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IN THE NEW SOUTH WALES STATE CORONER'S COURT

STATE CORONER O'SULLIVAN

5 MONDAY 5 MAY 2025

2024/00139002 - BONDI JUNCTION INQUEST

NON-PUBLICATION ORDERS MADE

10

PART HEARD

15 AUDIO VISUAL LINK COMMENCED AT 10.10AM

HER HONOUR: Good morning. Dr Dwyer.

20 DWYER: Your Honour, we have moved to a phase where we're now going to
hear over the next two days from members of the Queensland Police Force,
both police on the ground who had interactions with Mr Cauchi, and also police
who had involvement behind the scenes, either in terms of receiving some
information from Mr Cauchi that they were asked to follow up on, or about
25 Mr Cauchi that they were asked to follow up on. But also, managers who are
in charge of various systems in the Queensland Police Force who will talk
about what is available now to police on the ground and their hopes for
boosting resources in that regard.

30 By way of housekeeping, might I note that over the weekend, your Honour
delivered a decision in relation to the non-publication order applications that
had been made. Some of the applications have been made on behalf of the
families, which your Honour granted those applications, and some made on
behalf of witnesses. Your Honour's decision is available for those who wish to
read it, and the orders are available. It will be formally published on the
35 website.

Your Honour did grant the interim application that was made with respect to
the names of the four officers who are giving evidence today so that their
names can be published, but only after all the evidence in that regard is heard,
40 and that's at the end of tomorrow's proceedings their names can be published,
but not today.

HER HONOUR: Yes, thank you.

45 DWYER: With that in mind, can I call the first witness - sorry, your Honour, just
before that, one other housekeeping matter. Those assisting your Honour
have prepared chronologies in relation to the different areas for the assistance
of the families or witnesses following proceedings and of those at the bar table,
and of course for your Honour. There are four separate chronologies.

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5 In terms of the witnesses today, there's a short chronology of six pages, which is referred to as a concise chronology of events with respect to the Queensland Police Force and New South Wales Police Force interactions with Mr Cauchi prior to 13 April 2024. Might I hand a copy of that to your Honour as an aide memoire?

HER HONOUR: Yes, thank you.

10 DWYER: It's been distributed. I thank my learned friends appearing for the individual officers and the Queensland Police Force for looking at that. I understand that they don't wish to correct any entries, but to clarify a few of those entries. So, I'll replace that and distribute a final one at lunchtime, but that will assist your Honour in terms of going through the witnesses today.

15 HER HONOUR: We had the other two chronologies as MFI A and MFI B aide memoires, so this will be MFI C.

DWYER: Thank you, your Honour.

20 MFI #C CONCISE CHRONOLOGY OF EVENTS RE QUEENSLAND POLICE FORCE AND NEW SOUTH WALES POLICE FORCE INTERACTIONS WITH MR CAUCHI PRIOR TO 13/04/24

25 Then there are three other chronologies. One with respect to New South Wales Ambulance service attendance on 13 April, one with respect to New South Wales Police attendance on 13 April 2024, and a final one with respect to Scentre and Glad security response. All of those will be available for distribution at lunchtime.

30 HER HONOUR: Thank you. Could I just remind those who are joining us remotely to put your computers on mute, please.

35 DWYER: Your Honour, I call the first witness, QPS1. His statement is found at vol 23, tab 845A.

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<QPS1, SWORN(10.15AM)

<EXAMINATION BY DR DWYER

5 Q. Could you please tell the Court your full name and your rank and station?

A. My name is Senior Constable - sorry, QPS1 from Brisbane City Highway Patrol.

10 Q. Are you currently based with Brisbane City Highway Patrol?

A. Yes. I am.

15 Q. Before I ask you some questions about the interaction you had with Mr Cauchi, I understand there's something that you wanted to say?

A. Yep. Before we start I, I just want to acknowledge the families who were affected by this horrible tragedy, and I hope that through my evidence, we can find ways to prevent such outcomes, or such instances, from happening in the future.

20 Q. Thank you, Officer.

HER HONOUR

Q. Thank you.

25 DWYER

30 Q. Just a bit of background about you if I may. When did you join the Queensland Police Force?

A. I joined in 2004. I was sworn in in September 2004.

Q. You've started off as an officer I think in your mid-20s. Is that right?

A. Yes.

35 Q. You performed a role in general duties for about nine years. Is that correct?

A. Yes.

40 Q. Whereabouts?

A. So in my first six months of service, I was stationed at Boondall Police Station, so north side of Brisbane. And then in my second six months, I was posted to Brisbane City Station, and then that's where I was tenured for the rest of my GD service.

45 Q. Until I think December 2013. Is that right?

A. Yes.

50 Q. Then in December 2013 you transferred to the Brisbane City Highway Patrol?

A. I did. Yes.

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Q. I'm going to ask all the police officers we hear from about their experiences with various people in the community living with a mental illness. In your nine years in general duties, was that a significant part of your role, dealing with members of the public, who--

5 A. Yes. Yes.

Q. Sometimes you've been called to jobs where people who appear to have a mental illness are suspected of committing a crime. Correct?

10 A. Yes.

Q. And then often you're being called to jobs where nobody has committed a crime, but people are causing disturbances, or there is concern for the welfare of the person with a mental illness. Is that right?

15 A. Correct. Yes.

Q. In Highway Patrol, do you also come across members of the public who are driving, either in a car or a motorcycle, or on the road, who appear to have mental health issues?

20 A. Yes, yep.

Q. Your work in Highway Patrol means that you're often alone. Is that right?

25 A. Yes. As a police motorcyclist, I spend the majority of my shift either, yeah, working alone, or there, there's occasions where we might pair up, or something like that. But majority is on my own. Yes.

Q. Are you able to estimate currently in the community how often you would pull someone over where you suspect they have a mental health issue when they're driving?

30 A. Not a lot. It would be a very, very low proportion where I, I would - yeah, the interactions I would have would lead me to believe that they may be suffering from - suffering from mental health.

Q. So fair to say then that it's different than when you're in a general duties role where you much more often communicate with people--

35 A. Yeah, absolutely. Yes.

Q. Part of your work in Highway Patrol involves keeping a lookout for people on the road, just to be visible in an area--

40 A. Yes.

Q. --and survey the scene to see if you can see anybody who might be committing offences?

45 A. Yes. So, it's just high visibility policing and general traffic enforcement, enforcement of the road rules. Yep.

Q. You need therefore to have an excellent knowledge yourself of the road rules and licensing?

50 A. Yes.

Q. One question we are going to come to is in relation to the requirement that

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some people have for an "M" on their licence in order to drive. Can you tell us what that is?

5 A. Yeah, so the M endorsement that you see on a Queensland licence refers to a medical certificate. Once that is issued on the licence, it is because a - they suffer from a condition that may affect their driving ability, and as such, they need to be assessed and carry a medical certificate with them.

Q. It indicates that they need ongoing monitoring for whenever that M is on their licence?

10 A. Can, can do. Yes.

Q. From a doctor obviously?

A. Yes.

15 Q. The driver must carry a current medical certificate while driving?

A. Yeah. So part of the condition is they must carry a valid medical certificate, which is a, a slip of paper, and present that to police upon request. Yeah.

20 Q. Before we come to your interactions with Mr Cauchi, you must have had many experiences as a traffic officer where you pull somebody up; you ask to see their licence; you see the M on the licence.

A. Mm-hmm.

Q. Apart from asking for someone's certificate--

25 A. Yep.

Q. --what follow-up questions can you ask?

30 A. Once, once I get the certificate, I can have a read and if there's any information, or lack of information, I can, I can ask what's - "What is the medical certificate issued for?", you know, "Why have you got this condition on your licence?"

Q. Does the medical certificate you look at tell you what the medical condition is?

35 A. No. Not in all cases, no. It will simply just say "medical condition" or something like that. Yep.

Q. Have you had an experience prior to Mr Cauchi where you've pulled somebody up and there's an M on their certificate, and the medical certificate indicates a mental health issue?

40 A. Not that I can recall. No.

Q. Do you have the capacity - just putting Mr Cauchi's incident aside - to ask somebody for the details of their doctor if you've got any follow-up concerns?

45 A. I can do so. The, the medical certificate - the application itself - is a multi-part document. So it's completed by the medical practitioner, and then there is a tear-off portion that the driver keeps for themselves. And then the other portion is kept with Queensland Transport.

50 Q. Are there details of the driver's doctor on either--

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A. Yes. There, there would be on that form. Yes, yeah.

Q. If you wanted to follow up concerns then, could you contact the doctor and ask them?

5 A. I could, yes. Yep. I could contact them either from the certificate or obtain that information from Queensland Transport. Yep.

Q. Can I come then to your interaction with Mr Cauchi. That was a single interaction on 9 September 2021. Is that right?

10 A. Yes.

Q. What was your role on that day?

15 A. So that afternoon, I was patrolling just outside the Royal Brisbane Hospital on Bowen Bridge Road and it was a - I was on my marked police bike. Just to my right, in the right-hand lane right next to me, I observed a silver, I believe it was a Toyota sedan, driving erratically. By that, I mean he would - or the person would drive forward, hit their brakes, drive forward, hit their brakes. Brake checking, I guess, is the, the layman's term for it. Just erratic. And then there was a right turn lane, and as most people would sort of just merge in, it was a, a sharp right-hand turn, like a sudden turn, into that lane, and that's
20 what drew my attention to that vehicle.

Q. What did you do then?

25 A. So once I saw the brake checking, I guess you could call it, I've pulled in behind it. We were stopped at, at a red light. Once the light turned green, the - I followed the vehicle into Campbell Street at Bowen Hills, at which time I activated emergency lights and siren and intercepted the vehicle.

Q. Once you intercepted the vehicle, it pulled over to the left. Is that right?

30 A. Yes, yeah.

Q. Did you activate your body-worn video camera?

35 A. I did. So prior, prior to the intercept I activated just as we were turning into Campbell Street. Yes.

Q. Where's the body-worn video located on your toolkit?

A. So I have - it's basically just on the side of my helmet. A little helmet cam sort of thing.

40 Q. We're about to see that so that people can make an assessment for themselves, but what were your concerns in relation to the braking?

45 A. My concerns were just maybe they were under the influence of something. It's just - it was erratic driving. So that was my first concern, or maybe if they were suffering from some kind of medical episode maybe. But yeah, I just wanted to intercept and see exactly what was happening, why they were driving like that.

Q. It wasn't just the braking, it was also that they changed lanes quite abruptly, didn't they?

50 A. Yeah. Yeah. It was a - just a sharp lane change. Yep.

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Q. We're going to play that body-worn video now.

5 DWYER: For the benefit of my friends, it's item 38 in the electronic materials.

Q. I'm just going to play that from the beginning until five minutes, and then at the point where you check your device, we'll skip to seven minutes and play to the end. So it's about ten minutes long.

10 VIDEO PLAYED TO COURT

Q. I'll just make the point that there's then a period where you go back and check Mr Cauchi's licence. Is that right?

15 A. Yes.

DWYER: We'll just play the rest of the body-worn video.

VIDEO PLAYED TO COURT

20 Q. We've all had a chance to see that, but I just want to pull out some of the main points, and it's difficult to hear some of it. You make a note in your statement that when you first introduced yourself to Mr Cauchi, he appeared to be erratic and nervous in his demeanour. Correct?

25 A. Yes.

Q. You didn't know why that was. It could have been that he was on drugs, could have been drinking, could have been his personality, could have been a mental illness?

30 A. Yes.

Q. You took steps to find out, obviously?

A. Yes.

Q. You breath tested him and you did a drug test. Is that right?

35 A. I tried to breath test him, but my device wasn't working properly, so I ended up doing a drug test instead, yes.

Q. Could you just speak up for that last bit?

40 A. Sorry. Yeah, I attempted to do a breath test, but my alcometer was malfunctioning, so I didn't get to do that. So I proceeded with a drug test instead..

Q. What did the drug test result show?

45 A. Negative for any relevant substance.

Q. When you went back and spoke to Mr Cauchi, you asked to see his medical certificate and he produced it for you?

A. Yes.

50 Q. Did it give you any indication of what the particular medical issue was for

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him?

A. No, not from memory, no.

5 Q. But when you asked him what his medical condition was, did he say to you something like, "A whole heap of mental illness"?

A. Yes.

Q. Were you concerned that his erratic driving was linked to his unmedicated mental illness?

10 A. Not at that stage, no. No.

Q. Why not?

15 A. With regards to his erratic behaviour and I guess his nervousness when I pulled him over, I get that response a lot as a Highway Patrol officer from varying persons. I think it's just the, the interaction. It's sometimes their first interaction with police. Sometimes they, you know, they know they were doing something silly and now they're going to get sort of called out on it. So, yeah, that's - I attributed some of that behaviour possibly to, yeah, just being pulled over and being called out, I guess.

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Q. When you went back to do your checks on Mr Cauchi, you're accessing QPRIME, the database?

A. Yeah.

25 Q. Is that right?

A. Yes.

Q. Did you look back at Mr Cauchi's driving record?

30 A. I looked through his traffic history I believe it was, just to see, you know, what infringements he'd had previously, anything like that, and I, I think I looked - there was a couple of other street checks, as we call them, or records, just briefly, just to see what he'd been spoken to about previously.

Q. Did you check to see whether he had a criminal record?

35 A. I can't recall. I, I would have, but I can't recall.

Q. Mr Cauchi didn't have a criminal record, so if you did check, it wouldn't have shown anything.

A. Yeah, yeah.

40

Q. Is there a system on the Queensland Police Force records for red-flagging a particular issue?

45 A. Yeah, so we can place alerts - we call them alerts - and cautions on persons. So alerts for, you know, be on the lookout for a wanted person or warrants or things like that, yes.

Q. If somebody was, for example, known to carry dangerous knives, would you expect there to be an alert there?

A. Yes, yes.

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Q. If somebody was known to have a mental health issue where they were suicidal, at risk of self-harm, would you expect there to be an alert?

A. I, I would expect something would have been put on, yes.

5 Q. Were there any alerts at all for Mr Cauchi?

A. I believe there was just a - one there for - he was diagnosed as a schizophrenic, but he wasn't taking medication. I think that was the alert.

10 Q. By the time you had done the checks on him, including the drug test, and you spoke to him for the last time, you had information that he had been diagnosed with schizophrenia, he was unmedicated, he was driving erratically that day and he had not realised that he was driving erratically. Is that fair?

A. Yes.

15 Q. In terms of trying to determine the reasons why he was driving erratically, he was not affected by drugs, you couldn't smell any alcohol on him, and you didn't suspect him to be drinking?

A. No.

20 Q. Correct?

A. No.

Q. Did you, by the time you finished your checks, think that his driving was related to his mental health issues?

25 A. Possibly, yes. I believe so.

Q. Do you recall, when you did your checks, seeing any other instances where he had been driving erratically?

30 A. I think there may have been one previous one, but that was, I think, 12 months prior or something like that.

Q. Have you, since preparing your statement, checked the QPRIME records to understand where he was pulled up previously?

35 A. Yes, yes.

Q. I'll come back to them shortly, but what you say to Mr Cauchi when you finish speaking with him is this: "Improve your manner of driving, otherwise you will cause an accident."

40 A. Yes.

Q. So is it fair to say that you did have concerns that he might be a risk to other people on the road or to himself if he kept driving that way?

45 A. Yes, there was a risk there, but I didn't think - in my line of work I see a lot of bad drivers and I guess sometimes that's just how they are. They just cannot drive, yeah. So there was some kind of, yeah, inkling there from me that possibly maybe his mental health is affecting his driving, but also I guess I, I looked at the other things of just the interaction with police, the nervousness and he may have been nervous when he saw the police bike and started being silly.

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Q. When you finished speaking with him, did you do anything to follow up on that call?

5 A. No. As far as I completed the - I did the checks on the, on the roadside. I couldn't see anything that was of concern to me at that point in time, and so I, I put on the, the street check, as well as a negative drug test occurrence, and carried out my duties.

Q. When you say you put on the street check, do you mean that you made a note in the records yourself--

10 A. Yes.

Q. --about your interaction with him on that day?

A. Yes, correct, yes.

15 Q. So that would be available to other police going forward?

A. Yes.

Q. Having checked the records, you now realise in fact there were two other occasions. Can I just put them to, just to remind you of the date? This interaction was on 9 September 2021. You now realise that on 20 10 October 2020 and 6 November 2020, so less than a year previously, he had been pulled up for similar driving?

A. Yes, I'm, I'm aware of that now, yes.

25 Q. On 10 October, the notation taken by police is, "Due to his demeanour of driving on Makerston Street, Brisbane, by officers he was pulled up." According to the record, he was seen with his head down and braking irrationally.

