'Mental Health Transfers' undertaken in 2010/11, and a 24% increase from 2016/17.[44] Potential drivers for this increase are discussed on page 4.

Once police apprehend a person under section 351, MH Act, police cannot delegate responsibility for them until they are taken to a registered medical practitioner or mental health practitioner in the community, or an emergency department, hospital or designated mental health service for an examination, and the receiving party has formally accepted care of that person. This means that even if the person is transported

[42] Morgan, M and Paterson, C, '*It's Mental Health, Not Mental Health': A Human Rights Approach to Mental Health Triage and Section 136 of the Mental Health Act 1983* Policing (13:2) 2017, 130.
[43] Data extracted from LEAP, Corporate Statistics, Victoria Police. Note: Mental Health Transfers data is reliant on police members compiling the appropriate LEAP forms accordingly and characteristics of this data is based on its modus operandi data. Therefore there may be instances where one incident may contain more than one modus operandi codes.
[44] Ibid.

by ambulance for a mental health assessment, police must accompany that person as they cannot delegate responsibility to an ambulance paramedic. Similarly, police cannot delegate custody of the person to a hospital security guard, receptionist or administration staff. Additionally, handover of a person can only occur when police and the receiving clinician agree it is safe to do so. In practice, this means that police must arrange a person's transport to hospital and then wait with them until handover can occur.

- **Transportation**

Under the DHHS-Victoria Police protocol for mental health, and consistent with the Human Rights Charter and MH Act, a person needs to be transported via the least restrictive means possible, with use of a police vehicle a last resort. [45] As well as not being desirable, transport in police vehicles has been reported to have particularly degrading, stigmatising and criminalising effects on people experiencing mental health issues.[46]

While Ambulance Victoria is responsible for providing emergency transport for people with mental illness under the MH Act, there are occasions where an ambulance may not be available or may be delayed and police must therefore undertake the transfer via the police divisional van:

Case study 1:

- Police receive request to attend to an individual who appears to be experiencing a mental health crisis. Members of the public have called 000 stating male is swearing at passers-by and trying to strike people.
- Police first responder unit attends (2 x police members) and determines that the individual is at serious or imminent risk of harm to themselves or others and apprehend the individual under s351, *Mental Health Act 2014.*
- MHaP unit is not available to attend and an ambulance is called to transport the individual to hospital for further assessment.
- Ambulance Victoria (AV) unable to give estimated time of arrival (ETA) of unit.
- Police first responder unit continues to communicate with individual while waiting for AV unit to become available to attend.
- Supervising police unit attends to assess situation and provide additional support (Sergeant and constable).
- Approximately one hour passes and AV has not attended.
- Police first responder unit contacts AV to request ETA. AV advises that they will send an available unit but it could be an hour before they arrive.
- Individual becomes increasingly agitated and police become concerned of the increased risk of harm to that individual and others as situation continues to unfold in a public location.
- Police first responder unit determines that for the safety and wellbeing of that individual and others it would be more beneficial to transport the individual to hospital in a police vehicle then to continue to wait for AV to attend.
- Police transport individual to the hospital in the police vehicle and wait in the emergency department with the individual until they are able to handover custody to an authorised person at the hospital.
- Police hand over custody and are released to return to other duties approximately one and a half hours after arriving at the hospital.
- Total time of police involvement is approximately three and half hours.

[45] Department of Health and Human Services / Victoria Police Protocol for Mental Health: A guide for clinicians and police
[46] Morgan, M and Paterson, C, '*It's Mental Health, Not Mental Health': A Human Rights Approach to Mental Health Triage and Section 136 of the Mental Health Act* 1983 Policing (13:2) 2017, 130.

- **Long wait times to handover custody of a person apprehended under the MH Act**

Acknowledging that ambulances are available in most circumstances, where an individual is transported to hospital under section 351, MH Act, police must still accompany the person to the relevant health service (either in the ambulance or following the ambulance) and wait with the person until they are able to handover custody of the individual as per the MH Act (as outlined above). Depending on the situation, police may also be requested to remain with the person until the assessment has been completed.

Although Victoria Police data does not detail the length of time taken for each specific component of the mental health transfer, and there have been some positive reductions in the average time taken at these events, police are still frequently involved in these events for more than two hours at a time on a very regular basis.[47] There are also circumstances where police can be involved for up to or more than six hours.

Case study 2:

At 1800 hours, police attended a residence in a rural location where a person with a mental health condition was identified as being at risk of self-harm behaviour. Concerns were also raised about a gas leak.

Following a risk assessment, police transported the person in a divisional van to hospital, as there was no available ambulance to assist with transfer.

Upon arrival, police and the person remained in the corridor because there was no room available.

For the next 4 hours, no medical personal spoke to or assessed the person.

At 2300 hours, while still awaiting assessment from medical staff, the original attending police were relieved by the next shift.

At 2342 hours the person was assessed by a registered medical practitioner, cleared to return home and was driven home by police.

Case study 3*:* Police are called by Person X who is concerned about the threatening behaviour of Person Y, who is in possession of a lighter and can of petrol and threatening to harm themself. Upon arrival and assessment of the indivdiaul police apprehend Person Y under section 351 of the MH Act and call AV to transfer Person Y to hospital for a mental health assessment. Person Y is subsequently released by the hospital.

