

# Queensland Advocacy Incorporated and the Queensland Coronial Inquiry into Police Shootings of People with Mental Illness

## Coroner's Recommendations

### 1. Introduction

The Coroner granted Queensland Advocacy Incorporated (QAI) leave to appear in this Inquiry as a 'specialist advocacy group' that has a 'sufficient interest' pursuant to s36(1)(c) of the *Coroners Act 2003* (Qld) ('the Act'). The Coroner recognised QAI's expertise in systemic issues and we confined our involvement to recommendations in relation to the death of Laval Zimmer making submissions about matters on which the Coroner may comment under section 46(1), including:

- (a) public health or safety; or
- (b) the administration of justice; or
- (c) ways to prevent deaths from happening in similar circumstances in the future.

Queensland Advocacy Incorporated instructed Frank Walsh for the 'fact-finding' or 'investigative' stage of the Inquiry, and Steven Jones for the 'recommendations' phase. Consistent with our expertise in mental health, and with our early submissions about questions to be raised at the investigative phase, QAI made recommendations in relation to the following two issues:

- Issue 6: The adequacy and appropriateness of QPS policies, procedures and training in relation to police dealing with mental health incidents, including the adequacy of the availability of information/records from Queensland Health, and other medical practitioners, regarding mental health history of persons to the QPS;
- Issue 12: QPS policies, procedures and training for Police Communications personnel.

## **2. Background to the Shooting of Mr Zimmer**

Owing to a tragic communications bungle, five Queensland Police Service (QPS) officers entered Laval Zimmer's suburban share-home at Kippa-Ring on Brisbane's north-side at 1.00 am on 24 November 2014 to investigate a 'nuisance' caller. Two officers shot Mr Zimmer as he stood in the doorway to his room, allegedly with a knife raised in his hand. Mr Zimmer fell face down into the hallway. Officers immediately cuffed Mr Zimmer's hands behind his back. He died minutes later.

Mr Zimmer was on the phone to QPS' Policelink service when he was killed. He was making a complaint about police conduct earlier that day. Described in the Courier Mail as a 'loyal and lovable mate' looking to secure long-term housing and finish his high-school education, Laval also had chronic epilepsy and mental illness.

## **3. Mental Illness**

The other four men shot dead by police also had mental illness. Police spend on average around ten percent of their time dealing with people who appear to be mentally ill. Some estimates have this figure as high as twenty percent. Interviews with mental health consumers have uncovered a perception that police fear them, and fear prompts police to pre-emptively escalate conflict.

The Coroner has since determined that the attending officers were acting lawfully, but QAI's view was and always will be that Laval Zimmer's death could have been avoided if the police had better communications systems in place and had better Operational Skills and Tactics training in mental health.

## **4. Submissions to the Coroner**

Queensland Advocacy Incorporated's *pro bono* barristers Frank Walsh and Stephen Jones examined witnesses and made submissions at the 'fact-finding' and 'recommendations' phases of the Inquiry throughout 2016 and early 2017. Our submissions recommended more and better training for police about disability and mental health, including:

- The revitalisation of the Mental Health Intervention Project and the delivery of annual mental health training for all operational police
- QPS training scenarios that involve people with lived experience of mental illness
- A focus on high-level communication skills and counselling experience for police officers, including 000 call-takers.

## Section 46 Recommendations

### 5.1 Revitalisation and expansion of the Mental Health Intervention Project<sup>1</sup>

The MHIP is a state-wide tri-agency partnership between Queensland Police Service (QPS), Queensland Health (QH) and the Queensland Ambulance Service (QAS). The project will provide a more coordinated, interagency response to mental health crisis situations to prevent and/or safely resolve mental health crisis situations and reduce the risk of injury to members of the community and agency staff.

### 5.2 Mental Health Training

- To be a core component of the Recruit and First Year Constable Training Programmes.
- + for officers and MH clinicians in the MHIP
- Embedded in annual OST (Operational Skills Training), including
  - Dynamic, scenario-based training
  - De-escalation skills and communication

<sup>1</sup> I recommend that the Queensland Government conduct a comprehensive review of the MHIP to ensure the revitalisation of the MHIP as recommended by VCR recommendation 2, and its sustainability. The review of the MHIP should consider:

- the establishment of full time dedicated MHIC in each police district;
- the establishment of full-time dedicated MHIC roles in each police region; 205 Exhibit R2; Exhibit R42; Exhibit R36.13.

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- the extension of the hours of operation for the mental health clinicians embedded within the Brisbane Police Communications Centre to 24 hours a day, 7 days a week;
- a model for dedicated training to take place for police officers and mental health clinicians involved in the MHIP;
- the governance framework in place with respect to the MHIP with a view to ensuring a level of consistency across the State, and the exchange of information between QPS districts and hospital and health services;
- a review of each police district to ascertain whether a co-responder model is in place and possible expansion of the model to all districts;
- how to embed mental health training within annual OST training. The training should be dynamic, scenario-based, and include communication and de-escalation skills and be delivered with the assistance of mental health professionals and those who have 'lived experience' of mental health or cognitive disabilities;
- The inclusion of appropriate flags in Q-Prime to alert QPS officers to relevant mental health history.

- Delivered with MH professionals, and
- With people who have lived experience of MH and cognitive disabilities

### **5.3 Operational Software Update**

Update software so that appropriate flags in Q-Prime alert QPS officers to relevant mental health history

### **5.4 Mental Health Intervention Coordinators**

- Full-time MHIC in each police district and each region
- Extension of mental health clinicial hours
- Expansion of 'co-responder' model

### **5.5 Frontline police to seek expert mental health advice.**

Operational Procedures Manual - redraft chapter six so that police are encouraged to call for mental health assistance.

### **5.6 Dealing with 'nuisance' callers<sup>2</sup>**

- continuous improvement in the communication training made available to all call takers with respect to dealing with callers who may have a mental illness and/or cognitive impairment. Such examination should address both training and technology solutions.

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<sup>2</sup> QPS continue to examine the way in which it deals with threats to the public interest arising from nuisance calls, with a view to continuous improvement in the communication training made available to all call takers with respect to dealing with callers who may have a mental illness and/or cognitive impairment. Such examination should address both training and technology solutions.

19.I recommend that the QPS incorporate options for dealing with nuisance callers in relevant standing instructions and mandatory training for call takers including:

- early diversion to PoliceLink or another support agency, including the caller's primary clinician;
- interrogation of Q-Prime to ascertain relevant mental health history;
- giving local station shift supervisors discretion in dealing with the situation (including by calling the nuisance caller); and
- engagement of mental health clinicians embedded in QPS communications centres;
- engagement of QPS trained negotiators.

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- interrogation of Q-Prime to ascertain relevant mental health history
- giving local station shift supervisors discretion in dealing with the situation (including by calling the nuisance caller); and
- engagement of mental health clinicians embedded in QPS communications centres;
- engagement of QPS trained negotiators.

## **Conclusion**

All of QAI's submissions found their way into the Coroner's final recommendations.

The recommendations received media coverage, to which QAI contributed.

[Queensland Times](#) 1