30 "Police undertook a voluntary search of his vehicle. No items of interest were located. Mr Cauchi told police he was diagnosed with schizophrenia, but does not take his medication. He could not provide a reason for his manner of driving. Roadside test proved negative."

35 That's very similar to your interaction, correct?

A. Yes, yeah.

40 Q. Then almost a month later, 6 November 2020, he was pulled up again by two different officers in the West End Station due to his erratic manner of driving and changing lanes. Again, there are similarities with his driving on your occasion?

A. Yes.

45 Q. Had those two matters come to your attention when you pulled him up in September 2021, do you think you might have taken further action?

A. I believe so, yes.

Q. What do you think you would have done?

50 A. Well, obviously, it would have been a lot easier to see a pattern of

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behaviour because, as I look on my QLITE or my - yeah, my device, all the records are there, and if I was trying to ascertain that pattern, I would have to go through every single record and go through every single report, and sometimes you can't do that on the side of the road. You don't have the time or sort of, you know, the ability to do that. But, yeah, if, if I'd have been aware that this was a pattern of behaviour and obviously there were some mental health issues, I, I would have probably looked into it a bit deeper.

10 Q. With thinking about changes to systems or policies that might assist other officers in this situation, would it be appropriate, do you think, to make a system of alerts or flags where somebody has a mental health condition and they're unmedicated and they come to attention of police because of their driving?

15 A. I believe, yeah.

Q. If this was an alert, rather than background history, would you have taken more notice of it?

20 A. Absolutely. Like when, when you see if someone has alerts or flags on their name, you instantly - you go and you look at sort of what, what you're dealing with in case there's any officer safety issues or anything like that. That's kind of the first thing that you look at, and then you can go through that.

25 Q. Let's imagine that at that time, when you pull Mr Cauchi up in September 2021, you realise there's two other incidents less than a year ago where he's been driving like that and you think, "I've got to take further action". What is available to you as a traffic officer?

30 A. As a traffic officer, I mean I can, I can apply to Queensland Health. I can contact Queensland Health to I guess have him appear before a sort of show cause hearing as to why he should hold a licence. That is kind of my limit as to what I can do roadside. Unfortunately, with, with the way legislation is worded, I, I didn't deem him a risk of harm to other persons at that point, or himself, and so I was kind of tied in relation to if I could take any further action in relation to maybe an emergency examination assessment.

35 Q. We're going to hear from the two officers coming up a bit more about the capacity that police have, or the powers police have, to take somebody for an emergency examination authority, EEA.

A. Yep, EEA, that's correct.

40 Q. Someone has to be an acute risk to themselves?

A. Yes.

Q. But short of that, could you have removed Mr Cauchi's licence at that time?

45 A. No, no.

Q. Could you have contacted his doctor to make sure that there was a further assessment of him at any time?

50 A. I could have, yes, if I had those details on hand. Yes, I could have followed that up.

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Q. His details were on the medical certificate, correct?

A. It should be on the, the medical certificate, and as well as the other half of the, the application to Queensland Transport.

5 Q. Were you aware at that time of the existence of the MHIC, that we'll hear a bit more about?

A. No.

Q. The Mental Health Intervention Coordinator?

10 A. No.

Q. Were you aware at that time of the existence of something called the Queensland Police Communications Centre Mental Health Liaison Service?

A. I have very basic knowledge of - yeah, I have heard of it, yep.

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Q. We understand that that was introduced in January 2015 and has been expanded significantly in 2025, but as at 2021 in September, what did you understand it was available for?

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A. I guess it was if you were attending any incidents involving persons with mental health and you needed further assistance or maybe further action taken that you couldn't do on the side of the road. If there was some follow-up that you needed to be done, you would reach out to them and they would essentially take over and help you out with that.

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Q. We've got a report, and we'll hear further evidence, from a psychiatrist by the name of Dr Heffernan, and in his statement - at paragraph 7.4.2, for the benefit of my friends - he says that utilisation of that service - the Queensland Police Communications Centre Mental Health Liaison Service - could have proved beneficial to you, because it provides comprehensive information about prior contact with mental health services. Do you agree with that?

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A. Yes, yep.

Q. So you would support that service being funded in a way that is then of assistance to officers like you on the ground?

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A. Absolutely, yes.

Q. And a review of the system of alerts for traffic officers so that when somebody is suffering from a mental health condition and is unmedicated and it might affect their driving, that should be an alert for police officers like you?

40

A. Yes, yep, absolutely.

Q. Just one further issue, and that is, two and a half months later - in an application that had nothing to do with you, but on 25 January 2021, Mr Cauchi made an application for a statement of eligibility to join a pistol shooting club pursuant to the Weapons Act. Is it your view that for police officers trying to make a decision, it's important to have a look at what's gone before, so you need a longitudinal view? Sorry, I'm just being corrected. Scrap that.

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In terms of a longitudinal view, the issue for you was that there were two previous occasions when he had been pulled up by the police, and then when

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5 you were seeing him, he was exhibiting very similar behaviour. It paints a very different picture, doesn't it, from one-off isolated interaction with Mr Cauchi where you're not sure whether or not his behaviour is due to nerves, than understanding that this is the third time that police have confronted him because of his behaviour? And that underscores the need for a system that captures those incidents?

A. Yes.

10 Q. I'm saying this in part to remind everybody of the chronology. You had no idea at the time what medication Mr Cauchi had been on at any previous time?

A. No. No idea, no.

15 Q. What we know now is that in fact Mr Cauchi had been medicated for a long period of time successfully by a private psychiatrist from 2012. She saw him until early 2020. But Mr Cauchi was taken off his clozapine in June 2018 and his Abilify, otherwise known as aripiprazole, in June 2019. So, by the time you were seeing Mr Cauchi and pulling him up in September 2021, he had not been medicated for over two years. Do you agree with this proposition: that police and the mental health service need to be able to share information effectively to understand whether or not somebody's driving or behaviour exhibited to the public in a problematic way is as a result of being unmedicated?

20 A. Yep, 100%.

25 DWYER: Nothing further, your Honour.

HER HONOUR: Thank you.

30 Q. There may be some other questions.

A. Thank you.

CHRYSANTHOU: No questions, thank you.

35 FERNANDEZ: Mr Townsend will be taking all the witnesses today and tomorrow. He has no questions though.

HER HONOUR: Did you want to go towards the end, Dr Freckelton?

40 FRECKELTON: Yes, thank you.

GNECH: If I could go to the end as well, your Honour.

MATHUR: I have no questions, thank you.

45 CHIU: I have no questions.

CALLAN: Likewise, no questions.

50 HER HONOUR: And court 2?

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PEN: I have no questions, thank you.

JORDAN: No questions.

5 CASSELDEN: No questions.

CLARKE: Thank you, we have no questions.

10 FRECKLETON: In those circumstances, we also have no questions.

GNECH: No questions, thank you.

15 HER HONOUR: Thanks very much. I'll just remind the media that there's a non-publication order over this witness's name until Inspector Quinlan gives evidence. Thank you.

20 NO EXAMINATION BY MS CHRYSANTHOU, MR TOWNSEND, MR ROFF,
DR FRECKLETON, MR CHIU, MS CALLAN, MR JORDAN, MR CASSELDEN,
MR CLARKE, MR GNECH, MS MATHUR, MR PENN, MS ROBB,
MR WILSON AND MR LYNCH

<THE WITNESS WITHDREW

25 HER HONOUR: Dr Dwyer.

DWYER: Your Honour, I call QPS2. The Senior Constable's statement is found in vol 23, tab 854A.

30 HER HONOUR: Again, there is a non-publication order for this witness's name until Inspector Quinlan gives evidence.

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<QPS2, SWORN(10.53AM)

<EXAMINATION BY DR DWYER

5 Q. Could you please tell the Court your full name and your rank and your current station?

A. Yes, QPS2 from the Queensland Police, and based in Toowoomba.

10 Q. Before I ask you some questions about your interaction with Mr Cauchi, I understand that you also would like to say something to the families?

A. Yes, yes, thank you. I just want to acknowledge the victims' families here today and just pass on my condolences. I'm so very sorry for what's happened.

15 HER HONOUR

Q. Thank you.

DWYER

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Q. I've already noted before you came in that you've prepared a statement in relation to this matter. It's dated 25 April 2025. There's also some body-worn video footage that we'll have a look at shortly. Have you had the opportunity to look at those recently?

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A. Yes, I have, yes.

Q. Just a bit of background before we ask you about your interactions with Mr Cauchi. You have been in general duties for a significant period of time, is that right?

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A. Correct, yes.

Q. You started with the Queensland Police Force in December 2005, first stationed at Rockhampton?

A. Yes.

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Q. Can you just give us an overview of your career up until now?

A. Yeah, probationary year was in Rockhampton. From there I moved out to Woorabinda where I worked for a period of six months and then I returned back to general duties at Rockhampton. I've done relieving in sections at CPIU and intel. 2011 I was - received the rank of Senior Constable, and then towards the end of 2011, I was transferred to the position of the officer-in-charge of the Toowoomba East police beat. I worked from there to, up until about 2022. I've done some relieving as a supervisor in the Toowoomba Police Communications Centre from a period from around 2013 to

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2018. After finishing at the beat from 2022 I was transferred just to Toowoomba Station general duties.

Q. So, most of your career has been in general duties policing, is that right?

A. Yes, correct, yep.

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Q. Where were you working in January of 2023?

A. That was at general duties at Toowoomba Police Station.

5 Q. Can I ask you something about your interaction with people in the community, and mental health in particular. It's accepted that a number of people who are charged with criminal offences end up having a mental health issue, correct?

A. Yes.

10 Q. But there's also a number of callouts to people who have mental health issues who haven't committed a criminal offence, correct?

A. Correct, yes.

15 Q. Or who might be found not guilty by reason of a mental illness or be diverted from the criminal justice system, correct?

A. Yes, yes, correct, yep.

20 Q. Are you able to tell the Court how much of your work is taken up with callouts to persons experiencing mental health issues who may not have committed a crime?

25 A. Yeah, no, it's, it's increased a lot. I think some days we can spend some jobs - some days where entirely it's dedicated to mental health jobs. It just depends on what's happening. And that could be from different areas, from young youths to people that are in housing homes to just general people of society as well. So, it sort of varies.

30 Q. You've made a point there where you've been in the police force since 2005?

A. Yes.

35 Q. So, 20 years now, and you said it's increased a lot, the call outs to people with a mental health issue?

A. I would say so, yes, definitely.

40 Q. So you're talking about the region of Toowoomba, is that right?

A. Yeah, for me when I was first based in Rockhampton, I wouldn't see - I didn't deal with mental health as much as I did there until later in my career here at Toowoomba, so.

45 Q. Do you know the reason why? Is there any discussion in the police force as to why your workload has increased so much in that area?

50 A. I think mental health is so broad, I think it's, you know, that there's young youths out there, there's social media. There's, I think the social pressures of society as well creates a bit, sort of especially with people if they lose their job, they can lose their house and it leads to homelessness. Drug activity I think would certainly be involved in it as well with different drugs out there, especially meth and so forth.

55 Q. Is there an issue of homelessness in Toowoomba that you feel is linked to mental health issues?

LTS:DAT

A. I don't know if it's directly linked to it, but it's - like, there's certainly increasing homelessness in Toowoomba, there's no doubt. I think that's across the board.

5 Q. Do you feel an increased expectation on police in terms of dealing with that issue?

A. With the homelessness?

Q. No, with mental health issues--

10 A. With mental health.

Q. --for people in the community?

A. I think, yeah, yeah, definitely our work has increased and the demand for us to deal with mental health has broadened, yes.

15

Q. Police receive some training in relation to mental health throughout their career, is that right?

A. Yes.

20 Q. Do you recall any training at the academy back 20 years ago?

A. Very briefly, yes. So, yeah, there, there would have been. There definitely was training at the initial start of your career, and certainly we do get advice, especially from the mental health incident coordinator about any changes in the legislation and so forth. But no direct other training apart from that.

25

Q. I'll come to the mental health information coordinator. Is that the MHIC that you're referring to?

A. Yes, correct, yes.

30 Q. On 8 January 2023, you were working on a shift from 4pm to 12pm performing general duties, correct?

A. Yes.

Q. You were at the Toowoomba Police Station?

35 A. Yes.

Q. Your partner on that day was QPS3, who we'll hear from today?

A. Yes, correct.

40 Q. You got a call out at around 6.50pm in relation to a job involving Mr Cauchi. Did you receive that job?

A. Yes, I did receive that job.

Q. Did that come in over the radio?

45 A. I can't recall if it came directly over the radio, or a lot of the times we use our QLITE device, which is an iPad, and it gives us access to all the ALCAD jobs that are on the system.

Q. You're using some acronyms there.

50 A. Sorry, yes, yeah.

LTS:DAT

Q. So your QLiTE device?

5 A. Yeah, so QLiTE is our iPad. QLiTE is a - or QTask is a system that gives us direct access to all the police communication jobs that are on file. As general duties we can then select which jobs are the most top priority, and then we can then start proceeding to those.

Q. What information did you receive in relation to this job involving Mr Cauchi?

10 A. Is that Joel had called in relation to stating that some of his military collection items had been removed from his father and he's had an altercation with his father in relation to that. The job came through coded as a domestic violence job.

Q. Coded as domestic violence because it involved a relationship between people living together?

15 A. That's right, yes.

Q. Who were part of a family?

20 A. Yep.

Q. What did you do then?

25 A. We then started proceeding to the job. It is standard that, while proceeding, that we will sort of look at our police system, QPRIME, just to identify if there's any flags. Just to give us a bit of an insight as to what we're proceeding to.

Q. So you checked the flags before you arrived?

30 A. I can't recall exactly if we did do that on that particular, that particular evening. As I said, it's normal procedures that we would have a bit of a look at that. I know once I started talking to Joel that I definitely did go through and start looking at his flags.

Q. We're about to watch the body-worn video where we can see you with your QLiTE device. What flags were there for Mr Cauchi, if any?

35 A. There was a flag that he was a weapons licence holder, and there was also a flag in relation to schizophrenia.

Q. You arrived with QPS3 at the home address of Mr Cauchi's parents at 6.59pm. You got out of the car and you turned on your body-worn camera.

40 We're going to watch that body-worn now and then I'll ask you a bit more about your observations of Mr Cauchi.

45 DWYER: Your Honour, I'm going to ask that it be paused at five minutes and 44 where we'll see something on the QLiTE device about the weapon that I'll then ask the officer about.

HER HONOUR: Thank you.

VIDEO PLAYED TO COURT

50

LTS:DAT

DWYER

5 Q. The reason that we've paused that there, you're doing some checks there to try and identify more about Mr Cauchi's background that might assist you. Is that right?

A. Correct. Yes.

10 Q. When we zoom up on that - difficult for everybody else to see - but is that information in purple information about a weapons licence holder?

A. It is, yeah. It's standard that weapons licence will always come up as a purple flag.

15 Q. Why is that?

A. I think we just distinguish between each flag. So, yellow's normally a bit of a caution, and then you've got red flags for BOLOs and wanted for questionings.

20 Q. Purple, you presume it's to get your attention in relation to that issue?

A. Yep.

25 Q. Does it say, "weapons licence holder effective", it looks to be a date from around February 2021?

A. Yes. That's correct.

30 Q. If you'll excuse me.

DWYER: Your Honour, that roughly aligns with Mr Cauchi's statement of eligibility application being vetted on 5 February 2021.

35 Q. Are there numbers on the side of that document? We can see "4" in relation to mental health and I think "13" next to the purple entry?

A. I don't know if 4 actually relates directly to mental health. A lot of the times if it's listed down it could be talking about associates. It could be - yeah, I wouldn't - so I wouldn't particularly say that they would be full mental health related jobs.

40 Q. It doesn't?

A. No.

45 Q. No doubt, you'd be happy to clarify that for us at a later date?

A. I can definitely do that. Yes. Yep.

50 Q. Did it concern you that there was a notation there that suggests he's a weapons licence holder?

A. Yes. Not immediately, but obviously after further conversations and obviously seeing in the body-worn later that I certainly made inquiries about it because I was concerned about it. Yep.

55 Q. Yes, you do.

A. Yep.

LTS:DAT

Q. We'll come back to that shortly.

DWYER: If that could just play on.

5

VIDEO PLAYED TO COURT

Q. Just pausing it there, what happens when you get there? You obviously speak to Mr Cauchi for a considerable period of time, as we just saw. Your colleague, QPS3, speaks with Mr Cauchi's mum?

