



Building Capacity: Mental Health and Police Project

Summary of Findings

The *Building Capacity: Mental Health and Police Project* was initiated by CMHA-BC Division in February 2005 in an effort to find ways to improve interactions between police and persons with mental illness. The project, funded by the Provincial Health Services Authority and the Vancouver Foundation, built on CMHA's *Study in Blue and Grey*. The intent of the project was to try to develop solutions at a local level, by bringing together all the parties that play a part in a mental health crisis to discuss the services available, the problems that exist, and how those problems can be solved.

The intent was that each of the six local committees would include at least one person with mental illness, family members, police, mental health service providers (health authority), community agencies, and hospitals. As committees were developed, we came to see that other parties were also relevant: BC ambulance service came on board at every location, and their level of participation and enthusiasm has been great.

Unfortunately we were unable to get every relevant party to every table, and as is often the case, some parties' participation was inconsistent. There was great difficulty in getting hospital emergency departments to participate in most committees (the exception being Williams Lake) and the lower mainland emergency dispatch agency (Ecomm) did not participate, though they did provide information.

Even so, committee members were dedicated to their task and provided invaluable insight, information, and creative thinking to the process. All committees achieved their objectives of developing a community map of services in respect of mental health crisis, identified and prioritized issues in the process of resolving a crisis, and developed an action plan for addressing those issues which could be addressed at a local level. All of the committees have made some commitment to continue working together either on particular actions or as a whole for further development, discussions, and information exchange.

Attached are the summaries of issues and actions of each community, followed by a list of issues commonly identified by at least two committees as requiring action at the provincial/regional level to resolve them, and recommendations for what that action might be. We have put these recommendations in context by providing related excerpts from both *Study in Blue and Grey* and *Beyond the Revolving Door*, the recently released report from the Street Crimes Working Group of the B.C. Justice review Task Force.

Local Issues and Actions:

Cranbrook (Kootenays)

- Issue:** BC Ambulance not being called to respond at the same rate as police, therefore police must transport persons in mental health crisis to hospital in police vehicles with no medical consultation.

Action: Collaboration between police and BCAS regarding transport issues is in development (ongoing)
- Issue:** All systems lacking in knowledge about each others' roles and responsibilities, and lacking an information sharing strategy to improve service

Action: Create a protocol stating to whom and in what circumstances information can be shared between systems, especially in response to mental health calls. Create a formal or informal system of information sharing possibilities.
- Issue:** No system in place for police or ambulance personnel to gather information (e.g. emergency contact, significant behaviours, medications, case worker, doctor, date of last hospitalization, etc.) about a person in mental health crisis.

Action: Develop a consumer card to include emergency information (Williams lake model). Develop a card for community responders with emergency numbers for assistance in dealing with a mental health crisis: this gives first responders better awareness of local resources, and also enhances their ability to refer individuals to appropriate services.
- Issue:** A method is needed to ensure that the procedures are accepted and understood by all parties, and that the knowledge base and progressive measures to improve interactions between first responders and persons with mental illness are sustained.

Action: agencies develop an MOU which sets out the best way to handle a mental health crisis, delineating roles and responsibilities of each agency/party.

Local Issues and Actions:

Delta

- Issue:** Persons in mental health crisis subject to process bottlenecks caused by constant reiteration of paperwork at every level (police, ambulance, hospital emergency department, etc.)

Action: Consider ways to remove barriers (confidentiality and liability issues) to creating an interagency form to travel with a person in crisis from initial contact by an emergency service to completion of a follow-up by mental health.
- Issue:** Emergency responders require better education on responding to persons in mental health crisis.

Action: A training program has been started by Delta Mental Health Services – Fraser Health and is being provided to police and paramedics. This will continue to be provided to these agencies, and the program may be expanded to include firefighters and emergency dispatchers. A program is also being looked at for emergency room personnel.
- Issue:** Police and ambulance personnel are required to transport to nearest hospital (Delta Hospital) which has very limited ability to treat persons in mental health crisis.

Action: Develop a protocol between Delta Hospital, Surrey Memorial Hospital (which can provide necessary treatment options), mental health services and emergency responders to permit direct transport to SMH. Provide opportunity for dialogue to ease issues of transportation, cross service responsibility, cross service tracking, and client follow up.
- Issue:** Need a special response to chronic clients to provide faster and better response to their needs.

Action: Educate all parties on SMH procedure, and educate SMH on Delta service provider/client needs. Community Care Plans need to be developed for chronic clients, and find ways to share this information with emergency responders (similar issues as in #1).
- Issue:** Extensive wait times at Surrey Memorial Hospital emergency for psychiatric admissions, in part due to need for medical examination prior to psychiatric assessment (legal liability) and triage scale which gives psychiatric assessment/crisis a lower rating.