Police are called two days later in response to another call from Person X about the behaviour of Person Y. In this case, the behaviour also required involvement of the Critical Incident Response Team (CIRT). Person Y is again taken to hospital under section 351 of the MH Act where they are subsequently released by the hospital.

Two days later, Person X called police again because Person Y was threatening suicide. Following the call, attending police observed Person Y harming himself . Person Y was subsequently apprehended by police and taken back to hospital for the third time within one week.

This can have a greater impact in rural locations, where the relevant health service is some distance away from the location where the person is experiencing the mental health issue and/or there are significant delays in the assessment process. The above case study from a rural location provides an illustration of this scenario.

Even when a person arrives at a hospital, there is no guarantee they will receive the treatment they need. In its submission to the Productivity Commission, Mental Health Australia stated that a majority of people presenting to an emergency department will be turned away due to limited places and that hospital emergency departments only deal with the most unwell individuals who are in an acute phase of mental illness.[48] The result of this system is that police frequently

[47] In presenting this data, it is noted that it is reliant on police completing forms correctly, that around 28% of forms do not have this information included, and only includes physical time involvement of the event but not does not reflect the number of police who may be engaged in that event, either throughout the entire or part of that process.
[48] Mental Health Australia (2019) *Submission in response to the Productivity Commission Inquiry into Mental Health*, p. 20-21.

apprehend people who they believe are at risk of harm to themselves or others, arrange for their assessment by a mental health practitioner, and then are either advised that the person does not meet the criteria and should be released, or the person receives some treatment but is released a short time after (see above case study 3 above).

- **Returning people to treatment**

In addition to facilitating a person's initial access into the mental health service system, police assistance may also be sought to apprehend mental health patients who abscond from facilities. Clinicians may also request urgent police attendance to assist with patients experiencing mental health issues in a designated mental health service in circumstances where, for example, there is an immediate risk of self-harm or injury to anyone or where a person is causing significant damage to property:

Case Study 4*:* A Crisis Assessment and Treatment Team (CATT) requested police attendance at boarding house to support assessment of a person experiencing mental health issues. The individual was well known to the CATT and the CATT anticipated that there could be some difficul in undertaking the assessment due to previous experience with this person.
Police first responder unit (one unit; 2 members) attended. Patient X had already locked herself in her room at the boarding house and would not engage with the CATT. The first responder unit commenced negotiation with Patient X.
Patient X eventually agreed to open the door and allow the CATT clinician to undertake an assessment.
The CATT requested that police remain for safety reasons.
The CATT determined that Patient X required further assessment and subsequently placed Patient X under an inpatient assessment order.
Ambulance Victoria (AV) was called to transport Patient X. Patient X did not want to attend hospital and would not engage with CATT.
Police first responder unit recommenced negotiation with Patient X.
Supervising police unit attended the scene to assess the situation and provide any support required.
After significant negotiation, Patient X finally agreed to attend hospital and was transported by AV.
Police unit followed AV to hospital, where they then handed over custody to the hospital.
Approximately one hour later, police received a call that Patient X had absconded from hospital.
Police first responder unit (one unit; 2 members) presented at boarding house and located Patient X. Patient X was uncooperative and agitated a refused to return to hospital.
PACER unit was called to attend while first responder unit communicated with Patient X.
PACER unit attended and the mental health clinician commenced communication with Patient X who continued to demonstrate agitation and refusal to return to hospital.
Supervising police unit attended scene to assess situation and provide any support required.
AV was called to support transport of Patient X to hospital. Patient X eventually agreed to return to hospital and was transported by AV. PACER unit followed AV to the hospital. Police first responder unit and supervising police unit were released.
PACER team attended at hospital and handed over custody to hospital.
Approximately one hour later, police received a call that Patient X had again absconded from hospital.
As Patient X had not yet been assessed by the hospital and was still subject to an inpatient assessment order, police were requested to locate Patient X. Police first responder unit presented at boarding house and located Patient X.
Patient X was uncooperative and agitated and refused to return to hospital.
PACER unit was called to attend while first responder unit communicated with Patient X.PACER unit attended and the mental health clinician commenced communication with Patient X.
Patient X did not want to talk to the clinician but had developed rapport with the attending frontline police members so MH clinician left the room and police members continued to talk to Patient X.
Supervising police attended scene due to repeat absconding of Patient X to monitor and manage situation as required. AV was called to support transport of Patient X to hospital.
Following communication with the police first responder unit, Patient X agreed to return to hospital.
PACER followed AV to the hospital and the first responder and supervising police units were released.
PACER team attended at hospital and handed over custody to hospital.
No further requests were made that evening for police attendance to Patient X.

- **Access to health services for people engaged in the criminal justice system**

For people experiencing a mental health issue in custody, the anecdotal experience of the Custodial Management Division is that they also have difficulty getting these, and other severely unwell, individuals' into hospital environments due to their custodial status.

This is problematic given that every delay in transferring people to hospital risks exacerbating acute psychiatric conditions,[49] and systemic failure to provide coordinated and appropriate health and support arrangements may result in further deterioration among this vulnerable cohort and subsequent return to the justice system.[50] This also means that police become responsible for managing acutely unwell individuals who, had they not been in police custody, arguably may otherwise be able to access the treatment and support they need.