10

A. Yes.

Q. Then your colleague, QPS3, comes back and tells you what she learnt. Is that right?

15

A. That's right.

DWYER: We're just going to splice in that body-worn video from QPS3 because it's easier to hear from her body-worn video. Can I just make a note for the benefit of the media listening that there's a non-publication order over the residence of Mr Cauchi's sister. She lives in a particular town which was just mentioned and there's a non-publication order over that town to protect her privacy.

20

HER HONOUR: Yes, thank you. And over QPS4.

25

DWYER: We're now playing item 40 from the electronic material, the body-worn video of QPS3 from about 15 minutes in.

VIDEO PLAYED TO COURT

30

Q. After getting that feedback from your colleague, you then go and speak to Mr Cauchi again. Correct?

A. That's right, yeah.

35

DWYER: We'll watch some of that. I'm just conscious of the time. Would your Honour like to keep going, so we finish the body-worn video?

HER HONOUR: Yes, I think so.

40

DWYER: We'll just play then the officer's body-worn video.

Q. This is playing from about 16 minutes into your body-worn video through the end of speaking with Mr Cauchi.

45

VIDEO PLAYED TO COURT

DWYER: Your Honour, is it appropriate to stop it there and we'll just have the break. I'll talk to my learned friends about how much more they want to hear in relation to the final decision-making.

50

LTS:DAT

HER HONOUR: All right.

DWYER: After the break, I'll be asking the officer some questions about his decision-making after that.

5

HER HONOUR: Okay, we'll take the morning adjournment and resume at 10 past 12.

SHORT ADJOURNMENT

10

DWYER: I've been asked to play the remainder of the officer's body-worn video. There's only about eight minutes to go, so we'll do that now.

HER HONOUR: Thank you.

15

VIDEO PLAYED TO COURT

20

Q. Going back to the beginning of that interaction with Mr Cauchi, we understand you spoke with him for the majority of the time while QPS3 went off and spoke to Mr Cauchi's mum?

A. Yes.

25

Q. Is part of your plan there to try and build some rapport with Mr Cauchi?
A. Yeah, always. You always want to try and keep the person calm, build a rapport, get a conversation going. So, yep, definitely.

30

Q. The Court can see, we can see for ourselves, your interaction with Mr Cauchi and how he came across.

A. Yep.

35

Q. I think that you were there at the house for about 40 minutes all up, you and QPS3, correct?

A. Yes.

Q. During that time, you were able to do significant checks on your QPRIME background document, is that right, or device?

A. Yeah, so some reasonable checks, yes. Yeah.

40

Q. One of the things you found out is that he had, or it appeared he had a weapon's licence. Did that give you some concern?

A. It did, yes.

45

Q. In fact, I think we hear QPS3 says something like, "Holy crikey"?

A. Yes.

Q. Did it surprise you that he'd been able to get a, in terms of what was presented to you, a weapon's licence?

A. It did, yeah, yeah, at that current time.

50

Q. You were obviously concerned to make sure that there was no gun or other

LTS:DAT

licensed weapon in the house, correct?

A. That's right, yes, for sure.

Q. You were able to contact someone to do that check?

5 A. We just did that through the police communications centre, and they can check on the QPRIME database to make sure there was no weapons at the house or in his possession.

Q. I take it that was some relief to you?

10 A. Yes.

Q. Did that factor into your decision-making on that night?

15 A. Definitely, yep. I think in terms of domestic violence investigation, you know, we use what's called a protective assessment framework which lists a number of category 1 and 2 risk factors, and weapons is always one of those risk factors. So that would be something that we'd take into consideration.

Q. In terms of your interaction with Mr Cauchi, you told us earlier you get some training in mental health, but you don't claim to be a mental health specialist as a police officer?

20 A. No.

Q. Is this a typical interaction that you might have with somebody who has a mental health experience on the street or in a home?

25 A. Look, I'd say this one's probably a bit different. Most ones that we go to is there's, there's always been a report of somebody, you know, reporting that they're feeling suicidal, so we attend the address and then we look to see if there's any evidence and base it around that.

30 A lot of times when we're talking to people, they can be quite emotional. Sometimes they can be totally withdrawn and don't want to disclose anything about their suicidal ideations, and then other times it could be the other scope where someone's totally erratic. You know, they're - there's heightened aggression, they're, they're moving all over the place. They're probably more
35 the typical ones that we would deal with in mental health.

Q. But it's fair to say that as at January 2023, you understood someone can appear quite calm and yet be dangerous, and someone can appear quite heightened and yet not present any genuine threat, is that fair?

40 A. I don't know, that's a bit hard. To say that they're calm and appear to be dangerous, I'm not--

Q. All right. I'll withdraw that.

45 A. I'm not certain about that.

Q. Okay, I'll start again. In terms of an assessment, your original callout in relation to Mr Cauchi was because he was reporting the theft of a knife?

A. That's right, yes.

50 Q. But even before you get there, you check the system, and you understand

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that he's got schizophrenia?

A. Yes.

Q. And that he has some sort of flag on him, is that right?

5 A. Yes.

Q. Or alert?

A. Yes.

10 Q. What was that in relation to other than schizophrenia?

A. The only flag was the weapons licence one, and the flag just said, "mental health".

Q. I see.

15 A. And inside that when you open it up it said that he had schizophrenia. Yep.

Q. So, someone with a mental health condition like schizophrenia is still capable of course of being the victim of a crime, including a theft?

A. Yes.

20

Q. So, you've got to go out and make a genuine investigation about the report that Mr Cauchi has made, correct?

A. Yes, that's right.

25 Q. When you get there and you speak with Mr Cauchi, how would you describe his presentation yourself?

A. I mean he wasn't dishevelled. He wasn't erratic in his behaviour. He wasn't moving around uncomfortably. He certainly wasn't aggressive in any nature. He presented, and especially initially, just quite calm and, you know, was engaging in conversation. So, he was quite reasonable.

30

Q. When you kept speaking with him when QPS3 went off to speak with the parents, there were some things about what he was saying that pretty quickly didn't make sense. Do you agree with that?

35 A. That's right, yes.

Q. He couldn't explain to you why he would be bankrupt or homeless if his knives were confiscated, correct?

A. That's right, yep.

40

Q. He was fidgety, is that right?

A. Yeah, I could say at that point he started to become a little bit more fidgety and sort of he was - you could obviously see his thought process trying to think about trying to find an answer to those questions. He was probably a bit more disorganised at that point.

45

Q. When QPS3 came back to you after about ten minutes, she reports the conversation with mum and dad - or with mum?

A. Yes.

50

LTS:DAT

Q. And she says things like this: he was - he's been off his medication for about five years, mum just wants him to have help, they were pigging knives that have been confiscated, mum didn't know what was going on, that he might be losing touch with reality, he'd been up until 3am banging around, he'd been hands-on with dad, and mum said something like, "He's never like this"?
5 A. Yep.

Q. What were your concerns after that?
A. I think the concerns after that would have been especially in relation to the hands-on information, that I wanted to sort of challenge him about that. And also, just probably question him further about being off the medication and how - if that is affecting his behaviour. And also, the reasoning for being up in the morning, probably that erratic behaviour and why that's particularly kicked off. But the other part I noted from that conversation is they said that this was only
10 the start of it. It was - started - that that incident was the first time he's ever put hands on in relation to with his family or anything like that.
15

Q. At one point in the body-worn video discussion that's captured, either you or QPS3 says something like - I think it's you - says something like, "It's difficult, isn't it?" Was there a complexity in relation to this matter?
A. Yeah, definitely complexity. You've got someone that's making a complaint about his knives being stolen. In the same point, he's legally able to possess those knives. There was nothing stopping him from being able to possess those. But then, then you've got the family there that are obviously concerned
20 about his mental health, and then we had to capture and consider everything about domestic violence as well and just ensure everyone was going to be safe when we left there, yep.
25

Q. So, three big categories in terms of - or ticket items that you're looking at. One is the theft that he's reporting; two is whether there's a domestic violence incident; and three is his mental health?
A. Yes.
30

Q. Is that fair?
A. Yes.
35

Q. In relation to the first one, the theft of the knife, it would have been obvious to you, at least after you get that information coming from mum, this is not a theft of a knife that is going to be - nobody's going to be charged--
A. No.
40

Q. --in relation to the theft of the knife?
A. Yep.

Q. You certainly don't want to have Mr Cauchi given access to his knives again that night, do you?
A. Not that night, definitely not, no.
45

Q. And not at any time while he might still be unwell, correct?
A. Correct, yes.
50

Q. It must have been apparent to you after say 20 minutes that - you accepted, didn't you, that Mr Cauchi had a mental health issue that he was unmedicated for and he was exhibiting signs of an illness?

5 A. Yeah, definitely. From just those conversations you could say that it was different that he was fixated on those knives and that he couldn't explain it, understand it. So, you know, there were certainly concerns about that, but there was certainly no threat to himself or anything at that stage, or anyone else.

10

Q. I'll come to that shortly.

A. Yep.

Q. But in terms of dealing with those three ticket items, the first one, the report, that is Joel's report, of the theft of a knife--

15

A. Yep.

Q. --you're not going to charge anybody with the theft of a knife, are you?

A. No, no.

20

Q. Second thing, you were concerned in relation to the domestic violence report?

A. Yes.

Q. You understood from the report from Mr Cauchi senior that Joel had pushed him?

25

A. Yep.

Q. You understood that his parents had been up at all hours of the night and were exhausted?

30

A. Yes.

Q. And they had concerns about his mental health and they needed sleep, and they were 75 years old or so and had health issues?

35

A. Yes.

Q. Then Mr Cauchi junior - Joel - was claiming that he had some fears about his dad, correct?

A. That's right, yes.

40

Q. What did you determine to do in relation to the domestic violence reports?

A. As stated earlier, we do work off a system of protective assessment framework that lists a number of category 1 and 2 risk factors. Looking at the job in its entirety, as I said, our - probably the main risk factor that we're concerned about there that was raised by the parents was his mental health. Though there was that physical altercation, it was certainly a one-off incident. There was no pattern of behaviour that was developed in relation to that.

45

We searched on QPRIME system. There was no history there to show that he had any previous DV orders with any other parties. No history of violence, no

50

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5 criminal history locally or interstate. So, from a wholistic point of view we didn't believe that a domestic violence order was necessary and desirable, and so we recorded what's called DV other, and that's put on the system so that if we get called back to it, then - back to that address, then there's a bit of a history of what's going on in the family dynamics.

Q. But there's no need at that time to take out a domestic violence order that would have protected either party, is that right?

A. It wasn't necessary and desirable at that time, no.

10

Q. Was it being requested by the parents at any time?

A. No.

Q. The DV order?

15

A. No.

Q. You did at some point ask Mr Cauchi, ask Joel, if he wanted a referral to another service, correct?

A. That's right, yes.

20

Q. So that's the second aspect. You've dealt with that risk of domestic violence. You say at some stage during the video something about you don't want it to kick off as soon as you leave, correct?

A. Yes.

25

Q. I'll come to something that you did subsequently. Were you concerned about the acute risk that night to anybody's health or safety?

A. So, it was a tricky situation, but as I said, the parents were happy that they remained there. We knew that the knives were no longer at that location as well. You know, speaking to Joel, he wasn't showing any signs of aggression or made any violent threats to hurt anybody. I was satisfied that, you know - and he said that he was just going to go straight to bed. He did need sleep as well. I was satisfied that nobody's safety was in jeopardy by the time I left.

30

Q. Joel said - I'll refer to him as Joel so we can distinguish him from his father.

A. Yes.

35

Q. Joel said that these were collector's knives. He described a particular knife. Did you know the knife that was describing at all?

A. Not at the time, no.

40

Q. You were then told by QPS3 that in fact what they were was pigging knives. Did you have an idea in your head about what she meant by that?

A. I thought it was a sort of a large knife or something like that. He was saying military knives, but, yes, I didn't see the knife or anything like that, so.

45

Q. So, he was saying "military collector's knives"?

A. Yep.

50

Q. She said, "pigging knives".

LTS:DAT

A. Yep.

Q. Were you concerned about the possibility of him accessing a knife that night?

5 A. Not that night, no.

Q. We all have to be careful of course of the benefit of hindsight.

A. Yes.

10 Q. This was January 2023, just over a year before the tragic events of Bondi Junction in April 2024, but you did have some concerns about the possibility that Joel's mental health might deteriorate, is that right?

A. Yes.

15 Q. Did you, in your checks on the system, see any signs of a deterioration in his mental health over the years prior?

A. No, and when we go through the occurrences, you can have street checks, but it doesn't say what the street check is when you're looking through on that QLITE device. If I was to see an occurrence that would have something that said EEA or mental health, then that would be something I looked at. But there were certainly no EEA occurrences against Joel's name.

20 Q. Let's come to the EEA. Police in Queensland have the authority to detain somebody under the Public Health Act under what's called an emergency examination authority, an EEA?

25 A. Yes.

Q. What's the threshold for an EEA?

A. It needs to be an imminent or an immediate risk to the person's self. For example, that they're intending, or they are trying, to commit suicide. And it needs to be as a result of a major disturbance to a person's mind. So that can be from a disability, an illness, or other reasons for it.

30 Q. You've been a police officer for 20 years?

35 A. Yes.

Q. The Public Health Act has changed over the course of that time?

A. Yes.

40 Q. Are you aware of a change in 2017 to the criteria by which you can detain somebody?

A. Yes. So in - prior to 2017, it did say that immediate threat to a person or somebody else.

45 Q. And now it just reads "immediate threat to self". Correct?

A. Correct. Yes.

Q. Do you identify that as a gap in the legislation for officers like you on the ground?

50 A. I would say it restricts us when we're out there dealing with people with

mental health. Correct, yeah. Definitely.

5 Q. We'll hear from people in management in that space, but would you like to see an amendment to the legislation so that it goes back to referring to giving you the power to detain somebody if there's an acute risk to self or others, to detain them under that public health authority?

A. It gives us more clarity in our role, and I say definitely yes.

10 Q. You explain in your statement your reasons for considering that Joel could not be detained on that occasion. Did you discuss that with QPS3?

15 A. We didn't discuss it openly there. I know that QPS3 at the time did mention to the parents that he was showing no signs at that time for us to detain him. During our policing we obviously consider all our powers and what we've got available to us, and there was nothing there to show that he was a threat to himself. There was no allegation that he was trying to commit suicide. We did ask about his mental health, so. He certainly did not fit the criteria for an EEA that night.

20 Q. When you're considering an EEA and you're considering whether somebody is a threat to themselves, is it enough that his mental health is deteriorating such that he would be doing himself harm, for example reputationally, or being uncomfortable or distressed or disturbed, longer term?

25 A. No. I don't know if there's probably enough clarity in the actual - the definition of it, because it gives examples in the actual Public Health Act that they're trying to commit - you know, it's - the example is that they're committing suicide. From my experience, I, I - you know, as I said, I'm not mentally health trained in - to that sort of sense, but I, I wouldn't say that'd be enough to meet the threshold. No.

30 Q. That's not enough for an immediate risk to self in terms of your understanding?

A. No. Not for an, not for an immediate examination. No.

35 Q. We have become familiar with something called the Mental Health Liaison Service, or Police Communications Centre Mental Health Liaison Service. Did that exist in January 2023?

A. It did. Yes.

40 Q. What is it?

A. So mental health services is attached to the Brisbane Communications Centre. So there would be somebody, I think, from the Mental Health Clinician that can provide advice to police that are at jobs for mental health related jobs, and they can actually look at a person's history that's probably attached to the Queensland Health system.

45 Q. Is that available after hours?

50 A. Mostly I believe it is. I think it's opened up until - I know they work different hours from the comms sort of thing, whether they're available, but I believe they are open till probably about 11 o'clock at night.

LTS:DAT

Q. If you went to a job and it was a borderline as to whether or not you detain somebody with an EEA, could you ring that service for advice?

5 A. If it's borderline you could ring that. We've used them previously. If we're negotiating with high risk people and we need probably incidents about - or information about how we can better talk to this person, you know, going off their history, and they'd give us examples there. That's probably the most time that I've used that service.

10 Q. Did you ring that service on this occasion?

A. No.

15 Q. Did you give consideration to calling that service?

A. No. Not at the time. I think, you know, we knew that - sorry, Joel - we knew that Joel was at a safe place. The parents were happy for him to be there at that time. As I said, there was no indication that he was a risk to himself, and it was only just the - and from the information that we received, it was only the start of his decline in relation to his mental health, so I didn't believe it was necessary at that time, just looking at the job in its entirety, to call them.

20 Q. I'll come back to that deterioration shortly, but you do think that follow-up is required. Correct?

A. Yes.

25 Q. What did you do then?

A. So, when we returned to the station, we put on our domestic violence "other occurrence", and then I forwarded off an email in relation to the family's concerns, and our concerns, to the Mental Health Intervention Coordinator.

