



MEMORANDUM OF UNDERSTANDING

BETWEEN

The State of Queensland acting through Queensland Health

AND

The State of Queensland acting through the Queensland Police Service

Mental Health Collaboration

This **MEMORANDUM OF UNDERSTANDING** is made on the 15th day of June 2017.

BETWEEN

The State of Queensland acting through Queensland Health, 147-163 Charlotte Street Brisbane
("QH")

AND

The State of Queensland acting through the Queensland Police Service, 200 Roma Street Brisbane
("QPS")

(together, the "**Parties**")

RECITALS

- A. QH and the QPS often provide services to the same people with a Mental Illness and/or Vulnerable Persons.
- B. The Parties acknowledge that each Party has its various and respective roles and responsibilities with regard to people with a Mental Illness and/or Vulnerable Persons (as defined in this MOU) and will work collaboratively and cooperatively, to:
 - a) proactively develop Mental Health Intervention Strategies; and
 - b) respond to Mental Health Incidents and Situations Involving Vulnerable Persons.
- C. The Parties agree to work collaboratively and cooperatively to prevent and resolve Mental Health Incidents involving people with a Mental Health Problem and Vulnerable Persons who are known to QH (Mental Health Consumers) and people with a Mental Health Problem and Vulnerable Persons who are not known to QH.
- D. Designated Persons have a duty to maintain confidentiality under section 142 of the *Hospital and Health Boards Act 2011* (HHB Act) and are prohibited from disclosing Confidential Information to the QPS unless one of the exceptions to section 142 of the HHB Act (sections 143-161) applies. This MOU is prescribed under the exception provided for in section 151(1)(b) of the HHB Act to allow for the disclosure of Confidential Information in the circumstances specified within this MOU. This MOU does not preclude the disclosure of Confidential Information authorised under any of the other exceptions at Part 7 of the HHB Act.
- E. The Parties acknowledge that any relevant Confidential Information must be shared in accordance with the processes established in the MOU, without delay, to reduce the risk to the life, health or safety of the person to whom the Confidential Information relates and/or to public safety.
- F. The Parties agree that QH Staff are, under section 151(1)(b)(i)(A)&(B) of the HHB Act, permitted to disclose Confidential Information relating to Mental Health Consumers:
 - a) when responding to Mental Health Incidents; and
 - b) when developing Mental Health Intervention Strategies (including, but not limited to, the development of Police and Ambulance Intervention Plans and/or Acute Management Plans).

G. It is not intended that this MOU create any contractual relationship or that it be legally binding on the Parties.

H. This MOU replaces the MOU 'Mental Health Collaboration 2016' executed by the Parties on 24 November 2016.

THE PARTIES TO THIS MOU AGREE AS FOLLOWS:

1. DEFINITIONS

1.1. In this MOU the following definitions apply:

Acute Management Plan (AMP) means a plan ideally developed in consultation with the Consumer, the Mental Health Treating Team and other relevant stakeholders to provide relevant clinical Information for the Department of Emergency Medicine, Acute Treatment Services and other mental health practitioners to assist clinicians respond to or prevent a Mental Health Incident from occurring.

Care includes a range of Health Care Services provided by QH and other non-government service providers.

Carer means an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

CIMHA means the consumer integrated mental health application used by QH.

Clinical File means a collection of data and Information gathered or generated to record the clinical care and health status of a Mental Health Consumer.

Collaborative Software means application software designed to help people involved in a common task to achieve their goals.

Commissioner means the Commissioner of the QPS.

Confidential Information has the same meaning as at section 139 of the HHB Act and includes the Confidential Information described in Schedule 3 of the MOU.

Consumer means a Mental Health Consumer (also known as a patient of a Mental Health Service) as defined in this clause 1.1.

Contact Officer means the persons described in schedule 4.

Designated Person for purposes of this MOU has the same meaning as at section 139A of the HHB Act and includes health service employees in a QH Mental Health and Alcohol, Tobacco and Other Drugs Service.

