Police/Community Response to Mental Health

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Agenda

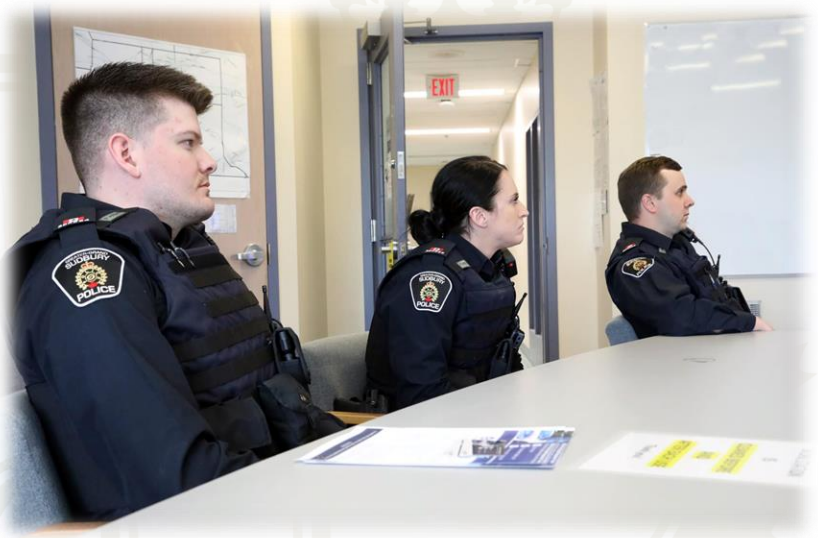
- National Perspective / Provincial Perspective
- OACP Police Response to Persons in Crisis Committee
- Mental Health Act Authorities
- GSPS Reform Group
- Partnerships – MCRRT / EMCRRT / 911MCRRT
- Benefits
- Police Hospital Transition of Care Protocol
- Evolution of Police Responses
- Next Steps
- Emergent Police Response
- Available Crisis Services

National Perspective

- Challenges for Police Services to address Mental Health (MH) related calls
- Mobile Health Support and Outreach Services exit throughout some communities in Canada, but not all
- Those that exist use collaborative approaches with Intervention Models which emphasize communication and de-escalation
- Federal Government initiative will be implemented on November 30th, 2023, for mental health and suicide prevention services. Calling 9-8-8 from anywhere in Canada and will see the caller directed to appropriate mental health crisis or suicide prevention services in their area

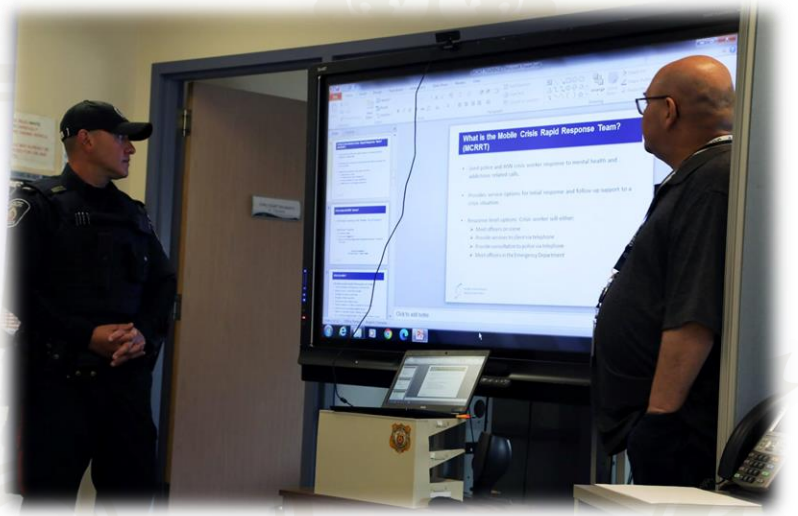
Provincial Perspective

- Many Police Services continue to work together with mental health and addictions partners to develop, expand and enhance their Mental Health Diversion Programs
- Extent of existing programs vary amongst jurisdictions based on funding and availability of mental health and crisis services
- Mobile Crisis Rapid Response Teams (MCRRT) consisting of a crisis worker and police officer responding to calls for service on the road
- All responses require resources and support from provincial and municipal health services



Provincial Perspective

- OACP Police Response to Persons in Crisis Committee (PRPC)
- The PRPC Committee reports to the OACP Executive
- It acts as an advisory body for consultation, information and recommendations to the OACP with respect to police response to persons in crisis across the province
- Provides consistency by recommending measurable evidence-based solutions on common approaches and core components of crisis response initiatives
- Advocates for legislative change
- Focuses on collaboration and multi-sectoral involvement



Mental Health Act (Sec. 17)

Where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person,

a) Has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;

b) Has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or

c) Has shown or is showing a lack of competence or care for himself or herself,

And in addition, the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,

d) Serious bodily harm to the person;

e) Serious bodily harm to another person; or

f) Serious physical impairment of the person

Greater Sudbury Police Service Reform Group

- As a result of questions and concerns regarding local police response to persons in crisis living with mental illness, a GSPS reform group was developed
- Primary goals include;

✓ Exploring **alternative responses** to mental health calls for service (provincial models)

