First Contact with the Justice System:

Providing Police Services for Persons with Mental Health Problems

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Halifax

Front Line Officer Reality Check

- Observations of a criminal lawyer turned police officer
- Surprising frequency of police interaction with clients in Mental Health Crisis
- Carrying the load in the Criminal Courts – Legal Aid, Crown Attorneys & Provincial Court Judges

Nova Scotia rural policing and mental health in 2007: Challenges and room for change

- Officer to citizen ratios – rural v. urban
- Geography and accessibility to police clients
- Smaller or non-existent mental health care resources
- Low officer confidence with respect to mentally ill clients
- Lack of formal training with respect to recognition of mental illness and appropriate alternatives for police response
- Officer frustration with mental health care and social services
- Working within our professional silos
- Barriers to communication – real and perceived
- Hospital wait times and inefficient use of police resources

Historical Discussion Points

- Psychologists in blue
- Impact of de-institutionalization of mental health services and the corresponding increase in calls for police assistance
- Criminalization of the mentally ill

Looking Forward . . .

- Adapt and grow with the resources you have – push for more where you can
- Dedicated resources – CSRO (RCMP), MHMCT (HRP)
- Training initiatives – Crisis Intervention Team (CIT), "Hyde" Training, Mental Health First Aid, Online Course Material
- Climbing out of the silos – committee work – forming a team
- Great strides in 5+ years – still moving in the right direction
- Where possible – trying to keep persons with mental illness out of the criminal justice system - Court as last resort

Nova Scotia
RCMP Detachments

Victoria County
Cheticamp
Ingonish Beach
Inverness
Baddeck
Inverness County
Eskasoni
Cape Breton County
Port Hawksbury
St. Peter's
Arichat
Richmond County
Amherst
Pugwash
Oxford
Tatamagouche
Cumberland County
Parrsboro
Colchester County
Bible Hill
Pictou
Stellarton
Pictou County
Antigonish
Antigonish County
Guysborough
Canso
Millbrook
Stewiacke
Guysborough County
Sherbrooke
Hants County
Indian Brook
Windsor Rural
Windsor Mun.
Enfield
Halifax County
Sheet Harbour
Musquodoboit Harbour
Lower Sackville
"HQ" Halifax
Tantallon
Cole Harbour
Wolfville
New Minas
Berwick
Kingston
Kings County
Middleton
Bridgetown
Digby
Annapolis County
Lunenburg County
Chester
Bridgewater
Lunenburg
Digby County
Meteghan
Queens County
Queens
Yarmouth County
Shelburne County
Yarmouth Rural
Yarmouth Mun.
Shelburne
Barrington

Northeast Nova
Southwest Nova
Halifax District

Cape Breton District Health Authority

Prince Edward Island

Guysborough Antigonish Strait Health Authority

Pictou County Health Authority

New Brunswick

Cumberland Health Authority

Colchester East Hants Health Authority

Capital Health

IWK Health Centre

Annapolis Valley Health

South Shore Health

USA

NOVA SCOTIA

South West Health

Atlantic Ocean

Police, Mental Health and Addiction Services Liaison Committee

History to Date

- Committee started in Fall 2007
- Concerns expressed by police
  - Long ER wait times
  - Taxi service
  - Lack of communication between ER and police
  - Inappropriate police response for MH consumer
- Lack of understanding about each others services

Police, Mental Health and Addiction Services Liaison Committee

Terms of Reference

- Co-ordinating services for people living with mental illness and addictions
- Improve our crisis response
- Plan and implement strategies that will avoid crisis
- Enhance continuity of care and services for the individual across systems and service providers

Police, Mental Health and Addiction Services Liaison Committee

Collaborative Group

- Police EHS Services
- Canadian Mental Health Association
- Schizophrenia Society Family Representation
- Annapolis Valley Regional School Board
- AVH Quality and Risk Director
- AVH Mental Health Inpatient
- AVH Emergency Departments
- AVH Community Mental Health
- AVH Addictions
- Parole Services

Police, Mental Health and Addiction Services Liaison Committee

Highlights of Accomplishments

- **A Process Map**

  Clarifies expectations, roles, responsibilities of both law enforcements and AVH emergency services.

- **Communication Form (EDP)**

  Documents police observations for review by healthcare staff.

- **Pocket Information Card for Officers**

Police, Mental Health and Addiction Services Liaison Committee

Highlights of Accomplishments

- **Assertive Outreach**
  Police and MH representatives working together to reach out to people in the community prior to crisis.

- **Case Conference**
  Processes for consultation and service planning involving CIT, and Mental Health professionals; clients, families and other partners where possible.

