Guide for Community Collaboration

**Improving First Response to
Persons with Mental Illness in Crisis**

2007

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Introduction

Since 1999, the Canadian Mental Health Association's BC Division (CMHA BC) has taken an active role in improving police response to persons with mental illness in BC. That year, CMHA BC intervened at the inquest of Donald Marshall, a man shot by police in a Langley hospital where he was seeking treatment for a mental illness.

CMHA BC followed up with a review of police response to persons with mental illness, resulting in the 2003 publication of *Study in Blue and Grey - Police Interventions with People with Mental Illness: A Review of Challenges and Responses* (www.cmha.bc.ca/files/policereport.pdf). This publication identified the common issues in these interactions, examined current response models, and made recommendations for best practices in this area.

In 2005, CMHA BC initiated a pilot project in six diverse BC communities to develop collaborative community solutions. This was Building Capacity: Mental Health and Police Project (BC:MHAPP).

In each community, the CMHA branch hired a part-time (.4 FTE) local coordinator to develop and facilitate a committee of agencies or parties involved in or knowledgeable about first response to mental health crisis, such as police, mental health service providers, people with mental illness, family members, hospitals, community organizations, and ambulance service. These committees engaged in a three-part process:

1. 'Mapping' of the community services and processes to address mental health crises
2. Identifying and prioritizing gaps and issues in the map
3. developing an action plan to address these gaps/issues on a local level

A provincial coordinator provided education and support to local coordinators.

While the project was intended to be a 'seeding' project where the action plan would be achieved after the project was completed, positive changes occurred during the process itself through the development of relationships, increased knowledge among committee members, and informal but very effective resolution of some issues.

The successes and challenges are outlined in the community and provincial reports found at www.cmha.bc.ca/advocacy/police/bcmhapp. This guide is for others who wish to develop a collaborative community plan to improve the response to persons in mental health crisis. It is a rewarding, educational, and at times creative process which committee members have overwhelmingly considered to be a positive and proactive experience. We hope your experience will be the same.

Camia Weaver
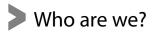*Coordinator, Building Capacity: Mental Health and Police Project*

Get Ready

One comment that we regularly heard from committee members in their initial interviews and evaluations was, "I don't want to waste my time on another committee that is all talk and no action." People were tired of participating on committees that issued reports that just gathered dust on the shelf, and had an understandable cynicism about "yet another committee." This project is intended to be a hands-on experience with practical, yet creative, results which can be implemented sooner rather than later, and often with little or no dollar resources, or with the resourcing as part of an action plan.

Still, there are some questions that you need to ask yourself or your agency before you undertake the project, to ensure that this will not be another 'gathering dust' exercise:

- Is the issue a priority in our community?
- Do I/we have the capacity (time, space, support) to undertake this?
- Will it be done off the side of someone's desk, or can I/ we make a commitment of two days a week for the next eight to twelve months to coordinate this project?
- Will that person be here to the completion of the project? Are the necessary parties willing to support and commit to the project (at a bare minimum this would include the police agency and mental health system making an eight to ten month commitment)? Are these agencies committed to ensuring the committee and the work on the action plan are sustained following the project?
- Are we the best agency to coordinate the project—in terms of time, energy, reputation, community contacts and relationships with relevant parties?
- What do we hope to achieve and is it possible?
- Are we willing to put aside our own agenda to promote collaborative resolutions?

There is nothing worse than a failed initiative—it leads to cynicism, reluctance, and a reputation of not being able to carry through. It is imperative that you make a real commitment and have the capacity to follow through.

Key questions in planning your committee

❯ Who are we?

Who are the people or agencies that need to be invited to the committee? Obviously the police agency needs to be there, and the mental health system. Persons with mental illness and family members are absolutely necessary, as they are the one constant party in all interactions and have valuable information to contribute. Hospitals are also important: representatives from the emergency department of your local hospital and designated facility under the Mental Health Act should definitely be included. The evaluation of our project indicated that all of these representatives are critical to success.

Consider less obvious players as well. The BC Ambulance Service made a significant contribution on most committees, and deal with mental health issues on a regular basis. The dispatch service (911) for police and ambulance services is an important yet largely overlooked player in the process.

Is there a significant aboriginal or immigrant population in your community? The needs and perspectives of different cultures are an important component in effective response to mental illness. While engaging these sectors can be challenging, it will be worth it in developing a comprehensive strategy. Youth is also a sector with unique issues and needs

in this context. Sherriff agencies, legal system personnel, corrections, crisis line and forensics are just some of the other agencies that might be considered.

Finally, it is recommended that you include provincial or regional health authority representatives with a political commitment to help communities implement their action plans.

A word of warning: while it is important to cast the net widely in terms of who should be considered, your committee can become unwieldy if it has more than about 12–15 members. This is your core group, having the ability to effect change. Surveys, focus groups, and interviews are effective ways to gather relevant information from other sources to inform the committee.

> What are we doing here?