The *Mental Health Act 2016* extends the definition of Designated Person to include Independent Patient Rights Advisers.

Director-General means the Director-General of QH.

Health Care Service means a service that provides a range of services to improve, restore and maintain the health and wellbeing of a person.

HHB Act means the *Hospital and Health Boards Act 2011* (Qld).

HHB Regulation means the *Hospital and Health Boards Regulation 2012* (Qld).

Independent Patient Rights Adviser means a person appointed as an Independent Patient Rights Adviser (Rights Adviser) under section 293(2) of the MHA 2016. A Rights Adviser performs the functions listed under section 294 of the MHA 2016 and ensures patients and nominated support persons, family, carers and other support persons are aware of their rights under the MHA 2016. Rights Advisers liaise between clinical teams, patients and support persons.

Information includes a document (as defined under section 36 of the *Acts Interpretation Act 1954*) that is in the possession or under the control of either Party (whether brought into existence or received by either Party) and knowledge and opinions of staff of either Party (whether verbal or recorded in some form including a statement). Information also includes Confidential Information and Personal Information.

Local Committee means a group of stakeholders from a particular geographical area that meet to discuss and resolve relevant issues, establishing effective collaborative working relationships.

MHA 2016 means the *Mental Health Act 2016* (Qld).

Mental Health Assessment means the data gathering process involved in formulating a clinical opinion on the condition of a Mental Health Consumer's mental health and, where necessary, identifying the appropriate treatment, management or Care.

Mental Health Clinician means a registered Mental Health Service clinician, with an appropriate professional qualification, who provides Mental Health Services.

Mental Health Consumer means a person who is receiving, or has received, any service from a public Mental Health Service. Services include triage, assessment and delivery of treatment by a Mental Health Clinician, including inpatient and community management.

Mental Health Incident or Situation Involving a Vulnerable Person (Mental Health Incident) means situations that:

- a) involves a series of events or a combination of circumstances in which a person is demonstrating behaviour that is indicative of a Mental Health Problem;
- b) may involve a serious risk to the life, health, or, safety of the person or of another person; and
- c) requires communication and coordination between the Parties at the earliest opportunity and ongoing communication as required.

Mental Health Intervention Strategy means a strategy or plan (including, but not limited to, the development of a PAIP or an AMP), developed in partnership by the QPS and QH, to:

- a) reduce the likelihood of a Mental Health Incident from occurring; and
- b) to better prepare both Parties to respond if a Mental Health Incident does occur.

Mental Health Problem means disequilibrium in a person's biological and/or psychological and/or sociological functioning resulting in diminished state of mental health.

Mental Health Service means a QH Mental Health Service that provides specialised Mental Health Assessment, treatment and care for people with a Mental Illness.

Mental Health Treating Team means the team of appropriately qualified and registered mental health professionals treating a particular Mental Health Consumer.

Mental Illness as defined in the *Mental Health Act 2016* is a condition characterized by a clinically significant disturbance of thought, mood, perception or memory. Mental Illness is a clinically diagnosable disorder that significantly interferes with an individual's usual biological and/or psychological and/or sociological functioning.

MOU means this Memorandum of Understanding and any schedules to the MOU.

Notice means a Notice given pursuant to clause 10 of the MOU.

Personal Information has the same meaning as at section 12 of the *Information Privacy Act 2009* (Qld).

Police and Ambulance Intervention Plan (PAIP) means a plan ideally developed in consultation with the Consumer, the Mental Health Treating Team and other stakeholders including the QPS. It extrapolates considerations for intervention and outlines potential risks as a means to support both the Consumer and police officers to safely resolve a Mental Health Incident.

Privacy Laws include any laws that apply to one or both Parties regarding the nature of the Information disclosed, including Confidential Information and Personal Information.

QH Facility means a facility that provides a range of services to improve, restore and maintain the health and wellbeing of a person.

QH Staff means a Designated Person.

QPS Officer means a person declared under section 2.2(2) of the *Police Service Administration Act 1990* (Qld) to be a police officer.

