

Mental Health Frequent Presenters to NSW Police Force in 2005

Police Data

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NSW Police Force Mental Health Frequent Presenters

Background

In 2006/7 the NSW Criminal Justice Chief Executive Officers group identified a need for a study that examined the prevalence and characteristics of a group of frequent presenters to NSW emergency and mental health services. NSW Health contracted the University of New South Wales to conduct this research. The research was overseen by a Steering Group made up of representatives from participating agencies including the Demand and Performance Evaluation Branch of NSW Health (utilising Emergency Department Data Collection), Ambulance Service of NSW, the NSW Police Force (utilising Computer Operational Policing System data), InforMH (utilising the Admitted Patient Collection for Mental Health Units and Ambulatory Mental Health Datasets) as well as from Attorney's General Department NSW and Justice Health NSW who did not provide data but advice to the project. This study involved the extraction of frequencies from relevant datasets from participating agencies in order to describe patterns of frequent presenting to each agency with aim to identify a cohort of frequent presenters. This report, presents an analysis of the data supplied by the NSW Police Force (NSW Police) including descriptions of individuals and the nature and frequency of event types for those frequently dealt with by the Police under the Mental Health Act in 2005.

For the purposes of this study, the NSW Police Steering Group representatives (Ms. Gina Andrews, Sgt. Matthew Ireland and Dr. Chris Devery) adopted the definition of a mental health frequent presenter as a person who had three or more events with Police dealt with under the Mental Health Act in any one year. The agreed reference year selected was 2005, which was selected because of a number of reasons, including;

- 2005 was prior to the ICE influence on drug and alcohol mental health incidents in NSW,
- to enable data to be captured over time and to enable analysis on the events in the four years leading up to 2005 and for a subsequent four year period, and
- significant improvements had been made in the recording of mental health events leading to improved data quality and quantity.

In order to understand the patterns of frequent presenting for individuals over time, the number of all events per year between 2001 and 2009 are included in the report. This enables description of the characteristics of this group of frequent presenters and offers a fine-grained analysis of the types of overall events they have with NSW Police.

In consultation with the Senior Policy Officer, Mental Health Policy and Programs Command at the NSW Police Force, specifications were developed to include some key variables in the extraction such as gender, Aboriginal status, age at first event in 2005, police events as a victims, events as a person of interest, incident type and involvement status. This enables description of the characteristics of this group of frequent presenters and offers a fine-grained analysis of the types of events they have with Police NSW.

NSW Police Mental Health Events

Mental health events are defined as an event with police that is dealt with under the Mental Health Act¹. Having an event or incident dealt with under the Mental Health Act may require police to transport the

¹ Under Section 24 of the Mental Health Act 1990 (NSW)

individual to the nearest declared mental health facility or to an agreed hospital under local protocol agreement. A COPS 'event' consists of one or more criminal / non criminal 'incidents', which are related to the same unique occurrence (i.e. course of conduct) and committed by the same person or group of persons.² An 'incident' recorded within an 'event' is a single criminal or non criminal episode committed by a person or group of persons.³ In practical terms, an 'event' involving an individual/s may involve a diverse range of 'incidents'. For example, police may go to a domestic violence situation and create a single event. However, this situation may have also involved malicious damage, a child at risk report and a breach of bail. One event would be created containing the four 'incidents' of (1) domestic violence (2) malicious damage, (3) child at risk and (4) breach of bail.

In 2005 across NSW, over thirteen thousand five hundred (13,500) individuals had a mental health event with Police. These individuals had a total of 18,672 mental health events in 2005, an average of 1.4 matters per individual and a total of 46,494 mental health events over the nine year period. Figure 1 displays a frequency distribution of events with police under the Mental Health Act for all individuals, alongside the proportion of events that these individuals utilise. This demonstrates that the majority of individuals have a small number of matters dealt with by police, however, approximately seven percent of individuals with a mental health event have three or more mental health events in the year. These people are defined as mental health frequent presenters (MHFP) and are the group of interest to this study and who will be described in this report. Longitudinal data indicates that event extends over a long timeframe for the MHFPs, as the median number of events for non MHFP is 10 events compared to 33 events for MHFPs across the nine years between 2001 and 2009.

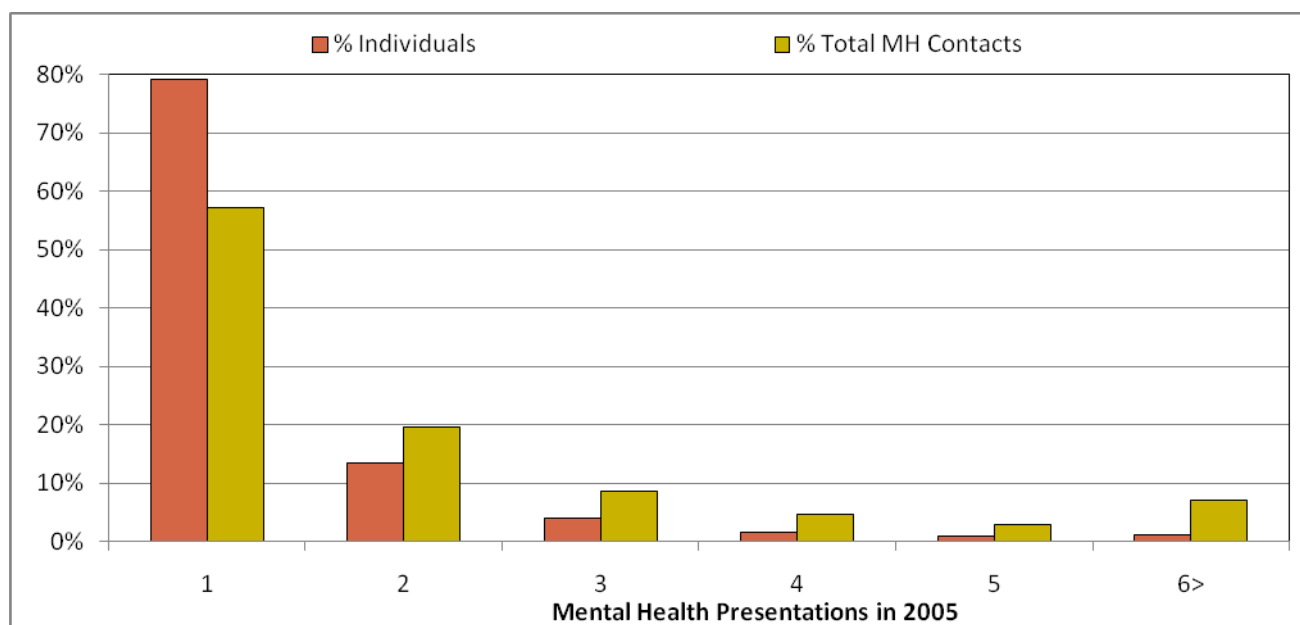
Mental Health Frequent Presenters - General Description

In 2005, there were 1010 MHFPs, accounting for a total of 4339 mental health events with police, an average of 4.3 events per person. The median and mode for mental health events was three events per person, with the maximum number of events in 2005 being 50, resulting in a skewing of the average figure upward. Eighty percent of the cohort had less than six events and 90% had less than eight events in 2005. Thirty three people (3.3%) had ten or more police events in 2005. These MHFPs constitute less than 7% of all individuals who have matters dealt with by police under the Mental Health Act, though they are responsible for 23% of all mental health events in 2005. The disproportionate burden on police is also demonstrated in Figure 1, as the proportion of individuals in each category decreases, the proportion of total mental health events increases.

² NSW Police Force, 'NSW Police Force Crime Recording Standards' (NSW Police Force Unpublished, 2009) .

³ Ibid.

Figure 1 : Frequency Distribution of Police Mental Health Events in 2005



Event with police for MHFPs extends beyond 2005. Approximately 50% of MHFPs had a mental health event with police in the years either side of 2005, and high levels were evident across most years.

