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Building Capacity: Mental Health and Police Project

Final Project Report

July 2006

Project Completion

The Building Capacity: Mental Health and Police project (BC:MHAPP) got underway in February 2005. The original timeline for the project was a straight 6 months from February to July 2005. As the project developed, however, coordinators were concerned about completing the project in July for several reasons: first, the unavailability of committee members during late June and July due to holidays; second, momentum for the action plan and continuation of the committee would be lost over the summer months; and third, the results of the project and the project report would receive little attention during the "down time" of the summer months. It was decided that in all locations but one (Williams Lake, where the coordinator was moving on to other work) that the committees would stop in June and reconvene in September for completion of the project.

It turned out to be a challenge in some locations to reconvene the committee after the summer break and regain momentum for the project. Local site reports were delivered to the provincial coordinator during September and October. A final presentation of local findings was made to the Provincial Consultation Committee on November 1, 2005 and at the national "Psychiatrists in Blue" conference held in late November 2005.

January – June 2006: Update

Following the completion of the project at the local sites, evaluation tools were collected and summarized, this final report was first drafted, and proposals were developed to extend the project in several directions. We are pleased to say that the Provincial Health Services Authority has now committed funding for three areas of project expansion:

1) External Evaluation of first 6 sites,
2) Funding to support action plans at first 6 sites
3) Develop project at 3 new site locations.

This second phase of the project has now begun.

Results/Achievements

- *Collaboration/partnerships*

  In every location, the development of collaborations and partnerships through the BC:MHAPP committee was heralded as an important and long overdue achievement. Although in most communities there may have been some one-on-one limited collaboration between some organizations, this project was unique in bringing together a number of different perspectives to define services and needs. The information and solution oriented discussions involving this wider range of perspectives was very beneficial in educating different sectors about the various roles,

responsibilities, and limitations of the various players. It also led to more "outside the box" problem solving discussions than more limited collaborations could provide. This was a real and primary benefit arising from the project.

- *Innovative solutions*
  Each community had it's own vision of what it needed to improve interactions between police and persons with mental illness, and came up with different solutions, many of which were adopted by committees in other sites.
  Some examples:
  - "Consumer card" containing relevant information (Dr. information, diagnosis, name of a person best able to communicate in crisis, medications, etc.) for a person with mental illness to provide to first responders when that person is unable to effectively communicate
  - Informal dinner meeting between Emergency Department doctors and police resulting in better understanding and action to resolve issues
  - Investigate special constable status and training for hospital security staff
  - Social events hosted by consumers for police, mental health and hospital personnel
  - Listserve for first responders to interact informally, share information and seek solutions to common problems
  - Investigate the possibility for mental health-police team (Car 87 model) in larger communities
  - Develop a video/PowerPoint presentation about mental health crisis for public education

- *Inclusiveness*
  One of the most important aspects of this project was the inclusion of persons with mental illness and family members at the table. These committee members provided an invaluable role of presenting the perspective of the person in crisis – a perspective not usually considered when developing responses to crisis. This voice was effective, educational and solution oriented.

  In each site the police and mental health system were fully engaged, as were community service providers and consumers. Additional members were added to the committee as the relevance of their participation became evident. In particular, the BC Ambulance Service was engaged in every site, and generally were very active participants. Attempts to engage emergency dispatch providers (i.e. 911) were less effective, but progress was made in respect of Lower Mainland sites.

  In larger urban sites (notably Vancouver) the limited timeline for the project and the vast number of potential representatives to include on the committee proved difficult. As a result, even with a somewhat unwieldy 15 member committee some areas were left unexplored (e.g. youth, homeless, addictions, and some community service providers). Due to the complexity of the system in the large urban centres, the amount of work involved in obtaining accurate information, conducting key informant interviews and focus groups, and facilitating resolutions was much greater and more challenging than in the smaller communities.

  One of the limitations experienced at most sites was the failure of the hospital emergency department to participate. Although hospitals were represented at all but one site, it was the psychiatry department that engaged rather than the emergency department, where most hospital

issues arose. Another challenge was the engagement of different cultural perspectives in some communities; notably the absence of the aboriginal perspective in communities with a significant aboriginal population. It may be that the short timeline of the project and the nature of existing cultural relationships within a community inhibited the development of a trust relationship, which could have resulted in greater participation from this sector.

- *Effect on Community*
  Each of the six communities experienced increased knowledge and collaboration among the organizations represented. Shifts were made from positions of discontent to problem resolution through collaboration among committee members. Community committees see a future where communication, collaboration and innovation will improve the response to mental health crisis providing a smoother path for the person with mental illness and for those who respond to mental health crisis.

  The project has also highlighted the value of CMHA as a community partner that can effectively and objectively facilitate resolution of issues in the community by bringing together numerous parties for creative problem solving. This project has been very effective at advancing one of CMHA's most important goals: the inclusion of persons with mental illness in decision-making around matters that affect them and about which they have a unique and highly relevant perspective. The project has also been successful in the various communities at finding ways to improve the response to mental health crisis from a variety of sectors - including the public - through education, collaboration and problem solving at the community level. As a result of the project, at least one CMHA branch now has a police officer on its Board; in all communities the relationship with police, mental health system, ambulance service and community organizations has become deeper, stronger, and more interactive.

Project Deliverables

- *Local Site Reports/Action Plans*
  Each site produced a map and report of services and process for a person with mental illness in crisis. This proved to be a very effective method for assessing the process and determining in a structured way the issues that needed to be addressed, as well as identifying all the steps and agencies along the way which may have an impact on the experience of both the person in crisis and the first responder.