In relation to the mental health needs of young people involved (or at risk of involvement) in the criminal justice system, there is increasing evidence that suggests that many young people who come to the attention of police are found to be at higher risk of mental health problems, learning disability, substance misuse issues and have other unmet needs.[51]

According to the Victorian Youth Parole Board Annual Report 2017, 53% of young people involved in Youth Justice presented with mental health issues, highlighting the critical need for early assessment and effective treatment of mental health problems to improve recovery, improve life outcomes and reduce the risk of further offending.[52]

Victoria Police Embedded Youth Outreach project

The Victoria Police Embedded Youth Outreach Project pairs a youth worker with a police officer to provide an immediate evidence-based assessment and referral to young people in contact with police. The EYOP refers to a range of youth-specific services, including mental health and alcohol and other drug supports. In acknowledgement of the challenges faced in converting a referral to actual engagement with a service, the EYOP also provides follow-up support for young people.

Young people in particular may benefit from access to therapeutic treatments as part of their engagement with the criminal justice system but, again, the experience of Victoria Police is that these supports are scarce and difficult to access.

As part of its response to this issue, Victoria Police is currently trialling an embedded youth pilot (EYOP) which operates in a similar way to the MHaP scheme described above, and aims to better support young people following contact with police.

Approximately a third of all engagements in the North West Metro EYOP site (ND2) have resulted in a mental health referral,[53] although Victoria Police understands that access to treatment is sometimes then subject to 4-6 week waiting lists.

[49] The Royal Australian and New Zealand College of Psychiatrist (2017) *Involuntary mental health treatment in custody* <https://www.ranzcp.org/news-policy/policy-submissions-reports/document-library/involuntary-mental-health-treatment-in-custody>
[50] Ibid.
[51] Centre for Mental Health (2018) *Youth Justice* <https://www.centreformentalhealth.org.uk/youth-justice>
[52] Department of Justice and Community Safety, Youth Parole Board Annual Report 2017-18, p. 17.
[53] May 2019 monthly data snapshot report for ED2

Opportunities for system improvement

Victoria Police submits there may be opportunities through greater emphasis on mental health interventions in community and primary care to both reduce the reliance on police attendance at matters not requiring a crisis response; and prevent the escalation of circumstances that result in an emergency law enforcement intervention.

Victoria Police is also supportive of the Royal Commission's intention to look at options for improvements in the mental health outcomes of individuals in contact, or at greater risk of contact, with the mental health system via criminal justice interactions. Victoria Police submits that the needs of young people, including through enhanced access to specialised services and facilities, should form part of these considerations.

More specifically the following opportunities are identified for system improvements that may positively impact police and provide better outcomes for people experiencing mental health issues:

- **More comprehensive access to clinicians who can undertake in-field assessments**

  As outlined, the MHaP program, a co-response model between police and mental health clinicians, provides Victoria Police with access to clinical information and decisions, and provides opportunities for in-field assessments which deliver a range of more positive outcomes for individuals and police alike compared to stand-alone hospital transfers. Further, where individuals are still required to be transferred to hospital, the mental health clinician can often facilitate a more efficient handover process. However, there are some issues with the current operation of the program including that it is not available consistently across the state, it only operates within restricted hours, and there can be a lack of available mental health clinicians to support the program.

  Other jurisdictions across Australia and internationally have successfully implemented co-response models and consistently report that these models are effective in responding to individuals in crisis, including preventing unnecessary transportation to hospital.

  Subject to the outcomes of an evaluation of the MHaP program, further investment may enable the MHaP model (or any of its successful elements) to be replicated and extended more comprehensively.

- **More timely handover between first responders and the health service system**

  Once police have apprehended a person under section 351, MH Act, for the purpose of facilitating access to a mental health assessment, police can only handover custody of the individual to a registered medical practitioner or mental health practitioner; or an emergency department, hospital or designated mental health service for an examination, and the receiving party has formally accepted care of that person. This means, for example, that police cannot handover custody to an ambulance paramedic even when the individual is being transferred for assessment in an ambulance and is not presenting any safety risks.

  In Tasmania, paramedics are Mental Health Officers under the Tasmanian *Mental Health Act 2013* and have the same powers as police to apprehend a person who is at serious or imminent risk of harm to themselves or others for the purposes of facilitating access to a mental health assessment. Consequently, they do not require police members to accompany them to the designated health service for examination unless there are safety risks identified.

  Victoria Police submits that the Royal Commission may be in a position to identify any systemic or legislative barriers that may adversely prolong the involvement of police in situations involving people experiencing mental health issues; in particular whether it would be appropriate to consider alternative

processes regarding custody of an individual under the MH Act including the release of custody at an earlier stage than currently authorised where no safety risks have been identified.

Additionally, as outlined above, police can experience long wait times once they attend a hospital with a person who has been apprehended under section 351, MH Act. Initiatives such as MHaP have implemented procedures which facilitate a more efficient handover process, for example enabling individuals to have direct access to intake facilities which are more suitable for the individual concerned and result in police being released in a timelier manner.

In this context, Victoria Police acknowledges the commitment of the Victorian Government to establish Mental Health Hubs within Emergency Departments. While still in the process of being established, it is anticipated that these Hubs will help to ensure that people presenting with urgent mental health, alcohol and drug issues will receive specialist, dedicated care sooner, thus relieving pressure on emergency departments and police.

Victoria Police suggests that there may be benefit to the Royal Commission looking at options which would enable more efficient handover processes of individuals into the health service system, including standardising procedures for hospital handover processes, direct access to specialised intake facilities, and possible further options for expansion of Mental Health Hubs to other sites.