Relevant Emergency Services Personnel means personnel from the Queensland Ambulance Service, the Queensland Fire and Rescue Service and Emergency Management Queensland that are required to help prevent or resolve a Mental Health Incident, dependent on the nature of the Mental Health Incident.

Risk Taking Behaviours means behaviours that have the potential to be harmful or dangerous.

Schedule means a Schedule to this MOU.

Treatment for a person who has a Mental Illness, means anything done, or to be done, with the intention of having a therapeutic effect on the person's illness, including the provision of a diagnostic procedure.

Vulnerable Person means a person who is considered to be experiencing instability in their biological and/or psychological and/or social functioning and in consequence:

- d) is at risk of being unable to take care of themselves or is unable to take care of

themselves; and/or

- e) is at risk of being unable to protect themselves against harm or is unable to protect themselves against harm by reason of age, illness (including Mental Illness), trauma or disability, or any other reason.

2. COMMENCEMENT & DURATION

2.1 This MOU will commence on the date it is prescribed in the HHB Regulation and will continue in force until the Regulation is repealed or until clause 8 of this MOU is invoked.

3. OPERATION OF MOU

3.1. The operation of this MOU is contingent on the following:

- (a) all Parties understanding and agreeing to their role in the execution of the MOU;
- (b) the MOU having been prescribed under the HHB Regulation pursuant to section 151(1)(b)(i)(A)&(B) of the HHB Act;
- (c) implementation of the Protocol attached to this MOU as Schedule 1, which sets out the practice obligations of each Party and its officers regarding the disclosure of Confidential Information when developing Mental Health Intervention Strategies;
- (d) implementation of Schedule 2 which sets out the Information to be disclosed by the QPS to QH; and
- (e) implementation of Schedule 3 which sets out the Information to be disclosed by a Designated Person to the QPS.

3.2. This MOU applies to the disclosure of relevant Confidential Information between QH Staff and the QPS for the purposes of:

- (a) assisting to safely resolve Mental Health Incidents that do not involve detainees under State preventative detention orders issued under the *Terrorism (Preventative Detention) Act 2005* (Qld); and
- (b) proactive collaboration between the Parties for the development of Mental Health Intervention Strategies.

3.3. This MOU is intended to work in conjunction with, and not derogate from, any other prescribed MOU between the QPS and QH. The Parties agree that for the proactive development of Mental Health Intervention Strategies and when responding to a Mental Health Incident:

- (a) the QPS has responsibility to protect the health and safety of all persons;
- (b) QH Staff and the QPS should maintain and share the ongoing commitment to ensure that services are provided in a way that reflects the rights of a Consumer and their Carer, in particular, the preservation of the Consumer's rights and dignity in accordance with the *Mental Health Act 2016 Statement of Rights for patients of mental health services*¹ within the overall objective of ensuring the life, health, safety or welfare of all parties;
- (c) primacy is always given to the life, health, safety or welfare of all persons concerned and, where not able to be avoided, the imposition of minimum restriction upon the Mental Health Consumer or Vulnerable Person.

¹ Department of Health

4. INFORMATION DISCLOSURE RELATING TO THE DEVELOPMENT OF MENTAL HEALTH INTERVENTION STRATEGIES (INCLUDING PAIPs and AMPs)

- 4.1. The Parties agree to continue to improve knowledge, skills, attitudes and values of their respective staff to ensure a coordinated system of care and improved service delivery to Mental Health Consumers.
- 4.2. The Parties will endeavour to ensure their respective staff complies with the Protocol set out in Schedule 1 for the development of Mental Health Intervention Strategies.
- 4.3. The Parties agree to ensure provisions are made for the QPS staff and Designated Persons to meet on a regular basis to identify current and emerging specific issues relating to Mental Health Consumers and to develop Mental Health Intervention Strategies. The disclosure of Confidential Information, detailed in schedule 2 and 3, is appropriate and necessary at these forums to prevent serious risk to the life, health or safety of an individual, or to public safety.