Action: Look into possibility of using new detox centre (Creekside) for psychiatric crisis patients. Ensure that SMH review of wait times includes police and ambulance personnel from Delta. Request that BC Schizophrenia Society provide information to committee from their project on hospital wait times for psychiatric admission.

Local Issues and Actions:

Nanaimo

1. **Issue:** Extensive wait times for admission to hospital of person in mental health crisis.
Action:
 - Collaboration between RCMP, BCAS and hospital to reduce wait times (Ongoing).
 - RCMP will examine the possibility of special constable status for security staff to oversee persons waiting for admission (Ongoing).
 - Examine results of BCSS provincial project on hospital wait times for psychiatric issues (when available).

2. **Issue:** Insufficient affordable supported housing and bridge housing for persons leaving hospital and transitioning back into the community.
Action:
 - Salvation Army is in process of creating a homeless shelter, where a Crisis Response Team member will attend during certain hours.(in process)
 - Committee member (consumer) presented to the Senate Committee on the State of Mental Health on the need for more Supported Independent Living units in the community. (done)
 - All parties to lobby through their organizations for an increased federal/provincial budget for supported housing for persons with mental illness and consider lobbying for residential crisis units.

3. **Issue:** While there is some information sharing between RCMP and Nanaimo Mental Health, there is a need for better system of information sharing.
Action: Creation of a card (based on the Williams Lake BC:MHAPP model) for consumers to carry on a voluntary basis with contact and support information in case of a mental health crisis. (in process through CMHA)

4. **Issue:** There is a need for ongoing training in mental health issues and crisis response.
Action:
 - The Nanaimo Crisis Response Team will modify the training they provide to Nanaimo RCMP to include a component on mental health crisis skills. CMHA Nanaimo is training Mental Illness First Aid trainers and will begin providing this program in October, and also has the BRIDGES program facilitated by persons living with mental illness.
 - Committee members will be proactive in ensuring that funding is available for members of the community to attend relevant training.

5. **Issue:** Need for Representation Agreements for persons living with mental illness, so when they are deemed unable to make choices due to mental illness crisis, their representative can make decisions in their place.
Action: That community education be provided regarding Representation Agreements, and that a letter writing campaign be undertaken to support the implementation of legislation for Representation Agreements for persons with mental illness.

6. **Issue:** Crisis line needs increased lines/volunteers (minimum 2 lines at all times), extended hours and sensitivity training for volunteers.
Action: Crisis Line staff has attended meeting at Phoenix House to discuss their role in the community. Crisis Line has made changes to provide better access: hours have been extended, volunteer staff increased to 2 persons per shift, and phone lines increased to three. (done)

Local Issues and Actions:

Richmond

1. **Issue:** There is no standard coordinated police/mental health response to mental health crisis.
Action: MHES representative will collect: statistics on outreach calls accompanied by police, budgetary information/costs for implementation and pilot program/ongoing program, and policy/protocol for Vancouver's Car 87 to determine if mandate fits the Richmond community. Confirmation of support from manager of Mental Health Services and Superintendent of RCMP.
2. **Issue:** There is a need for ongoing mental health education and training for RCMP and community agencies.
Action:
 - Clarify RCMP regarding training needs on mental illness and crisis response. Consider development of an integrated education program for RCMP and other First Responders (e.g. ambulance service and Ecomm). Investigate other RCMP training developed in the Lower Mainland (Surrey/Burnaby). Develop a curriculum based program for new RCMP recruits, recognizing the high turnover of officers due to Richmond being a training base.
 - Richmond Health Services and BC Schizophrenia Society have committed to provide training. Investigate funding sources for a grass roots approach to integrated education, including the public.
3. **Issue:** There is a need for public education regarding the police role in a mental health crisis, especially for the multi-cultural community.
Action:
 - RCMP committee member will work with representatives from community agencies to organize community forums to educate different cultural communities about the role of police.
 - BC Schizophrenia Society will look into working with the Immigrant Services Society on educational issues for new immigrants. Develop appropriate educational materials regarding this issue to be translated into other languages.
4. **Issue:** Lack of communication and information flow between Richmond Health Services, RCMP and community care providers.
Action: RHS administration is investigating whether a High Risk registry would be an appropriate system for this community. RHS to involve community partners in the development of community care plans for clients at high risk of MHES and/or RCMP crisis support.
5. **Issue:** Support needed for families with parental mental illness
Action: One day conference on Supporting Families with Parental