Additional to this mental health event, MHFPs had high levels of event with police as a victim and as a person of interest (POI). In 2005, over 80% of MHFPs were POIs in a police event, and over 60% were identified as a victim of a crime. Over the nine year period, the proportion of MHFPs to have event with police in each year was higher for individuals as victims of crime and as POI than as mental health patients.

Table 1 details a very high proportion of MHFPs having event with police as a victim (91.5%) and as a POI (95.9%), whilst 89% had event with police across all three event types in the nine year period. Less than 10% of the cohort had event with police where they were dealt with only under the Mental Health Act. Further analysis on event with police as a victim and person of interest is set out in the section below entitled Other Events with Police.

Table 1 : Police Events from 2001-2009 for Police Frequent Presenters in 2005

Year	% of Individuals MH Events	% Frequently Admitted in the year	Total MH Events	% Event as POI	% Event as Victims
2001	15.3	3.2	347	38.4	36.2
2002	25.7	8.5	704	43.7	37.8
2003	34.9	11.8	1036	51.0	38.7
2004	45.7	18.7	1549	60.2	52.6
2005	100	100	4339	82.3	63.6
2006	51.2	19.5	1605	63.9	46.1
2007	38.4	17.0	1477	53.8	39.9
2008	34.0	13.3	1126	47.6	35.5
2009	29.9	11.0	980	40.0	29.8
Total			13163	95.9	91.5

The vast majority of MHFPs (80%) were dealt with by police under the Mental Health Act in additional years, with event in an average of almost 4 of the years in the nine-year period. Fifty five percent of MHFPs were *not* frequent presenters in years additional to 2005, leaving forty five percent of the cohort as MHFPs in additional years (see section on Multi Year Frequent Presenters for further detail).

A much higher proportion of MHFPs in 2005 had event outside of 2005 than those who did not meet the definition of frequent presenting. When aggregating the events prior to 2005 and after 2005, there was a difference between the two groups in their average events over the time period. MHFPs had a higher average number of events in the four years post 2005, with an additional 1.5 mental health events, compared to the four years prior to 2005. Whilst the number of events these individuals had as POIs also increased, the overall ratio of mental health events to total events increased from 20.5% to 26.4% of all events.

The number of mental health events that individuals had in 2005 was predictive of a range of other police event types, including;

- total mental health events ($r = .697$),
- event as a victim in 2005 ($r = .386$) and total victim event ($r = .376$),
- event as a POI in 2005 ($r = .216$) and total event as a POI ($r = .220$)

These correlations demonstrate moderate to strong associations between the mental health event in 2005 and type and amount of event with police. The graded effect of police event in 2005 will be further examined in the section on Frequency of Event.

Understanding the role of the individual's mental health in their event as a POI and victim is critical could be further investigated in separate research.

Demographics

Over half of the MHFPs were male (56.5%), and fourteen percent were Aboriginal Australians⁴. On average, people were 34.3 years of age at their first event with police in 2005. Females in the study were slightly younger than males with 33.9 compared to 34.6. Aboriginal Australians were over three years younger than non-Aboriginal Australians, with an average age of 31.3 years of age at first police event in 2005. There was a wide age range for people in the study group, with the youngest individual in the study being 8 years of age, and the oldest almost 90 years of age at their first police event in 2005.

Age is an import variable for frequent offending and is negatively correlated with a range of other variables including;

- mental health events in 2005 ($r = -.078$)
- mental health events across the nine years of data ($r = -.085$)
- victim events in 2005 ($r = -.104$)
- victim events across the nine years of data ($r = -.137$)
- POI events in 2005 ($r = -.150$)

⁴ Some individuals had a conflicting Aboriginal status recorded. For these individuals, having ever identified as Aboriginal resulted in them being identified in this study as Aboriginal. It should be noted that this may be a slight over estimate of the number of Aboriginal Australian's in the study.

- POI events across the nine years of data ($r = -.172$)

This indicates, for example, that there was a trend of older people having lower levels of events with police across all event types. Additionally, age is positively correlated with the proportion of mental health events to total events ($r = .264$). This indicates that as people age, the rate of event with police as a victim or POI reduces at a greater rate than mental health events, resulting in a higher proportion of mental health events over the nine-year period.

Gender

There are 438 female MHFPs in this study, which is 43% of the total population. Females in the study are slightly younger than the males by approximately 6 months and there are a similar proportion of Aboriginal Australians females (13%) and males (14%) in the study.

Over the entire nine years of events, females had 3.5 additional mental health events compared to males, and in all years females had a higher average number of mental health events. Females however had a higher proportion of mental health events than males both in 2005, and over the nine years. Mental health events for females accounted for 37% of all events compared to 32% for males in the cohort, and in 2005 accounted for 52% of events compared to 48%. Females were more likely to be mental health frequent presenters in additional years than males, with 49.1% of females (compared to 42.2% of males) appearing as frequent presenters in at least two additional years. For those who were MHFPs in additional years, on average females had 1.2 additional MHFP years, with males having an additional .93 years.

There is no difference between males and females in the number of years that individuals have mental health events, with both having event over an additional four years. However, in the years when females have mental health events, they have a higher average number of events compared to males. When examining the average mental health events per year across all nine years of data⁵, females in the cohort have 3.5 events per year compared to 2.9 for males.

Females in the study also have a greater change in mental health events prior to and post 2005, with 2.1 additional mental health events after 2005 compared to the four years prior to 2005 (males had an additional 1.1 event). The change in ratio of mental health to total events pre and post 2005 was 6% for both males and females, with the proportion of mental health to total events post 2005 at 27.6% of all events. This change for females is due to the increase in mental health events post 2005 rather than any changes in victim or POI events.

There are differences across gender in the proportions of MHFPs who have been a victim of a crime and also a POI. Females were more likely to be victims of crime, with 44% of females compared to 33% of males ($\chi^2 = 4.51$, $p = .034$). Contrastingly, males were more likely to have been a person of interest in a crime, with 71% of males recorded as a POI on at least one occasion compared to 42% of females ($\chi^2 = 12.99$, $p < .001$). This will be further examined in the Other Events with Police section.

Aboriginal Status

As stated previously, 14% of the cohort is Aboriginal Australians, with no difference in the proportion across gender. Aboriginal Australians are younger than the rest of the cohort by an average of 3 years. Aboriginal

⁵ Events per year are calculated by dividing the total mental health events for each individual by the number of years of mental health events.

Australians have consistently higher average number of mental health events. Over the total period, Aboriginal Australians had an additional four events, with an average 16.5 mental health events, though this event was over a longer time frame by an additional 9 months. In order to control for this longer period of event, the average events per year where individuals had a mental health event was examined. Aboriginal Australians continued to have higher levels of event than non Aboriginal Australians, with an average 3.5 events per year compared to 3.1 events per year for non- Aboriginal Australians.

In total, Aboriginal Australians had a substantially higher number of total events, with an average 80 events per person over the nine years and across all events types, almost double the average of 44 events for non-Aboriginal Australians. In every year across the study, Aboriginal Australians had substantially more events, this was generally double the total events of non Aboriginal Australians. Aboriginal women had even higher numbers of events, with an average of 89 events over the study period, compared to 73 for Aboriginal males and 45 for non- Aboriginal females.

However, Aboriginal Australians have higher total numbers of overall Police events and subsequently the proportion of mental health events is smaller for Aboriginal Australians. Non-Aboriginal Australians had a higher proportion of total matters dealt with under the Mental Health Act than Aboriginal Australians with 36% compared to 24%. The lower ratio of events dealt with under the Mental Health Act for Aboriginal people existed both prior to 2005 and after 2005. There was an increase in the ratio of mental health events after 2005 compared to prior to 2005, increasing from 16.7% to 22.1%, however this change was slightly smaller than the change for non- Aboriginal Australians where a change of 6.1% from 21.2% to 27.3% of events being mental health events.

