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# Presentation to the Board of Police Commissioners on Mental Health Response in Halifax District



Royal Canadian Mounted Police Gendarmerie royale du Canada

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Canada

# Relevant Laws / Acts

## Involuntary Psychiatric Treatment Act (IPTA)

- A peace officer may take a person into custody and take the person forthwith to a place for a medical examination by a physician if the peace officer has reasonable and probable grounds to believe that
  - (a) the person apparently has a mental disorder;
  - (b) the person will not consent to undergo medical examination;
  - (c) it is not feasible in the circumstances to make application to a judge for an order for a medical examination pursuant to Section 13; and
  - (d) the person,
    - (i) as a result of the mental disorder, is threatening or attempting to cause serious harm to himself or herself or has recently done so, has recently caused serious harm to himself or herself, is seriously harming or is threatening serious harm towards another person or has recently done so,
    - (ii) as a result of the mental disorder, is likely to suffer serious physical impairment or serious mental deterioration, or both, or
    - (iii) is committing or about to commit a criminal offence.

# IPTA continued...

- If a person is taken into custody based on the criteria above (in s.14), the person may be detained for up to twenty-four (24) hours in an appropriate place in order for a medical examination to take place. An appropriate place may include a hospital, a physician's office or another suitable place for a medical examination. It does not include a jail or lock-up unless no other suitable space is available. s.15
- The peace officer or other authorized person must remain at the place of the medical examination and must retain custody of the person until the medical examination is completed. s.16(2)
- If a person is taken for a medical examination and it is decided not to recommend involuntary psychiatric assessment of the person, the peace officer or other authorized person must arrange and pay for the return of the person to the place where the person was taken into custody or, at the person's request, to some other appropriate place. S.16(3)

# Practical Example

Police are the defacto first responders for persons in a mental health crisis, which may involve:

- Suicidal / self harm
- Potential harm to others
- Disturbances
- Other criminal code

When members arrive on scene, it is very dynamic and is inherently high risk. If someone needs to be detained under the IPTA and they are violent the Police transport them to the hospital, often with two members where they are triaged, seen by the ER nurse and Doctor, then wait to be seen by the psychiatric nurse and finally the psychiatrist. They are formed (held) or released in which the police are responsible to bring them back. This process routinely takes 8, 16, 30+ hours.

# Volume, Numbers and Indicators

## HALIFAX DISTRICT RCMP

<b>Year</b>	<b>EDP Forms</b>	<b>IPTA Forms</b>	<b>Member hours at hospital</b>
2017	881	91	527
2018	842	61	400
2019	896	53	358
2020	963	70	417
2021	1018	65	464
<b>2022</b>	<b>1040</b>	<b>94</b>	<b>706</b>

# Risk Spectrum

- Mental illness crisis are the only health emergency in which police are the first responders and are the default.
- By responding and transporting persons in crisis can appear to be criminalization of mental illness, transported in same way as an armed robbery suspect, etc.
- Just by the presence of police, it can trigger some people during a mental health crisis and escalate the situation by mere presence of a police car and a uniform/intervention options.

# Moving Forward

## Gaps, Weaknesses, Strengths, Opportunities

- Delays in access to timely treatment keeps members away from public safety responsibilities. Mental health is not a crime.
- IPTA – updated laws and regulations are required
- Current / Ongoing Training for Police (see next slide).
- Police require ever evolving training regarding best practices on how best to deal with people experiencing acute symptoms. Police are not mental health specialists.
- Blended Response – ie: in person attendance by Mobile Mental Health. Mental health based specialized response, which may include police.

# Training

- **Crisis Intervention & De-escalation (Agora) \***
- **R2MR (Road to Mental Readiness for Managers & Employees (Classroom) \***
- **Trauma Informed Approach \***
- Recognition of Emotionally Disturbed Persons (Agora)
- Mental Health First Aid
- ASIST (Applied Suicide Intervention Skills Training) (Classroom)
- Scenario Based Mental Health & De-escalation Training (Canadian Police Knowledge Network – CPKN)
- Mental Health Awareness (Canadian School of Public Service – CSP)
- ‘H’ Division Leaders Wellness Training.
  
- Additional courses are available ie: CIT Training to CART members



# In Summary

- Relevant Laws – IPTA
- Current model of primary mental health crisis response and gaps
- Increasing calls and time involved in mental health responses
- Moving Forward - Gaps, Weaknesses, Strengths, Opportunities