Hypothetical scenarios

S, a 17-year-old-male

S is a 17-year-old male with high functioning autism spectrum disorder (ASD) and obsessive-compulsive disorder (OCD), treated by you, a GP.

You know S is socially isolated and spends most of his time online. He lives at home with his parents who do not supervise his internet or video game usage.

A Fixated Threat Assessment Centre (FTAC) clinician contacts you informing you that an overseas intelligence agency contacted the state Counter Terrorism (CT) police to advise that S has been speaking with ISIS online. In these online conversations, S stated he has plans to blow up the local police station and behead civilians. Given the complexities of the case, it was referred to the joint police-mental health FTAC.

Initial FTAC investigations found that S had been seen two years earlier by a youth mental health service where he received the diagnosis of ASD, but there was no further contact with that service. Your name and contact details were recovered from these records.

The FTAC clinician phones you as part of their initial assessment to seek further information that could assist in the assessment of the risk posed by S and management strategies.

The FTAC clinician shares with you that CT police have recovered some concerning items from the teenager's home, although she cannot provide any detailed description because this is an ongoing police investigation. She did, however, indicate that the items included some weapons and paramilitary paraphernalia.

You have not had previous dealings with an FTAC and you are confused as to what they expect you to share and what is appropriate for you to share.

Fixated Threat Assessment Centres (FTACs)

Fixated Threat Assessment Centres (FTAC) were established in response to attacks by individuals with pathological fixations and grievances, some of which have extremist themes. These individuals commonly share vulnerabilities including untreated mental illness. Jointly staffed by mental health practitioners and police, FTACs are designed to optimise threat assessments and management plans for higher risk individuals, preventing adverse outcomes. Relevant information is shared between FTAC staff under ethical information sharing protocols. Fixated threat assessment capability has been established in all Australian states and territories and New Zealand.

J, a 55-year-old woman

You are a female GP contacted by an FTAC about J, a 55-year-old woman who is one of your patients. In the period of time you have been seeing J, she has not had any mental health treatment.

The FTAC clinician shares with you that they have been referred J's case by the office of a member of parliament (MP). In the referral process, FTAC learnt that J has a history of erotomanic delusions involving a male city councillor that persisted for two years, but she had recently shifted her attentions to the MP.

FTAC assessed J as a Moderate level of concern on the basis that the MP was married with children, and J had alluded to "removing them from the picture". This was upgraded to a High level of concern after police indicated she had a weapons license and gun club membership.

J, a 55-year-old woman (cont.)

J refused to speak with FTAC clinicians. The FTAC are now liaising with you, as her GP, and the local area mental health service, as they have formed the opinion that J needs urgent treatment for her erotomanic delusions, and she has no insight into her mental illness or need for treatment.

Erotomania

A delusional conviction of being loved despite the supposed lover having done nothing to encourage or sustain that belief and, on the contrary, having made clear their lack of interest.

D, a 34-year-old male

D is a 34-year-old single male with a diagnosis of chronic schizophrenia treated by you, his GP.

D's mother contacts you because D has been attending right-wing rallies and has befriended members of an outlaw motorcycle gang (OMCG). He has been making racist and anti-Semitic comments to her and is claiming he hears the voices of extreme right-wing activists at night directing him to burn down a mosque.

He lives with two other psychiatric patients, who all smoke a lot of cannabis, and he has recently prevented his mother from visiting his residence. His mother is also concerned that he and his OMCG friends are involved in the manufacture of amphetamines.