

INVOLUNTARY PSYCHIATRIC TREATMENT ACT

1. GENERAL

- A. The members of the Halifax Regional Police will comply with and enforce the provisions set out in the Involuntary Psychiatric Treatment Act (IPTA). IPTA provides for the treatment and apprehension of persons in Mental Health crisis.

2. POLICY

- A. The following sections of the Involuntary Psychiatric Treatment Act are the most common sections which impact police powers to take persons into custody under IPTA and their responsibilities once the person is taken into custody under IPTA:
- i. Police may take a person into custody and to a place for medical examination by a physician if the officer has reasonable and probable grounds to believe that:
 1. the person apparently has a mental disorder,
 2. the person will not consent to undergo medical examination,
 3. it is not feasible to make an application to a judge for an order for a medical examination, and
 4. the person:
 - a. as a result of a mental disorder, is threatening or attempting to cause serious harm to himself or has recently caused serious harm to himself, is seriously harming or is threatening serious harm towards another person or who has recently done so,
 - b. as a result of a mental disorder, is likely to suffer serious physical impairment or serious mental deterioration, or both, or
 - c. is committing or about to commit a criminal offence [Section 14].
 - ii. When a person is taken into custody for medical examination pursuant Section 13 or 14 of IPTA, the person may be detained for up to 24 hours in order for a medical examination to take place. Such examination may take place in a hospital, physician's clinic or another suitable place for a medical examination but does not include a jail or lock-up facility unless no other suitable place is available [Section 15],
 1. Where a person is taken for a medical examination and it is decided not to recommend involuntary psychiatric assessment of the person, the peace officer shall arrange and pay for the return of the person to the place where they were taken into custody or, at the person's request, to some other appropriate place [Section 16(3)], provided that it is within HRP's jurisdiction,

- a. Transportation outside of HRP jurisdiction will not be provided by an HRP member without the prior authorization of the Duty Watch Commander.
- iii. The peace officer shall remain at the place of the medical examination and shall retain custody of the person until the medical examination is completed [Section 16(2)],
- iv. A police officer may take a person into custody if two physicians have completed a medical examination and a certificate for involuntary psychiatric assessment has been signed by each of the physicians. In compelling circumstances where only one physician is available to complete a medical examination, police officers may take a person into custody on the basis of the one signed certificate [Section 10].
- v. Members should note the Dartmouth General Hospital does not perform psychiatric assessments for the purposes of Section 14 of IPTA.

APPREHENSION

- B. Except in circumstances where immediate police intervention and apprehension is required, members shall first consider following Mental Health Crisis Response policy for de-escalation prior to apprehension when safe and possible to do so.
- C. Where grounds exist to apprehend a PMI under section 14 of IPTA, but the PMI requests to voluntarily attend the psychiatric facility:
 - i. Officers may arrange for an ambulance, or an appropriate caregiver to transport the PMI if there are no safety concerns based on past or current behaviour (i.e. non-violent),
 - ii. Where concerns exist relating to the PMI's past or current behaviour, members shall apprehend on the initial grounds.
- D. Where no ground exists to apprehend the PMI under section 14 (or otherwise), but the PMI requests to voluntarily attend a psychiatric facility:
 - i. Officers may arrange for an ambulance if requested, but officers shall not accompany or escort the PMI to the psychiatric facility.
- E. When apprehension of an individual is required, officers shall:
 - i. Apprehend the person and advise them of the reason for the apprehension,
 - ii. Collect all available information from the PMI, family or witnesses with respect to current and past mental health related information,
 - iii. Ensure the dwelling and any valuables are secured for safekeeping prior to transporting the individual,
 - iv. Search the individual prior to transporting to a psychiatric facility,
 - v. Transport the person by the least intrusive means possible without compromising the safety of the person [Section 16(1)], the public, or officer(s),
 - vi. Inform medical staff of the circumstances of the occurrence/apprehension and any relevant information, which may be found within the EDP form, with consideration of the following:

1. Officers may share with medical staff opinions, conclusions and general information about the apprehended party for the purpose of assisting medical staff to adequately assess the safety risk posed by the apprehended person to medical staff,
2. CPIC information shall not be shared (verbally or otherwise) to an unauthorized person or organization. Medical staff are unauthorized persons, and
3. Information subjected to the Youth Criminal Justice Act shall not be disclosed to mental health professionals and medical staff unless permissible under that act.

F. Use of Restraints:

- i. If police transport a PMI to a psychiatric facility for examination, restraints may be used if the person presently exhibits potential for serious bodily harm to themselves or others. Members will strive to use the least degree of force and restraint as necessary.