✓ Utilizing **statistical data** to best deploy our resources, emphasizing effective and efficient operational deployment processes

✓ **Reducing wait times** for officers who are attending the Emergency Department (Police/Hospital Transition Protocol)

✓ Looking at **additional de-escalation and empathy-based training** for officers in order to be better equipped to respond to those in crisis

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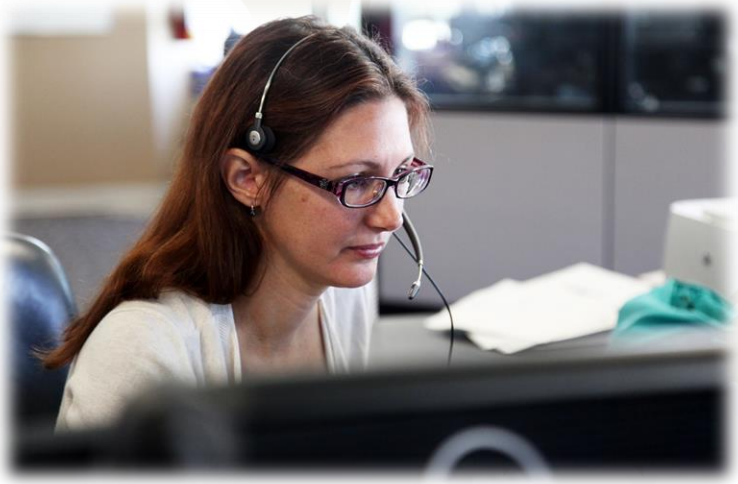
City of Greater Sudbury Partnership

- **Health Sciences North (HSN), the Greater Sudbury Police Service (GSPS) and Ontario Provincial Police (OPP)** have engaged in a joint venture to develop the Mobile Crisis Rapid Response Team (MCRRT).
- This project resulted in the development of a Project Charter, Memorandum of Understanding and Playbook to guide service delivery with services available 24/7.
- The program has since expanded to include an Enhanced Mobile Crisis Rapid Response Team (EMCRRT) and a Crisis Call Diversion Program (911MCRRT)

MCRRT, EMCRRT, 911MCRRT Response

- **MCRRT -** comprised of a trained Community Response Unit (CRU) officer and a civilian clinician from HSN or 127 Cedar Street. The clinician can attend the scene independently or ride-along with the officer
- **EMCRRT -** comprised of a trained CRU officer from the Community Mobilization Section and a civilian clinician assigned to GSPS HQ and responding to calls together
- **911 MCRRT –** comprised of civilians assigned to the 9-1-1 Emergency Communication Center triaging calls and speaking with persons in crisis (PIC) via telephone



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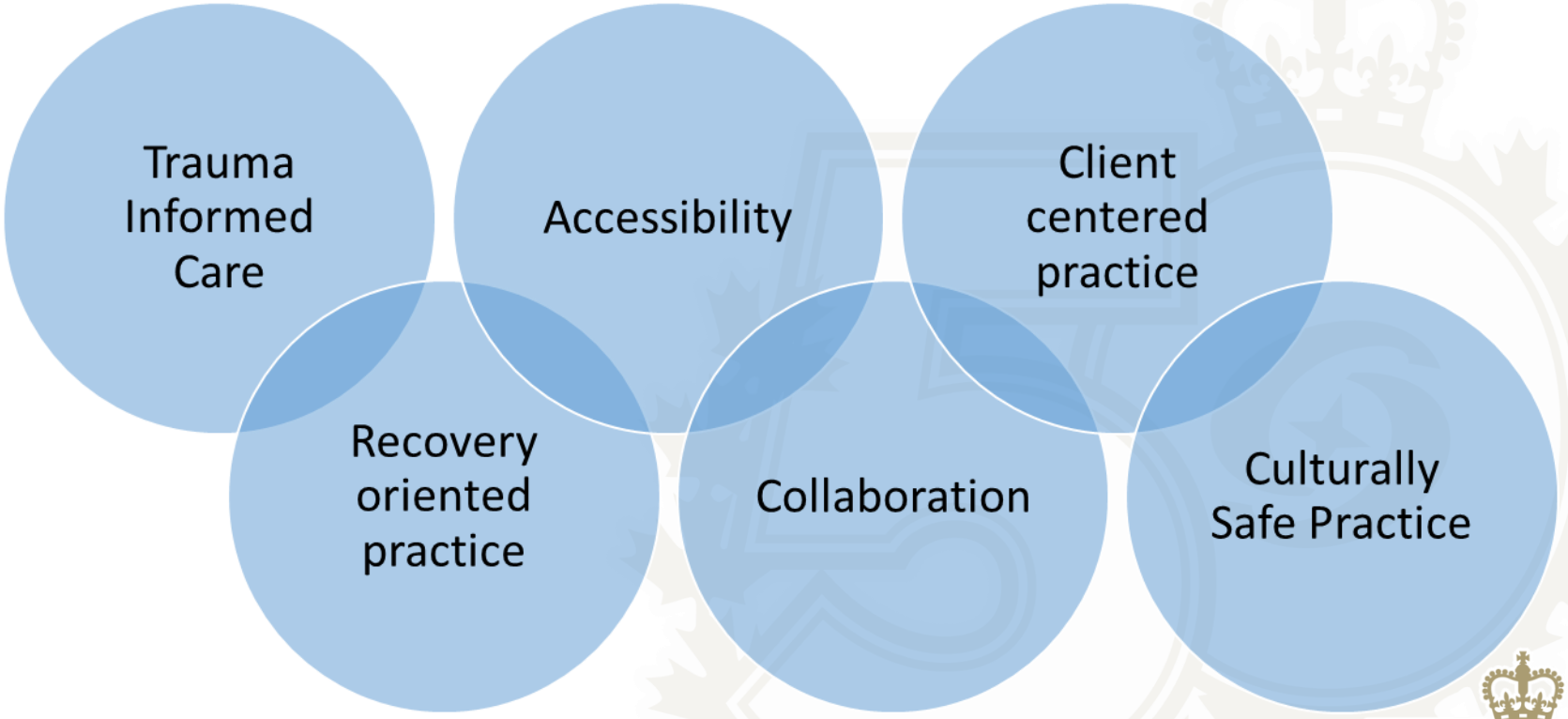
MCRRT Program Philosophy