In the years prior to 2005, there was no difference in the number of Aboriginal people who presented frequently for mental health events compared to non Aboriginal Australians. However, after 2005, a much higher proportion of Aboriginal people presented three or more times in the year. This was the case in every year after 2005, with approximately twice as many Aboriginal Australians presenting frequently in each year. A higher proportion of Aboriginal Australians presented frequently in an additional year, with 60% compared to 43% of non - Aboriginal Australians.

Aboriginal males had a higher total number of mental health events than non - Aboriginal males with 14 compared to 11. Aboriginal females had an average of 19 mental health events between 2001 and 2009, that is, 5 more than non- Aboriginal females and Aboriginal males.

Other Events with Police

As demonstrated in Table 1, a very high proportion of MHFPs have had event with Police as both a victim and as an POI in addition to their mental health event. Events in which this group is dealt with under the Mental Health Act contribute less than 40% of their total event with police. Figure 2 and Figure 3 detail the frequency of event-by-event type comparing frequent presenters to all people who have had a mental health event in 2005. This shows that MHFPs present in equally high proportions as victims and POIs to police, both in 2005 and across the nine year period.

Figure 2 : Proportion of Police Events in 2005 by Event Type for People with a Mental Health Event in 2005.

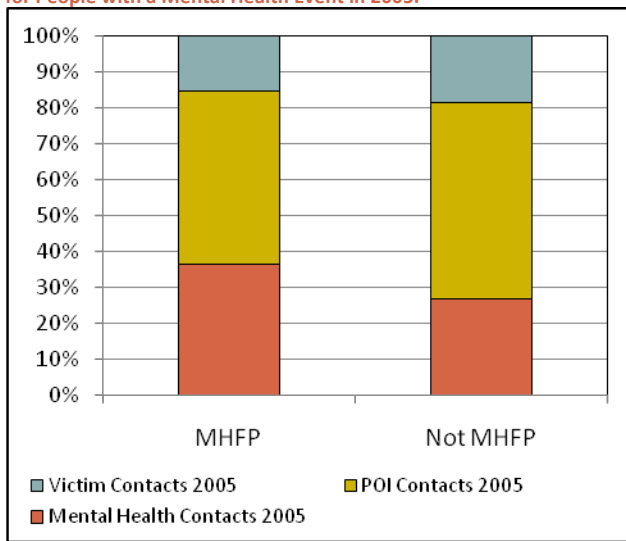


Figure 3: Proportion of Total Police Events (2001-2009) by Event Type for People with a Mental Health Event in 2005.

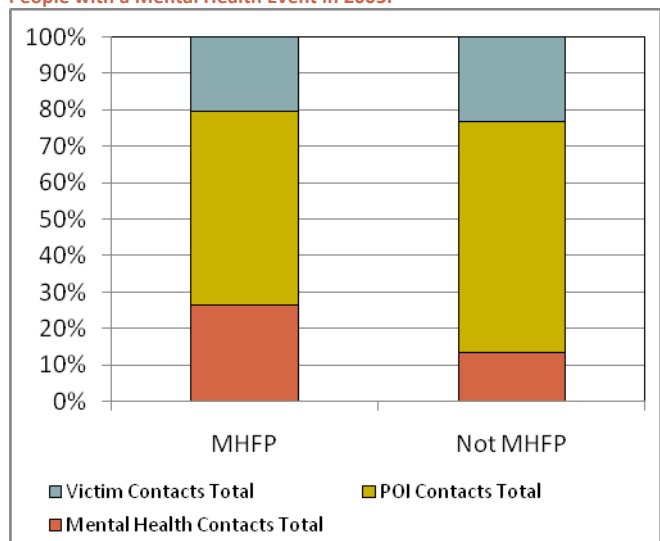
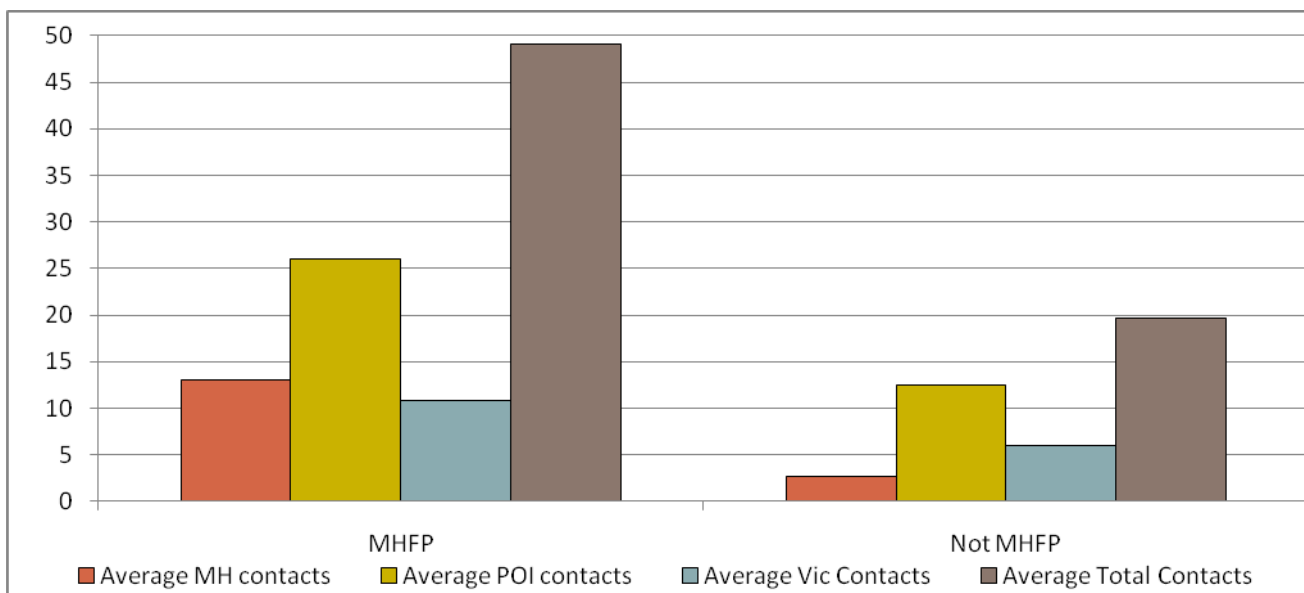


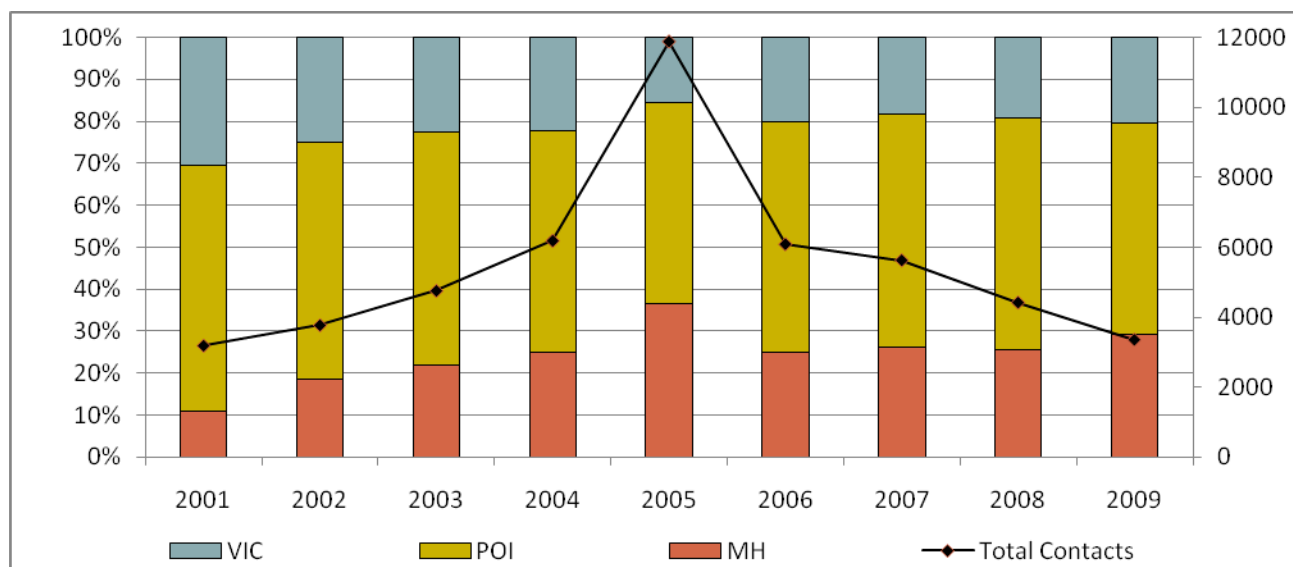
Figure 3 shows that across all event types MHFPs have higher average levels of police event than those who had less than three mental health events in 2005. Over the nine years, MHFPs have an average of almost 50 events with police, compared to 20 events for those who were not MHFPs (See fig 4). MHFPs had more event in each police event type.