Due to the limited time and resources, the committee was not able to address all issues; the committee will reconvene in November to look at the following issues:

- Concurrent disorders
- Youth and young adult issues
- Vancouver International Airport disconnect from Richmond and its resources
- Promotion of Early identification, assessment and intervention services
- Taser policy, procedure and practice
- Review of environmental and social factors

Local Issues and Actions:

Vancouver

1. **Issue:** The current police officer recruit training does not include sufficient training in mental health issues and mental health crisis response techniques. New Vancouver police recruits do not currently receive sufficient orientation to the mental health system or resources available to assist them in dealing with mental health crisis situations.
Action: VPD to include orientation to the mental health system and forensics in initial field training of new officers, and provide a quarterly update on mental health resources to all officers.
2. **Issue:** The current training of ambulance service paramedics is not sufficient for the degree of contact ambulance personnel have with persons in mental health crisis.
Action:
 - Within the Vancouver region, the BCAS will work on having at least one paramedic on duty per shift per unit who is a trained “mental health first responder” who will be a first choice for response to calls where mental illness may be a factor.
 - The BCAS committee representative will work on the development of a conduit for information on mental health issues and techniques for interacting with persons in mental health crisis.
 - The BCAS representative will work on ensuring that the Emergency Street Psychiatric Manual is carried in all BCAS vehicles for reference.
3. **Issue:** E-Comm (911) call takers and dispatchers need training on mental health issues and communication with persons in mental health crisis, and a list of appropriate questions needs to be developed for dispatchers to provide the best information to police officers to ensure the best response to calls involving mental health issues.
Action:
 - The VPD liaison to Ecomm will look at working with Delta and Richmond liaisons (where BC:MHAPP committees have also identified these issues) and Ecomm to develop a mental health component to training. MHES would also be an asset in this process.
 - The VPD will work with Ecomm in developing a defined policy on how to deal with calls involving mental health issues.
 - MHES will provide supplemental ongoing information on mental health issues on a semi-annual basis.
4. **Issue:** Emergency department personnel would benefit from increased training on mental health issues, crisis intervention, sensitivity training, and forensic issues.
Action: Hospital representatives to look at the possibility of a mental health crisis education module for ED nurses and security staff to include legal issues under the Mental Health Act, symptoms of mental health crisis and crisis de-escalation, including the perspective of persons with mental illness.
5. **Issue:** Persons with mental illness, family members and supporters lack information as to their own legal rights and responsibilities and the role and authority of police in the event of mental health crisis.
Action: CMHA or other community agency to apply for funding to create educational materials and a workshop on these issues in English and other dominant languages. Persons with mental illness to be involved in development of materials and workshop presentations.

6. **Issue:** The public needs more information and education on understanding mental illness from a practical level, and how to communicate with persons in mental health crisis.
- Action:** CMHA or other community agency to apply for funding to create and present educational materials on the topic of mental illness symptoms, communicating with persons in mental health crisis, roles and responsibilities of police and other first responders, etc. The requirements for translations and involvement of persons with mental illness are also relevant for these materials. This may be done in conjunction or separately from item #5.
7. **Issue:** There is a desperate need for more supported and bridge housing for persons with mental illness in Vancouver.
- Action:** All committee members will lobby through their organizations for increased supported and bridge housing in Vancouver.
8. **Issue:** The wait times for admission to hospital of persons in mental health crisis are unacceptable. This escalates the crisis and prevents police and ambulance personnel from attending to their duties.
- Action:**
- VPD to enter discussions with VGH and St. Paul's regarding the possibility of hospital security staff being designated as "special constables" for the purposes of having authority to detain persons under the Mental Health Act.
 - Hospitals to find means of providing appropriate psychiatric admission waiting areas staffed or attended by triage nurses who may provide required care to reduce crisis symptoms.
 - Hospital, police and BCAS representatives (and preferably with input from a person with mental illness) to develop a protocol for transfer of custody at hospital emergency departments; the roles and responsibilities of each party and the use of restraints must be clearly defined and communicated to all personnel.
9. **Issue:** Information sharing between the mental health system, the police and corrections services, BCAS, and hospitals can sometimes be difficult and hinders best practices in serving persons in mental health crisis.
- Action:**
- Representatives to develop a protocol to improve the information sharing capacity of each agency in order to provide the best, most effective and least intrusive and dangerous interventions to a person in mental health crisis while protecting privacy interests of the individual.
 - CMHA or other community agency to develop a consumer information card for voluntary use, which provides relevant information for crisis management during times when the person with mental illness cannot effectively communicate.
10. **Issue:**
- Ongoing communication and collaboration are needed between police, the mental health system, Ecomm, BCAS, community service providers and representatives of persons with mental illness in order for progress to continue.
 - A system for communication of information regarding committal and release of individuals from psychiatric hospital care is also needed.
- Action:**
- BC:MHAPP committee to continue to ensure that actions are completed, and information/issues are communicated and resolved.

