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# Vancouver's Mental Health Crisis: The Background

*September 13, 2013*



VANCOUVER POLICE DEPARTMENT  
*Beyond the Call*

## Background

Vancouver is currently in the midst of a mental health crisis. However, Vancouver is not alone in struggling with mental health issues. Law enforcement agencies from across Canada have also noticed an increase in mental health related calls for service, as have agencies in other countries, such as the United States, Australia, and the United Kingdom. An escalating mental health problem in our community has become a major police issue. In fact, the 2013 Canadian Association of Police Boards conference focussed on the issue of mental health and policing. The Canadian Association of Chiefs of Police has also identified this as a priority issue for the coming year.

The VPD first recognized this serious issue in 2007, resulting in a report titled *Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources*. While some progress was made on the report's seven recommendations, the problem continued to worsen. In 2010, *Beyond Lost in Transition* was written with five additional recommendations. To date, a large number of these recommendations have been addressed, but several remain outstanding.

Since *Beyond Lost in Transition* was released, the VPD, Vancouver Coastal Health and Providence Health Care authorities began working in cooperation to improve the quality of life for those suffering from mental illness and to increase public safety. However, further progress cannot be made without additional resources in the health system for the mentally ill.

Despite the best efforts of health professionals and the VPD, there has been a worrisome and pronounced increase in persons exhibiting signs of serious mental illness. Within the past three years, the emergency room at St. Paul's Hospital has seen a 43% increase in individuals with severe mental illness and/or addiction. Similarly, the VPD has experienced a 16% increase in the number of section 28 *Mental Health Act* apprehensions between 2010 and 2012. This is a continuing trend that has become worse over the past decade. It appears that this trend will continue through 2013, with a 23% increase year-to-date.

Furthermore, incidents related to mental illness continue to consume considerable police resources. Our research shows that mental illness is a factor in approximately 21% of incidents handled by VPD officers and consumes 25% of the total time spent on calls where a report is written.

In addition to patrol officers who deal with incidents resulting from mental health issues on a daily basis, the VPD has devoted numerous resources to dealing with persons suffering from mental illnesses. These resources range from officers at the Downtown Community Court to the newly created Mental Health Unit.

In the 1990s, as the downsizing of Riverview Hospital that began in the early 1980s continued, the VPD had the equivalent of approximately 1.5 full-time employees assigned to functions which primarily deal with mental illness and addiction. This has since increased to more than 17 full-time employees assigned to these functions.

Since 2002, the VPD has been proactive in providing front line officers with valuable crisis intervention and de-escalation training in relation to the mentally ill, with over 650 front line officers receiving this specialized training. Providing more training for police officers to deal with

the mentally ill reflects the sad reality that they will soon be dealing with more mentally ill patients. We cannot continue to ask police officers to be front line mental health workers.

In addition to these troubling figures, there have been numerous violent crimes and incidents of self-harm involving mentally ill persons. Since January 2012, the VPD has identified 96 serious incidents ranging from suicides to acts of random, violent attacks inflicted upon innocent members of the public. The frequency of these incidents has increased with more than 36 violent incidents occurring in 2013. In one 15-month period, 26 innocent victims were attacked and injured – some very seriously – in 11 separate incidents. The trend is alarming, and currently poses the greatest risk of an unprovoked attack on everyday citizens in Vancouver. These attacks have included vicious beatings, stabbings, and a shooting, and have involved on occasion very young victims, including new-born twins. The following are some examples of these attacks:

- A man committed a series of three vicious assaults on three elderly women, kicking and stomping each of them in the head.
- A man walking his dog in the evening was stabbed multiple times by a complete stranger. During the stabbing the victim was eviscerated with his internal organs being visible to responding officers.
- A woman buying cigarettes at a convenience store was stabbed repeatedly and so violently and with such force that the blade of the knife broke off in her head. Her life was saved as a result of emergency surgery.
- After leaving a comedy show, two innocent bystanders narrowly avoided being killed in a shooting, with one victim being grazed in the head. The suspect then fatally shot himself in the middle of the street.
- A five-year-old child and her mother were attacked while walking down a street. A mentally ill woman approached the pair, grabbed the child and proceeded to violently swing the child around the sidewalk by her hair. When the mother stepped in to protect her daughter she was thrown head-first to the ground and sustained serious facial injuries.
- A man knocked on the door of neighbouring apartment and violently stabbed a young woman standing in the doorway. He then entered the apartment and stabbed a second young woman inside. The man finally attacked an elderly couple in the hallway with a hammer before being wrestled to the ground. One young woman has now been left with life-altering injuries.