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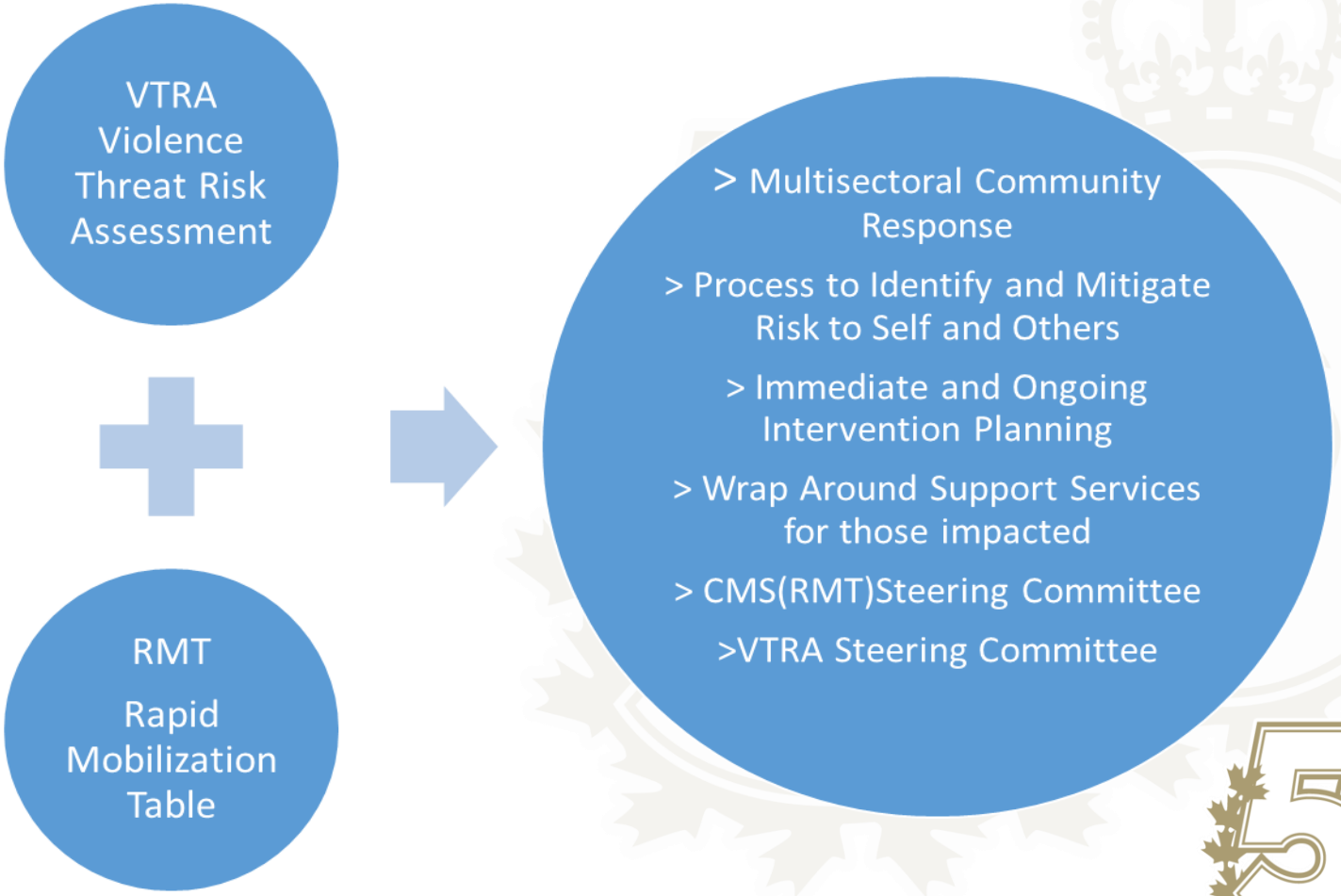
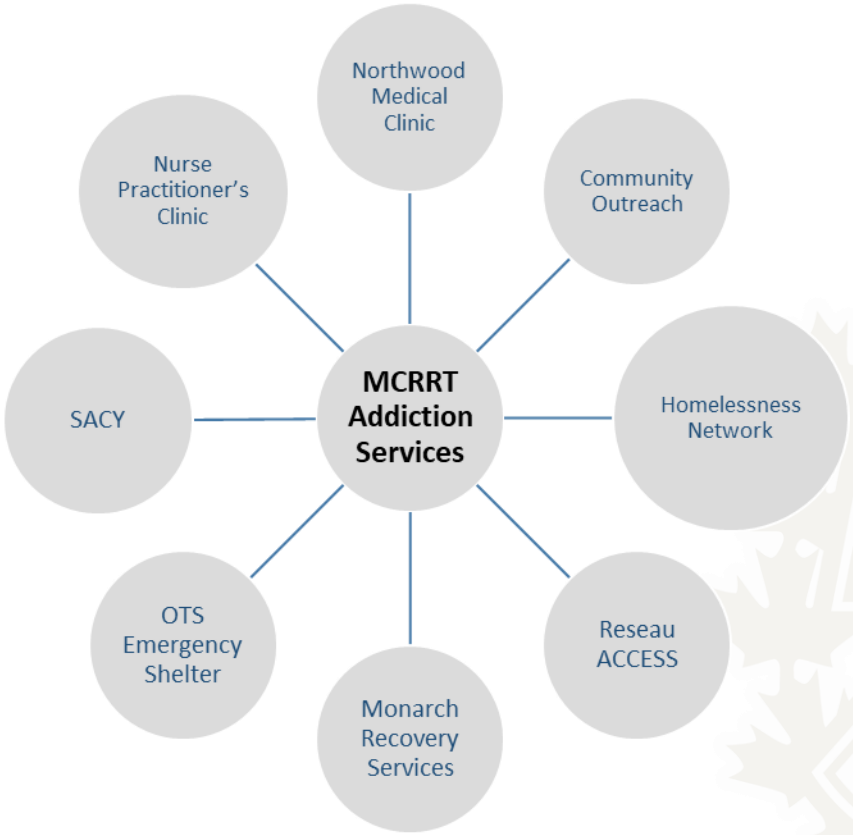
