



In relation to firearms, health professionals assist Tasmania Police to keep the community safe in three distinct ways:

1. Assessing the fitness of individuals to possess and use firearms and providing these fitness assessments to Tasmania Police in the form of a report. This can occur:
 - a. at the initial licence application stage where concerns have been identified during standard application procedures, or
 - b. when a person is seeking reinstatement of their licence subsequent to a health related suspension or cancellation.
2. Recognising people at risk of firearms related suicide and assisting those people with strategies to remain safe.
3. Mandatory reporting to Tasmania Police if the health professional becomes aware of:
 - a. a person whose possession of firearms may be unsafe for themselves, any other person or the general community, or
 - b. a possible gunshot injury.

This document has been prepared to assist health professionals to perform these functions.

Assessing Fitness to Possess and Use Firearms

A health professional will have the knowledge and capacity to use a variety of appropriate tools to assess the fitness of an individual to possess and use firearms. This document seeks to prompt professionals as to factors which may be relevant to the assessment process.

The relevant factors which the *Firearms Act 1996* specifically mention are:

- whether the person is likely to use a firearm to harm themselves or others
- the mental condition of the person
- the physical condition of the person, and
- the ability of the person to exercise reasonable and responsible control over a firearm.

NOTE:

This information sheet has been developed in consultation with Tasmanian Health Professionals.



PHYSICAL CONDITION

The relevant question to ask when considering the physical health or condition of a person is: are they able to use a firearm *safely*? Meaning with sufficient control so as not to pose a greater threat of injury to self or others than would be the case if the injury / disability / medical condition was not present.

Relevant factors include:

- physical strength
- eyesight
- possibility / likelihood of having a seizure
- possibility / likelihood of becoming unconscious
- any condition causing dyskinesia
- medication which may cause any of the above
- any deteriorating health condition which is likely to cause any of the above.

MENTAL CONDITION

The relevant question to ask when considering the mental health or condition of an applicant is: is it *safe and appropriate* for the applicant to possess and use firearms? Ensure that information on any of the following is included, as it may be relevant to the decision-making process:

- tendency to violence or aggression
- suicidal ideation or self-harm
- paranoia or delusion
- addiction (whether to illicit or legal substances)
- impulsive behaviour
- unstable affect
- reduced cognitive function
- any pattern of deteriorating mental health
- any current or anticipated events which may trigger a deterioration of mental health (such as anniversaries of traumatic events, death or declining health of a loved one, relationship breakups, legal problems, financial crises, housing dislocation, job loss etc.)
- any known mental health conditions
- whether any known mental health conditions are stable, and for how long they have been stable

- whether the stability of any mental health condition is reliant on medication (and if so, whether they have a stable pattern of medicating)
- whether the known side effects of any prescribed medications may impact on the factors outlined above.

In addition, please answer the following:

- To your knowledge, has this person attempted suicide within the previous 2 years?
- To your knowledge, has this person been subject to a Treatment Order under the *Mental Health Act 2013* (Tas), or interstate equivalent, within the previous 12 months?

NOTES IN RELATION TO FITNESS REPORTS

- Please send fitness reports directly to Firearms Services rather than to your client.
- Reports and / or information can be emailed to Firearms.Services@police.tas.gov.au or faxed to Firearms Services on (03) 6173 0416.
- Any further information should be emailed to Firearms.Services@police.tas.gov.au.

Please include in your report:

- how long you have been treating the person
- approximately how often you have treated the person
- the names and dates of any tests administered to assess the person's physical and mental health or condition and the results of those tests.

This information will assist the Commissioner of Police to assess whether the applicant is likely to use the firearm to harm themselves or others, and whether they will be able to exercise reasonable and responsible control over the firearm.

FURTHER REPORTS

The Commissioner has certain powers in relation to information about an applicant's mental health which is provided in a medical practitioner's or psychologist's report. These powers are that the Commissioner may:

- make information in the Commissioner's possession available to the medical practitioner or psychologist, and



- ask the medical practitioner or psychologist to provide a further report.