Figure 4 : Average Events By Event Type and MHFP Status Between 2001-2009



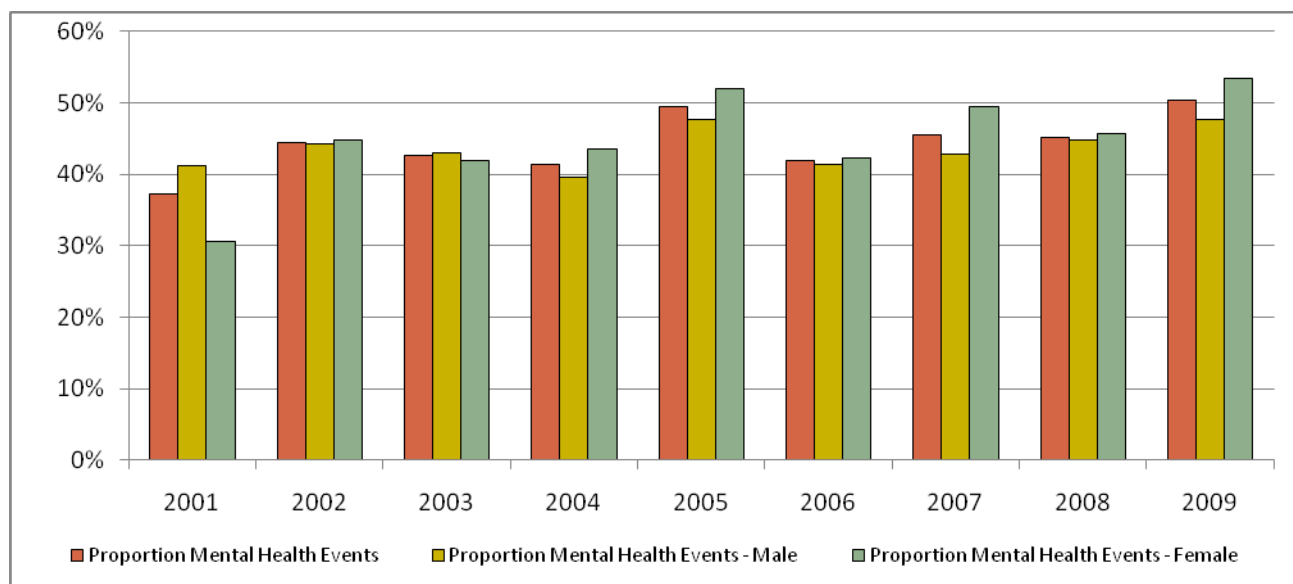
The distribution of all events for MHFPs is shown in Figure 5, with the total events for MHFP also displayed. The total events for this group in 2005, number just less than 12,000. The 2005 data outlined in Figure 2 shows the highest proportion of mental health events accounting for almost 40% of all events, with an average of 27% of all events over the period. However, these figures report averages based on aggregate data. When accounting for differences in levels of event for individuals across the event types by analysing the distribution of individual event with police, there is substantial variation from the aggregate data displayed in Figure 5. When examining the proportion of MH events in 2005 at the individual level, almost 50% of events were MH events (see Figure 6). This demonstrates that there is considerable variation amongst the group in level of involvement with police in other roles.

Figure 5: Events with Police by Year and Event Type for MHFP



Analysing the nature of the change in proportion of events categorised as victim, offender and for mental health over time may identify whether there has been a change in the way police deal with this group over time. This is illustrated in Figure 6 which demonstrates a positive increase from 2001 to 2009 in the proportion of mental health events. This increase is evident for both males and females in the cohort.

Figure 6: Proportion of Individuals Mental health Events by Year and Gender



In the four years after 2005, the number of events increased when compared to the four years prior to 2005 for both mental health, and total events however while victim events decreased slightly and POI events increased slightly.

Victims

As shown in Figure 5, there is a substantial amount of event with police where the individuals are both victims and Person of Interest (POI)⁶ in crimes. Sixty four percent of the MHFPs were a victim of crime in 2005, and these

⁶ NSW Police Force's definition of 'Victim' is based on s 5 of the *Victims Rights Act 1996* (NSW) whereby a victim of crime is defined as person who suffers harm as a direct result of an act committed, or apparently committed, by another person in the course of a criminal offence and that the person suffers harm as a result of the offence (NSW Police Force Crime Reporting Standards, Unpublished, 2009).

individuals had an average number of almost three victim events in the year. Those who were a victim of crime in 2005, had higher police event as a victim in every year, and a higher total number of victim events. The average number of year's people had event as a victim was 3.8 years, with a total average of approximately 11 events as a victim, though this is substantially skewed by some extreme values, signified by a maximum number of 101 events as a victim. The median number of victim events was 6 over the nine-year period. The year with the highest average number of events as a victim was also in 2005, with 1.8 events. Additionally, those who had been victims of crime had higher number of events in every year in which they were dealt with under the Mental Health Act, and higher numbers of event as a POI in every year.

This difference in event was even more marked when comparing people who had ever been a victim of crime over the nine-year period (91.5%) to those who were not ever a victim of crime. These individuals had on average an additional 7.5 events over the nine years, and an average of 19 more events as a POI than people who had never been a victim of crime. Victim event is correlated with both POI and mental health events in 2005 ($r = .386$) and total mental health events ($r = .306$) as well as with the proportion of those who were mental health frequent presenters in additional years ($r = .221$). Additionally, victim events are correlated with total events in 2005 ($r = .565$) and across all years ($r = .413$).

Female MHFPs were more likely than males to have ever been a victim of crime, however males also had very high rates of event with police as a victim, with 90% having been a victim of crime over the nine years. Females had twice as many events with police as victims of crime, with an average 14.8 events per female compared to an average of 7.7 events for males.

Persons of Interest (POI)

POI⁷ events were the most frequent event type for the MHFPs, with 26306 events between 2001 and 2009. Over 80% of the cohort had event with police in 2005 as POI, and 96% of the cohort had event as POI over the entire 9 years. The highest number of events was in 2005, with 5701 POI events, an average of 5.6 per person. This figure is also skewed by some extreme values, notably the highest number of POI events being 103 in 2005, and consequently the median of three events is a better measure of POI events. The POI event was substantial across all years with these events accounting for over twenty six thousand POI events over the nine years of the study. This equates to an average of 26 events per person as a POI, though again, this figure is skewed by the extreme values with a maximum figure of 526 POI events. The median number of events is 14 over the period, with the event occurring over an average of 5 years, which means that they have almost three events as a POI per year.

Those who were a POI in 2005 had an average of almost seven events dealt with as a POI by police in 2005, and across the nine-year time frame those who were victims in 2005 had an additional ten events as a POI.