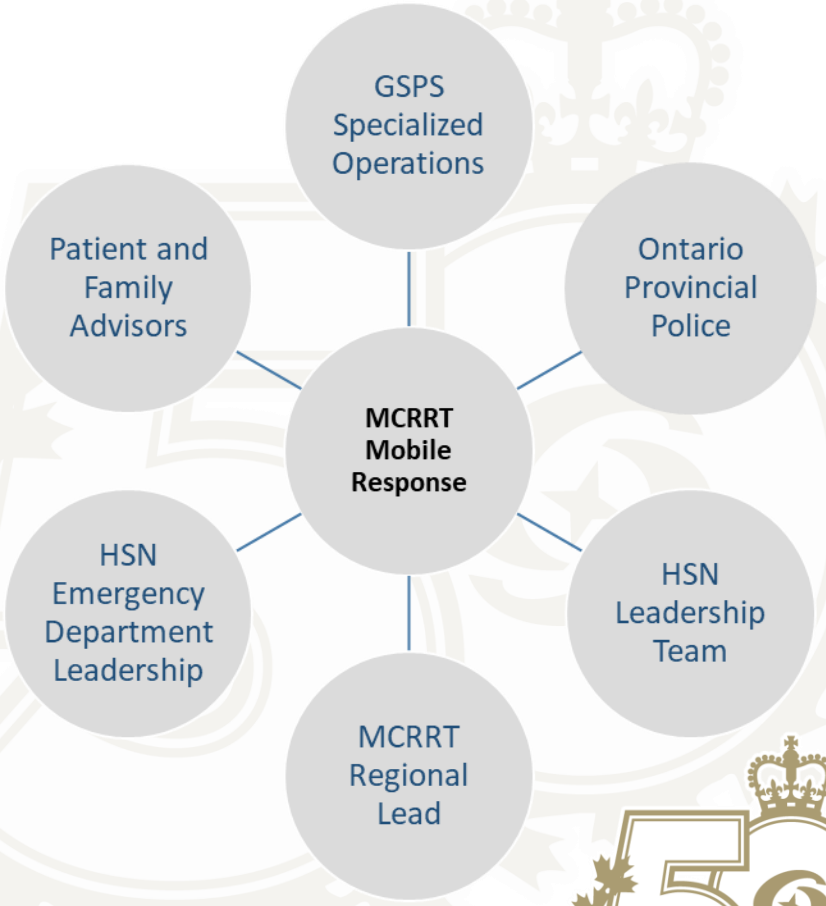
Other Community-Involved Best Practices – Past and Present