5. INFORMATION DISCLOSURE DURING A MENTAL HEALTH INCIDENT OR SITUATION INVOLVING A VULNERABLE PERSON (MENTAL HEALTH INCIDENT)

- 5.1. Each Party will endeavour to ensure their respective staff provides all the necessary relevant Information and assistance required by the other Party to support the safe and effective resolution of a Mental Health Incident.
- 5.2. To assist the QPS determine if a person involved in a Mental Health Incident has a Mental Illness or has been a Mental Health Consumer, the QPS will provide sufficient Information as listed in Schedule 2 to the relevant QH Staff member.
- 5.3. The role of QH Staff is:
 - (a) to discuss the situation with the QPS and determine whether or not the situation meets the criteria of a Mental Health Incident as per the definition in clause 1.1;
 - (b) to identify if the person is a Mental Health Consumer;
 - (c) if the person is a Mental Health Consumer, to decide whether or not disclosing relevant Confidential Information about the Mental Health Consumer would assist in safely resolving the Mental Health Incident;
 - (d) to disclose to the QPS relevant Confidential Information, of the nature set out in Schedule 3, as soon as reasonably practicable, where such disclosure would likely assist in the safe resolution of the Mental Health Incident;
 - (e) to collaborate with the QPS to ensure that police have access to expert advice to assist them to accurately interpret and appropriately use the Confidential Information disclosed and assist them to safely resolve the Mental Health Incident; and
 - (f) to ensure that a record of the Confidential Information disclosed is made in the Mental Health Consumer's Clinical File and CIMHA and communicated, where clinically advisable, to the Mental Health Consumer, or their parent or Carer, at a time considered appropriate by treating clinicians.
- 5.4. The Parties agree that QPS officers may disclose relevant Information specified in Schedule 2 and QH Staff may disclose relevant Confidential Information specified in Schedule 3, as soon as reasonably practicable, using the most appropriate channel of communication, having regard to the urgency of the situation.

5.5 The QPS agrees that in circumstances where a Consumer is coming to the attention of the QPS on a regular basis, the QPS will contact the relevant Mental Health Service to check the accuracy and currency of Confidential Information held about the Consumer. The Parties will collaborate on the current challenges being faced by the Consumer and develop a Mental Health Intervention Strategy, ideally in consultation with the Consumer, to help prevent the likelihood of a Mental Health Incident from occurring.

5.6 When a person involved in a Mental Health Incident is not known to QH, QH staff should provide the QPS with assistance in regard to the behaviour being demonstrated by the person if Mental Illness is suspected as the cause of the person's actions.

6. INFORMATION DISCLOSURE AND CONFIDENTIALITY

6.1 QH's preferred position is that disclosing Confidential Information to the QPS should, in the first instance, occur with the Mental Health Consumer's consent. However, the Parties recognise that situations will arise where it will not be possible or reasonable to obtain consent from the Consumer, or consent from the Consumer's parent or Carer.

6.2 This MOU is not intended to exclude other processes on which the QPS may rely to obtain information from QH, including by way of warrant, summons or subpoena, where available and practicable.

6.3 The Parties acknowledge that disclosing Confidential Information pursuant to this MOU may involve Information that is confidential and/or subject to Privacy Laws. In particular, the QPS acknowledges that, pursuant to section 151 of the HHB Act, the QPS must ensure any Confidential Information disclosed is used only for the purpose for which it was given under the MOU.

6.4 The Parties agree at all times to recognise and observe the confidentiality of Information released under this MOU and agree that the collection, disclosure and use of Information will comply, so far as they apply to the relevant Party, with all applicable Queensland government policy and legislative requirements including those set out in the:

(a) *Hospital and Health Boards Act 2011*

(b) *Hospital and Health Boards Regulation 2012*

(c) *Public Health Act 2005*

(d) *Mental Health Act 2016*

(e) *Police Powers and Responsibilities Act 2000*

(f) *Police Powers and Responsibilities Regulation 2012 (Schedule 9, Responsibilities Code)*

(g) *Police Service Administration Act 1990*

(h) *Crime and Corruption Act 2001*

(i) *Criminal Code Act 1899*

(j) *Information Privacy Act 2009*

(k) Code of Conduct for the Queensland Public Service

(l) Queensland Police Service Operational Procedures Manual

(m) Queensland Government Information Standard 18 (Information Security).