Supporting and managing complex cases

In many instances, the complex health and safety needs of people who experience mental health crises requires specialist responses from a number of agencies. As has been well documented, for people with complex needs requiring multiple services, current system pathways are difficult to navigate and services are often siloed and lack coordinated responses, resulting in fragmented care,[54] which may lead to an escalating risk of crisis resulting in a request for police response.

Responding to complex needs requires collaboration; as the United Nations Human Rights Council noted in 2017, even good clinical mental health interventions can fail when other support needs required by the individual (such as healthcare, employment and housing) are not met.[55]

In order to better support individuals experiencing mental health issues who come into contact with police, Victoria Police works closely with other agencies and partners in both a case management and preventative capacity. Strong partnerships with local mental health services and other agencies are critical to facilitate a timely and appropriate response. At a local level, agencies work together, building local arrangements to address local needs while there are also a number of joint initiatives between Victoria Police and DHHS at state-wide level, and between Victoria Police and other state, territory and Commonwealth agencies at a national level.

Examples of forums or initiatives designed to promote information sharing and multi-agency responses to common issues can take various forms and include:

- Stakeholder forums:

  Mental Health Portfolio Reference Group

  Victoria Police meets with peak bodies and community stakeholder organisations on a quarterly basis through its Mental Health Portfolio Reference Group. The Group meets to provide advice and work collaboratively with Victoria Police on projects, policies and initiatives that may impact on people experiencing mental health issues. An Assistant Commissioner chairs the meetings.

  Firearms and Weapons Policy Working Group

  The Firearms and Weapons Policy Working group is a national working group comprising firearm registry managers and policy representatives from all policing jurisdictions (as well as other organisations such as the Australian Institute of Criminology) to facilitate improved national consistency in response to firearm and weapon issues. Mental health is a standing item on the Agenda for the Working Group.

- Case management/frontline multi-agency collaboration:

  Emergency Service Liaison Committees

  Each area mental health service convenes an Emergency Service Liaison Committee comprising representatives from mental health services, ambulance, police (usually at Sergeant rank or above), consumers and carers. The committees meet on a regular basis to, amongst other things:

[54] National Mental Health Commission (2012). Contributing lives, thriving communities: report of the nation review of mental health programs and services
[55] United Nations Human Rights Council (2017) *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standards of physical and mental health*

- develop and update local protocols for interagency service cooperation and coordination;
- address operational service issues, including any use of force, restraint or police transport;
- agree on joint case plans for shared consumers, particularly those who present frequently or who have multiple and complex needs;
- arrange interagency training and information sessions to share knowledge and skills; and
- inform the Relationship Governance Committee of ongoing and systemic issues requiring attention.

Victorian Fixated Threat Assessment Centre (VFTAC)

Victoria Police, in partnership with DHHS, have established the Victorian Fixated Threat Assessment Centre (VFTAC), to identify and respond to fixated individuals, many of whom have a mental illness. Police, together with mental health experts, identify and conduct risk assessments of persons who have complex needs and who may pose a serious threat to the community by engaging in problematic and high-risk behaviour. The team determines appropriate interventions based on the risk assessment, which may include mental health treatment.

VFTAC is a joint Victoria Police and Mental Health early intervention initiative established in March 2018. The objective of the VFTAC is to identify and intervene before a crisis has occurred. This intervention should reduce the potential risk to not only those who are the object of the fixation, but also to the fixated person and the wider community.

*Multi Agency Panels (*under the *Serious Offenders Act)*

The Multi Agency Panel is made up of representatives from Victoria Police (Superintendent or Assistant Commissioner), the Department of Justice and Community Safety and DHHS. The Panel is responsible for the coordination and delivery of services, to serious sex offenders and serious violent offenders, some of whom require support and management for mental health issues. Early intervention and coordination of services is important in rehabilitating offenders and protecting the community from harm.

Risk Assessment and Management Panels (RAMP)

The RAMP program is a key initiative to improve responses to high-risk family violence victims. High-risk cases are identified by family violence units and referred to the panel, which includes representatives from Victoria Police and DHHS, specialist family violence agencies, child protection, drug and alcohol, mental health and other services (usually co-chaired by Inspector or Detective Senior Sergeant).

Emergency Management Liaison Officer

The Transit Safety Division (TSD) provides an Emergency Management Liaison Officer (Sergeant) to the Metro Trains Control Centre to assist with the safe and efficient resolution of rail disruptions that require police assistance.

TSD works closely with train operators (in particular Metro and VLine) on initiatives to minimise the impact of rail suicides on commuters, transport employees and Victoria Police. TSD, the operators and Public Transport Victoria (PTV) also works closely on initiatives aimed at reducing rail suicides and threats of suicide.

Case study 5 - Person C was found to be at risk of offending behaviour. Key risk factors included homelessness, substance misuse and mental health concerns.

The person had a history of poor mental health outcomes and had been apprehended 73 times under Section 351 (formerly section 10), *Mental Health Act* between 2013 and 2016.

After being identified as high risk, a complex needs initiative team was formed to address risk factors.

The initiative involved police, mental health, hospital and housing services. The Department of Health and Human Services facilitated information sharing across services to inform responses.