30 Q. The Mental Health Intervention Coordinator we're going to hear a bit more about--

A. Yes

35 Q. --but had you previously sent emails off about jobs you'd done for follow-up by the Mental Health Intervention Coordinator?

A. Yes.

40 Q. Who was that at that time in the substantive role?

A. QPS5.

45 Q. Was she somebody you had spoken to before?

A. Yeah, definitely. So, my role as OIC of the Toowoomba East beat, I used to liaise with QPS5 via email for jobs with mental health related issues, and that's how I'd correspond with her.

50 Q. What did you understand her role to be at that time?

A. So, her role was to - was liaison officer between - with police and Queensland Health and to be able to review jobs at - that we've done, and that - and they could make up some follow-up inquiries or possible ongoing referrals, if needed. That was my understanding.

LTS:DAT

Q. On approximately how many occasions had you used that service?

A. I'm not sure, sorry. Especially, I had 11 years there at the beat. But, yeah, there'd be at least - over, over ten times, I'd imagine. Yep.

5

Q. On those occasions had you had a good response from the MHIC, as it's known, or the Mental Health Intervention Coordinator?

A. Yeah well--

10

Q. That is, had your emails been followed up promptly by that service?

A. Yes.

15

Q. I think you've got volume 23 in front of you. Is that right? Volume 23 of about 50 volumes. I'm going to ask you to turn to tab 855B, which is a copy of the email that you sent on 8 January at 9.07pm.

A. Sorry, 855B?

Q. 855B.

A. Yep.

20

SPEAKER: Do you know what page?

DWYER: Page 23.

25

Q. No? I'll just hand you this--

A. No. Sorry.

Q. You've got it?

A. No. No.

30

Q. I'll just hand you this copy.

A. Yep.

DWYER: I'm assisted by my friends.

35

Q. Tab 855. Page 23.

A. 85--

Q. Tab 855.

40

A. 855.

Q. I've got a different one. I'll just hand you a copy of it and I'll--

A. That's empty that one. Yep.

45

Q. Just so that everybody who is following the evidence can do so, could you please read that onto the record?

A. So:

50

"Hello. Just looking for some assistance in relation to a DV job we attended last night. The incident involved a Joel Cauchi and his

father, Andrew Cauchi. Both persons have limited dealings with police. However, Joel is flagged as having schizophrenia. Joel contacted police wanting to report his dad stealing his collective knives.

5

When we spoke with Joel's mother it was clear that Joel had a decline in his mental health. Joel was previously medicated for his schizophrenia and was very high functioning and highly educated, studying in Brisbane. His doctors were slowly lowering the dose to the point he is not taking any medication at all now.

10

Joel moved back to live with his mum and dad a year ago and recently he has been waking up at 3am in the morning walking around the house banging on the walls. The father was concerned how he's behaving and have removed the large knives in case he tried to harm himself or them. When the father explained to Joel he removed the knives, he became fixated on them and believed that he would be financially broke as a result and would be homeless.

15

When police tried to explain to Joel that they were removed from him for everyone's safety, he was adamant that they were gone for good and that he would have to replace them. Joel could not articulate why they would have to be replaced and wanted his father charged with stealing.

20

25

If this is the start of Joel's decline in mental health it is likely we will see - we will have further calls for service to the house. If a follow-up could be made with the family and Toowoomba mental health that would be great. Please refer to the DV other report for a DV report. Thanks in advance. Regards, QPS2."

30

Q. I think you refer to this incident happening "last night". You send this on Sunday January the eighth, 2023. Is that right?

A. Yes. That's right.

35

Q. And the incident itself, when did that occur?

A. 8 January at 1850 hours.

Q. So, you send it on the night that it occurred. Is that right?

40

A. Yes. Yes. That's right. And I guess because I knew they'd be receiving it in the morning, so.

Q. I see.

A. Yep.

45

Q. Just a couple of things in terms of what's in that email. You specifically write there that "The father was concerned about how Joel was behaving and had removed the large knives in case he tried to harm himself or them". Did you have concerns at that time that Joel's behaviour may escalate?

50

A. I think there was - I think there was just concern. I didn't - when, when we

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were at the job at that stage, I don't believe I received that information when we were talking to - when I was talking to QPS3. I think there's concern that we would get called back to the job if, if he didn't have some sort of intervention.

5

Q. You expected that email to be followed up and then someone else would have an intervention with Mr Cauchi. Is that right?

A. That's what I was hoping for. Yes.

10

Q. As we will subsequently hear, unfortunately that email was lost, and we'll hear the reasons why.

A. Yes.

15

Q. That email was not followed up for various reasons and we'll hear the reason why, but did you expect to receive some feedback about what had been done with respect to Mr Cauchi?

A. Not - normally you do. Unfortunately, it's a bit different. When I was doing the OIC at Toowoomba Station, you're probably a little bit more invested in certain jobs and the only reason for that is because you're taking care of your own area, you know. You would have case management files going on and you're really trying to repeat calls for service. Unfortunately, with being in general duties you can attend up to 13 jobs a day, you know, and unfortunately just not receiving a response, it simply just - I, I probably was reminded of it from that, so.

25

Q. What we know is that the very next day after you went out on 8 January, Mr Cauchi went and bought a knife from Tentworld, one of these KA-BAR military knives. Did you receive any information about that?

A. (No verbal reply)

30

Q. Sorry. You're shaking your head. I'm just noting for the record that you didn't receive information about that--

A. Sorry. No. Yep.

35

Q. And what we also know is that on 25 February 2023, so about a month and a half after you and QPS3 went out, Mr Cauchi contacted Toowoomba Police Station again wanting to make a criminal complaint about his father stealing his knives. QPS3 entered the complaint, flagging that "dad had put the knives away in a safe place". Did that ever come to your attention?

40

A. Not at that time. No.

Q. When did it come to your attention?

A. It came to attention after the tragic incident. Yep.

45

Q. Do you think, looking back, that on - we'll ask QPS3 about this, but was that another opportunity in February to chase this matter up if it had come to your attention?

A. It's possible, but I'm not, not aware of the context of the call, who made the call, where that information - I can't really say on that, sorry.

50

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Q. You mention in your email that this appears to have been the commencement of a decline, or "if this is the beginning of a decline in Mr Cauchi's mental health, then police are likely to be called back to this address", so you want follow-up?

5 A. Yes.

Q. When you have reviewed this matter to think about what can be learnt in the circumstances, have you come to see entries on QPRIME that reflect a decline in Mr Cauchi's mental health over a number of years?

10 A. I, I haven't looked - I, I, I was really only looking at my evidence. I probably haven't looked further as to see everybody else's, so. Yep.

Q. I'm just going to put some things to you to see whether or not you think, on reflection, that these reflect a decline in his mental health, from the perspective of a police officer, appreciating that you are not trained in mental health?

15

A. Yep.

Q. Sorry. I withdraw that. Appreciating that you're not a doctor?

20

A. That's fine.

Q. Joel was pulled over three times for erratic driving. Once was 10 October 2020. The second time was 6 November 2020. And the third time was May 2021. On each of those occasions, officers had spoken to him about his erratic driving, stopping and starting, and they were concerned about it. On each of those occasions, Joel gave information that he was schizophrenic and was not medicated. Would that suggest to you that there had been a possible decline in mental health in 2020 and 2021, a couple of years before you were going out?

25

A. Just looking at that by street check only, no, it wouldn't fully suggest, no.

30

Q. In May 2021 there was an incident that was recorded as follows:

"Police are called to unit 1 in Shafston Avenue, Kangaroo Point, Brisbane in relation to a male screaming and the sound of someone being hit. Police attended at 12pm and spoke to Mr Cauchi, who indicates he was slamming his fridge door."

35

That's almost a year before you and QPS3 go out. Did you see that entry when you went there?

40 A. I can't recall that entry, no.

Q. Would that entry have given you some concern that a couple of years previously, there had been a callout in relation to his screaming?

45

A. I think you would have to probably ask more questions around it to see if that was the start of it, but just reading that solely by itself, there could have been for a number of reasons why that behaviour was happening.

Q. Do I take it that if you had been given information that there had been three occasions when he'd been pulled over for erratic driving and a further occasion in May 2021, where police have attended for his screaming--

50

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A. Yeah.

Q. --it wouldn't have changed your mind about whether or not an EEA was appropriate on that night?

5 A. No, it wouldn't have changed my mind about it, no.

Q. But is it fair to say it would have cemented the view you formed anyway that he needed follow-up to make sure there wasn't going to be--

10 A. Yeah, correct.

Q. --further deterioration?

A. Yeah.

15 Q. In relation to this incident in January 2023, it's described by an expert psychiatrist, Professor Nordentoft from Denmark, as a missed opportunity to follow-up Joel's mental health. I'm not suggesting that that missed opportunity was your missed opportunity, but do you accept, on behalf of the Queensland Police Force, that this was a missed opportunity to follow-up on Joel's mental health concerns?

20 A. I - look, yes, definitely is a chance to probably engage with some sort of intervention. So there's a chance for that as - I guess the thing is this was - it was the first recorded incident of that sort of nature that, that were reported to, you know. This - and when we talk about repeat calls for service, you know, there wasn't--

25

Q. Would you keep your voice up, sorry?

A. Sorry, yeah. When we talk about repeat calls for service this was the first one, and there was, and there was, there was no signs that he was a threat to himself or others, but, look, definitely I - yeah, I believe it warranted further

30

Q. I just want you to think about what you're saying there.

A. Yeah.

35 Q. Because I appreciate you're trying to be thoughtful about it, but you've given evidence that he didn't fit the criteria--

A. Yes.

40 Q. --to use your powers to take him for an emergency assessment on that night?

A. Yeah.

Q. Because he didn't appear to be an acute risk to himself. Correct?

45

A. That's correct, yes.

Q. You would accept, wouldn't you, that given the interest in pigging knives, his obsession with knives, his history of schizophrenia, the fact he's not medicated--

50

A. Yeah.

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Q. --and that mum and dad are reporting their concerns and he's been hands-on with dad, there is a risk, isn't there, of him harming himself or others?
A. There's definitely a risk there with things escalating, yes.

5 Q. That's why you wanted follow-up the next day?
A. Correct, yes.

Q. You had previously had a good response in terms of the follow-up from the MHIC service.
10 A. Yes, correct.

Q. You anticipated a good response on this occasion?
A. Yes.

15 Q. In terms of what would assist police on the ground, we have received some information about the MHICs which suggest that much more resourcing is required. Is that something that you can comment on?
A. I guess it's probably difficult - I have worked in that sort of area, that sort of scope, just to see whether, like they're, they're - how much calls and servicing and all that that they need, whether they need extra staffing and so forth. So I think it's definitely a very important position in our current environment, yes.
20

Q. We'll hear from QPS5 in relation to the resourcing difficulties, but you have previously found that resource to be very valuable. Correct?
25 A. Yeah, definitely, yeah.

Q. If there's a shortage in resources, which means some jobs can't be attended to, you would be concerned about that?
A. Yes, yes.
30

Q. One thing we have heard about is the existence of a co-responder program which allows for health authorities to work alongside police in some circumstances in attending a job. We'll receive some more information about this, but we understand that there are currently seven police districts which operate QPS, that is, Queensland Police Service Co-Responder Mental Health Model. Are any of those available in Toowoomba?
35 A. We don't have the QPS Co-Responder. There is a QAS that attends with a Mental Health Clinician. They can go around to assist at mental health jobs, which is certainly beneficial, and we've found them to be a great asset in dealing with people with mental health. The actual - with the QPS Co-Responder, I know they were talking about that happening in Toowoomba, but it's never been actually put forward.
40

Q. I'll just deal with those. The QAS, you mean the Queensland Ambulance Service?
45 A. Yes, yes.

Q. In what circumstances is that available?
A. So at the same time, when a person is expressing thoughts of suicidal, they're at imminent risk to themselves, often, when we go along to the job,
50

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5 QAS will often - that, that service will be tagged into the job to come and give us some assistance. Obviously, we're there, we're there for personal safety. They work under the same legislation. But they're also there as well because they're probably the preferred agency under the memorandum of understanding to do transportation and to make sure that there's no injuries to the person and so forth.

Q. Did you consider that in January 2023 in relation to Joel?

10 A. It wasn't a permanent role back then, no. It's only probably later on, in 2023 that it came a more - more permanent hours, and they sort of operate from 1pm until around 11pm at night.

Q. Would it be something that you would have thought about if it was in operation then?

15 A. It'd be a consideration, but, yeah.

Q. The QPS Co-Responder Model, we're told, offers an additional overlay to the QAS model. Police officers can attend with a mental health clinical nurse consultant and provide a secure platform for an assessment, and they can assess - a QPS and a CNC Co-Responder in other circumstances can attend low acuity jobs in some circumstances.

A. Yes.

25 Q. Do you think it would be appropriate, thinking back on these circumstances, to be able to go out the next day, for example, with a mental health nurse to be able to do an assessment of Joel?

A. Yes, yeah.

Q. You would support the rollout and resourcing of a co-responder model?

30 A. Yeah, definitely.

Q. Thank you very much, if you could just stay there for other questions.

A. Yes, thank you.

35 <EXAMINATION BY MS CHRYSANTHOU

Q. My name is Chrysanthou. I appear for some of the families.

A. Yes.

40 Q. I just want to ask some questions about what you've said in paragraphs 29 to 31 of your statement. Thank you so much for providing such a detailed statement. When you refer in paragraph 30 to the need for there to be an immediate risk of harm to a person's self and as a result of a major disturbance to the mind, as far as your training was concerned, what were you told or trained to understand an immediate risk involved at that time?

45 A. For an immediate risk it needs to be a person needs to have that ideation that they're going to - how they're going to hurt - they're going to hurt themselves and they probably - also about they're going to have a plan on how they're going to do that as well, you know, and it needs to be a thought that's current, that's happening. They've still got that desire.

50

5 Q. But how immediate did it need to be from your perspective? Was it something that - for you to be able to make referral under the relevant provision that existed at the time, did you consider it to be a threat for that person's self that was about to occur in the next hour or the next day or in the next week? What was the immediacy as far as you understood your training?

10 A. I think there's - if someone's got a plan that they're going to be doing it probably the next day, then obviously I would still classify that there is an immediate risk there. That's why we normally sort of ask people the questions about, you know, "What are you going to be - what's your plan for the next coming days", and hopefully we'll - they will be talking about, "Oh, I'm going to go see my doctor" or something like that. So, we know that at least they're going to be safe for that period, but I, I, I couldn't say a certain time on it.

15 Q. You did ask Mr Cauchi what was going to happen next or words to that effect?

A. Yes.

20 Q. What was going to happen once you left?

A. Yes.

Q. What was it about what he told you that made you think that there wasn't such an immediacy of risk?

25 A. Immediacy that he was going to go to bed. There was no indication at all from him or anybody else that he was a risk to himself, that he was going to harm himself.

30 Q. Did you have any power at that time to have him inform you who his medical practitioner was or psychiatric practitioner in order to make inquiries of them? Is that something that you were in a position to do at that time?

35 A. I guess it's something that we could - I've never personally done it before, where we liaise with a private practitioner. I think that would be something where the family would be doing that, but we can always sort of ask the question of him and so forth, and that's where I think sort of referral services come into play, but we did ask him at the time if he wanted that referral. Even though it's through domestic violence, we can always add on that mental health, or we can put those sort of classifications in there for someone to get in contact with him.

40 Q. Do you think it would have been helpful if you had been able to obtain the contact details of his medical practitioners, whether they just be general practitioners or specialist psychiatric practitioners, in order for the police to be able to inform them directly as to the state in which you had found him that day?

45 A. Yeah, I'm not sure how that goes. It's - I don't know how to speak to that. It's - I suppose it's a benefit, but at the same time, if he's not consenting for that to happen, I don't think we would be able to do that.

50 Q. Do you think that would be helpful if you were able to do that, thinking back?

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A. If we had that power that we could obtain that information and force through those sort of referrals to their private practitioner, I believe that would be helpful, yes.

5 Q. Do you think, just thinking back, that there's a bit of a disconnect between what you could do as a public servant, as a police officer, in connection with what assistance he was receiving from private practitioners, that there was a disconnect in information between those two groups--

A. I think that, yeah--

10

Q. --being the police and the public system--

A. Yeah, yes, definitely.

Q. --and the private practitioner?

15

A. Yeah, definitely there's a disconnect there, yes.

Q. Do you think it would be helpful, as police officer, if you were able to access information quickly as to his medical state from his private notes or from the private practitioner's notes?