It must be noted that only a very small proportion of mentally ill persons commit random violence. However, the overall numbers of mentally ill people has grown and hence we are seeing more violence committed by those who are not aware of their actions. Moreover, many of the mentally ill are also a danger to themselves and suffer in terms of quality of life. Arrest and prosecution is not the most desirable or optimal solution for their underlying psychiatric problems, yet after incidents such as these, it is the only option available to law enforcement officers.

As documented by academic researchers, due to their illness, and in many cases compounded by substance abuse or addiction issues, the severely mentally ill are often placed into an increased state of vulnerability. These findings are consistent with VPD data. Further, those apprehended under the Mental Health Act in 2012 were 15.2 times more likely to be a victim crime than those not suffering from a mental illness. Even more concerning, that same group is 23.3 times more likely to be the victim of a violent crime when compared to the general public. Only medical professionals working in a system with adequate resources, including but not limited to sufficient secure treatment beds, can prevent mental health patients from committing, and becoming victims of, violence in the community.

While Vancouver is now facing a mental health crisis, the efforts of law enforcement and mental health practitioners have resulted in some success. The Assertive Community Treatment (ACT) model brings together various service providers including psychiatrists, nurses, and addiction counsellors, to treat those who are suffering from severe mental illness and addiction issues. Building on a model first used in Victoria, police are now included on these teams. The ACT model has successfully reduced police contacts and victimization for its clients. A study cohort of 32 ACT clients in Vancouver has been followed for more than one year. Over this year, there has been a 50% reduction in police contacts and a 23% reduction in victimization. Furthermore, this cohort has seen a 70% reduction in non-urgent emergency room visits. There are currently three ACT teams operating in Vancouver, but there is demand for several more.

In order to reverse the trend of violence committed by and against the mentally ill, and to address the mental health crisis, the VPD has five recommendations (of which recommendations one through four have been previously endorsed by the VPD, the Vancouver Coastal Health Authority, and the City of Vancouver), the implementation of which will have a large and immediate impact on the quality of life for those suffering from mental illness and will greatly reduce the risk of violent attacks by the seriously mentally ill:

- 1. Add 300 long-term, secure mental health treatment beds.*
- 2. More staffing at BC Housing sites to support tenants with psychiatric issues and a reduced proportion of this type of tenant.*
- 3. More significant support through ACT teams for psychiatric patients living in the community, including those residing in market housing.*
- 4. An enhanced form of urgent care (crisis centre) that can ensure consistent and expert care of individuals in crisis situations, located at a Vancouver hospital.*
- 5. The creation of joint VPD-VCH Assertive Outreach Teams for mentally ill persons who do not yet qualify for ACT teams.*

In the late 1990s, Vancouver's Downtown Eastside faced a public health crisis due to a spike in HIV/AIDS infections and drug overdose deaths. Effective collaboration between different levels of government and health authorities resulted in steady progress and has saved hundreds of lives. The current situation regarding untreated, severely mentally ill people is as serious as this concern Vancouver faced over a decade ago. The "public health crisis" is now a "mental health crisis." Many seriously mentally ill people are receiving inadequate care, sometimes with tragic consequences, and have a low quality of life. Further, the number of unprovoked and violent attacks by mentally ill persons on innocent members of the public is alarming.

The VPD is responding to too many emergency calls involving persons experiencing a mental health crisis. Often, the behaviour is criminal and we must arrest and prosecute a mentally ill offender. While the VPD and health service providers are doing as much as they can with the resources available, these current resources are not enough to reverse the troubling trend that has been continuing for more than a decade. However, as the full report describes, there are measures that can be implemented that will lead to better lives for the mentally ill and reduce the overall number of violent incidents. The first line of treatment for the violently mentally ill should not be a police officer.