6.5 The Parties agree to:

- (a) ensure appropriate security measures are in place to protect any Information provided by the other Party from unauthorised access, use or disclosure;
- (b) restrict any person from accessing or using information released under this MOU unless the person is legally authorised to do so; and
- (c) comply with any reasonable confidentiality conditions or restrictions imposed by the other Party in respect of the handling or disclosure of Confidential Information disclosed under this MOU.

6.6 It is acknowledged that Information sharing between the Parties may occur utilising a variety of channels dependant on the nature of the Mental Health Incident being discussed and the availability of staff from the Parties. These communication channels may include: Information provided over the phone, face to face, via email, via Collaborative Software and/or in a written format. However, both Parties acknowledge that the other Party may require Information to verify the identity of the person receiving the Information before disclosing that Information.

6.7 All Information disclosed must be documented by the Parties, who both disclose and receive the Information, as soon as is practicable after the disclosure or receipt of the Information.

6.8 The QPS acknowledges that it must not disclose to third parties any Confidential Information disclosed under this MOU unless the MOU expressly permits the disclosure or approval for the disclosure has been given in writing by the Director-General, or as required by law.

7. VARIATION AND REVIEW

7.1 This MOU may be varied by written agreement between the Parties. Any proposed amendments must be approved by the Commissioner and the Director-General.

7.2 The Parties agree that this MOU will be reviewed within 12 months of the date of it taking effect and thereafter every three years on the anniversary of the initial review, or at such other earlier time as may be agreed by the Parties.

8. TERMINATION

8.1 Either Party may terminate this MOU by giving the other Party 28 days prior Notice in writing of its intention to terminate.

8.2 Where this MOU is terminated under clause 8.1, the Parties agree to provide all reasonable assistance and cooperation necessary to ensure a smooth transition.

9. DISPUTE RESOLUTION

9.1 For any matter in relation to this MOU that may be in dispute, the Parties:

- (a) will attempt to resolve the matter at the local level between relevant QH staff and QPS officers;
- (b) agree that, if the matter is not resolved at the local level, the matter will be referred to appropriate senior managers within the QPS and QH for resolution; and

- (c) agree that, during the time when the Parties attempt to resolve the matter, the Parties continue to comply with the MOU.

10. NOTICES

10.1 Any Notice or communication given under this MOU must be:

- (a) in writing; and
- (b) delivered personally, sent by ordinary prepaid post, facsimile or email to the Contact Officer's address, facsimile number or email address (as the case may be) notified by the Contact Officer from time to time.

10.2 A Notice or other communication given under clause 10.1 is taken to be received (as the case may be):

- (a) if delivered personally, on the business date it is delivered;
- (b) if sent by ordinary prepaid post, seven business days after posting;
- (c) if sent by facsimile, when the sender receives confirmation that the facsimile has been transmitted to the addressee's facsimile number in its entirety; or
- (d) if sent by email, when the sender's email arrives at the information system from which the recipient can access it.

SCHEDULE 1

PROTOCOL FOR PROACTIVE INFORMATION SHARING AND THE DEVELOPMENT OF MENTAL HEALTH INTERVENTION STRATEGIES (INCLUDING PAIPs and AMPs)

Objectives

The **objectives** for Information sharing between the Parties for the development of Mental Health Strategies include:

- (a) To ensure **all the relevant and appropriate Information can be shared by the Parties**, as required, throughout the development and implementation of Mental Health Intervention Strategies.
- (b) To enable a **more integrated approach** between the Parties for the assessment and treatment of a Mental Health Consumer.
- (c) To **foster collaborative, responsive relationships between the Parties** that enable effective partnering when developing a Mental Health Intervention Strategy and responding to a Mental Health Incident.
- (d) To **reduce the likelihood of Mental Health Incidents from occurring** through timely, accurate and appropriate Information sharing, resulting in the development of comprehensive Mental Health Intervention Strategies.