Before you go out into the community to recruit your committee members, be sure you can tell them what you want from them, and why. Determine your basic goals and how you plan to achieve them. It is important that you are clear about the objectives without being so precise that they are inflexible and constraining. Determine a proposed schedule you plan to propose so that prospective committee members have a clear understanding of the commitment involved. For example, an eight–month timeline with biweekly meetings gives potential committee members some clear parameters for their commitment. Be prepared to accommodate committee members' existing schedules.

We found that a one–page statement of the background and objectives of the project, the time commitment for committee members and a timeline with milestones was very useful for prospective committee members to gain a solid understanding of the project and the commitment involved. This also helps the coordinator have a better understanding of the goals and means to attain the goals.

Our external evaluation indicated that clear direction regarding expectations and the engagement of an external evaluator at the beginning of the project would be helpful to define the goals and determine how to measure outcomes.

> Where's the money?

While the project is intended to be community based and inexpensive, there are always costs. Make a budget and determine potential sources of contribution or funding for a coordinator, meeting space, travel subsidies (especially for non-professionals and persons with limited resources), travel allowance for the coordinator if necessary, refreshments, focus group participant honorariums, printing and distribution, etc. The costs may be low, but it helps to be prepared. Often community partners are able to provide some resources—the largest expense should be your coordinator's wages.

Get Set

Prepare yourself

Before you approach potential community partners in this venture, you need to know what you are talking about—not just in terms of what is happening in your community, but what is happening in this area in other communities. While each community is unique, it isn't necessary to reinvent the wheel. It helps to be informed about what are recognized as best or better practices in this area and what experienced people have found to be most effective.

There are several resources we recommend:

• CMHA BC's *Study in Blue and Grey* (www.cmha.bc.ca/files/policereport.pdf) provides an excellent overview of the police and mental health issues, program models and best practices.

• Another excellent resource which is continually updated is the US Consensus Project, a national project coordinated by the US Council of States. Their website (www.consensusproject.org) has a wealth of information. One word of caution: the US legal system is in many ways different that Canada's, so references to specific legal issues will not necessarily apply in Canada or in British Columbia

• A more practical and close to home resource is the Police Project section of the CMHA BC website, fount at www.cmha.bc.ca/advocacy/police (you may already be here!). You will find reports, maps and action plans from each of the initial six project sites, a report on provincial issues, and the final reports from Phase I and Phase II of the Mental Health and Police Project.

Finally, we recommend a short primer on community engagement and facilitation. As noted earlier, many people are burnt out on committees and convincing agencies that this is a worthwhile and effective project that will benefit them and the community is going to make a difference. Likewise, you

may have committee members who are defensive of their current programs and policies, or who want to run the show according to their own agenda, or who have pre-existing hostilities with each other.

Our evaluation noted that it is important to have a strong and experienced facilitator to make the steering committee process work.

The *Canadian Rural Partnership Community Dialogue Toolkit* is a facilitation guide that may be useful to you. There are many, many guides available on the internet and otherwise, but we've chosen to highlight this one because it is geared to similar community group activities and is relatively short and easy to read:. The guide is available online at www.rural.gc.ca/dialogue/tool/toolcontent_e.phtml#3

Understand the community

Buy-in from police and mental health agencies is a prerequisite to success in this project. Without the willingness of these agencies to cooperate to resolve problems, there is not likely to be any substantial improvement. Before you begin to develop your committee, it would be helpful to get letters of support and commitment from higher levels of these two agencies at the outset, to formalize their support and to influence other agencies and organizations to participate.

The sector we have found most difficult to engage is the hospitals. It is not entirely clear why this is the case, although it is apparent that there is a staffing crisis in many BC hospi-

tals. I would recommend that engagement of hospitals be a priority, and that you enlist the early support of other agencies (e.g. Health Authority, police, BC Ambulance Service) to encourage the participation of hospitals (particularly the Emergency Department) in this process. It is also important to emphasize that this is a solution-oriented process that may, in fact, save them time and money by creating collaborative efficiencies and/or alternatives to the present process.

Interviewing key informants—persons who have a higher level view of mental health and first response issues in the community and region—should provide you with the various perspectives on issues in the community, and will begin to engage key agencies in your community. You may hear 'blaming' statements, which will need to be tempered in the committee situation in order for the committee to be solution-based. Find out what is already being done to address the issues.

In conducting key informant interviews, I would recommend starting at the top of the chain of command and moving downward to the frontline workers; you may find that there is a different perspective at different levels of an agency or organization. All of this is important information. A sample key informant interview is included as Appendix A. Key informants are also great sources for finding good people for the committee or other participation in the project.

If possible, it is also a good thing to be aware of your community's politics—there almost always are some at play. Are different non-profit organizations competing for dollars, members, or influence? Are government agencies at odds on policy or responsibility issues? Do community organizations have ongoing problems with police or mental health representatives? The more you know about issues that may arise, the easier your job of dealing with them in order to facilitate collaboration. Find common ground and common goals to stress and return to. Keep the committee focused on the issues at hand rather than external problems that do not belong at this table.