As these POI events comprise the largest proportion of events, it is understandably correlated with all events in both 2005 and total events over the nine-year period. There is a weak positive association between POI events and mental health events in both 2005 ($r = .216$) and total events ($r = .283$). For MHFPs POI events were also positively correlated with increasing years ($r = .289$).

Males account for 64% of all POI events. Females had 8 fewer total recorded POI events than males, with an average 21.5 compared to 29.5 for males ($t = 3.5$), with males having more POI events in each year except for 2008. Aboriginal Australians had substantially more POI events (49) than non Aboriginal Australians (22), with more than twice as many POI events. This pattern was recorded in all nine years.

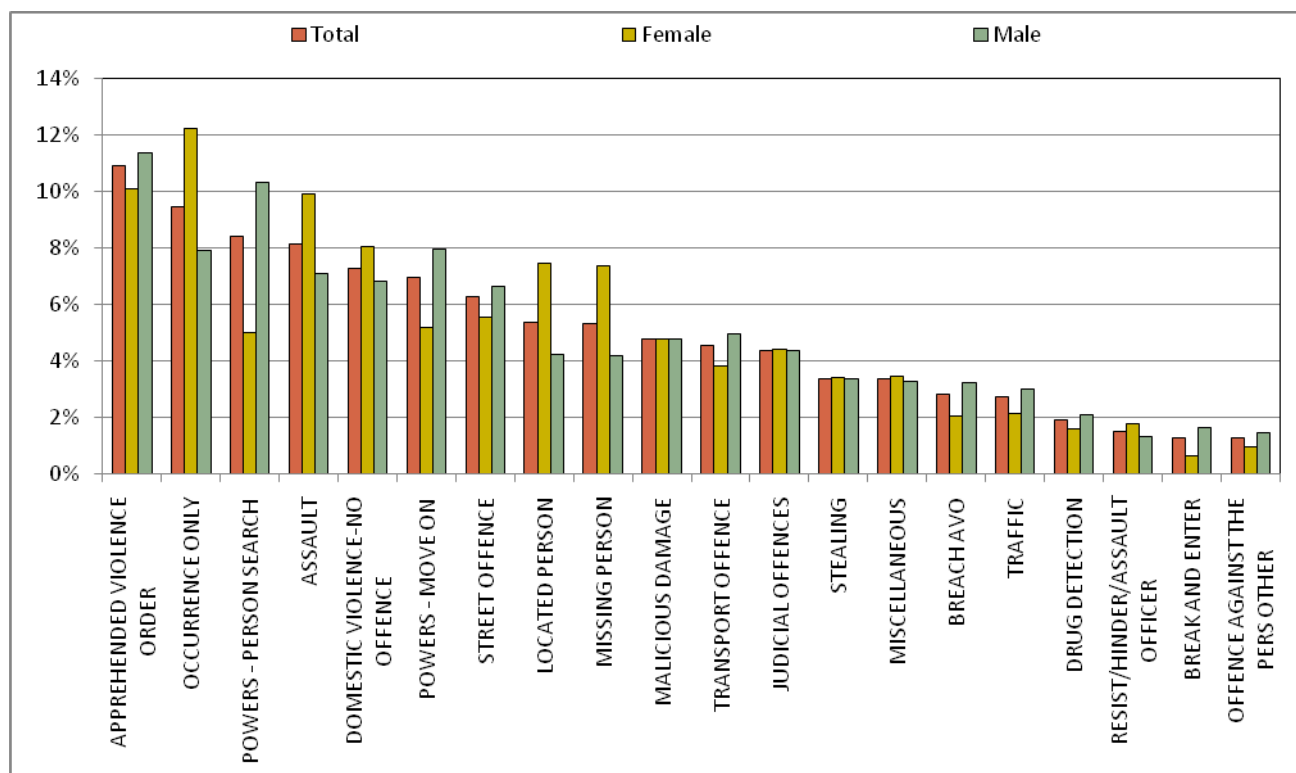
⁷ A 'POI' is an individual in whom the police have an interest as the consequence of a police verified event or incident. NSW Police Force, 'NSW Police Force Crime Recording Standards' (ibid).

Incident Type for Persons of Interest

The different incident types for all MHFPs for POI events are shown in Figure 7. Although there were 59 event types recorded, only the top 20 event types are included in this graph. These categories account for 92% of all POI events. The proportion of incidents for females is also included in Figure 7, as there was a cross over for 19 of the top 20 incident types. The only missing incident category for females was ‘Personal violence not domestic’ which is ranked 17th for females. These incident types for females account for 83% of all incident types. The ordering of event types would be different for females, however, with occurrence only followed by domestic violence and assault as the three most frequent categories.

Approximately 40% of these event types are for events other than offences, including occurrence only, exercising of police powers to move on an individual, and missing persons. A further 20% of these matters are associated with domestic violence.

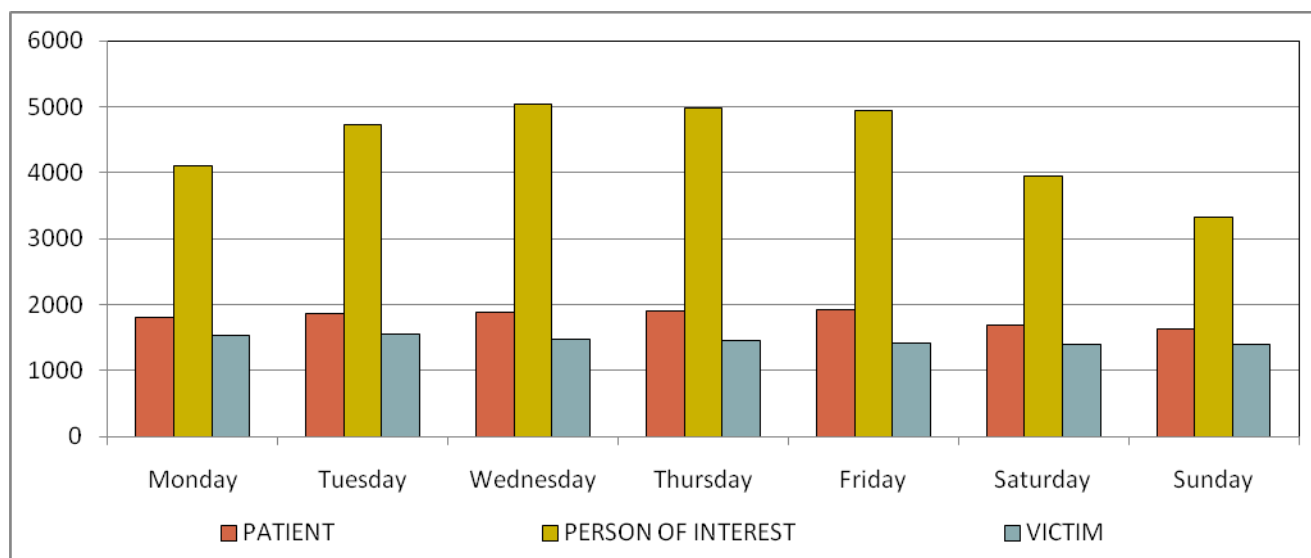
Figure 7: Top 20 Incident Types for MHFP POIs by Gender



When Does The Event Occur?

Understanding the timing of these events is important for service provision. As can be seen in Figure 8 there is a pattern to the occurrence of events for both mental health and POI events, with most events occurring between Tuesday and Friday. Events as a victim, is constant across all days of the week.