Outcomes from the collaborative initiative included the person receiving permanent housing, daily engagement with a mental health team and regular medical treatments

Opportunities

While there are a number of forums and initiatives currently in operation which are designed to promote information sharing and multi-agency responses to common issues, Victoria Police submits that the Royal Commission provides more scope to consider how cross-agency approaches and collaboration - supported by broader reform and investment in the mental health service system - can deliver positive outcomes for people experiencing mental health issues.

In particular, Victoria Police submits that consideration of expanding the application of multi-agency panels that comprise health, education and employment pathways for people experiencing complex treatment needs is a community based mechanism that can provide timely and targeted intervention and support to persons requiring holistic person-centred service responses, rather than issue-specific treatment.

How police are trained to work with people with a mental illness

One of the key concerns for Victoria Police is to ensure that police are equipped with the knowledge and skills to deliver appropriately-tailored policing responses and services to people experiencing mental health issues.

Victoria Police remains committed to ensuring the highest level of service delivery by every police member in Victoria. We expect every officer and employee of Victoria Police to be respectful of everyone in our community and their human rights. Where poor behaviour is identified, we also want the community to have confidence that complaints will be investigated thoroughly and with integrity.

Since 1996 and the completion of Project Beacon,[56] Victoria Police has taken significant steps to improve its training of police. These training opportunities have spanned from police recruit training through to first responder training and more specialised interventions.

Currently, police and PSO recruits undertake dedicated training related to mental health literacy, the MH Act and responding to critical incidents involving persons experiencing mental health issues. Additionally, there are sessions throughout the recruit and PSO training that refer to mental health case studies, scenarios or role plays; along with opportunities for recruits to meet and talk to people with lived experience of mental health issues to gain more understanding and insight into their unique experiences.

There are also training opportunities specific to particular roles:

- Mental health clinicians and police from the Victorian Fixated Threat Assessment Centre (VFTAC) have provided an extensive range of training opportunities to police, including presentations on lone actor grievance fuelled violence, abnormal fixation and radicalization.
- A Negotiator Awareness Package has been developed to provide regional police with communication strategies when dealing with persons of interest who are experiencing mental health issues.
- Training for police who are seeking promotion to Senior Sergeant and Inspector which focuses on community engagement and addressing a scenario relating to mental health interventions.

Victoria Police is currently developing a specialist mental health education and training package for all frontline police to improve their capability to manage incidents involving persons experiencing a mental health issue, including referral to treatment services where appropriate. Input from people with lived experience of mental health issues, and carers, has been sought during the development of this training.

[56] Project Beacon was established in September 1994 as a response to the high number of fatal shootings by police between 1987 and 1994, a significant number of which involved people with a mental illness. The Project resulted in the introduction of an operational safety philosophy, 10 Safety Principles, mandatory operational safety tactics and training, and a Register to record and monitor the use of force.

Creating a mentally healthy workplace for police employees

Current initiatives

In making this submission to the Royal Commission, Victoria Police acknowledges the needs of its employees and their experience as users of the mental health service system.

Policing is a unique and rewarding career. It can also be challenging, demanding and involve exposure to traumatic incidents. Some police may experience a sense of powerlessness at making a difference, including when people with complex needs are discharged from hospital shortly after being transferred for assessment and care.[57]

The Victorian Suicide Prevention Framework 2016-25 identified police and other frontline service staff as among the cohorts that needed mental health and resilience plans as part of a comprehensive occupational health and safety framework.

In 2016, Victoria Police undertook an independent review into the mental health and wellbeing of Victoria Police employees (Mental Health Review). Findings from the review highlighted the need for better and earlier access to mental health literacy and support services for all Victoria Police employees and their immediate families throughout and after their careers.

Subsequently, the Victoria Police Mental Health and Wellbeing Strategy and Action Plan 2017-2020 was developed, which reflects the Victoria Police commitment to promoting and protecting the mental health of its staff. The six objectives of the strategy are Leadership, Support, Systems, Preparedness, Transition and Services, with the following priority focus areas for the three-year plan:

- Leadership Culture Change Program
- Mental Health Literacy
- Mental Health and Wellbeing Services
- Employee Lifecycle Initiatives.

Victoria Police has identified the need for specialised mental health and wellbeing support for investigators and other employees working in areas such as sexual offending, child abuse, crime analytics and family violence. After the Family Violence Royal Commission and Mental Health Review (recommendations 33 and 35), Family Violence Command introduced a clinical team, the Specialist Investigators Support Unit (SISU), to support the mental health and wellbeing of Victoria Police employees working in Sexual Offences and Child Abuse Investigation Teams (SOCITs) and Family Violence Investigation Units (FVIUs) specifically. The specialised services provided by the SISU are available to employees working in SOCITs and FVIUs in addition to those available through Victoria Police Wellbeing Services and the external EAP providers.

All Victoria Police employees have access to online resources on mental health. For instance, the Critical Incident Response management tools help employees understand their own reactions and coping strategies after critical incidents. Likewise, the *Equipt* Wellbeing App supports Victoria Police employees

[57] Queensland Mental Health Commission (2017) *Options paper: Improving outcomes from police interactions A systemic approach,* p.12 <https://www.qmhc.qld.gov.au/sites/default/files/downloads/options_paper_improving_outcomes_from_police_interactions_a_systemic_approach_october_2017_0.pdf>

and their families with their physical, emotional and social wellbeing. Victoria Police has recently developed and launched an external facing website *Bluespace.* This website provides contemporary mental health information, tools, resources and links to support services for current and former police employees and their families. Victoria Police has also a panel of Employee Assistance Providers (EAP) and introduced a self-referral pathway and *e-treatment* services to reach remote and rural employees and their immediate families.