  From the community map and overview, issues were identified and a plan of action developed to address these issues on a local level. The project was intentionally aimed at empowerment for action on a local level through collaboration and creative problem solving rather than simply recommendations for the higher levels of government and/or organizations to address. Some of the solutions have been quite simple and yet contribute to achieving the result of improving interactions. The process of the committee interacting to develop the map and overview in itself proved to be a positive process as many committee members learned more about the context of other services and how services interact or should interact for the greatest benefit.

  At the same time there were inescapable issues which could not be addressed on a local level, and which were common across communities. These were identified in each community as recommendations for the provincial and regional levels.

Attached are copies of the maps and overviews from each site; though they each contain common elements, they are all unique.

- *Provincial Report*

  While the focus of the project was finding local "made in the community" solutions, it was determined at an early stage that a transfer of information between the community level and the regional/provincial level would benefit all. As a result a provincial "Consultation Committee" was struck involving provincial and regional health authorities, provincial level police and ambulance service representatives, the province's chief coroner, representatives from two mental health – police collaborations (one in Vancouver, one in Victoria) and community service organizations. This committee met twice; first to give an overview of the project and to hear what provincial initiatives were underway, and the second time to present the project findings and recommendations, and to discuss ways to share findings, support the community committees' sustainable solutions, and to determine how to disseminate and build upon the project achievements.

  The final presentation to the provincial committee was very successful; the committee was impressed with what was achieved over a relatively short timeframe, and endorsed the appropriateness of the recommendations as they apply to the issue.

- *Fact Sheets*

  As provided in the interim report in May 2005, eight fact sheets were produced on issues related to police interactions with persons with mental illness.

- *Clearinghouse*

  The clearinghouse is an Internet based resource for information on various aspects of the issues related to police interactions with persons with mental illness. A draft of the Clearinghouse model was developed during the project, but has not been posted as we are currently reviewing and reflecting on what format and type of resource would best serve the community.

- *Resource Guide*

  The resource guide is a simple guide for other communities that may wish to undertake a project like BC:MHAPP. The resource guide is intended to prevent the "remaking of the wheel" through sharing the lessons learned during this project and some of the most useful materials used in developing the project. It is not intended to be a strict step-by-step model, as each community will be different, but rather a resource to be adapted to the community.

  The creation of the resource guide is currently in progress.

Lessons Learned

Perhaps the most significant lesson learned is that the timelines were too short for all communities, but particularly for the larger urban centres. As a result, it is recommended that prior to initiating a like project, an assessment be done as to the size and complexity of the system in a particular community in order to accurately estimate an appropriate timeline for the project. In cities such as

Vancouver, Victoria or Kamloops for example, the timeline should be no less than 12 months; in smaller communities 8 - 9 months would be appropriate.

On the provincial level, a coordinator should be hired one month prior to the local coordinators in order to get a solid grounding in the issue, develop preliminary guidelines and timelines, determine local coordination needs, and develop orientation and training material so that orientation can take place as soon as the local coordinators are hired. This gives the local coordinators better grounding upon which to develop their committees and develop their process. The expectations and deliverables should be specific and outlined at the very beginning of the project.

Some specific recommendations from the local coordinators include:

- Clearly map out the level of commitment and time involved to each prospective committee member at the first interview to ensure they are available and committed
- Follow an interview guide for prospective committee members in order to ensure collection of relevant information
- Local coordinators require strong facilitation and diplomacy skills. Some people can be very defensive of the service that they provide and may be resistant if directly challenged
- The coordinator should maintain control of the process to ensure that strong personalities do not dominate and steer the agenda
- Be aware that focus groups can lead the participants to recall events that are emotionally upsetting to them. Be sure that participants are aware of this possibility and be prepared to provide or direct them to follow-up support; advise at the beginning that this will be made available for them if needed.
- Use realistic examples of persons with mental illness in crisis in order to better engage committee members; it sparks interest and takes the issue from the theoretical to the real.
- Have someone else take minutes in the meeting so the coordinator can focus on facilitating discussion and the meeting as a whole
- Provide a variety of learning aids (handouts, flipcharts, video, etc.) as everyone has a unique learning style
- Organize focus groups early: they can take a long time to organize, and the information gathered from them should be available to committee members at the earliest opportunity
- Maintain focus on the topic and goals of the project
- Some committees may be less proactive than others; the coordinator may need to feed back to the committee a list of ideas that they have generated so that the committee can respond and either adopt or tailor them as appropriate; i.e. some committees may need something to work from.

Evaluation Process and Results

The project was evaluated for process and outcomes by the coordinators and committee members, as well as through key informant interviews. The evaluations covered both content/impact and process, as follows (summaries of results are attached):

1. Coordinator evaluation – orientation process
2. Coordinator Evaluation – midterm
3. Committee Member Evaluation – midterm
4. Committee Member Evaluation (process) - Final
5. Key Informant Interviews – Final

A final external evaluation of the project will be completed by November 2006 and will be posted on CMHA BC Division's web site.

Project Profile

Aside from the media and profile opportunities mentioned in the midterm report, the provincial coordinator has since presented at a local conference in Thunder Bay (Agenda attached) and (with several of the local coordinators) at the "Psychiatrists in Blue" conference of the Canadian National Committee for Police/Mental Health Liaison, a subcommittee of the National Association of Chiefs of Police held in November 2005 in Vancouver. Both of these events were very successful; the audiences were very impressed with what was achieved over a very short period of time. The project continues to be mentioned on the CNCPMHL listserve.

A public release and dissemination plan for the project findings will be ongoing.