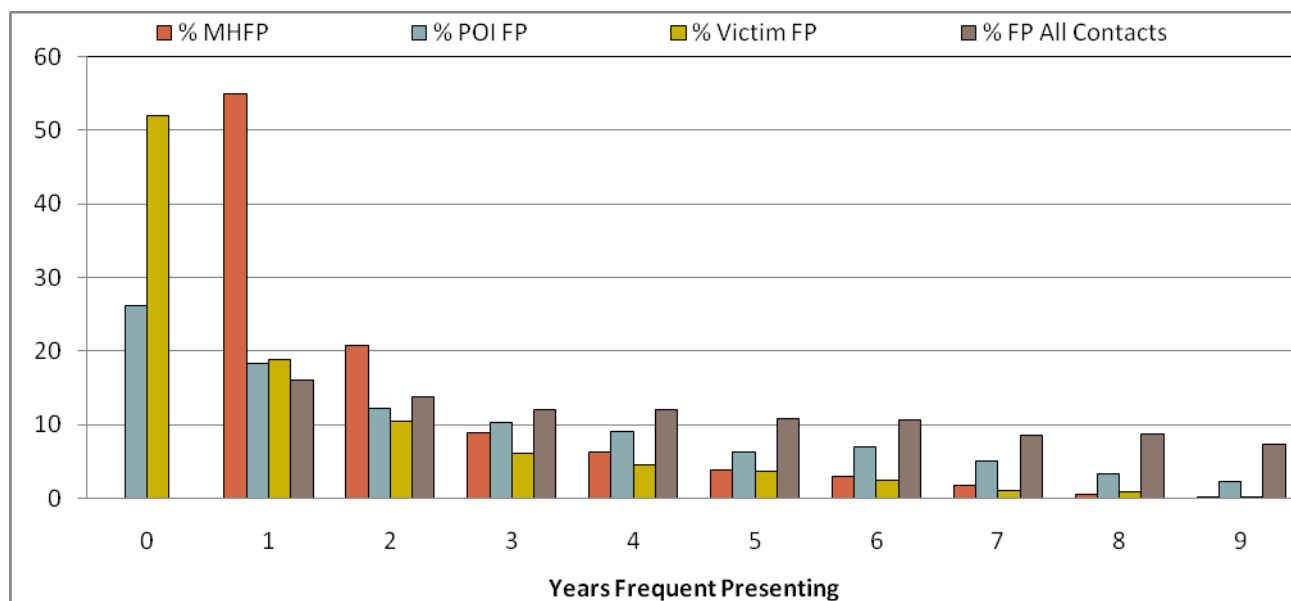
Figure 8 : Distribution of Events Across Weekdays by Event Type



Multi Year Frequent Presenters

Figure 9 details individuals who are frequently in event with police across the different event types, indicating significant ongoing involvement with police over the nine-year period. These events were used to categorise the MHFP into high, medium and low frequency, using a range of different criteria to describe the effect of using a graded definition of frequent presenting. These categorisations are described in the following sections.

Figure 9 : Distribution of Events by Event Type



Frequency of Event

Categorisation based on mental health events in 2005

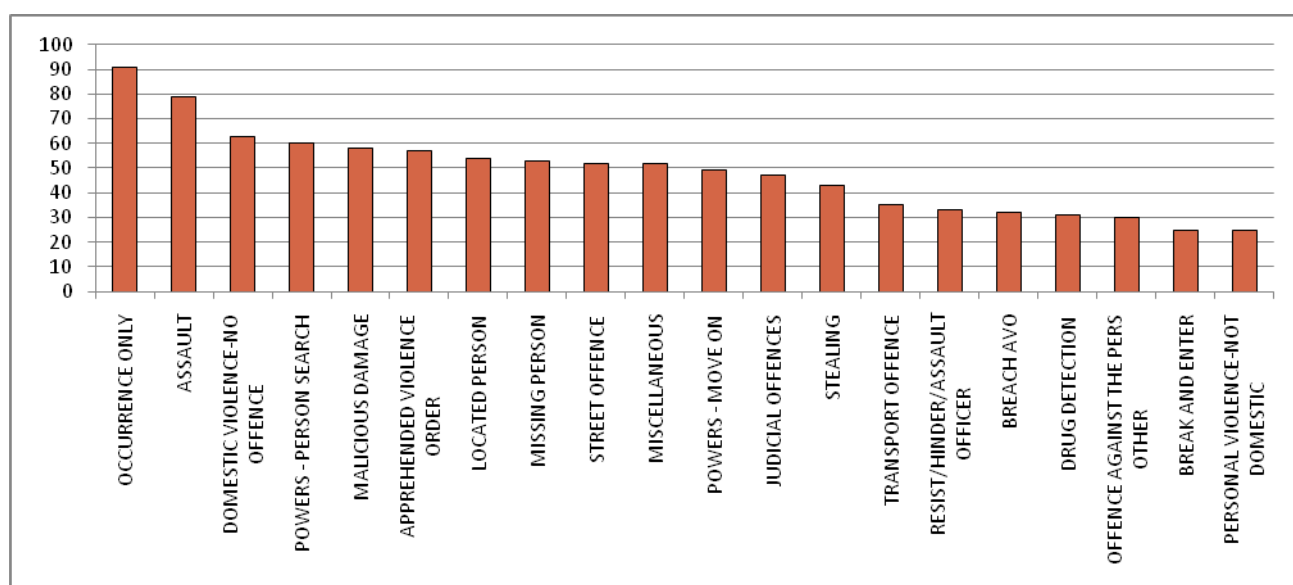
The MHFPs were categorised according to the number of mental health events that individuals had in 2005. Three groups were created; low (3 events), medium (4-6 events) and high (7 or more events). The low category accounted for 53% of the MHFP, the medium group accounted for 37% and the high category included the top 10% of the cohort.

A breakdown of the categories across gender showed a slightly higher proportion of females in the high category compared to males with 12% compared to 9%. Aboriginal people had a higher proportion of people in the high category than non-Aboriginal people, with 16% compared to 9% of non-Aboriginal people. The low category

contrastingly had a much lower proportion of Aboriginal people, with 46% compared to 54% ($\chi^2 = 7.07, p = .029$). The top 10 percent of MHFPs had seven or more mental health events in 2005, with an average of over 10 mental health events in the year. These individuals continue to have much higher levels of mental health events over the nine-year period with an average 36 mental health events. This is 22 more than those in the medium category and 28 more than those in the low category. The difference in total number of events is also not a result of the much higher levels of event in 2005, (upon which these three categories were created), as the average number of events excluding 2005 mental health events is also higher than the medium and low frequency groups.

Those in the high category also have event over a longer period of time, with on average over 5.5 years of event as a mental health patient, compared to 4 for medium and 3 for low frequent presenters. Additionally, those in the high category had more frequent event as a POI with almost ten events in 2005, and four events as a victim of crime in 2005. This was an average of 24 events with police in 2005, substantially higher than the average event for those in the medium category (a total of 12 events) and the low category (9 events). The incident types associated with these POI events are detailed in Figure 10. These top 20 offences account for 81% of all incident types for this group.

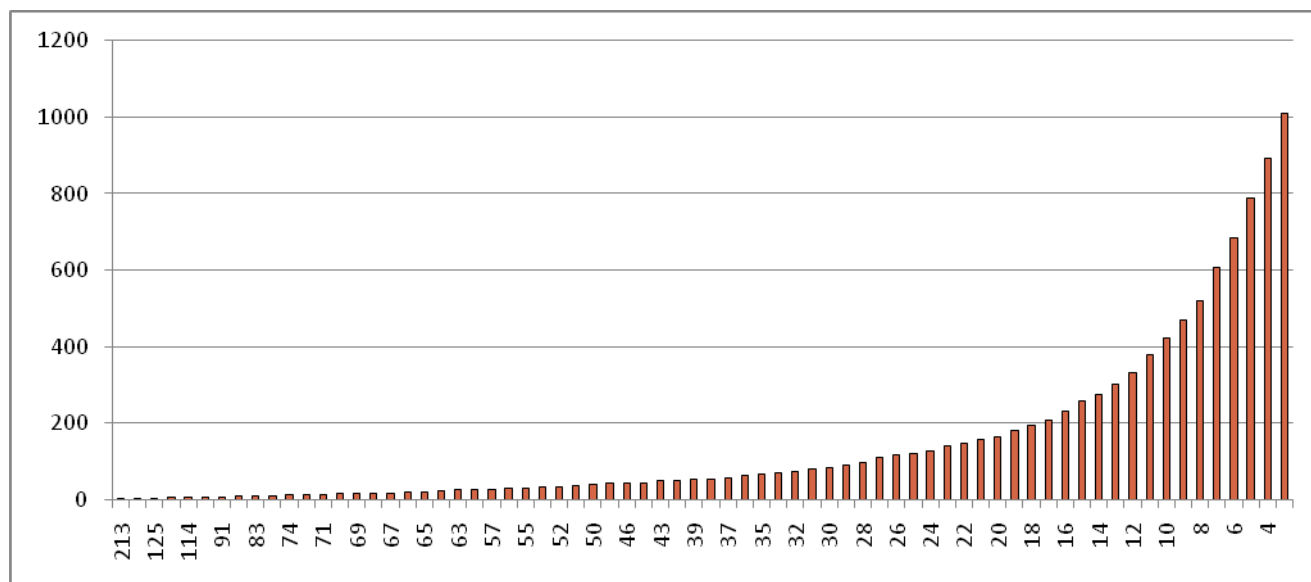
Figure 10: Top 20 Incident Types For 2005 MHFP High Category