G. Transfer of Care:

- i. The HRP member shall remain at the place of the medical examination and will retain custody of the person until custody is accepted and transferred to the psychiatric facility.
- ii. Psychiatric facilities will accept custody when the attending physician or staff psychiatrist signs a declaration of involuntary admission, which states:
 1. The psychiatrist personally examined the person,
 2. The date(s) on which the psychiatrist examined the person,
 3. The reason to support the psychiatrist's opinion, and
 4. Which psychiatric facility the person is being admitted to,
- iii. Even if the PMI is admitted to the hospital, officers shall remain until the appropriate transfer of care has occurred.

H. Where a person who has been taken into custody under Section 14 of IPTA and a criminal code offence has been committed, members shall take the person to a medical facility for a psychiatric assessment before transporting them to Booking for further processing.

I. When a person is taken into custody under the provisions of the IPTA and transported to a hospital for assessment, the text template called IPTA in Versadex is to be completed. The text type is PT-INVOLUNTARY PSYCHIATRIC – IPTA. The text template is called IPTA.

J. When a person is taken into custody under IPTA, the responding officer shall in addition to completing the EDP form, conduct a preliminary investigation to determine if an offence(s) has also occurred. When evidence suggests such has occurred, the responding officer is responsible to submit a General Occurrence Report as per established policy and lay any appropriate charges.

- K. Physicians will occasionally request the police to pick up an individual for medical examination under the authority of Section 13. When dispatched to such a call, the responding officer(s):
 - i. Must verify that medical certification exists. If no medical certificates exist, then the officers can advise the requesting physician to lay an Information before a Provincial Court Judge (by way of a Crown Prosecutor) so that an order can be issued for the apprehension of the person.
 - ii. If no medical certification or order exists to justify the detention, members may observe the person and if they have reasonable grounds to believe the person is a danger to themselves or others, then that individual may be detained under Section 14 of IPTA.
- L. Divisional NCO's Role:
 - i. Divisional NCOs shall consider all requests for transportation of a patient from a hospital to a psychiatric facility for assessment under IPTA. When operational needs permit, approval should be considered.
 - ii. Divisional NCOs shall ensure an Emotionally Disturbed Person Form, is completed as required.

ABSENT WITHOUT AUTHORIZATION

- M. Section 46 of the IPTA states that when an involuntary patient leaves a psychiatric facility without a certificate of leave in place, may within thirty days be returned to the facility without a warrant by a police officer or other person appointed by the Chief Executive Office to the psychiatric facility.
 - i. If the involuntary patient has not been returned within one month after the patient's absence has become known shall, unless subject to detention otherwise under IPTA, be deemed to have been discharged from the psychiatric facility.
- N. Section 44 of IPTA provides that where a Certificate of Leave is in effect but the patient who is the subject of the certificate has breached a condition, the psychiatrist is of the opinion that the patient's condition may present a danger to the patient or others, or the patient has failed to report as required by the certificate of leave; the psychiatric may issue a Certificate of Cancellation of Leave.
 - i. A Certificate of Cancellation of Leave gives authority for a police officer to take the patient named into custody and to a psychiatric facility for an involuntary psychiatric assessment. A Certificate of Cancellation of Leave is valid for one month after it is signed.
- O. Where a Community Treatment Order is in place and a psychiatrist is of the opinion that the patient is not complying with the order and the situation meets the criteria under Section 56(1) of IPTA, the psychiatrist can authorize a police officer to take a patient into custody and to transport the patient to the psychiatrist for a medical examination/involuntary psychiatric assessment.

- P. When the services set out in a Community Treatment Order become unavailable, a psychiatrist under Section 57 of IPTA can authorize a police officer to take a patient into custody when the criteria set out in Section 57 exist.

RETURN OF ELOPEES

- Q. When a certified patient has eloped from within HRP jurisdiction the following procedure will apply:
- i. A person who is absent without leave from a psychiatric facility is deemed to be an elopee.
 - ii. Upon receiving a complaint of a person who is absent without leave from a psychiatric facility, an officer shall:
 1. Attend the facility and gather all relevant information,
 2. Ensure the Elopee's previous address and/or probable destination is checked,
 3. Notify the Watch Commander,
 4. Check HRP's Records Management System (RMS), CPIC, FIP, and Versadex for previous information on the individual,
 5. Ensure a copy of the required forms for apprehension are included in the report, and
 6. If located, take the elopee into custody.
 - iii. When apprehending an elopee, officers shall:
 1. Take all necessary steps to ensure the situation is safe,
 2. Transport the person by the least intrusive means possible without compromising the safety of the person, the public, or the officer(s),
 - a. Members may assist ambulance attendants in transporting patients to a psychiatric hospital, if requested.
 - b. Members must obtain authorization from their Divisional NCO to transport committed persons to a psychiatric facility from a hospital.
 3. Members will strive to use the least degree of force and restraint as necessary,
 4. Ensure medical attention is offered to all injured parties, if required, and
 5. Ensure the dwelling and any valuables are secured for safekeeping, if applicable.
 - iv. The Transporting Officer(s) will notify the Dispatcher of the pick-up, and the transport to the appropriate facility and provide the following information:
 1. Elopee's name, and
 2. Approximate time of arrival at the facility,
 - v. The Dispatcher will,
 1. Generate a call on CAD, and
 2. Notify the Admissions Department of the appropriate facility of the return of their patient.
 - vi. After apprehending the person, officers shall:

1. Transport the person to the psychiatric facility listed on the forms or to the nearest psychiatric facility,
 2. Give the original forms and any currently prescribed medications if known, to the nursing supervisor at the psychiatric facility,
 3. Stay with the patient until the psychiatric facility accepts care of the patient,
 4. Advise a supervisory officer if there is any delay of more than one hour for the psychiatric facility to accept the person,
 5. Update the GO Report with all the pertinent information.
- vii. Upon the expiry of the thirty (30) days and the patient has not been located and/or apprehended, members shall continue to attempt to locate the elopee, as it is reasonable to believe that the elopee may pose a risk to themselves or to others. Once the month has expired the elopee will change to a missing persons file, and officers shall follow proper HRP Missing Persons procedures.
1. If the elopee is located following the expiration of the thirty (30) days, there is no obligation or authority to return the individual to a psychiatric facility. Members shall still evaluate the person's wellbeing and act accordingly if they determine there are grounds to apprehend the person under section 14 of IPTA.
- viii. Any information received from Nova Scotia Mental Health and Addictions and/or other hospitals for the purpose of locating an elopee, shall only be used for that specific purpose. It shall not be used for any other purpose, including law enforcement investigations, as disclosure to the Crown, or added to CPIC records.
- R. For related policy see Escapees/Elopees, Missing Persons, Mental Health Crisis Response.

3. DEFINITIONS

- A. The following definitions may provide officers with a better understanding of the terminology used within this Act as it relates to the execution of police duties:
- i. **Certificate of Involuntary Psychiatric Assessment** - under Section 8 of the Act, means a certificate signed by a physician who has conducted a medical examination on a person who is the subject of the certificate. The certificate must contain the date on which the physician examined the person and the reasons supporting that the person has a mental disorder and that the criteria in 8(a) and (b) are fulfilled. In order for the certificate to be valid, the certificate must be signed by the examining physician within 72 hours of performing the examination section 9(a).
 - ii. **Certificate of Leave** - under Section 43(1) of the Act, permits an involuntary patient to live outside a psychiatric facility subject to specific conditions as may be specified in a medical certificate.
 - iii. **Certificate of Cancellation of Leave** - under Section 44, may be issued effectively cancelling a Certificate of Leave if there has been a breach of a condition in the latter or if a psychiatrist feels one of the conditions set out in

Section 44(1)(a) or (b) exists. A Certificate of Cancellation of Leave is sufficient authority for thirty (30) days after it is signed for a police officer to take the patient named in it into custody and to a psychiatric facility for involuntary assessment.

- iv. **Chief Executive officer** - means the person who is responsible for the administration and management of a district health authority that has a psychiatric facility, or a person designated in writing by such responsible person or the Izaak Walton Killam Health Centre.
- v. **Community Treatment Order** - pursuant to Section 47, refers to an order issued by a psychiatrist permitting a person who had been deemed to meet the criteria within (3)(a) and whom the psychiatrist feels can receive appropriate treatment and care in the community.
- vi. **Involuntary patient** - means a patient who is admitted to a psychiatric facility pursuant to a declaration of involuntary admission.
- vii. **Involuntary Psychiatric Assessment** - means an assessment of a person's mental condition by a psychiatric for the purpose of determining whether a person should be admitted as an involuntary patient pursuant to Section 17.
- viii. **Mental Disorder** - means a substantial disorder of behaviour, thought, mood, perception, orientation or memory that severely impairs judgment, behaviour, capacity to recognize reality or the ability to meet the ordinary demands of life, in respect of which psychiatric treatment is advisable.
- B. **Critical Intervention Team (CIT) member** - refers to a police officer who has successfully completed specialized training in mental illness.
- C. **Persons with Mental Illness (PMI)** - refers to the accepted term to be used by Halifax Regional Police to describe all person known or suspected of having a mental illness/disorder.
- D. **Psychiatric Facility:** Means a health care establishment with services and staff who are trained in the treatment and care of Persons with Mental Illness. This definition includes hospitals, psychiatric facilities and other institutions with these capabilities.
- E. **Restrain** - means place under control when necessary to prevent serious bodily harm to the patient or to another person by the minimal use of force.

Effective Date of Last Revision	September 2, 2025
Policy Owner	Superintendent Carolyn Nichols

By Order Of:



Chief Don MacLean
Chief of Police