- A protocol for notification of the committal and release of psychiatric patients is to be developed between hospitals, mental health teams, forensics, police, and any other relevant agencies/persons.
11. **Issue:** The relationship between persons with mental illness and the mental health and legal systems can be one of mutual distrust and fear. This relationship needs to be improved in a supportive way.
- Action:** The community agencies (e.g. Coast, Kettle, CMHA clubhouse, MPA, Triage, etc.) to develop a plan for a social calendar of 4 events per year where the agency members (persons with mental illness) host a social event with the above-noted as guests.
12. **Issue:** The system of call taking and dispatch requires some improvement, which can best be effected by Ecomm’s participation in this process. Ecomm also needs a complaints protocol, and a protocol for dealing with “system abusers” (nuisance calls).
- Action:**
- Ecomm to be encouraged to participate in the committee.
 - Ecomm to develop a formal process to respond to complaints, in collaboration with the agencies to which they provide service.
 - Ecomm to work with police and BCAS to develop a solution to the problem of system abusers.
13. **Issue:** A concise and current reference list of emergency mental health resources, including translation/ethnic/cultural resources is needed for front line personnel to find resources quickly to assist a person in mental health crisis.
- Action:** CMHA or other community agency to seek funding to create and maintain (semi-annually) this service for distribution to agencies, family members, persons with mental illness, front line personnel.
14. **Issue:** Police officers with advanced mental health training need to be strategically placed and utilized until all officers are trained.
- Action:**
- Vancouver Police Department to attempt to have at least one officer per team per district on each shift.
 - VPD Dispatchers to be directed to request “advanced mental health training” where mental health may be an issue (in the same way that requests are made for “drug detection” or “non-lethal weapons”)

Local Issues and Actions:

Williams Lake

1. **Issue:** There is a lack of adequate and ongoing training for dealing with mental health crisis for police, ambulance paramedics, consumers and family, public, and other service providers
Action:
 - Two committee members will take Mental Illness First Aid (MIFA) training, and two more will train as back up. Creation of training module. Training will be integrated into RCMP orientation, and provided to current members. Funding to be discussed.
 - In interim, obtain wallet cards (VPD style) for officers on how to best communicate with persons experiencing symptoms of mental illness
2. **Issue:** Police do not know whom to call to assist with a mental health crisis.
Action: Produce a wallet card of Mental Health Emergency contact list for police and which can also be distributed to consumers, other service providers, family members, etc. (Done)
3. **Issue:** Lack of communication/collaboration between police and medical personnel at hospital emergency department to improve hospital wait times
Action: Dinner meeting organized for doctors and police to exchange information, concerns, ideas for improvement; results were immediately noticeable and continue to progress in a positive manner. (done)
4. **Issue:** Some persons with mental illness are unable to communicate necessary information effectively during a mental health crisis or psychotic break
Action: Create a “consumer card” for personal information, list of medications, doctor’s name, who to call, etc. (done)
5. **Issue:** There is a general lack of knowledge among the public about mental illness, symptoms, best response
Action: Create a power point presentation with one or two facilitators to present information and answer questions (done)
6. **Issue:** Lack of clarity about roles and responsibilities among service providers in the case of a mental health crisis
Action: Create a Memorandum of Understanding between police, Mental Health and the Hospital defining the roles, responsibilities, and limitations in dealing with a mental health crisis.
7. **Issue:** Confusion among consumers, family members, service providers, police, etc. as to whom to contact for fast, precise information.
Action: Develop a 24/7 outreach worker position. Mental Health is currently working on this with a target start date of 2006; proposal to go to Interior Health for funding.
8. **Issue:** Lack of specific information about services available in Williams Lake – i.e. programs, resources, limitation, protocols, etc.
Action: Produce a short video highlighting the service providers and services available in Williams Lake. Timeline and funding to be determined.