Categorisation based on total mental health events between 2001-2009

The following analysis was performed following categorisations based on overall mental health events across the nine years between 2001-2009. The frequency distribution for all mental health events is displayed in Figure 11. Again, three groups were created with 62.5% of the population in the low category, the cut-off for this group was ten mental health events with the police over the nine year period. The medium group incorporated those with between 11 and 27 events (28% of the population) and the high frequency group included the remaining 96 individuals in the study. The maximum number of mental health events for this group was 213 events, with a mean of 51 and a median of 41.5 events.

Figure 11: Frequency Distribution of Total Mental Health Events with Police for MHFPs



Aboriginal Australians are less likely than the non-Aboriginal population to appear in the low frequency category, with almost 20% fewer individuals in this group than non- Aboriginal people ($\chi^2 = 17.5, p < .001$). A higher proportion of Aboriginal people are in both the medium and high frequency groups, with 37% and 16% of Aboriginal people in these groups, which is 10% higher in each category than non- Aboriginal people.

Females in the study more frequently present in the high frequency category, with 14% of females in this category compared to 6% of males in the study ($\chi^2 = 15.8, p < .001$). Aboriginal females are the highest proportion of individuals in the high frequency category, with 24% of this group having high levels of event across the nine years.

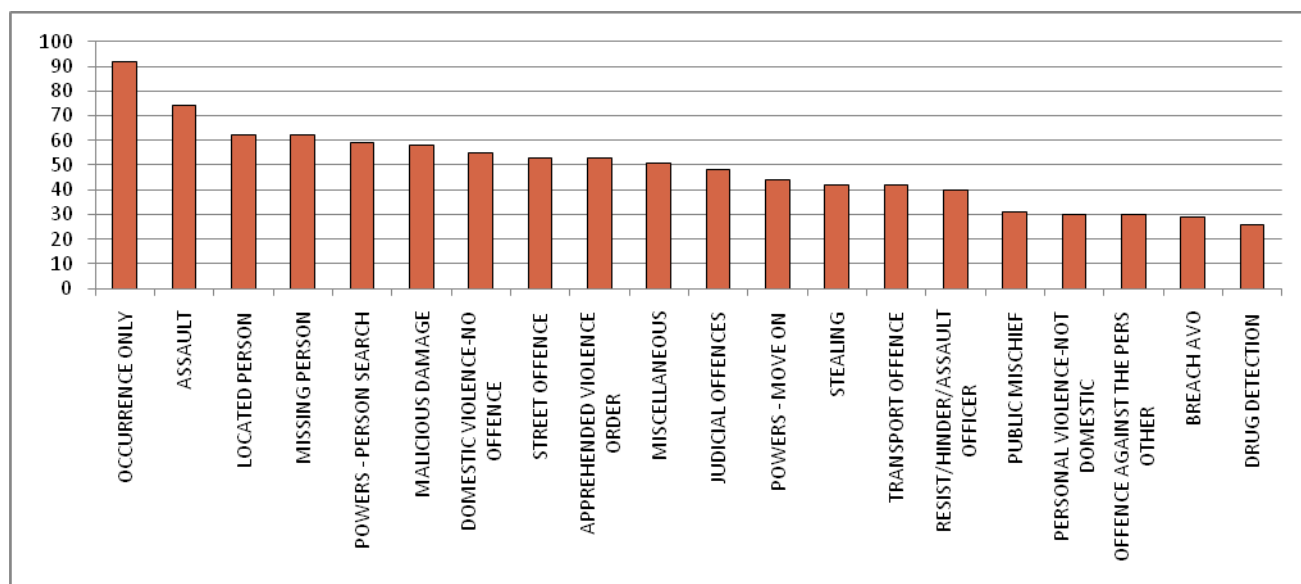
Individuals in the high frequency category have substantially higher levels of event with police across all event types, they have almost 21 events as a victim (compared to 8 low, 11 medium), 44 as a person of interest (22.5 low, 26.2 medium), and an average of 100 total events across all event types over all years, double the medium frequency group (38 low, 50 medium).

This event is persistent across time and event type. On average, this group are mental health frequent presenters in 5.5 years, POI frequent presenters over 4.4 years, frequent presenters as victims over 3 years, and frequently present across all event types aggregated for over seven years. Despite the high level of police events across all event types, this group have the highest ratio of mental health events to victim and offender events, with 44% of all events over the nine years being for mental health events. A higher proportion of these mental health events occur in the four years after 2005, with 26.2 events compared to 16.7 events in the four years prior to 2005. There is no difference between POI events pre and post 2005, with 20 and 22.5 events over these time frames. Across all event types there are on average an additional ten events (58.5) in the four years post 2005 compared to the four years prior to 2005 (48.6).

Those in the high category had the largest proportion of mental health events in the years post 2005 compared to pre 2005, with 47% (10% increase) of incidents being dealt with by police under the Mental Health Act compared to 37%. Although the increase in the proportion of mental health events post 2005 compared to pre 2005 is consistent across all three frequent presenter categories, those in the high category had both the highest proportion of mental health events in the years after 2005, and also the largest change compared to the years prior to 2005. Figure 12 displays the top 20 incident types for this group. There is only slight variation in the incident types for this group when compared to all frequent presenters, with all three groups having similar categories, though the order of incident types is different. The top 20 offences again show that the majority of incidents are for non-criminal type incidents. The one exception in the top five incidents is assault, and only three incident types in the top 10 categories

were offence type incidents (malicious damage and street offences). These three offences appear in the top 10 incident categories for all MHFPs, for the 2005 mental health events high category and the total mental health events high category.

Figure 12: Top 20 Incident Types for Total MHFP High Category



Interestingly, only half of the 96 individuals in the high frequency group for total mental health events were also in the high frequent presenters categories when defined by 2005 mental health events. When also including categories based on total events across all event types, 30 individuals were high frequent presenters using all three definitions, i.e. 2005 mental health events, all mental health events and events across all event types. These individuals had persistent event across an extended timeframe, with an average of 177 events per person in this category over the nine year period. The individuals in this group, had event with police in an average of seven years out of the nine years of data across all event types. Two thirds of these individuals were females, and were substantially younger than the rest of the population at first event in 2005, with an average age of 28 compared to 34 years of age.