Examples of other Wellbeing Services available for current and former employees and their immediate families include; 24 hour crisis and critical incident response services, Case Managers to work with complex cases, counselling and referrals to the EAP and other services, mental health educational programs/services, Peer Support, Internal Witness Support and a Chaplaincy network across Victoria. Victoria Police is also focussing efforts on police veterans, including through enhancing the Police Veteran Support Network and exploring the possibility of a police veteran's health benefit card (similar to Defence force veterans).

Challenges and Opportunities

It is acknowledged that the responsibility for managing and addressing the needs of employees largely falls within the remit of Victoria Police, with support from the Victorian Government. We will be continuing to do this work regardless of the findings of the Royal Commission. However, there are some challenges where Victoria Police employees interact with the broader mental health system as clients.

Given the higher rates of mental health conditions in emergency services,[58] there are times when police experience mental health crises, including suicidal thinking and behaviour, and are in need of acute care.

This puts police in the unique position of being a sworn officer who is now a client of the public mental health system, where they have often carried the responsibility of transporting mental health patients in the community as part of their policing role. This may mean that police experience significant stigma and reluctance to be subject to, or part of the same system which can be further aggravated by concerns that they may be in hospital with people they have sectioned or arrested. This stigma and fear leads to further denial of mental health issues, and a refusal or reluctance to engage with professional support, resulting in worse health outcomes. As per the experience of other community members, police can experience difficulty in accessing acute and sub-acute levels of psychiatric care.

The lack of services and systems that exist between non-urgent counselling and hospital for acute care, particularly out of business hours, mean that police members have few options. They can be forced into a level of care, for example, hospital, that they are likely to reject, putting at risk any attempts to engage professional support, or their risks are under-managed if they choose to engage in counselling to avoid hospitalisation. Without a responsive system that has options between psychological counselling and acute inpatient care, we are likely to see police members whose risks are either over or under managed.

Psychological injuries will sometimes require Victoria Police employees to engage with the worker's compensation system. The rate of workers' compensation claims for mental health conditions among the emergency services is significantly higher than the general workforce.[59]

[58] Beyond Blue (2018) *National Mental Health Study of Police and Emergency Services*
[59] Beyond Blue (2018) *National Mental Health Study of Police and Emergency Services*

The process of lodging a workers' compensation claim, and having liability for the claim assessed and adjudicated can be challenging for employees who are experiencing symptoms of mental health conditions. In many cases, the workers' compensation process has a secondary impact on mental health, can inhibit and present additional barriers to recovery and may sometimes exacerbate a persons' condition. A workers' compensation process that is supportive and minimises additional stress for employees is an important element of an optimal mental health system. Enabling people to have a more positive experience of the workers' compensation system will help the individuals and their families. If it also contributes to an earlier recovery and gets people back to work sooner, benefitting both the organisation and the Victorian community.

The Victorian Government is piloting (12 months, commencing on 17 June 2019 for police) a provisional payments scheme for police and emergency workers experiencing mental health issues to cover reasonable medical and like expenses as soon as a workers' compensation claim is lodged. Victoria Police welcomes this pilot which is intended to enable employees to get the help they need earlier, promote recovery and improve employees' experience with the workers' compensation process.

We also know that police employees who experience mental health issues can take those issues with them when they resign, retire or otherwise transition from the workplace. However, as police veterans, they do not have access to the same services that current employees do, nor are they recognised and supported in the way that Defence force veterans do at a Commonwealth level through the Department of Veterans Affairs.

Victoria Police believes that it is time to consider police veterans in a similar light to Defence veterans and provide them with a system that recognises their service and the ongoing mental health support that they require. This includes improving access to specialist psychiatric care at facilities dedicated to police veterans, either through the establishment of a new facility or by expanding existing facilities such as that provided by Austin Health. We also advocate for the establishment of a benefits card that provides access to discounted health and wellbeing services for police veterans.

Conclusion

Victoria Police is experiencing increasing reliance on its members to operate as gatekeepers to the mental health service system, and believes an optimised outcome for Victorians experiencing mental health issues would be timely access to appropriate and sustainable mental health interventions, prior to a situation escalating to police attention. It is far more beneficial for people to receive mental health services or social care support which prevents or diverts them from police intervention. We believe there are opportunities to achieve this through greater emphasis on mental health interventions in community and primary care. The increased need for police intervention in mental health events also has a significant impact on service delivery.

For police, protecting and responding to the needs of vulnerable Victorians is a priority. For circumstances where crisis responses and/or police engagement is required, Victoria Police is enhancing its capability to respond more effectively to people experiencing mental health issues.

Further opportunities to support the police response to these events, and result in better outcomes for Victorians, include:

- better access to clinical expertise to inform police decision-making and triage
- enhanced capacity for in-field clinical assessments
- more timely handover between first responders and the health service system
- enhanced capacity to respond to the mental health needs of people in police custody.

Addressing any barriers that victims of crime may face in reporting abuses and receiving justice outcomes also warrants further investigation.