Stakeholder Engagement





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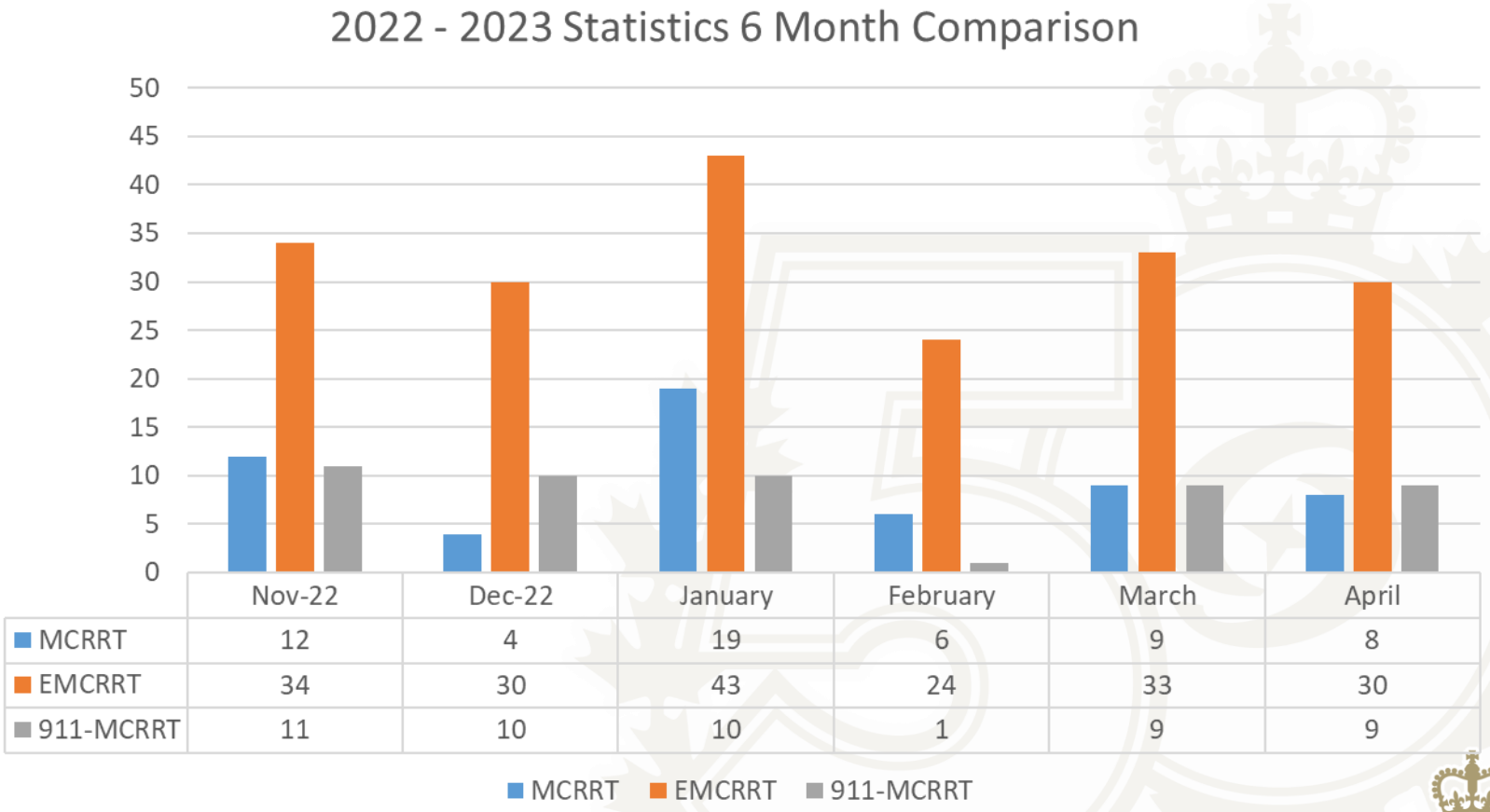

	Nov-22	Dec-22	January	February	March	April
MCRRT	12	4	19	6	9	8
EMCRRT	34	30	43	24	33	30
911-MCRRT	11	10	10	1	9	9