20

A. It would be beneficial, yes.

Q. That's not something that's available you, as far as you're aware?

A. No.

25

Q. Thinking back to that day, having now reviewed the tape, how quickly did you consider the referral you made the following morning would be followed up? We've seen your email the following morning sometime after 9am, which was page 23 of tab 855. Sorry, that night.

A. Yeah.

30

Q. Sorry, at 9.07pm. How quickly did you understand, given the processes that were in place then, did you understand that would be followed up, if it had been followed up?

35

A. I'd say it would be followed up in the coming days, depending on the sort of workload and what's happening, whether - you know, especially in that service, they'd be doing a lot of meetings with external stakeholders and so forth, so it just depends..(not transcribable)..

Q. It was your understanding that, having sent that email, someone would be following up Mr Cauchi in at least the next few days?

40

A. Yes.

Q. Thank you. No further questions.

45

TOWNSEND: Thank you, your Honour. We have no questions for this officer.

HER HONOUR: Any questions?

SPEAKER: No questions, your Honour.

50

LTS:DAT

MATHUR: I do have a question.

HER HONOUR: Yes, go ahead.

5 <EXAMINATION BY MS MATHUR

10 Q. My name is Mathur, and I appear on behalf of a number of doctors, one in particular, who treated Mr Cauchi in early February 2021. We've seen evidence from the body-worn footage that you had on the iPad screen and the information you had access to that there was a weapons licence history. Is that right?

A. There was a weapons licence flag, yes.

15 Q. In terms of the content of that flag, did you have access to the information with respect to what that signified?

A. No. There was literally just a flag there, so it didn't link into any occurrence or intel or anything there.

20 Q. Is that the usual system, that it simply puts a flag, but not the content?

A. Weapon licensing, when someone - a lot of the times, weapons licensing will put an intel or a case management file on, especially when someone is looking at obtaining weapons, and when - and then we attach that to when we're doing storage inspections and so forth, so.

25 Q. Is it correct to say then that you didn't have information that what that signified was simply a statement of eligibility, which was only in force for a period of three months, dating back to April 2021 and related to a confined set of circumstances, namely an application for membership to a pistol club?

A. I didn't see that information. I didn't have access to it.

30

Q. Is it correct to say when you made that phone call to somebody in relation to whether he had a weapons licence or a weapon--

A. Yes.

35 Q. --likewise, that information wasn't shared with you?

A. Wasn't shared with me, no.

MATHUR: Nothing further.

40 HER HONOUR: Is there anyone in court 2 with any questions? Ms Callan?

CALLAN: I have no questions, thank you.

45 CHIEU: No questions.

CASSELDEN: No questions.

JORDAN: We have no questions.

50 HER HONOUR: Yes, Dr Freckelton.

<EXAMINATION BY DR FRECKELTON

5 Q. You've described your experience over a significant period of time in dealing with persons with mental illness in the course of your duties. No doubt you've seen some people who have been floridly unwell?

A. Yes.

10 Q. You've seen some people who are flagged as having a mental illness, but come over completely normally.

A. Yes.

Q. Where did Joel Cauchi fit on this spectrum?

15 A. From dealing with other people with schizophrenia in my time, I've seen behaviours that are a lot more heightened and a lot more erratic, and we have people that we deal with constantly. So for him at that time, I - it was reasonably low. Like I said, my main concern was probably the fixation on the knives, but his actual behaviour and his demeanour I would say that was quite low..(not transcribable)..on.

20

Q. How would you characterise the way in which he was responding to you when you asked him questions about what he was going to do when you left and what was worrying him and how he was feeling?

25 A. I think sometimes he was probably just a bit slow to respond, trying to gather his thoughts as to what was happening. At times he was a little bit disorganised, but still his demeanour was quite calm, and he was reasonable in his responses.

30 Q. Were there issues that were arising from him which prompted acute concern in your mind about his posing a risk to himself or anybody else?

A. No.

Q. You've made reference to the contact that you attempted to make with the MHIC?

35 A. Yes.

Q. There's a Police MHIC and there's a Health MHIC. Is that right?

40 A. Well, I'm not quite sure about the Health MHIC, but, yes, your Honour, there's a police one.

Q. In writing, as you did, to the Police MHIC--

A. Yes.

Q. --what were you hoping would be the response?

45 A. Ultimately, I was just hoping that there would be engagement with the family and Cauchi.

Q. By whom?

50 A. By somebody from the, from the Mental Health Intervention Coordinator office, MHIC office, and obviously they would be engaging with Queensland

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Health to see if they had any holdings on Joel and then probably - and just to have a bit of a follow-up to see how things were travelling at the house, to see if they needed further intervention as to what's going on.

5 Q. Personal follow-up, and also access to additional information which might be held by Queensland Health?

A. Correct, yes.

10 Q. When those two sources of information were combined, what is the potential for an informed decision about what should be done?

A. Sorry, as to?

Q. Let me put that another way.

15 A. Yeah, sorry.

Q. When you were there--

A. Yes.

Q. --you had the opportunity to speak to the parents--

20 A. Yeah.

Q. --and to the man involved?

A. Yeah.

25 Q. But what you're speaking about with the MHIC is the potential for follow-up and further discussions with the family unit?

A. Yes.

Q. And also information to be obtained from Queensland Health?

30 A. Yes.

Q. That would enable a better-informed decision-making process. Correct?

A. Yes, I believe so, yes.

35 Q. Was that what you were hoping for so that, if an assessment did need to be done, that decision could be made based on further information?

A. Well, yeah, if there was further information that came to hand as things progress or whether, or whether they just needed to do a referral, a bit of an ongoing assessment later on or something like that.

40

Q. Or contact with the doctors who were treating him?

A. Yeah, correct, as well.

Q. Thank you very much.

45

HER HONOUR: Mr Gnech?

GNECH: No questions, thank you.

50 HER HONOUR: Anything arising?

LTS:DAT

DWYER: No, thank you.

5 NO EXAMINATION BY MR TOWNSEND, MR ROFF, MR CHIU, MS CALLAN,
MR JORDAN, MR CASSELDEN, MS CLARKE, MR GNECH, MR PENN, MS
ROBB, MR WILSON AND MR LYNCH

<THE WITNESS WITHDREW

10 DWYER: The chronology that we've done, the six-page chronology, is now
available. We'll make those amendments. Thanks to my learned friends from
the Queensland Police who have suggested a couple of additions. We'll make
those amendments and then that chronology will be available and we'll return
after lunch with QPS3.

15 CHRYSANTHOU: Can I just raise one thing? Some people downstairs
mentioned they couldn't hear the video very well and requested if there is a
transcript available of the videos that were shown, whether they could have
those. I just raise that for your Honour and counsel assisting.

20 HER HONOUR: Thank you. We'll adjourn and resume at 5 past 2.

LUNCHEON ADJOURNMENT

25 DWYER: Your Honour, I call QPS3.

HER HONOUR: Mr Gnech?

30 GNECH: Your Honour, thank you.

HER HONOUR: Just one moment, sorry.

35 GNECH: Your Honour, I understand there's been some enquiries by the
media in regards to your Honour's ruling in regards to - I'll just speak a little bit
louder.

HER HONOUR: Thanks.

40 GNECH: My apologies. I understand there's been an enquiry by the media in
regards to your Honour's ruling in regards to playing footage of my clients
walking in and out of court today. For the purposes of providing for the
intended purpose of at least the application, I would ask your Honour to
consider extending the terms of that non-publication order to not publish any
45 identifying information or image until the conclusion of Inspector Quinlan's
evidence?

DWYER: The counsel assisting team don't have any objection to that. It's
only an interim application, so that it would be lifted at the end of
Inspector Quinlan's evidence at the end of tomorrow.

50

LTS:DAT

HER HONOUR: Which is tomorrow. So that's over the images?

GNECH: Yes, your Honour.

5 HER HONOUR: As well, okay. Yes, okay.

GNECH: Thank you.

10 HER HONOUR: I'll make that variation and include that on the condition that that's an interim order until the completion of Inspector Quinlan's evidence.

GNECH: That's all I'm asking. Thank you, your Honour.

15 DWYER: Which is tomorrow afternoon, your Honour.

HER HONOUR: Tomorrow afternoon.

20 DWYER: Or tomorrow by lunch, depending on how quickly we move through the witnesses tomorrow. Your Honour, I call QPS3. The officer's statement is found in vol 23, tab 853A.

LTS:DAT

<QPS3, AFFIRMED(2.10PM)

<EXAMINATION BY DR DWYER

5 Q. Could you please tell the Court your full name?

A. QPS3.

Q. You're a Senior Constable, is that right?

A. I am, that's correct.

10

Q. Where are you currently operating out of?

A. The Toowoomba Police Station.

15

Q. Before you start your evidence, is there anything that you wanted the opportunity to say at this stage?

A. I do. I'm, I'm - I understand that there's nothing that I can say that would lessen anyone's heartbreak, but I truly am sorry that we are here and this has happened to your families.

20

HER HONOUR

Q. Thank you.

DWYER

25

Q. Were you in court when your colleague QPS2 gave evidence earlier?

A. I was. I was in a, in a waiting room.

30

Q. You will have - sorry, you were in this court precinct. Did you hear him give his evidence?

A. No.

35

Q. I asked him a little bit about his background in Queensland Police. I'm going to do the same with you. When did you first become a police officer?

A. I first entered the academy in 2017. I was a confirmed police officer in 2018. I did my first year in Toowoomba, and I have remained in Toowoomba for my entire career, which now brings me to almost eight years.

40

Q. You've provided a statement to assist her Honour, which is in our brief of evidence, where you set that detail out. Can you tell us, you did your training in the academy you just referred to?

A. Yes.

45

Q. Do you remember doing any training in relation to how to deal with people with mental health issues in the community?

A. I, I remember we did do some training, but I don't remember that it was very extensive. Everything was pretty quick.

50

Q. Do you remember learning anything about the legislation that gives police the powers to detain somebody under the Public Health Act?

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A. Yes.

Q. How are police informed of any updates to legislation that they need to know about?

5 A. It generally comes out in emails through our police work emails. We do things like online learning products, yeah, things of the like.

Q. Have you done any specific training other than any online modules in relation to mental health interactions with members of the public?

10 A. Not really, no.

Q. In relation to that legislation and the way that you're told, informed about it, do you remember any specific changes to the Public Health Act in terms of police powers and people who are mentally ill since you started practicing as a police officer?

15 A. As, as I was entering into the academy, I know that it changed from a Mental Health to a Public Health Act. So, I am of the new laws rather than the older ones, although I still recognise the older ones.

20 Q. Just to remind us again, you graduated in June 2018, I think--

A. Yes.

Q. --is that right?

25 A. Yep.

Q. So, to be clear, by the time you graduated, the change in legislation had already been implemented?

A. Yes.

30 Q. With respect to your powers to detain somebody--

A. Yes.

Q. --for an emergency assessment, is that right?

35 A. Yes.

Q. Okay. And I'll come to that specific change and your understanding of the legislation in a moment. Your whole career, eight years or so, has been in general duties at the Toowoomba Police Station, is that right?

40 A. Yes.

Q. How much of your work is taken up, do you think, with responding to issues involving members of the public with mental health issues?

45 A. It's, it's hard to say, because there's a wide range of jobs that we need to attend, and some days seem to be a bit more about mental health--

Q. Sure.

A. --and some tend to be a bit more about domestic violence. Every day is different, but mental health is prevalent as well as domestic violence.

50 Q. Prior to January 2023, had you dealt with a number of people in

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Toowoomba who suffer from the condition of schizophrenia?

A. Yeah.

5 Q. Had you ever detained anybody under the EEA, the emergency assessment powers, who had a mental health issue?

A. Yes.

Q. Had some of those persons been found to be suffering from schizophrenia?

10 A. I wouldn't know specific diagnoses, as I'm not a professional or anything like that. The powers that are given to me in relation to the EEAs is when someone's, you know, suffering from a mental health crisis right then and there, and without my intervention would lead to them either dying or
15 potentially hurting themselves really severely. So in, in, in that instance, you can generally find when, when you need to enact those powers and when you don't, if that makes any sense.

Q. It's not a memory test, but in terms of your general understanding, when you're out in the community and you have to determine how you respond to someone with a mental health issue, do you look up your legislation--

20

A. No.

Q. --or is it something that you're expected to understand?

25

A. Yeah. I just know that if someone's going to hurt themselves, or kill themselves, I need to stop them from doing that. And I stop them by taking them to the hospital so that they can speak to a professional.

Q. Do you know what section of the legislation that relates to--

30

A. No.

Q. --where your powers come from?

A. No.

Q. You just know that you've got those powers under the Public Health Act. Is that right?

35

A. Yes.

DWYER: We might just put that on the screen so that we can all follow it.

40

Q. I don't know if you can read that on the screen in front of you. This is a summary of the legislation?

A. Yes.

Q. It says there that section 157B of the Public Health Act, "If an ambulance officer or police officer believes that the person's behaviour including, for example, the way in which the person is communicating, indicates the person is at immediate risk of serious harm", and it gives an example there of a person threatening to commit suicide. It goes on to say:

45

50 "And the risk appears to be the result of major disturbance in the

person's mental capacity whether caused by illness, disability, injury, intoxication or another reason, and the person appears to require urgent examination or treatment and care for the disturbance."

5

Is that what you're referring to when you think of a power to conduct an emergency assessment on somebody, or to convey them for an emergency assessment?

A. Yes.

10

Q. That legislation hasn't changed since you entered into the police force. Is that right?

A. Yes.

15

Q. So, we see there that that is very much focused on harm to the individual person in front of you, rather than to others. Is that correct?

A. Yes.

20

Q. Prior to your engagement with Joel Cauchi in January 2023 had you made a decision yourself as a police officer that somebody should be assessed for an emergency assessment using those powers?

A. Yes.

25

Q. In what sort of circumstances, can you give us an example?

A. Sure. There have been instances when I've showed up to people's houses and they're actively trying to cut themselves with razor blades or they're, you know, bleeding profusely. They, they tell me that they want to die. They tell me that they don't have any reason to live. I've, I've had people running out in traffic, just - in traffic saying that they wanted to die. So in those instances I enacted those powers and protected them when they couldn't protect themselves.

30

Q. It's an emergency examination authority which enables you to convey them elsewhere. Correct?

35

A. Yes.

Q. Are you aware that in other jurisdictions outside of Queensland, including New South Wales, police have the power to convey somebody in circumstances where they are a serious threat to themselves or others?

40

A. I have heard that. Yes.

Q. That's in contrast to Queensland?

A. Yes.

45

Q. Do you think that those powers, to convey somebody for a mental health assessment if they're a risk to other people, not just to themselves, would be helpful for Queensland Police officers?

A. Yes. I think it would be.

50

Q. If you got to a house, and taking the example you just used of somebody

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who was actively threatening to harm themselves, if you get to a house and somebody has got access to a weapon and they're actively threaten to harm a sibling or someone in the house, would there be a power for you to remove them from the house?

5 A. If - like if they're saying that they're going to harm their siblings?

Q. Yes. I'm just asking you a hypothetical scenario. You gave an example of where you had conveyed somebody under the emergency examination authority where they were threatening to harm themselves, risk of suicide.

10 What if you get to a house and somebody is threatening someone else? You can't convey them under the EEA. What would you do?

15 A. It would depend on the circumstances. If we're talking 20-year-old siblings, I mean, that's also considered domestic violence. I could go into that house and protect those people. It's a, it's a situational response as well, not just, okay, so someone's threatening someone with a knife, but what else could that be, you know? There are more powers than just mental health.

20 Q. That answers my question. Does it follow that in those circumstances you might be able to use your arrest powers to criminalise the behaviour, but there are no general powers to deal with that under the Mental Health Act--

A. No.

Q. --if it's causing a risk to somebody else?

25 A. That's correct.

Q. And you believe there should be. Is that right?

A. Yes.

30 Q. Can I come now to 8 January 2023. We've already had the opportunity to look at the body-worn video of QPS2, and also some of your body-worn video as well when you're conveying information?

A. Yeah.

35 Q. You were on shift from 4pm to 12pm performing general duties on that day. Who was the more senior of the two officers in that shift?

A. QPS2.

Q. You got a call out in relation to Joel Cauchi at about 6.50pm. Do you recall how that information came to you?

40 A. I believe we received the job over the radio, but I also had my, my QLITE device, which is like a, like a little tablet that we have that gives details of exactly what we're walking into. I don't recall exactly what it said. I just remember that it was a, a domestic violence job with a stealing aspect to it.

45 Q. Then you proceeded to the house with your partner, and we see from his body-worn video camera that when you got out in the home you stood while QPS2 spoke to Joel Cauchi for a couple of minutes. Is that right?