Principles

The **principles** underpinning Information sharing for the development of Mental Health Intervention Strategies include:

- (a) **Collaborative relationships** – collaborative working relationships enable the development of comprehensive Mental Health Intervention Strategies.
- (b) **Proactive approach to managing risk** – the Parties share a proactive approach to the steps involved in the development and execution of Mental Health Intervention Strategies.
- (c) **Cooperation** – the Parties cooperate as required to assist with the development of the Mental Health Intervention Strategies.
- (d) **Compliance** – Confidential Information shared is protected in accordance with this MOU and relevant legislation.
- (e) **Trustworthy** – Information shared is relevant, accurate and timely.
- (f) **Managed** – Information sharing is actively planned and managed.
- (g) **Accountability** – roles, responsibilities and accountabilities of the QPS and QH are understood and respected.

The Information sharing pathway and the development of a Mental Health Intervention Strategy

1. The development of a comprehensive Mental Health Intervention Strategy is a progressive process, involving multiple components, requiring input, Information sharing and flexibility from both Parties.
2. Components that contribute to the development of a comprehensive Mental Health Intervention Strategy can include, but are not limited to:
 - (a) **Early identification** - both Parties should actively consider Vulnerable Persons that demonstrate behaviour indicating they may be suffering from Mental Illness. This includes, but is not limited to, behaviour demonstrated in a QH Facility or behaviour demonstrated by a Vulnerable Person, with whom a QPS officer has had contact. Discussion about the behavioural characteristics of Mental Illness is encouraged between the Parties to assist with the early identification of people suffering from a Mental Illness and the development of Mental Health Intervention Strategies.
 - (b) **Assessment** – a comprehensive clinical assessment of the Mental Health Consumer must be undertaken to ensure appropriate treatment is provided while in a QH Facility and to confirm the Mental Health Consumer has received the appropriate treatment and is ready to be discharged from the QH Facility.
 - (c) **Risk mitigation** – Parties may communicate Mental Health Intervention Strategies to Relevant Emergency Services Personnel and clinicians to mitigate the risk of the Mental Health Consumer harming themselves or others.
 - (d) **Prevention planning** – planning by both Parties to prevent a Mental Health Consumer or Vulnerable Person from becoming involved in a Mental Health Incident.
 - (e) **Treatment** – Information shared between both Parties assists with informing the most appropriate Treatment plan based on a comprehensive clinical assessment supported through knowledge of both static and dynamic risk factors.
 - (f) **Discharge planning** – discharge planning is a multidisciplinary and multi agency responsibility undertaken in collaboration with the Mental Health Consumer.
 - (g) **Continuing care in the community** – comprehensive Mental Health Intervention Strategies include planning for continuing care in the community. Collaboratively QH and the QPS have a joint responsibility to mitigate risk by maintaining open lines of communication supported through regular reviews of Mental Health Intervention Strategies for Mental Health Consumers and/or Vulnerable Persons considered to be at significant risk to themselves and/or others and/or property and/or engaging in Risk Taking Behaviours.

The success of these components informing a Mental Health Intervention Strategy is heavily dependent on the collaborative relationship established between the Parties and the Information shared.

3. There are a variety of communication channels that Information may be shared though, these include, but are not limited to:
 - (a) face to face meetings,
 - (b) discussions via phone or teleconference,
 - (c) email,
 - (d) Collaborative Software,
 - (e) interagency stakeholder meetings; and
 - (f) relevant Local Committee meetings.