Police, Mental Health and Addiction Services Liaison Committee

Early Results Indicate:

- Appropriate and proactive response for the mental health consumer

- Increased efficiencies through:
  - reduced number of emergency department visits
  - reduced wait times in emergency departments
  - decreased police role “transporting” clients

Police, Mental Health and Addiction Services Liaison Committee

Results Continued

- Decreased crisis calls
- Improved continuity of care
- Smoother transitions between services

Training

- Intro to the Recognition to Emotionally Disturbed Persons
- Crisis Intervention Team (CIT) Training
  - Memphis Model
  - 40 Hours – Police Directed
- Emergency Department Training
- Understanding and Responding to Mental Illness

Priorities for Future:

- Expand the representation and involvement of clients and families as partners
- Expand our work with addictions and youth
- Establish structures, policies and protocols to maintain our Crisis Intervention Team
- Develop and implement evaluation of work

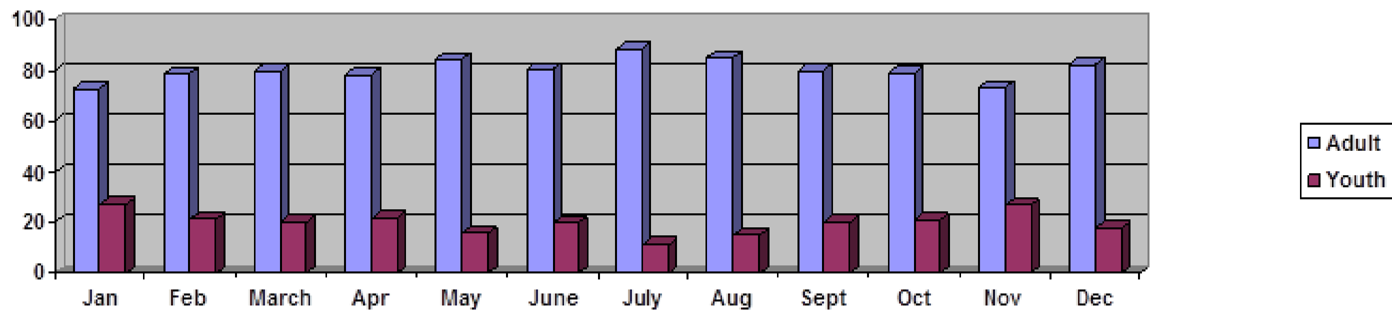
Halifax Regional Police

- History
- What is working:
  - MHMCT
  - Training Continuum
- Hot button topics
  - Violent patients
  - Arrest in Care
  - Upstream diversion

MHMCT – Mental Health Mobile Crisis Team

- Creation ~ 2005
  - Partnership: CDHA, IWK, EHS, HRP
- Structure and Services
  - 24/7 Crisis Line
  - Mobile Operation
- Community Links

MHMCT – Who we serve



MHMCT – Annual Snapshot

MONTH	ADULT	YOUTH	TOTAL # INTERVENTIONS
JANUARY/12	72.7%	27.3%	1040
FEBRUARY/12	78.5%	21.5%	1097
MARCH/12	79.8%	20.2%	1097
APRIL/12	78.1%	21.9%	970
MAY/12	84.1%	15.9%	1002
JUNE/12	80.3%	19.7%	1025
JULY/12	88.5%	11.5%	1114
AUGUST/12	85.0 %	15.0%	1145
SEPTEMBER/12	79.8%	20.2 %	938
OCTOBER/12	79%	21%	1028
NOVEMBER/12	73.0%	27%	936
DECEMBER/12	82%	18%	955
Monthly average interventions for 12 months 1029			

Training Continuum

- Why?
- Approach
- Present

HRP Training Continuum

I	Emotionally Disturbed Persons and In-custody Death/ Autonomic Hyperarousal State Recognition & Response	All HRP Staff	None	Introduction to Mental Health issues, stigma, dealing with MHMCT, and hyperarousal awareness.	4 hours total delivered in 2010 Block Training
2.	Recognizing Emotionally Disturbed Persons	All HRP Staff	None	CPKN On Line	2 hours
3	Introduction to Mental Health	New Recuits, Laterals, Civilian Staff, Commissionaires, Calltakers. All staff with interaction with public.	None	Introduction to Mental Health issues, stigma, dealing with and resources & MHMCT	8 hours on joining the HRP
4	Crisis Intervention Team Member	Patrol, booking and front-line staff dealing with EDP on a regular basis and in crisis.	Introduction 3 Years police experience, willingness to act as an CIT	CIT Program (Hamilton)	40 hours
5	MHMCT Officer Training	New Members of MHMCT	Patrol CIT, successful selection to MHMCT	Working with MHMCT, policy procedures and additional issues	40 hours plus ongoing
6	CIT Trainer	CIT and MHMCT Members	CIT Trained	Capable of teaching the CIT Program and Introduction	40 hours

Hot button topics…

Outstanding

- Violent Patients and PICU
- Arrest In Care
- Upstream Diversion

Questions??

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