The Commissioner may make the information available only if they consider, on reasonable grounds, that:

- the medical practitioner or psychologist was not aware of the information, and
- the information may influence the medical practitioner's or psychologist's opinion about the applicant's mental health.

If the Commissioner provides such information to a medical practitioner or psychologist they must advise the applicant of the fact that this information has been supplied. The Commissioner may make this information available despite any provisions of any other Act (including privacy laws).

DOCUMENTS WHICH MAY ASSIST IN THE ASSESSMENT PROCESS

- [Gun Control in Australia – what's the role of the doctor?](https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2019/06/gun-control-role-of-doctor) (Go to <https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2019/06/gun-control-role-of-doctor>)
- [Firearms, mental illness, dementia and the clinician](https://www.mja.com.au/journal/2014/201/11/firearms-mental-illness-dementia-and-clinician) – “Box 2” contains practical recommendations for doctors in relation to assessing risk and capacity (Go to <https://www.mja.com.au/journal/2014/201/11/firearms-mental-illness-dementia-and-clinician>)
- [Psychological Evaluations for Firearms Ownership: Legal Foundations, Practice Considerations, and a Conceptual Framework](https://www.researchgate.net/publication/281109058_Psychological_evaluations_for_firearm_ownership_Legal_foundations_practice_considerations_and_a_conceptual_framework)
This document provides guidance on relevant considerations but is context specific to the United States of America (Go to https://www.researchgate.net/publication/281109058_Psychological_evaluations_for_firearm_ownership_Legal_foundations_practice_considerations_and_a_conceptual_framework)

OTHER RELEVANT MATERIALS

- <https://safetyindementia.org/>
- <https://safetyindementia.org/firearms>
- [Tasmania Police, Firearms Services](https://fas.police.tas.gov.au/) website (Go to <https://fas.police.tas.gov.au/>)

Assisting people at risk of firearms related suicide

This document has been prepared to assist health professionals to identify people at risk of firearms related suicide and help them with strategies to remain safe. It includes information on lethal means counselling and firearms suicide prevention strategies based on Tasmanian coronial data (2012 – 2016).

In summary: Statistically firearms related suicide in Tasmania has a lower correlation with pre-existing mental health conditions and situational crises than general suicide. The main factor which has a higher correlation is access to firearms. It is generally accepted that means substitution is less common with firearms related suicide and that firearms are the most lethal means of suicide. Accordingly, recognising at risk persons and temporarily reducing or eliminating their access to firearms has real potential to save lives.

If you believe that there is an imminent risk of harm, contact police immediately on 131 444 (or 000 for an emergency) at any time.

How to identify and assist people at risk of firearms related suicide¹

1. SCREEN FOR ACCESS TO FIREARMS AS A ROUTINE PART OF ASSESSMENT OF RISK, PARTICULARLY IN RURAL AREAS

2. IDENTIFY CLIENTS WHO MAY BE AT RISK OF FIREARMS RELATED SUICIDE

Three types of clients may be at risk of suicide and can benefit from counselling on access to lethal means:

- Individuals who **currently** have suicidal thoughts.
- Clients **in distress** who have **attempted suicide in the past**.
- Those who are struggling with mental health or substance misuse issues, especially if they are **also coping with painful life crises** (e.g. relationship issues, legal problems, financial crises, housing dislocation, job loss).



3. ASSESSMENT OF RISK AND CAPACITY – SUICIDE RISK SPECIFIC

Conduct an assessment of suicide risk which is appropriate in your professional judgement. You may find the information supplied and documents referred to in this publication useful in making your assessment.

4. RAISE THE ISSUE: TALK ABOUT SUICIDE WITH AT RISK CLIENTS

Talking about suicide is the best way to determine if someone currently has suicidal thoughts or has attempted suicide in the past. Research has found no evidence that raising the topic of suicide creates or increases the risk of suicide.

