

# MENTAL HEALTH CRISIS RESPONSE

## 1. GENERAL

- A. HRP accepts, supports, and fosters a culture in which mental illness is viewed as a medical condition, not a moral failure. HRP is committed to preserving the lives and well-being of people who may be experiencing mental health crises.
- B. The members of HRP will comply with and enforce the provisions set out in the Involuntary Psychiatric Treatment Act.
- C. HRP is committed to employing a trauma-informed and culturally sensitive approach in all interactions involving mental health, and will take all reasonable steps to assess, de-escalate, and safely resolve the situation.

## 2. POLICY

- A. Recognizing that calls for mental health crises may include apprehensions under the Involuntary Psychiatric Treatment Act (IPTA), wellness checks, suicide calls, and medical emergencies, HRP members should familiarize themselves with the related policies.
- B. Recognizing that occurrences involving persons in crisis or at risk of crisis are unique, complex, and dynamic, HRP shall ensure people in crisis receive the appropriate response and assistance to overcome the crisis and receive the health care needed to assist with ongoing mental health and/or behavioural issues.
- C. Incidents involving People with Mental Illness (PMIs) may require immediate police intervention when danger exists, or a crime has been committed. While engaged in these incidents, officers may also be tasked with supporting individuals who may benefit from medical care or referrals to specialized mental health services.

### EMOTIONALLY DISTURBED PERSONS

- D. Regardless of whether a person is committed for an assessment under IPTA, anytime an officer deals with a person whom they believe may be emotionally disturbed or suffering from some level of mental disorder, the officer shall complete an Emotionally Disturbed Person (EDP) Form,
  - i. It is important that members collect as much information and/or observations as possible in the circumstances about sign/symptoms exhibited by the PMI and any relevant information received about the PMI. This will assist responding members as well as the MHMCT in determining what may be causing the crisis and the best course of action.
  - ii. All EDP forms will be flagged and sent to the MHMCT.

### MENTAL HEALTH MOBILE CRISIS TEAM

- E. The Mental Health Mobile Crisis Team (MHMCT) is a partnership between Halifax Regional Police, the Nova Scotia Health Authority (NSHA), and the Izaak Walton Killam (IWK) Health Centre.
- F. The MHMCT consists of HRP constables employed and designated by HRP to work solely with the MHMCT, and mental health professionals employed by the NSHA and the IWK.
  - i. All members of the MHMCT staff will remain the employee of the party who assigned that member to the MHMCT.
- G. HRP members assigned to the MHMCT shall be confined to police duties and must act within the applicable legislation; and the rules, directives, policies and procedures of HRP.
- H. All Emotionally Disturbed Persons (EDP) forms forwarded to the MHMCT shall be followed up with the appropriate level of intervention.
- I. HRP members may inform mental health professionals and 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:
  - i. Officers may share with the mental health professionals and medical staff: opinions, conclusions and general information about the PMI for the purposes of assisting medical staff to adequately assess the safety risk posed by the PMI,
  - ii. CPIC information shall not be shared (verbally or otherwise) to an unauthorized person or organization. The mental health professionals and medical staff are unauthorized persons.
  - iii. Information subjected to the Youth Criminal Justice Act shall not be disclosed to mental health professionals and medical staff unless permissible under that act.
- J. When apprehending a PMI for apprehension under IPTA the MHMCT shall follow proper legislative and HRP procedures,
  - i. The HRP officer assigned to the MHMCT shall maintain and be solely responsible for the person in custody.

#### **INTERGRATED EMERGENCY SERVICES (IES)**

- K. Upon receiving a call for service relating to a mental health or substance use crisis, or involving a person who appears to meet the definition of a PMI, IES shall when applicable:
  - i. Using appropriate prioritization in relation to the information received regarding the incident, dispatch the appropriate HRP resources required to respond to the call for service, with preference given to officers equipped with CIT training,
  - ii. Query the PMI using the HRP Records Management System (RMS), the Canadian Police Information Center (CPIC), the Police Information Portal (PIP), and any Firearm Interest Police (FIP) and relay any relevant information to officer(s) arriving to the scene.
  - iii. Refer the caller to the Mental Health Crisis Line, if the nature of the call indicates a simple request for assistance but the situation does not appear to pose a threat or harm to the safety of the caller or others. In this instance, connect the caller with the Crisis worker and then disconnect,
  - iv. Obtain pertinent information from the caller including:

1. The person's name and date of birth,
2. Types of medication taken by the person, including over-the-counter and prescribed,
3. Any apparent influence of drugs and alcohol,
4. Any previous involvement with police,
5. History of violence,
6. Access to firearms or other weapons,
7. Whether the subject is alone or with others,
8. The location of the PMI and if they are in a public/open area or barricaded,
9. Any reported injuries, and
10. Involvement with any community agencies or health care providers including the existence or any orders under IPTA,