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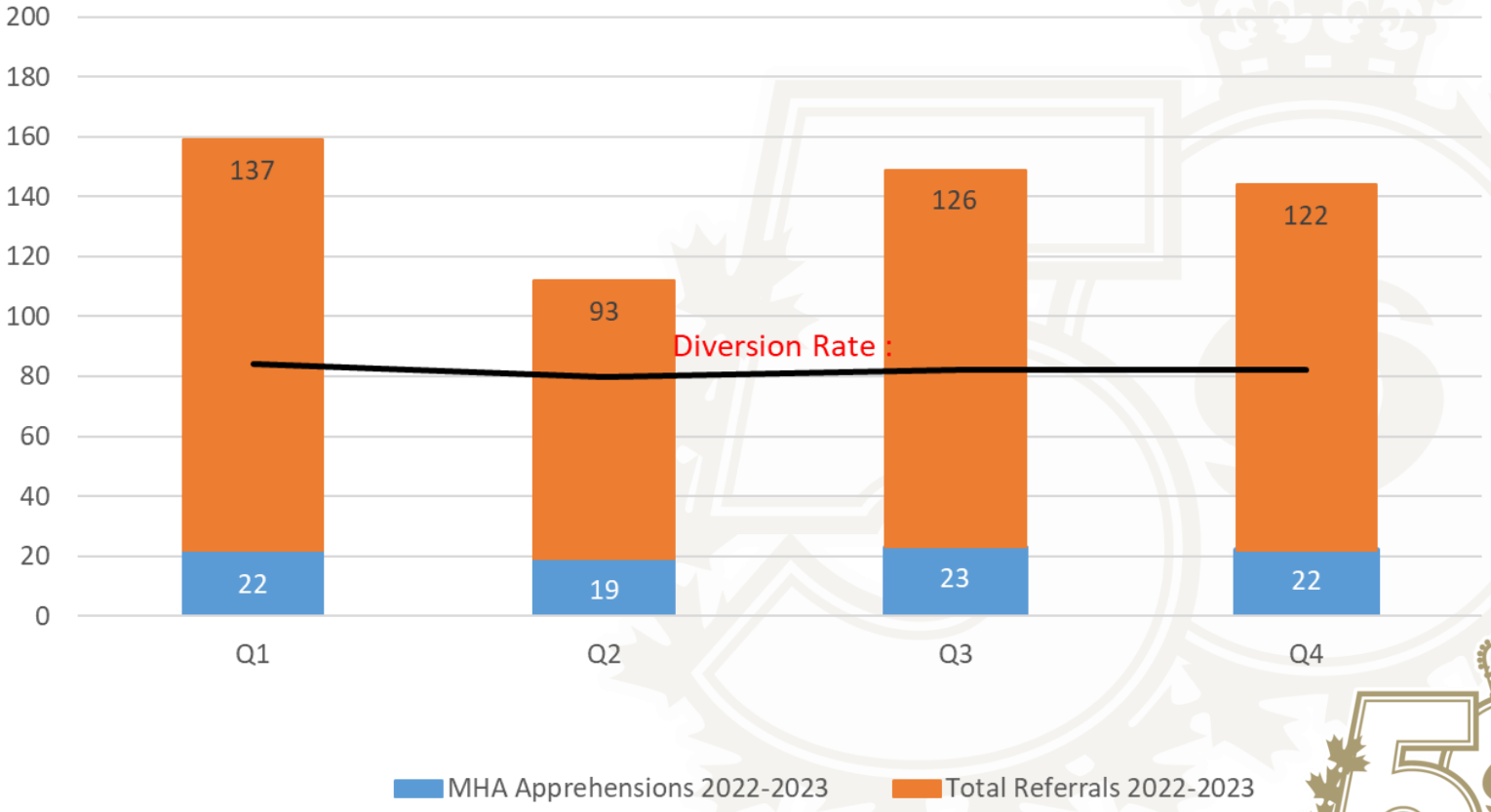
PERFORMANCE METRICS – Emergency Room Diversion (2022-2023 FY)- Mobile Crisis Rapid Response Team- Clinician/Police Response



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Benefits – Police/Clinician Feedback

- **Improved Collaboration**
  - Improved information sharing and knowledge exchange re: resources, interventions and risk
  - Collaborative and timely decision-making at the scene re: outcomes (i.e. apprehensions)
- **Improved Efficiency (Resources)**
  - Reduction in Police and Emergency Department resources
    - ➢ 82% diversion rate from the Emergency Department
  - Increased diversions = More officers policing the community
- **Improved Patient Care**
  - Reduced stigmatization (services in community vs hospital with uniformed officer)
  - Improved access to resources/supports that de-escalate situations and minimize situational impacts
  - Client centered care (individuals have expressed gratitude re: services in their home and feeling anxious about going to the Emergency Department

Police and Hospital Transition of Care Protocol

- Police-hospital transition protocols have a significant impact on individuals and complex systems. Through another partnership and collaboration with Health Sciences North (HSN) Mental Health and Addictions Program and Ontario Provincial Police, a MOU was developed to address the following impacts;

- **IMPACT** on individuals in crisis
- **IMPACT** on health care workers
- **IMPACT** on police
- **IMPACT** on wait times for police/hospital
- **IMPACT** on community safety