Ask Direct Questions

The ability to calmly, compassionately, and matter-of-factly explore suicidal thoughts and behaviours with others may encourage them to disclose suicidality, if it exists. Often, clients who have considered suicide will be relieved that you raised the subject. Here is some guidance:

- Use direct questions about current or past suicidal thoughts and behaviour.
- Let the client know that other people have similar thoughts and feelings.

Get Specific Information

If your conversation with your client results in disclosure of past suicidal thoughts or behaviours, probe more about current suicidal feelings. Find out specific details about their suicidal thoughts and behaviours. Here is some sample language:

- “Tell me about a couple of times in the past few months when things were the worst for you - did you think about suicide?”
 - *If yes, then ask:* “Did you take any specific steps toward an attempt? What methods did you think about? What kept you alive?”
- “Tell me about the last couple of days - how much would you say suicide has been on your mind, if at all?”
 - *If so, then ask:* “Are there specific methods you’ve thought about?”

- “Have you thought about how you’d kill yourself?”
 - If yes, then ask: “Have you thought about when or where you’d kill yourself?”
 - *If they mention a specific method of suicide, then ask:* “What other methods are you thinking about?”
- “Is there a specific scenario where you think you would attempt suicide?”
- “Have you ever attempted suicide in the past, or started to?”

Don’t Rely Solely on Disclosure

Suicidal crises are unpredictable and episodic, so just asking about suicidal thoughts is not enough. For example, someone who struggles with depression and binge drinking may not currently be suicidal, but may become suicidal if faced with a relationship breakup or drink driving arrest.

Therefore, any client at risk could benefit from lethal means counselling. This includes individuals who struggle with mental health and/or substance use issues. Clients who are experiencing a major crisis, stress or trauma are also at risk of suicide and should receive lethal means counselling.

Considerations

An acute suicidal crisis is when a person transitions from being at risk for suicide, or considering suicide, to being ready to actually make an attempt.

Suicidal crises can escalate rapidly, may lead to an unplanned attempt, are often brief, and can be difficult to predict. Therefore, lethal means counselling should take place *before* a suicidal crisis occurs.

Behavioural Goal: Motivate the family to reduce access to lethal means at home.

Considerations:

- Firearms are highly lethal and irreversible (there’s no time to reconsider once the trigger is pulled). Reducing access to a firearm can save a life. Ask all clients at risk if they have access to firearms and discuss ways to reduce access.



Sample Language:

- “When someone is struggling in the ways that you are, sometimes suicidal feelings can emerge and escalate rapidly. There are a few steps we routinely recommend for the home to make things safer:”

Behavioural Goal: Assess how firearms are currently stored at home.

Considerations:

- Your goal is not to make people feel interrogated or worry that their firearms may be taken from them. Your goal is to let them know about voluntary steps they can choose to take. Speak to the adult who knows the most about the household’s firearms, the licence holder. If there is more than one licence holder, it may be useful to speak to each of them. If a client splits their time between homes, such as in joint custody situations, assess both homes.

Sample Language:

- “What some firearm owners in your situation do is temporarily store their firearms away from home with someone they trust or with a firearms dealer, or with police. If you have firearms at home, I’d like to talk over storage options like that with you.”

5. DEVELOP A PLAN

Behavioural Goal: Safely store firearms until the client recovers.

Considerations:

- Storing firearms away from the home temporarily is the safest choice. Here are some options:
 - store with a **relative or friend**: be sure they have a firearms licence of the relevant category and can store the firearms safely
 - store with a **firearms dealer**: they will charge a fee to store firearms on your behalf
 - store with **police**: firearms can be temporarily surrendered to police until the crisis has passed.

- If storage away from home is not possible, here are further options for firearms:
 - keep the keys/combinations to firearms receptacles away from the person at risk
 - change the combination to the storage receptacle or give the keys to another licence holder (with the same category of licence) to keep until the crisis has passed
 - store a key component, like the slide or bolt, separately or away from the home
 - store all ammunition temporarily away from the home.
- quick and easy access to a firearm during a suicidal crisis adds a lot of risk. If none of these storage options are possible, anything that delays access can help.

Consider referring the person to a mental health service, making a Mental Health Care Plan or using other management tools known to you as a professional.