#### **RESPONDING OFFICER'S ROLE**

- L. Upon being dispatched to a call for service related to a mental health crisis, the member assigned as the investigating officer shall:
- i. Advise the police supervisor, if not already aware,
  - ii. Ensure there is sufficient assistance to safely handle any incident that may arise, and request back up and/or a supervisor to assess the need for tactical support where required,
  - iii. At the scene of an incident involving a PMI, officers shall first take time, if possible, to assess the situation and gather necessary information,
    1. When available, family and friends can offer helpful information regarding past histories, current status, medication and drug use, and working response strategies.
  - iv. Contain the scene ensuring public safety,
  - v. Attempt to de-escalate and defuse the situation,
  - vi. Search the area and person, if possible, for weapons or other dangerous articles,
  - vii. Check the person, if possible, for Medic Alert jewelry,
  - viii. Attempt to obtain information regarding any medication prescribed to the person and whether or not the person has recently taken prescribed medication, other drugs, or alcohol, and
  - ix. When attending a scene where the risk of contact with blood or other body fluids exists, take necessary precautions to minimize the risk of exposure to communicable diseases and other hazards.
- M. Members shall be cognizant that the mere presence of a uniformed officer may, in some circumstances, escalate the situation. When dealing with a PMI, members shall continually assess the situation, utilize de-escalation techniques, and consider disengagement when safe and possible to do so.

- N. Members shall be cognizant that excited, dramatic, and otherwise exaggerated or escalated behaviour exhibited by those in crisis is not uncommon and is not necessarily indicative of violence. In such circumstance members shall:
  - i. Take a measured approach, using time, space, cover, containment, and communication, towards de-escalating the situation, and
  - ii. Utilize any available information regarding diagnosed mental health illnesses and symptoms, de-escalation techniques, triggers, behaviour management strategies, and mental capacity to assist in resolving the situation.
- O. When responding to a call for service regarding an individual experiencing a mental health crisis who has gone missing and/or AWOL from a psychiatric facility, members shall comply with the HRP procedure relating to Missing Persons and IPTA policy.
- P. In addition to completing the General Occurrence (GO) report for the call for service, members shall complete the EDP Form and follow form procedures. Members shall also include FIP flags (31-FIP subject) in the HRP RMS when the PMI has access to firearms and the call type is a mental health call (8204) or a suicide call (8202).

#### **APPREHENSION**

- Q. When safe and possible to do so, Members shall first consider crisis de-escalation and diverting the PMI to community mental health services prior to apprehension under section 14 of IPTA.
- R. When apprehension of an individual is required, officers shall adhere to the requirements of IPTA and HRP's Involuntary Psychiatric Treatment Act Policy.
- S. When the person in crisis, is 18 years of age or older, and has not been apprehended under IPTA, members shall:
  - i. Consider making a referral to community support agencies, after consent is received from the person in crisis,
  - ii. Record the referral information, and
  - iii. Complete an EDP Form.
- T. When the person in crisis, is 16 or 17 years of age, and has not been apprehended under IPTA, members shall:
  - i. Complete a Child Welfare Referral form, ensuring it is sent to the appropriate agent and then forward the original to Central Records,
  - ii. In this age range, Child Welfare Services (CWS) involvement is by consent only, however, CWS will follow up if the youth does not want immediate support from CWS,
  - iii. If no immediate action is to be taken by the CWS, advise the youth that the CWS social worker may follow up with them at a later time and provide details on how the youth can contact CWS,
  - iv. If CWS does not provide direction, make a referral to community support agencies, after consent is received from the person in crisis,
  - v. Record the referral information, and

- vi. Complete an EDP Form.
- U. When the person is under 16 years of age, and has not been apprehended under IPTA, members shall:
  - i. Record the information,
  - ii. Determine if this is a child in need of protection under the Child and Family Services Act (CFSa) and:
    - 1. Contact the CWS
    - 2. Refer the child in need of protection to a community support agency as required,
      - a. Record the referral information.
  - iii. Complete an EDP Form.