A. That's correct.

50 Q. And then he said to you, "You can go into the house and speak to his

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parents", and that's what you did. Correct?

A. Yeah. Yes.

Q. Did you activate your own body-worn camera?

5 A. Yes. As soon as I left the car I - I hit the camera and it was just playing from then onwards.

Q. We're going to play that now for around ten minutes so we can see your discussion with Joel Cauchi's mum when you got to the home.

10

VIDEO PLAYED TO COURT

HER HONOUR: Just pause.

15

DWYER: There are number of NPO issues there, just before we move on. One is in relation to the name of Dr A, which is the treating psychiatrist, who weaned Mr Cauchi off his medication. There's an interim non-publication over her name. It's interim only until the end of the psychiatric panel and that's 22 May 2025, when we'll hear from the five psychiatrists. There is again reference to the hometown of Mr Cauchi's sister.

20

HER HONOUR: There is to be no publication of that town.

DWYER: I think that's probably it, or the name of Dr A.

25

HER HONOUR: Then we're about to skip over the phone number.

DWYER: I think that probably is all we need to see from the video, unless my friends or anybody wants to see specifically the end. It's obviously available in the brief of evidence, but that gives the thrust of it.

30

Q. Before I ask you some questions about what your thinking was after that, can I note a couple of things that we heard in that exchange? You went there initially to investigate a theft that had been reported by Joel Cauchi. Correct?

35

A. Correct.

Q. When you got there, it became evident almost immediately that Joel suffered from a mental illness. Correct?

40

A. Correct.

Q. Did you know on the drive there that he had had a diagnosis of schizophrenia and that that was flagged in the QPRIME system?

A. I don't recall if I knew that before I got there, but I do recall seeing the flag while I was there.

45

Q. Then, as soon as you spoke to mum, can I take it that you assessed mum to be a credible person?

A. Yes.

50

Q. She was doing everything she could, it appeared, to assist police. Correct?

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A. Yes.

Q. She seemed to you to be somebody who was mentally well herself.
Correct?

5 A. Yes.

Q. And obviously stressed by the situation. Correct?

A. Yes.

10 Q. In terms of assessing whether or not you should charge Andrew Cauchi, Joel's father, you had discretion as a police officer, didn't you, to determine whether or not was appropriate to follow through on those charges?

A. Yes.

15 Q. You described it, I think, as a catch-22, but you quickly worked out that Andrew Cauchi had no intention to permanently deprive Joel of his knife collection, but he was obviously worried that he might use those knives to harm himself or others?

A. Yes.

20

Q. Some of the things Ms Cauchi, Joel's mum, told you included this: that he had suffered from schizophrenia since he was a teenager; that she had contacted police in 2001 and he'd started treatment with a private psychiatrist in 2002; that he'd been weaned off medication for a number of years; that he was supposed to have been monitored after he was weaned off the medication but wasn't?

25

A. (No verbal reply)

Q. You're nodding?

30

A. Yes.

Q. You recall hearing that. She said that they were pig knives, these knives that were taken; that he was not going to be bankrupt - she couldn't see what he had meant by that - by being deprived of the knives; that he needs help. She said that a number of times. Do you agree with that?

35

A. Yes, I do agree.

Q. She said that he was pushing her husband around and that her husband had open heart surgery, so that wasn't a good idea; that they had suffered from COVID recently. Correct?

40

A. Correct.

Q. You must have made an assessment that they had a vulnerability, Joel's parents. Correct?

45

A. Correct.

Q. She said something like "Around 3am he was obviously hearing voices, he was making noises, he was stamping his feet". Do you recall that?

50

A. I do recall that, yes.

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Q. She said, "It's the first day that he's pushed us, but he needs to go to hospital"?

A. Yes.

5 Q. You heard that. She said he was strong; he could have pushed them over; her husband was worried because they were pig knives. She didn't think he would do anything with them, but her husband was worried. He had been raging and screaming, and you asked what he was raging and screaming about and that was related to the knives having been taken away. Do you recall that?

10

A. Yes.

Q. His mum said, "I don't think he's psychotic, but he's definitely not thinking straight. He really needs to be on medication." She said that a number of times. Correct.

15

A. She did.

Q. She said, "I don't know how we're going to get him treatment, unless he does something drastic." Do you recall hearing that?

20

A. I do recall hearing that.

Q. She said, "When he's on medication he's a totally different person"; that he used to be high functioning; that he was schizophrenic and not well; that he in fact spoke two languages; and that he really needed to get help because he wasn't well. Do you recall that?

25

A. I do recall that.

Q. You said something to mum at that time along the lines of, "Well, you know him." You assessed her to genuinely know her son and to be genuinely calling out for help at that time. Is that fair?

30

A. That's fair, yeah.

Q. Did you feel for her as a mum in terms of the stress that she was under?

35

A. I did. I did because from the moment that I, that I went to the home and I spoke to her and, and I could see that she was very forthcoming with information, she was asking for help. She does, she knows her son. She's raised her son and by all stretches she's done her very best to try and raise a good son and, like she said, while he is medicated he's a different person.

40

We're talking about Joel, who has a degree. He speaks different languages. He - as far as I understand, he is a different person, but at the time, when I met Joel, I met him for a couple of minutes and then I spoke to mum. I only have the information that I have from mum. I don't have any further information from Joel. I just have what mum says and I, I sympathised with, with what she's saying absolutely and I believe what she's saying, but as a police officer, I don't have the powers to act on what mum is saying to me.

45

Q. You have confined powers as a police officer. Correct?

A. Yes.

50

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Q. You didn't have the complete picture of Joel's mental health history. Correct?

A. Correct.

5 Q. You've got to assess what you and your colleague do in those circumstances to try and assist this family. Correct?

A. Yes.

10 Q. Depending on what powers you have available. So you then go back and speak to QPS2 and convey some of the information you've just heard from mum?

A. Yes.

15 Q. Then is it fair to say that you and QPS2 make a joint decision about what to do in those circumstances?

A. We do.

20 Q. He tells you what he's learnt from Joel Cauchi and you tell him what you've learnt from mum and briefly from dad?

A. Yeah.

Q. Then what is the decision that's made at the time about what needs to happen next?

25 A. I, I formed the - based on the information that I was given and the fact that he had laid hands on his parents and that he was, mum describes, in a rage, I determined that we needed to put on a domestic violence occurrence. In Queensland we call it "another action", whereas we recognise at that time that aspects of domestic violence have occurred and, while it was out of character, like mum was saying it was out of character, it wasn't to the extent that I could
30 determine that domestic violence had occurred previously. It was occurring now and it would occur in the future.

35 So it didn't meet the threshold where we would take out - like we would detain him there, take him back to the station and take an order out against him because that would also be counterproductive based on his mental health. So we determined that we would put the domestic violence occurrence on and that we would also send through an email to our mental health team to make contact with them at a later time to follow up with that because mum was
40 asking for help, and that was the best way that I knew that we could get the help she was looking for at the time.

45 Q. Mum was asking for help and she thought that he needed to be medicated again and clearly needed to see a doctor. That was the message that she was conveying. Is that right?

A. Yes.

Q. Did you think that, by you or your partner sending the email, you would be able to link him back into the mental health system?

50 A. Yes.

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Q. Did you give consideration to an emergency examination authority?

A. I did. I did consider it.

Q. Did you discuss that with your colleague, QPS2?

5 A. I believe we did touch on it, but at no point did he ever make any accusations that he was going to hurt himself, and then when I clarified with mum, "Has he made any, any threats, you know, that he's not being honest with us, you know, potentially", even she had said he never once said that he would hurt himself.

10

Q. When you're considering your emergency examination authority under the Public Health Act, you're very much considering whether or not Joel presents as a risk to himself, not to other people?

A. Yes.

15

Q. That's because of the way the legislation is worded. Is that right?

A. Yes.

Q. I think we've got a flow chart, which I'll ask another witness about, but I just want to ask you whether you've even seen this. It's about decision-making under that Act.

20

DWYER: For the benefit of my friends, this appears as an attachment to the statement of Officer Quinlan, who we will hear from tomorrow.

25

Q. That's a flow chart that assists police in decision-making under the Public Health Act. Have you ever seen that before?

A. I don't think I have seen this specific one, but I've seen others similar.

30

DWYER: I wonder if that just might be expanded slightly.

Q. Under the first box there, in terms of guiding police about what to consider, it says:

35

"What behaviours do you observe? Does the person have weapons or access to weapons? Is the person in a dangerous location? Is the person demonstrating erratic, aggressive or agitated behaviour? Is the person's health compromised in any way? Is the person currently demonstrating self-harming behaviour, e.g., hitting their head, cutting, picking at skin? Is the person indicating an intent to harm or kill themselves? Are others reporting behaviours?"

40

That's focused very much still on harm to that individual person. Correct?

A. Yes.

45

Q. Is that similar to the training you've received in relation to that Act?

A. Yes.

DWYER: That can come down, thank you.

50

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Q. You make a determination that under the Public Health Act there's no power for an emergency examination authority, but he needs follow-up. And your options at that time include drafting the email to the MHIC, the Mental Health Information Coordinator?

5 A. Yes.

Q. Is there anything else that you gave consideration to?

10 A. Not at that time. The, the EEA was out, and even as I in my mind went through even the domestic violence stuff that I could potentially enact, that didn't meet that threshold either. And given that mum was asking for help in relation to getting him to see a doctor, the, the best way to go about that I believed at the time was to send that email to our, like mental health unit, because they know a bit more than us as well. They can make contact with the family, make contact with mum, and, and take that a little bit further than
15 what we're going to do in the 40 minutes that we're there talking to these people.

Q. Had you ever had an experience yourself of sending off an email to the Mental Health Liaison Officer?

20 A. I - no, I haven't personally sent one, no.

Q. Did you know the person who was running the MHIC in Toowoomba, or covering Toowoomba?

25 A. Yes.

Q. Had you spoken with her before, that's QPS5, who we'll hear from tomorrow?

A. Yes, yep.

30 Q. What had you spoken with her before previously, or what about?

A. General things. General mental health questions. If I, you know, wanted to clarify anything, if there - you know, we have people that we see often, you know, if there might be updated mental health plans or, you know, things like that, just over the course of years. Nothing specific but--

35

Q. I see.

A. I've - yeah.

40 Q. Had you contacted QPS5 for information about a specific person you were interacting with?

A. I had spoken to her previously. Like there used to be someone that we used to deal with a fair bit, and I had a lot of dealings with that same person as well. And I do recall asking if there might be an updated plan in relation to someone through the mental health. But anything short of that I don't
45 remember specific times that we would have spoken about anything further.

Q. When you left that job after 40 minutes or so with your colleague, was it your expectation that the interaction you had with Mr Cauchi would be followed up pretty promptly by the MHIC?

50 A. Yeah, at some time, yes.

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Q. Following that, did you receive any update from the MHIC about what had happened in relation to Mr Cauchi, if anything?

A. No.

5

Q. Would you have expected to?

A. No, not, not particularly.

Q. Could I just ask you some questions about the Toowoomba Police Station. How many officers are there there, roughly?

10

A. Roughly maybe a hundred?

Q. How many in general duties do you think?

A. That, I believe that would be general duties. I wasn't counting upstairs or anything like that.

15

Q. Okay. Are there - do you know the population size that that area covers?

A. No.

20

Q. Had you had an occasion of trying to get access to the officer at the MHIC and not being able to get through?

A. No.

Q. So your expectation was that they would be available for follow-up at some stage--

25

A. Yes.

Q. --in the near future, is that right?

A. Yes.

30

Q. We've asked some questions of QPS3 about the QPRIME system. Did you check that yourself in relation to Joel?

A. On my QLiTE?

35

Q. Yes.

A. When we were heading to the job?

Q. That's right.

A. Yes.

40

Q. On that night you did?

A. Yes.

Q. Okay. Did you see any alerts in relation to Joel that were relevant to your discussion?

45

A. I remember there was a flag on there to say that he was schizophrenic, and I remember it mentioned that he wasn't on any medication. And I recall while I was there seeing a flag for a weapon's licence.

50

Q. Beyond the flags that you noticed, did you go back and have a look at any

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earlier interactions or jobs that had been recorded?

A. No.

5 Q. Could you have done that if you had wanted to? Could you drill into a job and see what the interaction with police was on that occasion?

A. Yes, I could.

Q. Is there a reason why you didn't do that on this occasion?

10 A. The thought didn't cross my mind. I was going to a job that was domestic violence and a stealing. So I, I didn't. When I didn't see that there was flags on there for, you know, extremely hostile, anti-police, danger danger, I didn't see the need to go deep dive through this background at that time.

15 Q. Just to be clear, this is one of many jobs that you were attending to that evening, correct?

A. Correct.

20 Q. But what we know when we do drill in is that there were a number of different interactions with police. I'm just going to ask you whether or not information about these would have made any difference to your assessment of Joel and the urgency of dealing with him that night.

A. Okay.

25 Q. We know that in 2020 in October and November he was pulled over twice for erratic driving, and police just advised him to be careful and be mindful of his braking. The next year in 2021 he was pulled over again in September for the same sort of conduct, erratic driving. And in July 2021 police - excuse me one moment - sorry. In May 2021, police were called to the unit he was living in in Brisbane in relation to a male screaming and the sounds of someone
30 being hit, but when police attended, they spoke to Mr Cauchi who indicates he was slamming the fridge door, and they noted him to be schizophrenic and not medicated.

35 If you'd had information in relation to those earlier interactions in 2020 and 2021, would you have thought any more about the deterioration in Joel's mental health over a period of time?

40 A. I guess it would have been something that I would have considered, but at the same time, my powers don't change even knowing that information. I still have the same power whether I know that information or not, for, for my instance.

Q. You were on duty in February when further information was received in relation to Mr Cauchi, is that correct?

45 A. Yes, that's right.

Q. You explain this in the statement. You say, "I can't recall whether I received a call or an email regarding Joel Cauchi contacting the station to report his knives stolen again on 25 February 2023". But you know that you added a flag to Mr Cauchi's profile stating,
50

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5 "Joel called the station and stated he wanted to make a criminal complaint about his father stealing his knives. The knives are not stolen. Andrew has put them away in a safe place so Joel cannot hurt himself or others with them, as he is no longer on his schizophrenia medication and his moods have become unpredictable".

So that was you that made the entry at that time, correct?

10 A. That was me, yes.

Q. Is it obvious to you that when you receive either that call or email on 25 February, you recall the earlier interaction in January?

A. Yes.

15 Q. So, you want to make a note to police that in fact, "don't worry about the knives being reported stolen, you don't have to follow that up, they're not stolen, these are mental health concerns"?

A. Yes.

20 Q. Did it occur to you then that further - that there might need to be further follow up about Joel's mental health?

A. At that time, I received the information about the knives, so I, I made the focus more on about the knives and if we were going to receive repeat calls for that. I also didn't know at that time if he had already been linked in with mental health, I don't know if he's re-medicated. I don't know anything more about his mental health at that time other than he still is upset about his knives and still wants to make a complaint that they're stolen. That's all I know, and that's why I put the flag on there so that if we had more calls, that would be one of the first things that people would see when they looked, looked it up.

30 Q. I appreciate what you're saying there, that you're focused on telling police that they don't have to worry about this complaint about stolen knives. And we don't know what the rest of your shift looked like on 25 February 2023 when you received this call, but is there anything else you think you could have done with the benefit of hindsight in chasing up that issue?

35 A. In hindsight I guess I could have sent a further email and asked questions of the mental health unit and was like - I could have asked, "Have you linked in, what's happened with this referral?" Yeah, I could have sent another email, in hindsight.

40 Q. Joel's mum and dad did not report at any stage any fears they had about their own safety after you visited in January 2023, is that right?

A. That's right.

45 Q. Was it your expectation that the MHIC was chasing up that email that had been sent earlier in January?

A. That was my assumption.

50 Q. You say here, "I cannot recall whether I received a call or an email regarding Mr Cauchi Junior". How was it that it came to your attention in

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preparing the statement that there had been this further interaction in February?

5 A. Because I - the, the flag was still on there. So, when I received information that this had all happened and that I would need to make a statement, I looked at the file and a flag had gone on there, and I see that it was from me. And I thought, okay, how did I get this information. And I, I just don't quite remember how I got the information. I know I just got it and so I put it on there.

10 Q. Have you looked to determine whether or not you did receive an email?

A. I couldn't find one, but I, I regularly delete them as well, because there's so many emails every day about different things.

15 Q. The flag itself - and I'll just take you to it if I may, just give me one moment. I'm just going to read to you the flag that was placed on there.

DWYER: For anybody following the evidence, it's at vol 23 tab 853.