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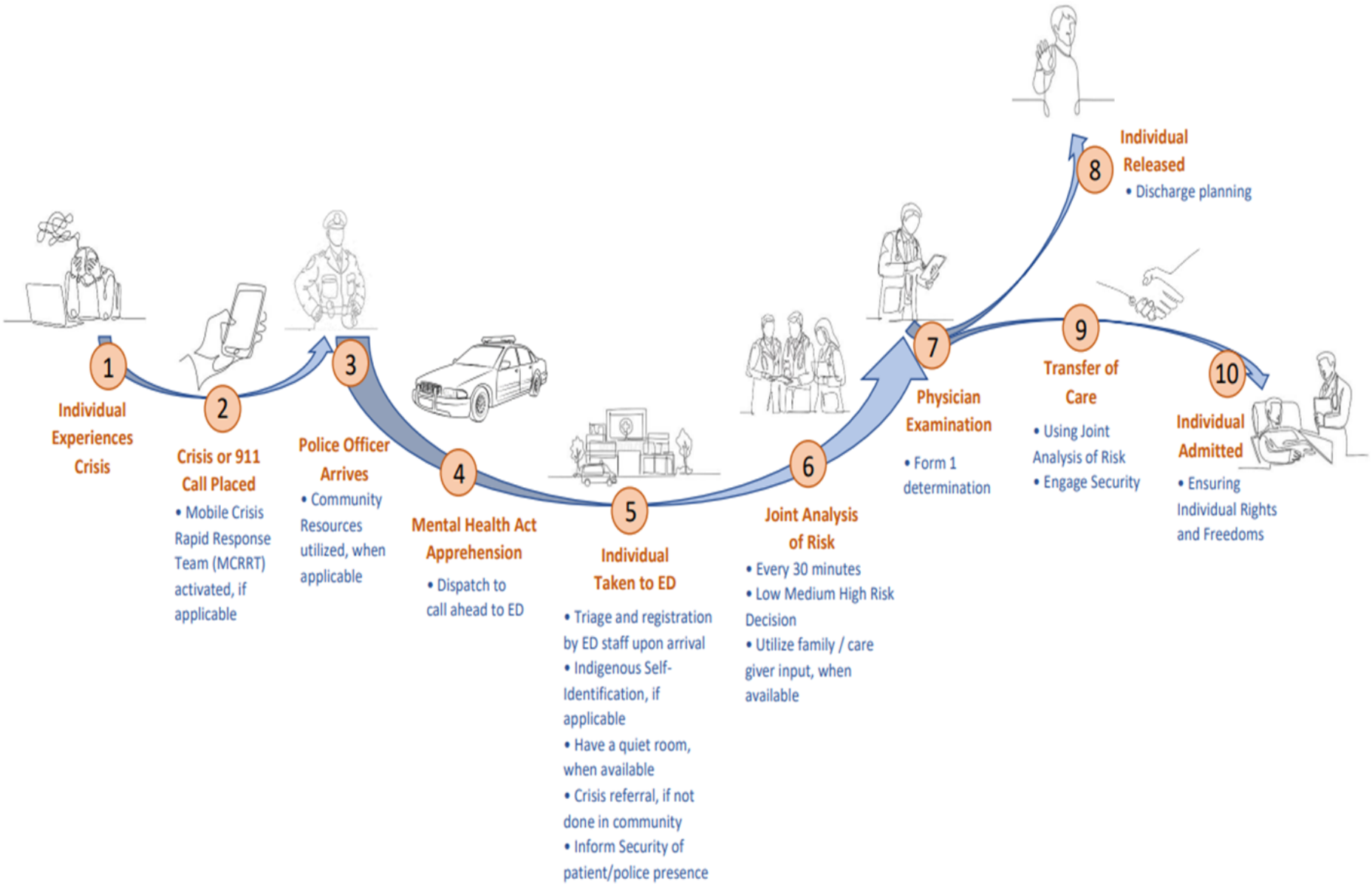
Horizon Santé-Nord