#### **CRIMINAL INVESTIGATIONS INVOLVING PERSONS WITH MENTAL ILLNESSES**

- V. HRP is committed to reducing the criminalization of mental illness by encouraging the most appropriate use of the criminal justice system. This includes exercising discretion in laying charges and using alternative measures to respond to individuals suffering from mental illness or experiencing a mental health crisis who commit criminal offences. As with all criminal investigations, the decision to lay criminal charges should be based on the totality of the circumstances,
  - i. In some cases, particularly regarding minor criminal offences committed by PMIs, the most appropriate course of action may be to warn individuals for the offence and transfer the care of the individual over to a psychiatric facility, and
  - ii. In cases of more serious offences the most appropriate course of action may be to proceed with criminal charges. The realistic prospect of conviction, or criminal culpability related to an individual's mental state, should not be consideration in the decision to lay criminal charges. This is a matter for the Courts to consider.
    - 1. When the most appropriate course of action is to proceed with criminal charges, officers shall, when applicable, recommend to the Crown that the case be referred to the Nova Scotia Wellness Court.
- W. In circumstances where an individual who is suffering from acute mental illness or experiencing a mental health crisis, who is not a current involuntary mental health patient, and is the subject of a criminal investigation for which charges will be laid, members shall:
  - i. Complete a thorough investigation of the criminal matter,
  - ii. Utilize the most appropriate process in the circumstances for laying criminal charges,
  - iii. Ensure the prosecution summary includes observations of the individual's mental illness or state of mental health crisis at the time of the offence, and recommend the Nova Scotia Wellness Court when applicable.
- X. In circumstances where an individual is arrested for a criminal offence is taken to a hospital to be medically stabilized, or for the specific purpose of a psychiatric

assessment, and is subsequently apprehended under IPTA as an involuntary mental health patient, members shall:

- i. Complete a thorough investigation of the criminal matter,
- ii. Utilize the most appropriate process in the circumstances for laying criminal charges. If, due to the nature, level or circumstances of the offence, the individual cannot be released from police custody, the individual shall remain in the hospital and be remanded into custody,
- iii. Ensure the prosecution summary includes observations of the individual's mental illness or state of mental health crisis at the time of the offence, and
- iv. Ensure, once the individual has been remanded into custody, the responsibility for continuing custody is expediently transferred to the Nova Scotia Correctional Facility.

- Y. In circumstances where an individual is currently an involuntary patient and is the subject of a criminal investigation for which criminal charges will be laid, members shall:
- i. Complete a thorough investigation of the criminal matter,
  - ii. Utilize the most appropriate process in the circumstances for laying criminal charges. If, due to the nature, level or circumstances of the offence, the individual is required to be taken into custody, but the individual should not be released from hospital, the individual shall remain in the hospital and be remanded into custody, and
  - iii. Ensure the prosecution summary includes observations of the individual's mental illness or state of mental health crisis at the time of the offence.

### 3. DEFINITIONS

- A. **Apprehension:** Means the act of taking a person into custody under the authority of the Involuntary Psychiatric Treatment Act (IPTA) in order to transport that person to the appropriate psychiatric facility or other location.
- B. **Crisis Intervention Team (CIT) Officer:** Refers to a police officer who has successfully completed specialized training in mental illness.
- C. **Crisis Intervention Training (CIT):** Specialized training in mental illness, de-escalation, and crisis intervention techniques.
- D. **De-Escalation:** taking action or communicating verbally or non-verbally during a potential force encounter in attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force or with a reduction in the force necessary.
- E. **Emotionally Disturbed Person (EDP):** Is an individual that may, or may not, have a diagnosed mental illness but is behaving in a manner that is perceived as disorderly and unpredictable and causes the observer to believe that the individual has:
  - i. shown, or is showing, a lack of competence to care for themselves;

- ii. threatened or attempted, or is threatening or attempting to cause bodily harm to themselves;
  - iii. behaved, or is behaving, violently towards another person, or has caused, or is causing, another person to fear bodily harm from them;
  - iv. suffering substantial mental or physical deterioration or serious physical impairment; and/or
  - v. is experiencing acute mental illness and/or crisis.
- F. **Firearm Interest Police (FIP) Subject:** Police agencies record incidents in their local police reporting system, which can affect an individual's eligibility to be issued or continue to hold a firearms license.
- G. **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
- H. **Mental Health Crisis:** An acute disturbance of thinking, mood, behaviour, or social relationship that requires immediate intervention which involved and element of unpredictability, usually accompanied by a lack of response to social controls and which may be defined as a crisis by the client, the family, or member of the community. A mental or behavioural crisis may include:
  - i. Suicidal behaviour
  - ii. An individual threatening harm to themselves and/or others;
  - iii. A psychotic break (sudden loss of contact with reality and/or bizarre behaviour);
  - iv. An unusual or prolonged reaction to traumatic event(s); and/or
  - v. Any behaviour that is unreasonably disturbing to the academic, work, or living environment.
- I. **Mental Health Mobile Crisis Team (MHMCT):** A partnership comprised of a mental health worker and an HRP officer with specialized mental health crisis intervention training.
- J. **Person 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.
- K. **Psychiatric Facility:** Means a health care establishment with services and staff who are trained in the treatment and care of Persons in Crisis. This definition includes hospitals, psychiatric facilities and other institutions with these capabilities.
- L. **Wellness Checks:** Officer performing a visit to check the health and status of an individual who, by way of community member or police reporting, has been brought to the attention of police as having concern for their well-being.
- M. **Well-being:** refers to the psychological, emotional, mental, and/or physical health of an individual.

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Policy Owner	Superintendent Carolyn Nichols

By Order Of:



Chief Don MacLean  
Chief of Police