20 Q. The entry there which is against your name says,

"At 8.21 Joel called and stated he wanted to make a criminal complaint about his father stealing the knives. The knives are not stolen. Andrew has put them away in a safe place so Joel cannot hurt himself and others with them as he is no longer on his schizophrenia medication and his moods have become unpredictable".

25 Is there anything else you can tell us about that?

A. That is everything that I know.

30 Q. I appreciate you're a busy police officer; do you have a memory now of that call coming through?

A. It wasn't a call that I took. It was a call that someone else had taken and then made me aware of it. Someone had told me somehow that he had called, but I don't know how I received the information.

35 Q. One thing that has emerged in the course of the investigation is that in 2022, Joel had actually contacted a high school, a girls' boarding school, in July, and the boarding school made a Crimestoppers report regarding his communications from 24 to 27 July 2022 where he had requested observing sporting events. Did that ever come to your attention?

40 A. No.

45 Q. At any time in February when you got that follow-up call, did you go back through the records and look at his interactions?

A. No, I didn't.

50 Q. Why did someone alert you to the fact that Joel had called?

A. From what I can remember, someone had taken a call from Joel about this, and they must have looked and seen my job, and that's why it came to me, because I was the one who wrote up the report in the first instance when we

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went there.

5 Q. You're a busy general duties officer going about your day, taking a number of complaints, or concerns from members of the public throughout the day, correct?

A. Correct.

10 Q. But the officer at the MHIC would have access to information in relation to a particular job and be able to access these QPRIME reports as well, is that right?

A. Yes.

15 Q. So they can have a longitudinal review available to them, is that correct?

A. Correct.

20 Q. One of the psychiatrists who is going to give evidence to the Court described this interaction with Joel that you and QPS2 had in January 2023 as a missed opportunity to link Joel back into the mental health service. I'm not suggesting that you were responsible for that missed opportunity, but do you agree with that, that this was a chance to link Joel back in, and for reasons we'll hear about, that chance was missed?

25 A. Given exactly what's happened, I, I would say that an opportunity was missed. Yes, the opportunity was missed, and I think that everyone is doing the best that they can with what they have, where they are. And I mean as a general duties officer we, we go to these places, and we interact with people. And I, I don't know what Joel's baseline is.

30 I don't know who he was when he was medicated. I don't know who he was when he was not medicated, and I don't know where he was in the decline or, or anything like that. As, as an officer though I recognise that he did need to be plugged into someone who could offer more assistance than me, and so I wish that maybe I had have followed up with ensuring that had happened, but I - yeah, I think everyone's doing the best they can.

35 Q. Some of the jobs that you go to where people have a mental illness, I take it, people are floridly psychotic - very obviously psychotic. Is that right?

40 A. Absolutely. Like the way that Joel was speaking to us while - to me it doesn't necessarily make sense. Like, why are you going to be bankrupt if you don't have these knives. Like, are these trillion dollar knives that I don't know about? Like I - to me, it doesn't make sense. But to him, in his mind, that was what made sense to him, and that's not even remotely the craziest thing I've heard, you know, for lack of a better word. I don't mean to.

45 With the, the calibre of jobs in that mental health space and the different behaviours and the scale of behaviours that we see on any given day, the way that Joel presented and the way that he spoke, and the way that he was at the time, like he was well dressed. He looked after himself. He was maintained. He was living with his parents. He spoke well. Like you could tell that he was educated. He wasn't someone that was a mental health - that's not the right
50 word, because he obviously was a mental health patient, but he didn't spend

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his entire life crazy. He was a high functioning human being, and, and then he wasn't. And I don't know where that decline happened.

5 Q. Is it fair to say this: that you thought that he needed help--
A. Yes.

10 Q. --but he didn't present to you to be an acute risk that night such that you needed to take urgent action to protect him?
A. That's right.

15 Q. The powers of removal are the powers that you have to take urgent action when he's presenting as a risk to himself. Correct?
A. That's right.

20 Q. It didn't appear to you that you needed to take urgent action to investigate any domestic violence crime?
A. Correct. That's right.

25 Q. You thought that he would be followed up by another arm of the Police Service with the information that had been provided by yourself and QPS2?
A. Yes.

30 Q. You mentioned that you think that everybody was trying to do the best they could with what they had. You work in a system that is lacking resources. Is that fair to say?
A. It'd be very fair to say. Yes.

35 Q. What we understand is that police are trying to build up their capacity for a co-responder model, so that you can get mental health experts to work alongside police in these sorts of lower risk situations. Would that be something that you would like to see?
A. 100 percent. Yes.

40 Q. That's not available to you yet in the Toowoomba region. Correct?
A. We do have mental health co-responders now that we do use and they are invaluable. I have used them on a number of occasions, and in a situation like this a mental health co-responder would have been perfect, because if that had been available at the time we would have called them, because he doesn't meet the threshold of going to hospital. Like I, I legally can't take him anywhere because my powers don't allow me to.

45 But to have someone who knows more than me, who lives and breathes this stuff every day, who understands things and sees things differently to me, would have been an invaluable resource at the time, because someone who just knows more would've been like, "Hey, hang on a second." Better yet, maybe they might have had access to more information on his files that I don't know - that I don't know about. And they might have known him more as to if this was an escalation or a de-escalation or a difference in his behaviour, if they had been working alongside him for longer.

50

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Q. Are you referring there to the Ambulance Service co-responder model?

A. Yeah. There's a mental health co-responder and an ambulance co-responder at the same time.

5 Q. When did that become available to you as a police officer in Toowoomba?

A. I imagine that - I don't know exact dates, but I do remember that that was later in 2023. Yes.

Q. It was after your interaction with Joel?

10 A. Yes.

Q. What you're saying is if that had been available to you at the time you would have given consideration to a call out of that service. Is that right?

15 A. I would have. Yes.

Q. Are they available after hours?

A. Yes.

20 Q. Are you aware of the Queensland Police Communications Centre Mental Health Liaison Service?

A. Yes.

Q. What's that service?

25 A. From what I understand, and I don't know it inside and out, I just understand that if we need further information in relation to mental health, like more information about a mental health patient, that we can call them and they have access to greater information than, than we do. But in, in this instance, Mr Cauchi was - Joel was in the, the private section. He wasn't plugged in with anyone. Mum had already told me he hadn't been speaking to anyone in
30 years, so using that service would not have provided me with any more information than what I already had.

35 Q. Sure. Because if you'd phoned that service and they had said to you, "Actually, Joel was medicated until mid 2019 in the private sector, and now he's been unmedicated since that date and his doctor's name is X", that wouldn't have given you any more powers on that night to remove him from that situation?

A. It, it doesn't give me any extra anything.

40 Q. But what would have assisted you is a co-responder model where you can get a mental health expert and nurse to assess him at the time and assist to plug him back into resources?

45 A. I believe that using that co-responder right there, like that is the mental health service. Like, that's on call. It's right there. While still the - you know, the, the mental health, you know, unit that we have, like you would still use that, absolutely, but to have someone right there, like on the spot, that is valuable, especially when people don't meet the criteria for, for me to be able to force them to do anything.

50 Q. I take it that if the co-responder can effectively take over responsibility for

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5 follow -up, that frees you up to get on with the rest of your police work. Is that--
A. That as well as it's someone else that's paying attention, you know. Like
whether we - because we don't get another call to go to the address to speak
to the family about anything. Maybe the, the mental health co-responder might
have. Maybe they might have followed up a little bit further. I, I don't know,
but--

10 Q. And also someone else who's got medical training and has got the
expertise in terms of the mental health assessment. Is that fair?

A. That's exactly right.

DWYER: Nothing further. Thank you, your Honour.

15 HER HONOUR

Q. There may be some other questions for you, Sergeant.

A. Okay.

20 CHRYSANTHOU: No questions, your Honour. Thank you.

TOWNSEND: No questions, your Honour. Thank you.

MATHUR: No questions. Thank you, your Honour.

25 LYNCH: I have no questions, your Honour.

WILSON: Likewise, your Honour. No questions.

30 HER HONOUR: Court 2?

CALLAN: No questions, your Honour.

CHIU: No questions, your Honour.

35 JORDAN: No questions. Thank you, your Honour.

CASSELDEN: No questions. Thank you.

40 HER HONOUR: Dr Freckelton?

FRECKELTON: No questions. Thank you.

GNECH: Thank you.

45 HER HONOUR: Mr Gnech. Anything arising?

DWYER: No your Honour. Thank you.

LTS:DAT

NO CROSS-EXAMINATION BY MS CHRYSANTHOU, MR TOWNSEND,
MR ROFF, DR FRECKLETON, MR CHIU, MS CALLAN, MR JORDAN,
MR CASSELDEN, MS CLARKE, MR GNECH, MS MATHUR, MR PENN,
MS ROBB, MR WILSON AND MR LYNCH

5

<THE WITNESS WITHDREW

DWYER: Just while everybody's waiting, the officer's statement is found in
vol 23, tab 855B.

10

LTS:DAT

<QPS4, SWORN(3.10PM)

<EXAMINATION BY DR DWYER

5 Q. Could you please tell the Court your full name and your rank and where you're currently working?

A. My name is QPS4. I'm a senior constable of police at the Toowoomba Tactical Crime Squad.

10 Q. You've provided a statement to assist her Honour, which is in our brief of evidence, and it's dated April 2025. You've read it recently?

A. Yes.

15 Q. The reason that you've come to give evidence today is to assist her Honour to understand the part that you played when you were working in the Darling Downs mental health intervention coordinator filling in in that role. Is that correct?

A. That's, that's correct.

20 Q. You didn't have any interaction yourself with Mr Cauchi. Is that right?

A. That's correct.

Q. Before I ask you some questions about your role, is there anything that you wanted to say at the beginning of your evidence?

25 A. All I'd like to say is my condolences to the families that are present, for anyone that was involved in this incident.

Q. Could you tell us first a bit about your role as a police officer. You started, I think in June 2013 you were sworn in?

30 A. Yes. That's correct. I graduated from the Brisbane academy in June 2013. I was assigned to Toowoomba in my first year. I've remained there until - in general duties until December of 2023, and I'm now with the Darling Downs District Tactical Crime Squad.

35 Q. I might have to ask you to keep your voice up, I'm sorry officer. You've been in general duties for most of your time as a police officer. Correct?

A. Yes. Approximately ten years.

40 Q. When you first did your training in the academy, it runs for about six months. Is that right?

A. Yes.

Q. Do you recall being trained there about your powers as a police officer in dealing with persons who are mentally ill?

45 A. Yes.

Q. You learned about your powers under the legislation to detain people who are mentally ill in some circumstances. Is that right?

A. Yes. That's correct.

50

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Q. Did you get any other training in relation to dealing with mentally ill people generally, that you recall?

5 A. Other than identifying whether - asking questions whether someone may be intoxicated or experiencing some sort of mental impairment, and also powers to transport, and obviously powers to detain at the hospital for periods of time.

Q. We've heard that you are made aware as police officers of changes in legislation that are relevant by way of an email or information update, sometimes by way of online training if it's necessary. Correct?

10 A. Yes.

Q. Do you recall any change to the Mental Health Act in 2017 or thereabouts in Queensland with respect to police powers to detain persons who are mentally disturbed?

15 A. Yes. I recall that's when it changed from being a EEO to an EEA. Then it also changed from someone was able to be detained if they are a risk themselves and others to being a risk to themselves.

Q. Do you know why that change came about?

20 A. No.

Q. Do you recall how you were told of that change?

A. It would've been just a statewide email, I'm aware.

25 Q. We can ask other people coming about why that change in legislation and what the impact has been. From 12 December 2022 to 20 January 2023 you temporarily assumed the role of sergeant, relieving QPS5 as the Darling Downs mental health intervention coordinator. That was for a period of about five weeks or so. Prior to that time, when you were in GDs, had you contacted

30 QPS5 in her role as the mental health intervention coordinator or MHIC?

A. Yes.

Q. For what purpose?

35 A. It would regularly be just in relation to standard advice as to how to proceed with a matter.

Q. Can you give us an example of that?

40 A. If she was working, you had a matter where you didn't - weren't sure if there was sufficient grounds for an EEA, you may give her a call and, yeah, run that by her.

Q. You might go out to a job, somebody presents, for example, as having cut themselves earlier in the morning or being at risk to themselves, by the afternoon they're presenting in a particular way. Is that the sort of job that you might ring her for advice on?

45

A. Potentially. Yeah.

Q. What are the hours of the MHIC coordinator?

50 A. The - when I was working there, I was working from 7 till 3.

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Q. 7 till 3?

A. Yes.

5 Q. Did you understand that to be generally the hours that QPS5 worked, or thereabouts?

A. During office hours - normal. Yeah.

10 Q. Can you think of any other occasion when you would call the Darling Downs mental health intervention coordinator, or was it primarily just for advice on the general duties jobs that you were undertaking?

A. That's pretty much the reason why you call her.

Q. Did you find that to be a useful resource?

15 A. Yes.

Q. Can you recall when you were first advised of that service being available?

20 A. I know that QPS5's had the portfolio for mental health throughout my whole career in Toowoomba, and I'm aware that that MHIC role came under the banner of the VPU when it was created.

Q. The VPU is the Vulnerable Persons Unit. Is that right?

A. That's correct.

25 Q. The mental health intervention coordinator comes under the remit of the Vulnerable Persons Unit?

A. That's correct.

Q. Had you met QPS5 in person prior to taking over this role in December 2022?

30 A. Yes.

Q. How did that come about? Was she in the same station as you, or is she somebody who trained you?

35 A. She did deliver us training in our first year, and she would work in the same station as us until the VPU was stood up in Phillip Street.

Q. Until the VPU, the Vulnerable Persons Unit, was stood up in Phillip Street. Where is that?

40 A. It's about 200 metres from the station.

Q. With respect to that role as the Darling Downs mental health intervention coordinator, did you receive any specific training for taking that on before you started the job, for that five week period?

45 A. No. I was given a verbal handover and a sheet from QPS5 with the tasks of what I needed to complete.

Q. How did you come to have that role?

50 A. I know that QPS5 had talked about it a couple of times and asked me if I would be interested in relieving. So - and when it came up, I put my name down for it.

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Q. Did you have any particular interest in mental health beyond the interest that general duties officers have?

5 A. My interest was purely to expand my scope and skills as a general duties officer and better understand what happened when I requested assistance or was seeking help, what happened on the other end of that.

10 Q. As a general duties officer you'd ask the MHIC for help. You wanted to understand from the perspective of the MHIC what was available to general duties officers in those circumstances?

A. That's correct.

Q. And obviously to expand your general capacity as a police officer. Correct?

15 A. That's correct.

Q. Did QPS5 explain that she was going on leave and she would appreciate it if you were available for that role?

20 A. Yes.

Q. You were happy to be of assistance. Is that fair, as well?

A. That's fair. Yeah.

25 Q. Were you physically located outside of the police station to perform that role?

A. Yes. You're in Phillip Street in the other station.

Q. Phillip Street had been stood up by that time. Is that right?

30 A. Yes.

Q. Can you just tell us what is the geographical layout. Are you in a room on your own or something else?

35 A. So you're in the room, probably half - a quarter of the size of this with - you have a desk by yourself and there's three to four other officers that are working on domestic violence in the same office.

Q. You said that you were given a sheet which explained your responsibilities and a handover from QPS5. Correct?

40 A. That's correct.

Q. What did you learn in December were your responsibilities in that role?

45 A. So it was conducting audits of all the emergency examination authorities that were completed, all the ambulance requests for transport or request for police assistance. There's a number of people who have - notify..(not transcribable)..flag. So if we were notified if someone was on - being case managed, we'd have to update the case management for those. Also, updating any PAIPs

Q. Updating any, I'm sorry?

50 A. PAIPs. I can't recall exactly what they - what it stands for at the moment,

LTS:DAT

5 but it's basically a document which is created by - between Mental Health, Police and Ambulance to basically assist someone. It might be, for example, if someone has certain subjects that are triggering, they may be on the PAIP and then flags will be created on that. And further to that, it was just field inquiries from Mental Health, providing information if necessary and requested, and also to assist officers - officer inquiries.

Q. Was that a broader role than you had understood it to be when you were a general duties officer?

10 A. Somewhat. Like anything, if you don't have exposure it, you don't understand the role completely.

Q. One of the things you were required to do was to assist officers who were in the field. In order to do that, did you have access to a database of information?

15 A. Just like every other officer, yes, yeah.

Q. So you had QPRIME available?

20 A. Yes.

Q. Did you have access to any particular medical records for certain individuals?

A. No.

25 Q. Did you have access to the PCCMHLS, which is Mental Health Liaison Service available to police, the Queensland Police Communication Centre Mental Health Liaison Service?