When people are in mental health crisis, police cannot solve the issues alone. Multi-agency responses are far more effective, and must be underpinned by a system which has the capacity to effectively respond to an individual's needs. Victoria Police submits that the Royal Commission provides scope to consider how cross-agency approaches and collaboration can deliver positive outcomes for people experiencing mental health issues, including cohesive effort across service agencies.

Positive change that makes a real difference to people's lives is likely to take system-wide reform and investment. The Royal Commission provides the opportunity to develop a clear road map to achieve this change and Victoria Police looks forward to participating in the process to deliver better outcomes for all Victorians experiencing mental health issues, their families, carers and the community.

Appendix A - Summary of police interactions with people experiencing mental health issues

Pre-arrest and arrest	Alleged offender Police respond to reports of crime in circumstances where that person may also be experiencing mental health issues.	Victim Police provide support to victims, including those who may have been offended against by a person experiencing mental health issues, or who may be experiencing those issues themselves.
Custodial management	Victoria Police provides health services, including mental health services, to people while in police custody. This typically involves two forms of assessment: 1. Capacity of the individual to participate in the criminal justice process (for example, fitness for interview) 2. The person's care and needs while being held in police cells. Police are also required to manage any apparent mental illness of offenders during transport between prison cells and prisons.	
Court processes	Before a matter proceeds to prosecution, the brief must be authorised by a supervisor. One of the considerations before authorising or continuing with a prosecution is the mental health condition of the accused at the time of committing the offence. In reaching a decision, Victoria Police applies the two-part test outlined by the DPP: A prosecution may only proceed if: • there is a reasonable prospect of a conviction (finding of guilt); and • a prosecution is in the public interest. Any possible defence, such as mental impairment, ought to be considered when assessing the 'reasonable prospect' test. The mental health of any victim, witness, or offender forms part of the 'public interest' considerations. Within the summary court jurisdiction, the Assessment and Referral Court (ARC), operates to help people address underlying factors that contribute to their offending. A referral must be made before a matter can be heard in the ARC and an assessment by an ARC case manager is also required to ensure the accused person meets the eligibility criteria. Along with other agencies, the Victoria Police Prosecutions Division plays an integral role in the ARC to ensure that appropriate court outcomes eventuate for accused persons who have a mental health issue and/or a cognitive impairment.	
Request for welfare check	Where a clinician or family/friend/carer has serious concerns about the welfare of an individual residing in the community, police conduct welfare checks to ensure an individual is safe, or to support that individual in the most appropriate way.	
Report of mental health crisis	Police attend incidents (for example, where called by members of the public or from family/friends/carers) or may encounter incidents in the course of their duty, where a person appears to be experiencing a mental health crisis and is in need of urgent attention. This could include suicide attempts or threats.	
Responding to suicide	Police attend all incidents involving a completed suicide and subsequently prepare a report for the Coroner.	
Locating missing persons	Police locate people whose whereabouts are unknown, are suspected to be or are experiencing mental health issues, and where there are genuine fears for their safety or welfare. People may be reported missing by their family/friends/carer or a facility where they are a patient.	
Responding	Police assistance may be sought to apprehend compulsory mental health patients who are absent	

to other requests for assistance	without leave from a designated mental health service or from an interstate mental health facility. Clinicians may also request urgent police attendance to assist with patients experiencing mental health issues in a designated mental health service in circumstances where, for example, there is an immediate risk of self-harm or injury to anyone or where a person is causing significant damage to property.
Case Management	Victoria Police is involved in the case management of some individuals, including high-risk persons posing a threat to the Victorian community, many of whom experience mental health issues. This includes people who fall within the remit of the: • Victorian Fixated Threat Assessment Centre model, or • Post-sentence supervision order scheme under the *Serious Offenders Act*.
Community engagement	Victoria Police perform a range of community engagement functions with respect to persons experiencing mental health issues. This includes through the establishment of the Mental Health Portfolio Reference Group which involves external stakeholders. Within the police regions, proactive units comprise staff who actively engage members of the community.
Regulatory oversight	Victoria Police regulates the firearms, private securities and weapons industries. Regulation of these industries is achieved by the appropriate licensing and registration of individuals and organisations as well as through the registration of firearms and weapons. Victoria Police assesses whether an applicant is a 'fit and proper' person for the granting or renewal of licenses and/or registration, which includes determining whether any record of a mental illness would affect a person's suitability to hold a licence or registration.