Categorisation based on total events between 2001-2009

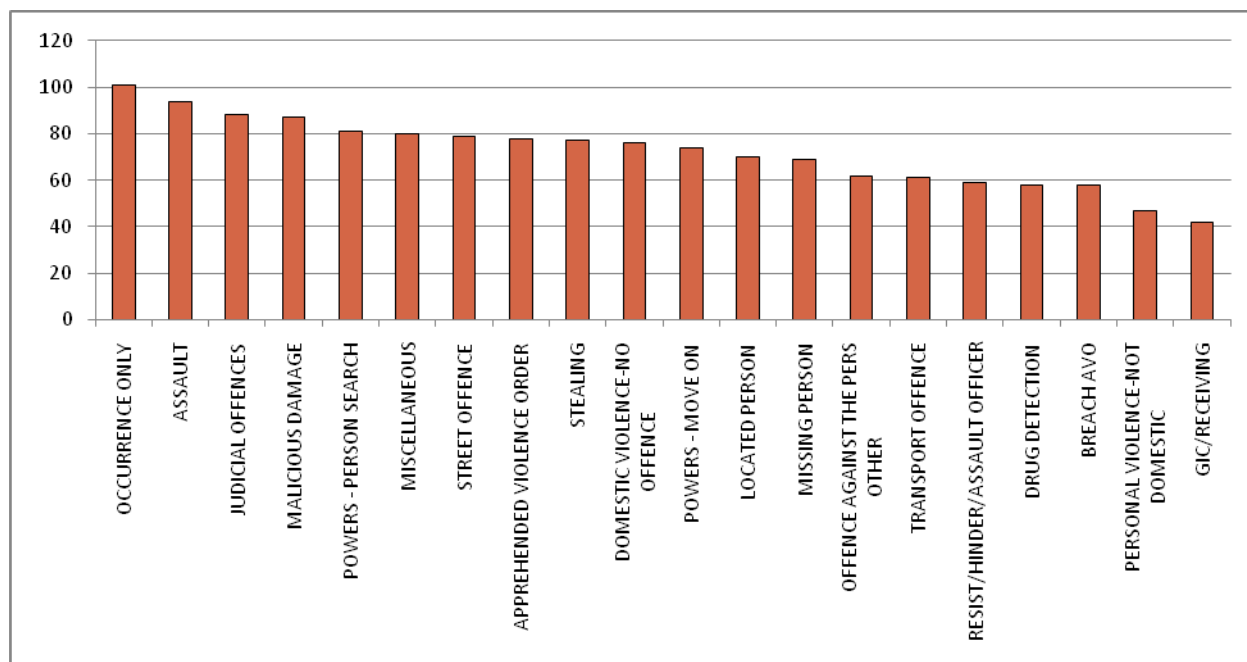
The following analysis was performed after the group was broken down into groupings based on total police event across the nine years between 2001-2009. Again, three groups were created with 60% of the population in the low category, the cut-off for this group was 42 events with the police over the nine year period. The medium event group incorporated those with between 43 and 108 events over the time frame (30% of the population) and the high frequency group included the remaining individuals in the study. (101 individuals) The maximum number of police events for this group was 565 events, with a mean of 165 and a median of 151 events. Eleven percent of females (49) and 9% of males (52) are in the high category. Aboriginal Australians however are significantly over represented in the high category, with 20% (28) of the Aboriginal group in the high category compared to 8% (73) of the non-Aboriginal group ($\chi^2 = 63.6, p < .000$).

The high event group had higher event than the other groups across all event types, with an average 39 mental health events, 27 events as victims and 100 events as POI's. When comparing average events by event type for each category there was variation in the events for all three event types. On average, those in the high category had 5.8 mental health events per year (3.2 greater than the low category and 2.6 greater than the medium category), 12.5 POI events (10.0 greater than the low category and 7.2 greater than the medium category) and 3.9 events as victims (2.3 greater than the low category and 1.3 greater than the medium category).

This group also presented frequently for mental health events in an average additional three years, with 83% of this group presenting frequently for mental health events in at least one additional year. Despite this high level of mental health event, this group has the lowest proportion of mental health events to total events with 23% of all events being for mental health, compared to 41% for the low frequency group (17% less, $p < .001$) and 25% for the medium frequency group.

This group predominantly have event with police as POIs. The top 20 incident types are demonstrated in Figure 13. These categories account for 78% of all incident types for this group. Whilst there is an increase in incident types that indicate criminal activity (i.e. assault, malicious damage) there is still a large presence of events as POI's that do not directly indicate that a crime has occurred (i.e. occurrence only, powers – person search).

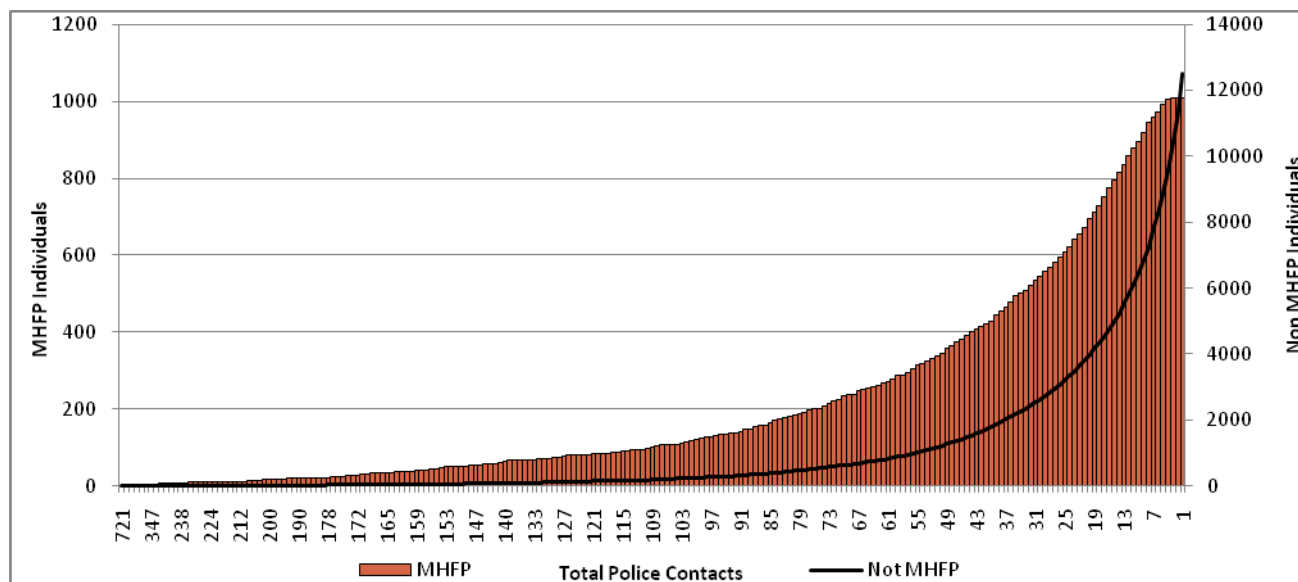
Figure 13: Top 20 Incident Types for Total Events High Category



Summary

MHFPs who have event with police have a significant volume of event which appears to extend over a considerable duration of time. They also have a prolific number of events with police in addition to the mental health events across all years, though there is some evidence that police begin to deal with MHFP more frequently under the Mental Health Act as time progresses. The total event for this group is significantly greater than for those not defined as MHFPs, as demonstrated in Figure 14, which displays the frequency distribution of all police events for both MHFP and those presenting less than three times in 2005. Whilst some of these individuals who were not MHFP had very high levels of event (the highest non MHFP had 721 events), there is a clear difference in the trend, with MHFP having substantially more event.

Figure 14: Distribution of Police Events From 2001 - 2009 by MHFP Status for Individuals with a Mental health event in 2005.



Females and Aboriginal Australians are more likely to be in the high categories for mental health events than other groups, using all definitions described in the Frequency of Event section. Aboriginal females are the most over represented using all the definitions of high event, with between 19% and 24% of Aboriginal females in the high event groups. Age is also an important variable for frequent presenting, with age correlated with all events and event types, and the high event groups being younger than other groups, again using all three definitions.

The nature of the event these individuals have with police as POI's illustrates that the criminal involvement of this group is relatively minor and often event is not for criminal offences. Further analysis of their offences, charges, and court matters is required to fully examine the nature of their criminal contact.