



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

1. Providing opinions regarding the fitness of individuals to possess and use firearms from a medical perspective and providing these opinions to Tasmania Police in the form of a report. This generally occurs:
 - a. at the licence application stage, or
 - b. when a person is seeking reinstatement of their licence after a suspension or cancellation.
2. Recognising people at risk of firearms related suicide during the ordinary course of business, and assisting those people with strategies to remain safe.
3. Mandatory reporting to Tasmania Police:
 - a. where a person's possession of firearms would be unsafe for themselves, another person or the general public, or
 - b. of a gunshot wound.

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

PART I Assessing Fitness to Possess and Use Firearms

Under the *Firearms Act 1996* the Commissioner of Police cannot grant an application for a licence unless satisfied of certain matters, including that the person is a "fit and proper person". When considering that issue, the Commissioner takes into account the following factors:

- whether the person is likely to use a firearm to harm themselves or for an unlawful purpose
- 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.

The *Firearms Act* states that the Commissioner is entitled to seek from an applicant for a licence, a report from a medical practitioner about the applicant's physical health, and a report from a medical practitioner or psychologist about the applicant's mental health – Section 29B.

A health professional will generally have the knowledge and expertise to use a variety of appropriate tools to assess the fitness of an individual to possess and use firearms from a medical perspective. This document simply seeks to prompt professionals as to factors which may be relevant to their assessment process. The considerations below are not exhaustive.

NOTE:

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

PHYSICAL CONDITION

Some questions to ask when considering the physical health or condition of a patient/client are:

1. Are they able to handle and/or use a firearm safely?
2. Would they have sufficient control of a firearm so as not to pose a threat of injury to self or others?
3. Do they have any physical limitations which are relevant to them safely handling a firearm?
4. Do they have problems with eyesight?
5. Is there a possibility / likelihood of them having a seizure whilst in possession of a firearm?
6. Is there a possibility / likelihood of them becoming unconscious whilst in possession of a firearm?
7. Do they suffer from any condition causing dyskinesia?
8. Are they taking any medication which might impact upon them safely handling firearms?
9. Do they have a deteriorating health condition which may impact upon them safely handling a firearm?

MENTAL HEALTH CONDITION

When considering the mental health or condition of an applicant, one of the key questions is whether it is safe for the applicant to possess and use a firearm.

The following considerations may be relevant to the determination of that question. Note, this list is not exhaustive:

Whether the person has -

- A tendency to be violent or aggressive
- Suicidal ideations
- Threatened/attempted self-harm
- Paranoia, delusion or hallucinations
- Addiction (whether to illicit or legal substances)
- Impulsive behaviour
- Reduced cognitive function
- A 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.)
- Diagnosed 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.

What is of particular interest to Firearms Services is whether the person has:

- Attempted suicide within the previous 2 years, and/or
- Been subject to a Treatment Order under the *Mental Health Act 2013* (Tas) within the previous 12 months.

NOTES IN RELATION TO MEDICAL REPORTS

- Please send reports as to fitness directly to Firearms Services rather than providing them to the patient/ client to pass on.
- Reports and / or information can be emailed to Firearms.Services@police.tas.gov.au or faxed to Firearms Services on (03) 6173 0416.
- Any follow up to clarify a point or request further information should be in writing if possible emailed to Firearms.Services@police.tas.gov.au.

Please include the following details in your report:

- How long you have been treating the patient/ client;
- How often you have treated the patient/ client;
- The names and dates of any tests administered to assess the person's physical and mental health;
- The results of any such tests.



FURTHER MEDICAL REPORTS

If the Commissioner has information which may influence the medical practitioner's or psychologist's opinion about an applicant's mental health, then Section 29B(4) of the *Firearms Act* provides that the Commissioner may make this information available, but only if the Commissioner considers that the medical practitioner or psychologist was not aware of the information. The Commissioner may ask the medical practitioner or psychologist for a further report. If this occurs, the Commissioner is required to advise the applicant.

DOCUMENTS WHICH MAY ASSIST IN THE ASSESSMENT PROCESS

- Gun Control in Australia – what's the role of the 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 – “Box 2” contains practical recommendations for doctors in relation to assessing risk and capacity (Go to <https://www.mja.com.au/journal/2014/2011/firearms-mental-illness-dementia-and-clinician>)
- Psychological Evaluations for Firearms Ownership: Legal Foundations, Practice Considerations, and a Conceptual Framework – please note that 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 website (Go to <https://fas.police.tas.gov.au/>)

PART 2

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 – 2018).

In summary: The data indicates that the firearms related suicide cohort in Tasmania has a lower correlation with pre-existing mental health conditions and situational crises than the general suicide cohort. The main factor which has a higher correlation is access to firearms. It is generally accepted across the literature 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 THE ASSESSMENT OF RISK, PARTICULARLY IN RURAL AREAS

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

Clients who may benefit from counselling on access to lethal means, include people who have:

- Current suicidal distress
- Known history of suicidal behaviour
- Substance misuse and associated impulsivity
- Psychotic illness
- Mental illness compounded by psychosocial stressors including social isolation, financial stress, chronic physical health complaints and pain.

3. ASSESSMENT OF RISK AND CAPACITY – SUICIDE RISK SPECIFIC

Conduct an assessment of the suicide risk which is appropriate in your professional judgment. For general information on assessing a patient's/ client's fitness to possess/use firearms, see Part I of this document. It includes a list of documents which may assist with the assessment process.

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 the conversation with your patient / client results in the 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 of 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 / patients at risk whether they have access to firearms. If so, 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, or their family member's firearms, may be taken from them. Your goal is to let them know about voluntary steps that may be undertaken to reduce risks.
- Depending upon the circumstances, if the patient/ client is not the licence holder, it may be appropriate to speak with the licence holder about the security of any firearms which are ordinarily stored in the household. If there is more than one licence holder, it may be useful to speak to each of them. If the patient / 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 firearm in accordance with the Act / Regulations
 - 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, there are other options:
 - keep the keys to your firearms receptacles away from the person at risk and preferably on your person at all times

- change the combination to the storage receptacle
 - store a key component of the firearm (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 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 have the combination to the safe changed:

- "What other options would you be willing to consider to increase safety?"
- "Would you be willing to not have any ammunition at home for the time being?"

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 help to 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 implement a plan, as well as reduce the likelihood of the client / patient 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 would be unsafe. For further information, see ‘Mandatory Reporting to Tasmania Police’, below.

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

PART 3 Mandatory Reporting to Tasmania Police

Three separate Information Sheets have been prepared to assist health professionals to meet their mandatory reporting requirements under the *Firearms Act 1996*:

Information Sheet 48 Firearms Reporting - Information for Health Professionals,

Information Sheet 49 Health Professional Reporting Notice, and

Information Sheet 49A Report by Medical Practitioner of Firearm Incident.

Please refer to these Information Sheets 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*.

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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.



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