Appendix B - Legislative and policy framework

Mental Health Act 2014 (the MH Act)	Section 351 allows a police officer, or a protective services officer (PSO) on duty at a designated place, to apprehend a person if the police officer or PSO is satisfied that a person appears to have a mental health issue and, because of the person's apparent mental health issue, the person needs to be apprehended to prevent serious and imminent harm to themselves or to another person. The purpose of apprehension is to facilitate the examination of the person by a registered medical practitioner or assessment by a mental health practitioner. Section 352 provides authority for police to apprehend an involuntary patient to a designated facility after they have absconded. A police officer is also an 'authorised person' under the MH Act. An authorised person may: • enter any premises and apprehend a person (using such force as reasonably necessary) for the purpose of being taken to or from a designated mental health service (s353); • search a person before they are taken to or from a designated mental health service (s354); • seize and detain anything found in the course of a search if it presents a danger to health and safety or could be used to assist escape (s356); and • use bodily restraints if necessary to prevent serious and imminent harm (s350).
Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (the CMIA)	The CMIA sets out the laws and procedures in relation to: a person's fitness to stand trial; the statutory defence of mental impairment; the consequences of findings of unfitness to stand trial and of not guilty because of mental impairment; and the supervision and management of people found unfit to stand trial or not guilty because of mental impairment. Under the CMIA, the court may make a supervision order, which can include the release of the person on conditions decided by the court and specified in the order (referred to as a non-custodial supervision order). Police are included in the definition of an 'appropriate person' for the use of an emergency power of apprehension under the CMIA. This enables police to apprehend an adult (s30) or a child (s38ZL) subject to a non-custodial supervision order if the member reasonably believes the person has failed to comply with the order and that the safety of the person or members of the public will be seriously endangered if the person is not apprehended. The person may be apprehended and taken to an appropriate place using such force as may reasonably be necessary and must be treated or provided with services if necessary for his or her condition.
Charter of Human Rights and Responsibilities Act (the Charter)	The Charter protects the human rights of all Victorians. As a public authority under the Charter, Victoria Police is obligated to protect and promote the human rights of all people it interacts with. All rights protected under the Charter have a strong relevance to all work of Victoria Police, including interactions with people who are experiencing a mental health issue. This includes ensuring that decisions made by police are non-discriminatory (s. 8), that they protect the lives of all people (s. 9), and that they treat people with respect and in a manner that protects their dignity and agency (s. 10, s. 21, s. 22). In practical terms, police will respond to the needs of people experiencing mental health issues in the least restrictive means practical to minimise any interference with that person's human rights.
Victims Charter Act 2006	The Victims Charter Act 2006 (the VCA) sets out principles for the way that agencies, including Victoria Police, must act when dealing with victims of crime. A victim includes a person who has suffered an injury as a result of a criminal offence, including a mental health issue. Victoria Police has obligations under the VCA to: • provide clear, timely and consistent information about relevant support services, possible entitlements and legal assistance available to persons adversely affected by crime; and • refer those persons to relevant support services and to entities that may provide access to entitlements and legal assistance (s7). • Victoria Police is also required to inform a victim about other matters including: • the progress of an investigation into a criminal offence (s8); • information about prosecution (s9); • the outcome of any bail application by the accused and if granted, any conditions imposed by the court that are intended to protect the victim or their families (s10); and • information about court processes (s11).
Other	Victoria Police regulates the firearms, weapons and private security industries under the *Firearms Act 1996*, *Control of Weapons Act 1990* and *Private Security Act 2004*. Victoria Police determines whether an applicant is a 'fit and proper person' when assessing an applicant's suitability for a licence or registration under these Acts.

This legislative framework is supported by a range of internal and external policy documents. These documents support police to respond to, and manage, incidents involving people experiencing a mental health issue.

Department of Health and Human Services - Victoria Police protocol for mental health

The mental health statutory framework is supported by the *Department of Health and Human Services - Victoria Police protocol for mental health* (the Protocol) which outlines the agreed arrangements for interactions between Victoria Police and mental health clinicians when supporting people with mental health issues.

Victoria Police Manual

The Victoria Police Manual (VPM) includes procedures and guidelines to support police in responding and managing incidents involving people with a mental health issue.

Key policies include:

- *Apprehending persons under the MH Act* Guideline - sets out the procedures that police officers should follow when using their powers in the MH Act to apprehend a person, enter premises, search a person, seize and detain property and in the use of bodily restraint. The document also provides practical guidance to police in relation to, for example, arranging a mental health examination for an apprehended person. The guidance provided in the VPM is aligned with the Protocol.
- *Safe Management of persons in police care or custody* - includes guidance to police on managing persons with a mental illness in custody. The *Victim Support* guideline includes advice for members about providing information, referrals and support to victims, including those with a mental illness.

Other internal policies/procedures

Victoria Police has developed a range of other internal guidelines and policies to support police in responding to people with mental health issues. Some examples are as follows.

- The *Future Directions for Victim-Centric Policing* is a statement outlining Victoria Police's commitment and approach to enhanced service delivery for victims and those in need of assistance, including those experiencing mental health issues.
- A Mental Health Fact Sheet has been developed to assist police in dealing with people experiencing mental health issues which focuses on good practice communication and language considerations.
- The *Negotiator Awareness Package* has been developed to provide regional police with communication strategies when dealing with persons of interest suffering from mental health issues.
- A Ready Reckoner has been developed in collaboration with The Office of the Public Advocate which is intended to assist police in:
  - outlining police procedures that relate to people with a cognitive impairment
  - recognising indicators of cognitive impairment
  - effectively communicating with persons who have a cognitive impairment
  - contacting agencies that may be of further assistance.
- Q*uick Guide: The Role of Health Professionals in the Firearm Licensing Process* outlines the circumstances in which medical information (including records about mental illness) may be obtained and used for the purpose of determining a person's suitability for a firearm licence.

Victoria Police has developed a range of other internal guidelines and policies to support police who may experience mental health issues. Some examples are as follows:

- *Victoria Police Mental Health and Wellbeing Strategy* and *Mental Health and Wellbeing Action Plan 2017-2020*
  The Strategy serves as a road map to a future state in which Victoria Police continues to support the mental health of employees who work as policing first responders or support delivery of policing services.

There are also a range of internal policies within the Victoria Police Manal which relate to the health and safety of its employees.