SCHEDULE 2

The following Information may be disclosed, where relevant, by a QPS officer to QH Staff under this MOU about a Vulnerable Person or Mental Health Consumer during a Mental Health Incident or for the development of a Mental Health Intervention Plan:

- (a) name
- (b) alias names
- (c) date of birth
- (d) last known address
- (e) the current location
- (f) criminal history
- (g) QP9s (court briefs)
- (h) any relevant significant risks, history or cautions
 - (i) current behaviour i.e. description of actions, mood, speech
 - (j) street checks relating to mental health interactions
- (k) any relevant past behaviour
 - (l) other services that are involved in the situation
- (m) presence or availability of family members
- (n) evidence of firearms, dangerous weapons or drugs
- (o) relevant outstanding matters (warrants, court and/or investigative)
- (p) any other significant information that can assist in informing risk mitigation.

SCHEDULE 3

The following Information may be disclosed, where relevant, by QH Staff to a QPS officer under this MOU about a Vulnerable Person or a Mental Health Consumer during a Mental Health Incident or in the development of a Mental Health Intervention Plan:

- (a) name
- (b) date of birth
- (c) address
- (d) contact details
- (e) the nature of their Mental Illness
- (f) a description of the characteristics of a Mental Illness
- (g) clarification that the behaviour being demonstrated is not indicative of Mental Illness
- (h) intoxication from substances and/or alcohol; behaviour to expect in these circumstances; impact on behaviour and propensity of verbal/physical aggression towards others and/or harm to self
- (i) medical history/chart Information including recent behaviour, most recent assessment and expected responses
- (j) details of relevant health professionals, for example, Mental Health Clinician, psychiatrist or treating doctor
- (k) any relevant significant risks, including the propensity for violence or self harm
 - (l) history of possessing firearms, dangerous weapons or drugs
- (m) the person's medication (including effects of medication and of non-compliance)
- (n) warning signs indicating deterioration in their mental health
- (o) 'triggers' that may escalate the Mental Health Incident
- (p) suicide risk including Information about previous suicidal ideation or attempts to commit suicide; lethality of previous suicide attempts
- (q) self-harm behaviours; propensity to act of these thoughts
- (r) details of next-of-kin and carers
- (s) de-escalation strategies
- (t) details of any person nominated as a contact in the event of a crisis situation
- (u) content of any PAIP implemented for the Mental Health Consumer.

SCHEDULE 4 – Contact Officers

QUEENSLAND HEALTH CONTACT OFFICER

Position: Executive Director, Mental Health Alcohol and Other Drugs Branch

Location Address: Level 1, 15 Butterfield Street, Herston, Qld, 4006

Postal Address: PO Box 2368, Fortitude Valley BC, Qld, 4006

Telephone: 3328 9536

Facsimile: 3328 9619

Email: ED_MHAODD@health.qld.gov.au

QUEENSLAND POLICE SERVICE CONTACT OFFICER

Position: Domestic, Family Violence and Vulnerable Persons Unit, Community Contact Command, Queensland Police Service

Location Address: Level 5, Police Headquarters, 200 Roma Street, Brisbane, Qld, 4000

Postal Address: GPO Box 1440, Brisbane, Qld, 4001

Telephone: 3364 4081

Facsimile: 3055 6305

Email: ManagerDomesticFamilyViolence.AndVulnerablePersonsUnit@police.qld.gov.au

SIGNED:

For and on behalf of the **State of Queensland** acting through **Queensland Health** in the presence of:

Signature provided

Signature of witness

Axele-Brigitte Mary
Name

Signature provided

Signature

Michael Walsh

Chief Executive, Queensland Health
I, Michael Walsh, Chief Executive, Queensland Health, state that in signing this MOU, pursuant to s.151(1)(b)(ii) of the *Hospital and Health Boards Act 2011* (Qld), I consider the disclosure of Confidential Information for the purpose of this MOU is in the public interest.

For and on behalf of the **State of Queensland** acting through **Queensland Police Service** in the presence of:

Signature provided

Signature of witness

Inspector David Cuskelly 6259
Name

Signature provided

Signature

Ian Stewart APM

Commissioner of the Queensland Police Service