



HSJCC

Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario

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HSJCC Network

- Responding to a recognized need in the province to coordinate resources and services, and plan more effectively for people who are in conflict with the law
- Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers
- Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome

HSJCC Info Guide

Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario

Overview of Info Guide

- Info Guide was developed by a working group of the Provincial HSJCC
- The purpose of Info Guide is to assist police services and hospitals in Ontario to reduce emergency department wait times for police officers who are accompanying individuals experiencing a mental health crisis.
- Information compiled through a call for information which was distributed through the HSJCC Network to:
 - municipal and provincial police services
 - hospitals
 - providers of community mental health, addictions and other human services

Police as Emergency Responders

Mental Health Commission of Canada (2011):

- About 15% of interactions between the police and people with mental health conditions are initiated by the person, about 20% is initiated by their family, and about 25% is initiated by the police
- 1 in 20 police dispatches or encounters involve people with mental health conditions
- 2 in 5 encounters between the police and people with mental health conditions involve situations that are unrelated to criminal conduct
- 3 in 10 people with mental health conditions have had the police involved in their health care pathway
- 1 in 7 referrals to emergency psychiatric inpatient services involve the police

Police as Emergency Responders

- *Mental Health Act* permits police officers to apprehend individuals if the officer has reasonable grounds to believe that a person is acting in a disorderly manner and is a threat or at risk of causing harm to themselves or others
- Once the apprehension is made, the officer accompanies the individual to an examination by a physician, typically to an ED
- Upon making the apprehension, the police officer has a duty to remain and retain custody of the individual until the hospital has accepted custody

Overview of the Issues

- Crisis intervention services are only available during daytime or evening hours, thus increasing the pressure on the ED at night
- Increasing wait-times in the ED for police accompanied visits
- Clients with mental health and addictions needs are often given a low triage priority
- Delays due to a shortage of mental health in-patient beds available
- The “revolving door” often occurs with police accompanied visitors to the ED

Overview of the Issues: Impact on Police Services

- Police officers are frequently asked to play the role of security guard in the ED
- Extended wait-times can be quite costly for police services

Overview of the Issues: Impact on the ED

- Space is limited in the ED and a quiet room cannot be made available to the police accompanied individuals
- Many hospitals in Ontario do not have a Security Department therefore are not well equipped to manage high risk crisis situations

Overview of the Issues: Impact on the Individual

- Police accompanied visits to the ED increases the stigma of mental health conditions
- Privacy of the individual is compromised as they are restrained and seated inside the waiting room of the ED
- Individual can feel uncomfortable speaking freely in front of the police officers and security guards
- In some rural and northern areas of the province, clients often do not have access to transportation to return home after the police accompanied visit to the ED

Overview of the Issues: Impact on Children and Youth

- **Lack of accessible mental health and addictions-related services for children and youth often resulting in longer wait-times in the ED**
- **Services for children and youth are often only available during daytime hours**
- **Multiple stakeholders involved (parents and guardians, community children and youth service providers, Children's Aid Society, etc.)**
- **Stigma, discrimination and negative stereotypes are associated with children and youth with mental health and addictions-related conditions**

Overview of the Issues: Impact on Racialized Communities

- Racialized groups are over-represented in police accompanied visits to the ED
- Language barriers and the lack of interpreter services available impact on the provision of services
- Lack of culturally appropriate crisis services in both the community and the ED
- Stigma, discrimination, racial profiling and negative stereotyping compromises the care provided to racialized communities

Strategies

- ✓ Building strong relationships between police services and hospitals
- ✓ Providing cross-sectoral training for police services and hospital staff about mental health apprehension situations
- ✓ Calling ahead to the ED when a police officer is on route with a person experiencing a mental health crisis
- ✓ Establishing clear lines of communication upon arrival at the ED
- ✓ Utilizing a mental health screener form to communicate information about the circumstances and observations about the person in crisis

Strategies

- ✓ Arranging a quiet room for police accompanied visitors to the ED
- ✓ Having adequate staff support to manage mental health crisis situations in the ED
- ✓ Designating a liaison in the ED to work directly with police officers when they arrive with a person in crisis
- ✓ Establishing a written agreement between police detachments and hospitals
- ✓ Conducting routine monitoring and evaluation of the protocol in place, and making changes as necessary

Person-Centred Care

- ✓ Ensuring the individual's rights are protected and keeping the individual at the centre of care

Crisis Planning:

- Offers a way for individuals to establish a plan of action in preparation for periods of illness
- Provides time-tested strategies for de-escalating crisis situations and provides the tools for reducing triggers
- Provides individuals the ability to control the care they receive when they may be unable to effectively communicate
- Outlines specific treatments and medications that have either mitigated or aggravated such experiences in the past

Contact Information

For more information about the Provincial HSJCC, and to access the full Info Guide, visit: www.hsjcc.on.ca

To join the HSJCC Network mailing list, contact:
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