A. Every officer does, but generally it was if you're requiring advice from that body, you would contact directly to Mental Health.

30 Q. You weren't a conduit for information between them. The officer would have contacted them directly?

A. Yes.

35 Q. It appears that the broader area of Toowoomba has a population of about 180,000. Does that accord with your understanding?

A. Yes. The coordinator is the Darling Downs district as well.

40 Q. Are you able to tell us roughly what the population size is of the Darling Downs district?

A. I would - as an estimate, I'd say 220,000 or so.

Q. How many police officers, as an estimate, are within that area, who might be contacting the MHIC?

45 A. I'm sure that someone can give me a more accurate answer, but I'd say there would be somewhere between 5 and 600 in the Darling Downs district.

50 Q. Before I get to the email that was sent in relation to Mr Cauchi, you started the job on 12 December. You ran through to 20 January. I take it every day might have been different in terms of volume, but in a general sense, how busy

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was that job?

5 A. Quite busy. We would be auditing somewhere between ten to 20 occurrences a morning, probably fielding somewhere between five to 15 emails from various sources, being Mental Health, external service providers and police.

Q. When you say "we", do you mean you individually in that job or QPS5 individually in that job?

10 A. I mean in that role. Whoever is filling that role would be fielding those emails.

Q. Do you have any assistance, any other officers working alongside you to perform that role?

15 A. No.

Q. In terms of the audit of EEAs, the emergency examination authorities, how would you conduct that?

20 A. So on that sheet there's the checklist. So all it is is reviewing custody logs, ensuring all the entities are entered appropriately, people that are flagged appropriately and also you would have a look at of the EEA to see if the flags marry up with the information that is in there.

Q. And if they didn't, what would you do?

25 A. Either update it or, if there's anything that needed further work, you would send tasks to the officers to rectify.

Q. I appreciate it was some time ago now, but as a general proposition, did you manage to get through your emails usually and your tasks in that one day?

30 A. Usually. There's quite a few days where I went overtime. If there was a significant job I was doing in a day, which required a significant amount of time, it may get moved over to the next day.

Q. You said that your typical shift was 7am to 3pm and your routine involved reviewing the emails from the weekend on a Monday. Correct?

35 A. Yeah.

Q. So would Monday be a particularly busy day then because there had been a bank of information that come in over the weekend?

40 A. Yes, and also a lot of occurrences would be done then, yeah.

Q. A lot of occurrences?

45 A. Yeah, a lot of occurrences that would come up in your search that require you to be audited and, I should have mentioned before, entered into a spreadsheet. That is in the role.

Q. You became aware on Monday, 9 January 2023 of an email that had been sent by QPS2 on 8 January 2023?

A. Yeah.

50 Q. You became aware of it on the Monday. What did you do with it?

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5 A. I recall reading it. I do recall opening the occurrence and reading the content of that email, of the occurrence and familiarising myself with it. I do recall noting to myself that I need to call mum later, being that it was 7 o'clock in the morning. I generally make phone calls to people after 9 o'clock, at a reasonable hour.

Q. I think you said, "I do recall making a note that I needed to call mum later"?
A. Yes.

10 Q. Obviously you needed to follow-up with Mrs Cauchi, Michelle Cauchi, Joel's mum?
A. Yes.

15 Q. And see what was going on. Correct?
A. (No verbal reply)

Q. Then what happened?
A. Unfortunately, there was an oversight, and I did not manage to follow-up. I've continued with my other auditing and tasks through that day. I've then had to familiarise myself with the examination authorities and I've conducted an interview with the person in their home throughout the rest of the day and didn't manage to call - make that call later in the day.

20
25 Q. What you say is you reviewed your notes in order to prepare this statement. Is that right?
A. Yes.

30 Q. You've realised that on that day you attended to another requiring background research, a visit to an individual's address, conducting an interview and applying for an examination authority. Was it part of that role generally that you would have to go to an individual's address to follow-up?
A. Yes.

35 Q. In what circumstances had you gone to individual's address?
A. So this particular individual, they didn't have any support networks or anyone at the home with them. So I've attended the address, following up on information that I'd received previously in relation to their mental health decline.

40 Q. That task occupied the remainder of your shift. Is that right?
A. That's correct.

45 Q. When you then came back in on the Tuesday, do you recall having in your mind that it was one of your tasks that you hadn't gotten to ring Michelle Cauchi?
A. I don't recall.

Q. What you say in your statement is:

50 "I believe I inadvertently overlooked making contact as requested in

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5 the email. I have no recollection of the reason for not following up. I can't provide an explanation for the lack of contact or entry in the occurrence inquiry log if contact was attempted. The expected procedure is to contact the individuals as requested and assess appropriate action based on the information received."

Q. I appreciate that you can't recall now why you didn't get to it, but do you know why now?

10 A. No.

Q. Was there a system at that time of flagging information that came in, like this email, for follow-up if you didn't get to it on one day?

A. No.

15 Q. Was there a system at that time of being able to task other officers in the room, who were part of the Vulnerable Persons Unit doing DV, to assist you if you didn't get to your jobs?

A. No.

20 Q. Was that an option at any time?

A. I don't believe so, no.

Q. Why is that?

25 A. There was very - mental health was my role and domestic violence was their role.

30 Q. I appreciate that what you were asked to do by way of the email was to follow up. Just excuse me one minute. I'll get the email. This is what the email asked of you, after setting out the background of the job that had been attended to. QPS2 says:

35 "If this is the start Joel's decline in mental health, it is likely we will have further calls for service to the house. If a follow-up could be made with the family and Toowoomba Mental Health, that would be great."

40 And then, "Please refer to the DV report." Do you accept that what was asked of you was two things, first, to follow up with the family and, secondly, a follow-up with Toowoomba Mental Health?

A. Yes.

45 Q. If you had got to that email on that day or the next, one thing you would have done is call Michelle Cauchi. What else would you have done if standard procedure had been followed?

A. I would have contact via email or via phone to Michelle Kerr, who was the liaison at the time at Mental Health.

Q. Michelle Kerr?

50 A. Yes.

LTS:DAT

Q. What role was she performing?

A. She was relieving as the liaison on the Queensland Health side.

5 Q. She's a trained mental health practitioner on the health side. Is that right?
A. I believe so, yeah.

10 Q. Is it part of her role to attend on homes, if necessary, for follow-up?
A. Occasionally if a follow-up is required for a home visit. I didn't do any with Michelle, but with Paul Sheath, when he was performing the role, he may attend, together with a police officer, if it was necessary, necessary to interview someone in the home.

15 Q. That's something that might have happened by way of follow up, correct?
A. It may have, yeah.

20 Q. Was it part of standard procedure to attempt to access an individual like Joel Cauchi's mental health records?
A. We wouldn't obtain the records ourselves. It would be the case of if we felt that anything was required, we would pass that information onto Queensland Health and they can do with that information at their discretion, or we could act at their request.

25 Q. You could act at their request, or they could deal with that information further, for example, going to see the Cauchi family and seeing if they could plug Joel back into mental health services at that time?
A. That's correct.

30 Q. What would have actually happened would have depended on the further information that came in from the Cauchi family, correct?
A. That's correct.

35 Q. But presumably if there'd been follow up with Michele Cauchi and she had explained, firstly, that Joel had been diagnosed with schizophrenia as a teenager; second, he'd been off his medication for some years; thirdly, that he had been unwell, up at 3 o'clock in the morning, banging, that he had pushed his father, and that she was concerned that he needed to be medicated because he was becoming increasingly unwell, you would have anticipated further follow-up for the family?
40 A. I would say so, yep.

45 Q. I know that you've had an opportunity to reflect on this over a long period of time. When did you first become aware that after these horrific events of 13 April 2024 it involved someone who you had had anything to do with by way of this service?
A. It would have been approximately a month after the incident. I was notified by a sergeant from, or senior sergeant, from downstairs.

50 Q. From downstairs in your station, is that right?
A. Yes, sorry. The officer, the acting officer in charge of the Toowoomba station.

Q. Okay. Then you conducted a review of the notes and prepared this, prepared a statement subsequently as asked, is that right?

A. Yes, correct.

5

Q. This interaction that Queensland Police had with the Cauchi family in January 2023 has been described as a missed opportunity for police to try and plug Joel back into the mental health system. Do you accept that?

A. I'd accept that.

10

Q. Do you - is there anything else that you want to say about that in terms of your reflections?

A. Nothing, not that I can verbalise at the moment, no.

15

Q. Okay. It might be harder for you than is coming across. I've had the opportunity to speak with you outside the courtroom. Has it been difficult for you to try and process this, the fact that you were engaged - that you had something to do with this missed opportunity?

A. Yes.

20

Q. Since this has happened, is there a better system for follow up for people in Michele Cauchi and Andrew Cauchi and Joel Cauchi's situation?

A. So, I'm aware that it's been changed, that requests for assistance from the MHIC are to be sent via Task rather than email. So, a task sits on the QPRIME system until it's actioned and completed and signed off by the supervising officer. Ever since then, the Queensland Ambulance Service co-responders have also been stood up as well.

25

Q. What do you mean by that? What does the co-responder being stood up mean?

A. As in it's been created in Toowoomba, and the ambulance along with the mental health nurse attend jobs.

30

Q. Does that provide more capacity for Queensland Police to respond to matters like this?

A. Yes.

35

Q. We're going to hear from QPS5 tomorrow about the MHIC currently, but we understand that there are no more police officers working in that station than there were when you were in the role in the MHIC. Do you have any observations about whether or not more officers are required to respond to the amount of jobs coming in?

A. Yes, yeah. Absolutely.

40

Q. So there needs to be more than one person responsible for all those emails and all those audits and all the follow up tasks involved, correct?

A. I would say so. I've spoken to QPS5 about this before, and we've mentioned before ideally it would be at least one other person, and one person at least doing three days a week.

45

50

LTS:DAT

Q. Would you just say that again, keeping your voice up, sorry?

A. We've spoken previously, and we were saying ideally you would have at least another person doing at least three days a week. That was a conversation between me and QPS5.

5

Q. All right. And we'll hear more about that tomorrow. In terms of general duties policing, is there anything else you think would be of assistance to people, or to officers, who are in the position of officers QPS2 and QP3 going out to homes?

10 A. As I said before, it's been quite good in Toowoomba since the ambulance co-response has been formed. They're very accessible when they're, when they're on shift, to be able to come out and at least engage with people who don't quite fit the threshold for an emergency examination authority, but quite regularly get engagements where they will make appointments for someone to see them at a later date.

15

Q. Would you excuse me for a moment?

DWYER: Nothing further, thank you, your Honour.

20

HER HONOUR: Thank you.

Q. There may be some other questions.

25

<EXAMINATION BY MS CHRYSANTHOU

Q. My name is Sue Chrysanthou. I act for some of the families. Just reflecting back to when you were carrying out that role as Mental Health Intervention Coordinator, you answered a question earlier when you were asked about whether you had any access to medical information of the people that you were assessing. It was part of your role, wasn't it, in following up some of these referrals to assess whether a person needed to be referred to some sort of mental health facility for a further assessment, is that right?

30

A. Whether further engagement would be required, yes.

35

Q. Would it have assisted you when you were performing that role to have medical information that you could access about that person's previous mental health history?

A. Yes.

40

Q. Is that something that you have access to now if you were performing that role?

A. No, I don't believe so.

45

Q. Thank you.

HER HONOUR: Thank you.

TOWNSEND: I have no questions, thank you, your Honour.

50

LTS:DAT

HER HONOUR: Any questions?

MATHUR: No, thank you, your Honour.

5 LYNCH: No, thank you, your Honour.

WILSON: No thank you, your Honour.

10 HER HONOUR: Court 2?

CALLAN: No questions, your Honour.

CHIU: No questions, your Honour.

15 CASSELDEN: No questions, your Honour.

JORDAN: No questions, thank you.

20 HER HONOUR: Thank you.

FRECKELTON: Yes, thank you.

HER HONOUR: Dr Freckelton.

25 <EXAMINATION BY DR FRECKELTON

Q. If the same interaction took place today, can you tell her Honour a little bit about how the co-response model would come into action in relation to a person such as Joel Cauchi?

30 A. So, if it was requested by the general duties officers and the ambulance co-responder was available?

Q. Yes.

35 A. So, I've been, I've worked with them when I was in general duties, and sometimes I was in tactical crime assisting general duties. Quite regularly, as I said, if someone didn't quite fit the threshold of an emergency examination order, they would, I've heard them tell clients basically that they would, someone would make contact tomorrow, make sure you're available tomorrow, either, or make an appointment to come into mental health at a later date. So
40 there's a direct access to a clinician there to make those appointments and engagements.

45 Q. In this scenario, the police may well not exercise their powers to take Joel to be assessed on the spot, but they would tell him and the family that others would come perhaps the next day to talk to everyone afresh?

A. If the ambulance arrived. If the ambulance co-responder was engaged, yes.

50 Q. Right. So it would be a nurse who would come the next day along with police?

LTS:DAT

A. At, at the discretion of the mental health themselves. So, what I'm suggesting, what I'm saying is I've seen them make appointments for, so in this situation it would be for Joel to follow up with an appointment or be prepared for a phone call with follow up at a later date.

5

Q. Right. Let's just work out who would do what if we could, please.

A. Yes.

Q. So that it all becomes practical and real.

10

A. Yes.

Q. So, the police who attend at first instance would speak to everyone in the way that they did, and would they at that stage make contact with the co-responder ambulance personnel?

15

A. Yes.

Q. And at that stage, would they say, "Tomorrow the ambulance personnel and police will be making contact with you to talk things through further"?

20

A. No, sorry. That was if the ambulance co-responder would attend that job that evening.

Q. That evening, okay. So, let's just go back. So if asked, the co-responder ambulance personnel might join the police that very evening?

25

A. Yes.

Q. Okay. And otherwise, might it be organised that they come out the next day or the one after when they're available, or is it an immediate, is it something that happens straight away if it happens?

30

A. From my experience it's a first response. So it wouldn't - to my knowledge I haven't seen of it being an appointment at a later date.

Q. No, that's very helpful, thank you. Just going to the operation of the MHIC, with which you are familiar, if you'd been able to do what you intended to do, again, talk her Honour through what your procedure would have been?

35

A. So my procedure would have been to call mum. Obviously take any information that was necessary. From the information that I saw, potentially the advice would have been for her to contact her GP and get them to assist with completing an examination authority. And the reason for that is because that then requires Queensland Health to come and make an assessment after seven days if that's granted.

40

Q. All right. So you yourself wouldn't speak to Joel at that stage?

A. Dependent on the information.

45

Q. Would you speak to someone in the health department, to your equivalent MHIC in the health department?

A. Yes.

50

Q. And for what purpose? What would you ask them to do or not do?

LTS:DAT

A. It would be to gain advice. And it was just a general notification of advising that we've had this interaction. And I would be advising them that this is the advice that was provided.

5 Q. They have their own opportunities then to make contact with the family, and in particular with Joel?

A. Yes.

10 Q. Okay. If you do that, just to follow up on what Ms Chrysanthou asked you, they don't provide you with information about what's in his clinical records?

A. I don't believe so.

Q. So, you tell them what you can tell them, and then they follow up as they deem appropriate, is that right?

15 A. That's correct.

Q. Do you find that to be a useful exercise?

A. Yes.

20 Q. In what way, what makes it useful?

A. It's useful in the way of, for example, if those situations aren't an emergent reason why an emergency examination authority may be taken out, it can be an appropriate response at a later date or when it's appropriate.

25 Q. I've asked you questions about the co-responder model.

A. Yes.

Q. And now the utility of the MHIC. What about the liaison service, have you had reason to utilise that yourself?

30 A. No.

Q. Okay. Thank you very much.

HER HONOUR: Thank you. Mr Gnech?

35

GNECH: No questions, thank you.

HER HONOUR: Thanks very much. Is there anything arising?

40 DWYER: Nothing arising, thank you.

NO EXAMINATION BY MR TOWNSEND, MR ROFF, MR CHIU, MS CALLAN, MR JORDAN, MR CASSELDEN, MS CLARKE, MR GNECH, MS MATHUR, MR PENN, MS ROBB, MR WILSON AND MR LYNCH

45

<THE WITNESS WITHDREW

50 DWYER: Your Honour, those are the witnesses for today. We start again at 10am tomorrow. I don't believe there's any housekeeping, so we can break for the day.

LTS:DAT

HER HONOUR: Thanks very much. We'll adjourn until 10 tomorrow.

AUDIO VISUAL LINK CONCLUDED AT 3.43PM

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ADJOURNED TO TUESDAY 6 MAY 2025