Sample Language:

If the firearm owner is the person at risk:

- “Can someone else hold the key or change the combination for now?”

If the firearm owner is a family member:

- “Until [person at risk] is better, would storing the firearms away from home work for you?”

If the family is unwilling/unable to store firearms away from home:

- “Would you be willing to ensure [person at risk] has no access to the keys or combination?”
- “Would you be willing to ask someone who doesn’t live in the home to hold the keys or to change the combination for now?”
- “Would you be willing to remove a critical component of the firearm and store it outside the home so that it can’t fire?”

If the family is not willing to store a part outside the home or give the key/combination to someone else:

- “What other options would you be willing to consider to increase safety?”
- “Would you be willing to not keep ammunition at home for now?”

6. DOCUMENT AND FOLLOW UP

Behavioural Goal: Agree on roles and timetable.

Considerations:

- Specific steps with names and timetables work better than a general plan like “family will secure the firearms.”

Sample Language:

- “Let’s review who’s doing what and when: Dad will take the firearms to his brother’s house this weekend and in the meantime, he will change the combination on the firearm safe.”

Behavioural Goal: Document the plan and next steps.

Considerations:

- Note the discussion and plan in the medical record so that it is accessible to other providers.

Sample Language:

- “I’ve written down the plan here for you to take with you. We’ll give you a call in a few days to see how things are going.”

Behavioural Goal: Confirm that the plan was implemented.

Considerations:

- Follow-up contacts have been shown to increase the likelihood that a family will actually implement the plan as well as reduce the likelihood of the client requiring in-patient treatment.

Sample Language:

- “Hi! I wanted to check in and see how [person at risk] is doing and also ask how the plan is going that we talked about for firearm and medication storage.”

7. NOTIFY POLICE AND FAMILY WHERE THERE ARE CONCERNS REGARDING ACCESS TO FIREARMS

Make a mandatory report to Tasmania Police where a person’s access to firearms may be unsafe. For further information, see ‘Mandatory Reporting to Tasmania Police’, below.

8. DETERMINE ELIGIBILITY TO RETAIN THE LICENCE AT REGULAR INTERVALS FOR PATIENTS WITH PREVIOUSLY IDENTIFIED LIMITATIONS IN CAPACITY TO POSSESS OR USE A FIREARM

9. IF ANYTHING CHANGES (I.E. A PERSON YOU HAVE ASSESSED AS FIT MAY NOW BE UNFIT, OR A PERSON YOU HAVE PREVIOUSLY DEEMED SAFE IS NOW, IN YOUR OPINION, UNSAFE), NOTIFY TASMANIA POLICE ON 131 444 IF URGENT, OR USE FORM 49 HEALTH PROFESSIONAL REPORTING FORM (IF NOT URGENT).

Mandatory Reporting to Tasmania Police

Two separate documents have been prepared to assist health professionals to meet their mandatory reporting requirements under section 158A of the *Firearms Act 1996*:

Information Sheet 48 Firearms Reporting - Information for Health Professionals, and
Information Sheet 49 Health Professional Reporting Form.

Please refer to these documents for further information. If you have a client or family member who is seeking information in relation to firearms related suicide risk factors and prevention strategies, please refer them to the associated publication ‘*Information Sheet 4 Reducing Firearms Related Risk*’.

Firearms Services, Tasmania Police would like to thank:

- Tasmanian Health Practitioners for their input in developing this resource.
- The Suicide Prevention Resource Center (MA, USA) for the use of their materials in the preparation of this document.
- The Coronial Division of the Magistrates Court of Tasmania for the use of Tasmanian coronial data.

Endnotes

1 Adapted from What Clinicians Can Do © 2019 Education Development Center, Inc. and Clients Who Need Lethal Means Counseling © 2019 Education Development Center, Inc. Used with permission.



TASMANIA POLICE FIREARMS SERVICES
Department of Police, Fire and Emergency Management
Phone (03) 6173 2720
Email firearms.services@police.tas.gov.au

Current as at February 2021