Common Issues: Provincial and Regional Recommendations

1. Training and education

- Insufficient education for police officers in responding to mental health crisis
- Insufficient education for BCAS paramedics in responding to mental health crisis
- Insufficient training/procedure for emergency dispatchers to provide appropriate information for best response
- Insufficient awareness among consumers, family members, and community members on roles and responsibilities of police and other service providers in dealing with mental health crisis increases fear and mistrust of police

Recommendation: Funding to ensure adequate and appropriate education/training in mental health crisis management/response for all sectors of emergency response

Recommendation: Create minimum standards for mental health training (understanding mental illness symptoms, communicating with persons with mental illness) and list of appropriate questions for emergency dispatchers in order for accurate and appropriate information to ensure best response

Study in Blue and Grey - Best Practices:

- *Provide specialized and ongoing crisis intervention skills training to the core group (the Crisis Intervention Team) members. (p13)*
- *Have a specialized system of dispatch, including training for dispatchers (p. 5)The CIT program itself provides special training for their dispatchers to enable them to better identify if the call involves a person with mental illness, and collect relevant information about the person (p. 15)*

Street Crimes Working Group recommendations:

- *Training should be continued and enhanced for police and other justice system personnel in relation to addiction, mental health and crisis intervention. (p. 15)*
- *Where appropriate, justice system, health and social service personnel should assist each other with cross discipline training. (p. 15)*

2. Extensive waits at hospital emergency departments for police, BCAS and persons with mental illness in crisis; sometimes inappropriate response by emergency department personnel to person in crisis:

- low priority on triage scale
- no one to stay with person while awaiting admission
- lack of education/training re mental illness, crisis response
- insensitivity in response to persons in mental health crisis

Recommendation: Review, revise and standardize (hospital) triage scale to appropriately reflect urgency of mental health crisis without consideration of whether an “attendant” is present (e.g. police, paramedic)

Recommendation: Development of standard protocols for transfer of persons in mental health crisis from police and/or paramedics to hospital within a prescribed amount of time

Study in Blue and Grey - Best Practices:

- *Develop protocols for achieving close collaborations with mental health services (p.13)...In some cities, police programs have preferred status in hospital emergencies.*
- *One defining characteristic of the CIT program is that if a person requires hospitalization, officers can leave consumers at the hospital within 15 minutes of arriving, as set out in Memoranda of Agreement...(p. 16)*

3. Insufficient supported housing for persons with mental illness in the community leads to increased crisis and police interaction; Insufficient residential crisis units (as an alternative to hospital for persons in mental health crisis) and short term bridge housing (for persons being released from hospital back into the community)

Recommendation: Sufficient funding to provide supported housing in the community for persons with mental illness and to provide bridge housing/residential crisis units as ways to minimize mental health crisis

Study in Blue and Grey:

Community supports have not expanded proportionately to make up for the loss of institutional services or for the increased need brought about by an expanding population.(p.5)

Street Crimes Working Group recommendations:

Second stage support housing for youth with addictions or mental health issues should ..be increased. (p.14)

4. Lack of communication/collaboration between service providers on roles, services, etc.

Recommendation: Support/institute protocols for increased communication/collaboration between police, paramedics, service providers, and mental health system at the local level

Study in Blue and Grey - Best Practices:

- *Have good information systems in place (p. 5)*
- *Develop protocols for achieving close collaboration with mental health services (p. 5)*
- *Having information systems that provide information on mental illness and whether it is involved in a given situation enables police to intervene more effectively. This provides them with opportunities to consult with knowledgeable mental health professionals, and to assess or rule out risks, thereby helping to reduce uncertainty that frequently accompanies their calls. It also helps police to take preventative actions by identifying high use locations and individuals, and taking appropriate action. However, appropriate precautions need to be taken to address privacy concerns, and to ensure the mental health records are not misused. (p. 15)*

Street Crimes Working Group recommendations:

- *Crown counsel and other criminal justice personnel involved in the Bail Court should receive enhanced training in dealing with mentally disordered offenders, to help stream offenders effectively and strengthen the linkage between the courts and the health system....and receive regular updates from health services about facilities that are available for the treatment of mentally disordered offenders. (p. 15)*
- *Linkages should be created between agencies to facilitate data collection among the health, social and justice systems. Agencies should collaborate on identifying the types of information to be collected, giving consideration to the value of both information sharing and privacy rights, as appropriate. (p. 15)*

5. Restrictions within or lack of understanding of privacy legislation in respect of sharing personal information of person in crisis.

Recommendation: Review/revise privacy legislation to ensure protection of persons providing personal information for the purposes of crisis management and best response to person in mental health crisis; educate government, police, health and other services of the protection provided in privacy legislation in such cases

Study in Blue and Grey - Best Practices:

See 4. above, and pp. 15 – 16 regarding specific examples of how privacy issues have been dealt with in other communities

Street Crimes Working Group recommendations:

see 4. above