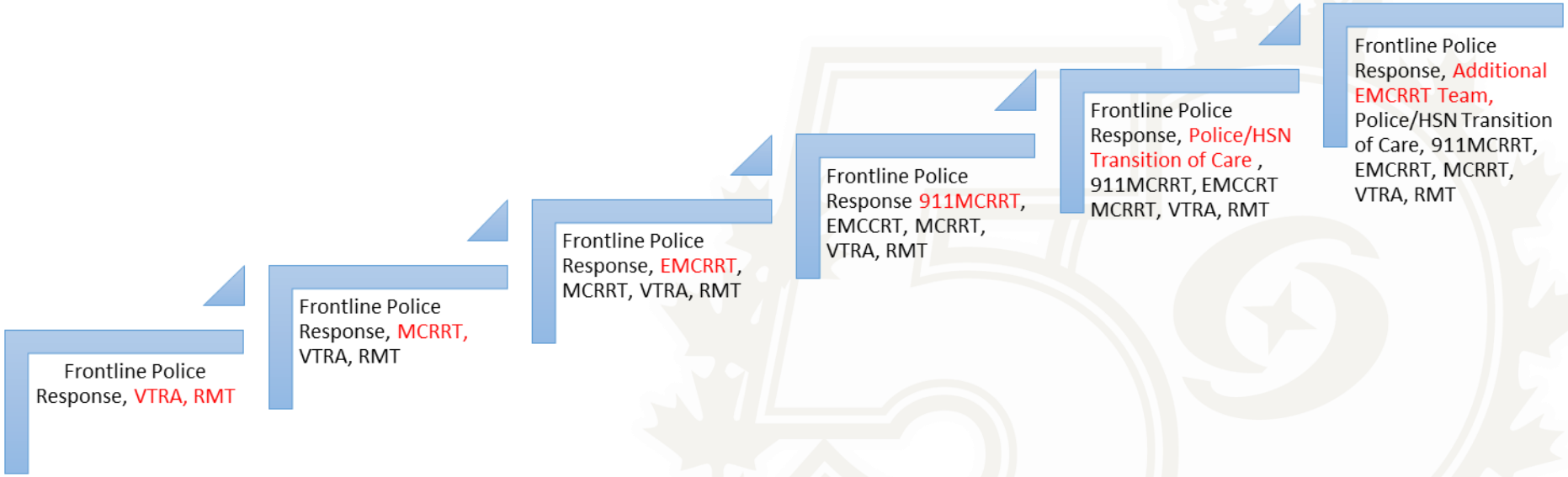
APPENDIX B

Stages of a Police-Hospital Transition

What happens when an individual is apprehended under the *Mental Health Act*



Evolution of Police Response to Persons in Crisis

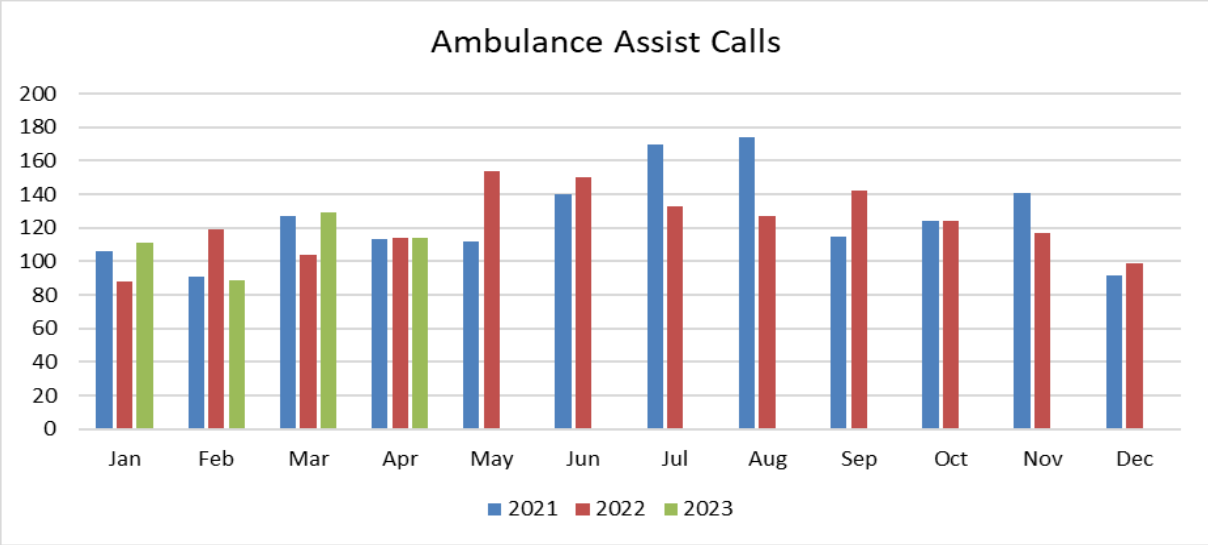


Next Steps

- Project *Propel Downtown*
- Research Grant Opportunities to Expand our MCRRT units
- Explore new Partnerships
- Create Joint Training Opportunities with GSPS and Mental Health and Addiction Services
- Ongoing MCRRT program awareness through Community Events and Social Media Campaigns
- Explore Table-Top Exercises with MCRRT, EMCRRT, and 911MCRRT

Local Data

Ambulance Assistance Calls for Service January 1 2022 to April 30 2023



***From January 1 to April 30, 2023, calls are up by 4% compared to the same time period in 2022.**

Local Data

Mental Health Calls for Service April 1, 2022, to April 30 2023

- 3,159 Mental Health calls for service
- 8% involved a Form 47 Community Treatment Order, Form 2 signed by a Justice of the Peace, or a Form 1 issued by a physician
- Mental Health Act apprehensions accounted for 21% of calls
- The person in crisis was noted to be violent in 15% of calls and a weapon was noted to be present (e.g., knife, gun, scissors) in 7% of calls
- The complainant calling GSPS was noted to be a social service / agency worker or mental health worker (e.g., CAS, social worker, crisis) in 15% of calls

Calls for Service to HSN from January 1, 2022, to April 30 2023

- 807 calls for service to HSN from January 1, 2022, to April 30, 2023
- 24% of calls involved HSN staff requesting police assistance with parties who were violent
- 2% of calls involved weapons, with the most common one being a knife

Emergent Police Response

Police Frontline Response will always be required to respond to emergent calls for services involving mental health

- Persons experiencing an acute and high-risk mental, emotional, or substance use crisis
- Persons attempting/threatening suicide
- Barricaded persons, or similar circumstances that threatening public safety
- Situation involving weapons

Mental Health De-Stigmatization – Breaking the Myths

- Mental Health Problems Are Uncommon
- People with Mental Health Conditions Cannot Work
- Mental Health Problems are a Sign of Weakness
- Only People Without Friends Need Therapists
- All Mental Health Problems are Permanent
- Addiction is a Lack of Willpower
- All People with a Mental Illness are Violent

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Community Crisis Services

Health Sciences North - 127 Cedar Street, Sudbury, ON

705-675-4760 (24 Hr. Hotline, 365 days/year)

Toll free: 1-877-841-1101

Hours: 7 days per week, from 8:30 a.m. to 10:00 p.m. (Phone transferred to Emergency Crisis Dept. after hours)

Attend in person. No appointment necessary.

Health Sciences North - Ramsey Site Emergency Department

41 Ramsey Lake Rd, Sudbury, ON

705-675-4760

Attend in person. No appointment necessary.

Questions

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