Develop your committee

First a word about committee size: the number of people you have on your committee will depend to some extent on the size of your community. We found there was little difficulty in having a very functional committee in smaller towns and

cities, but in larger locations such as Vancouver, the committee of 15 was somewhat unwieldy and still incomplete.

With larger communities, cheduling meetings is more difficult, and ensuring everyone is heard is challenging. A larger committee requires strong facilitation skills to keep the committee focused without shutting down valuable participation.

In order to be inclusive without being unwieldy, consider the use of focus groups and surveys to keep your committee informed. Be strategic in your choice of committee members; it is better to have an individual who can make change happen than one who is merely an agency representative. Also consider the knowledge base of potential committee members: does your consumer (person with mental illness) or family member representative have personal experience with the issues? Do they have information about the experience of others? Does your police representative have recent and local experience on the streets or is he/she in a more bureaucratic position? The wider the person's experience or knowledge base, the more effective they will be as a representative of their sector. Finally, are they committed to collaboratively find solutions to whatever issues are identified? The stronger their commitment, the better off you will be.

You may be required to be extremely diplomatic if your choice of a committee member is someone other than the person the agency wants to send. If you truly believe that your choice would make a significant difference, find a way to make it happen in a way that will not offend or impede the achievement of your goals. It is probably best to do this early, and plant the seed during key informant interviews; find a way to make your choice appear to be of greater benefit to the agency.

❯ Alternative ways to participate

If you reach capacity on the committee, or if some agencies or organizations cannot make the time commitment, or if some sector would have difficulty participating on the committee (e.g. people who are homeless) consider other ways to include or involve these sectors. Focus groups, surveys, presentations, and additional key informant interviews can be effective ways to gather information for the committee to consider. In particular, focus groups with service users are good ways to get first hand knowledge of actual experience to supplement representation on the committee (see more information on focus groups on p. 10).

Contact committee members

Once you have made your selection, approach the prospective members with your outline of the project, and an outline of the part you are asking them to contribute as a committee member. Be clear about the time commitment (the term of the project, the frequency and duration of meetings and continuity/sustainability after the completion of the action plan). You want your committee members to commit to attend and actively participate at committee meetings, or the process will not be effective. They also need to be prepared to provide information to the committee and to consult with their agency/organization for the required buy-in to solutions. The clearer this is, the more likely that you will have an effective committee that knows what is expected and is prepared to follow through.

Once you have your committee members, you might want to provide them with an information binder. This could include the one–page description of the background and goals of the project, a copy of *Study in Blue and Grey*, a tentative schedule of timelines and 'milestones' and a list of committee members and their contact information. A one–page 'terms of reference' is useful to outline the function of the committee, the role of the coordinator-facilitator, and the responsibilities of the committee members. Appendix B has a sample terms of reference that may serve as a guide. It is a bit formal, so feel free to adjust it to suit your community and situation.

Go

Organize committee meetings

Make sure that you schedule the first meeting at a time when everyone is available. This is pretty obvious, but can be important in developing a 'team mentality.' This meeting will include self–introductions by committee members and a brief overview of their agency/organization or personal experience, as appropriate. You will provide an overview of the project and the reason the committee members are here. Ensure that committee members understand the goals of the project and the expected commitment. Discuss the terms of reference if you have them, and give the committee an opportunity to change them and make them their own.

Work out the meeting schedule for the duration of the project: it is best to have meetings on a regular and consistent time and place, as this makes it easier for everyone to remember. A biweekly (every two weeks) meeting schedule seems to work well, as it is not so frequent to be burdensome, but often enough to maintain continuity and enthusiasm. Some coordinators found that an early morning meeting (8:00 or 8:30 am) worked best for attendance, as nobody got caught up in other tasks which would delay them. One and a half to two hours also seemed to work well: enough time to achieve something without taking over people's day. For early meetings, refreshments can act as an incentive.

Consider as well, the impact of environment. A quiet and comfortable meeting room in a neutral location is best. Police stations or mental health facilities may be problematic if any members of your committee have negative memories of these places—although it may be a good thing for committee members to experience these places (including emergency rooms and jails for example) at some time to familiarize everyone with the contexts. Community organizations where persons with mental illness socialize, volunteer or work may be a good place to familiarize police and health professionals with persons with mental illness in a nonprofessional and social environment, as well as to humanize those professionals for consumers who have had previous negative experiences.

A flipcharts and/or a whiteboard, paper and pens should be supplied at all meetings—the former for recording meeting matters and items for the 'parking lot' (a seperate sheet for any side issues or notes) and the latter for committee members who forget to bring them.

At your second meeting, you may want to show a video (or excerpts, if time is tight) to get people focused on the issue. At this meeting, confirm the commitment and responsibilities of committee members, and the timeline and tasks to be undertaken by the committee during the term of the project.

I recommend Crisis Call, a production of Skyworks Charitable Foundation (90 minutes, 2003; www.laurasky.org). This is a well–made video that shows progress made in this area in Ontario after the shooting death of a man with mental illness on a city bus. The video focuses in part on one of the police officers involved in that incident and how it changed her. The video deals with the trauma that police officers, as well as family members and civilian witnesses, experience as a result of this type of incident.

From our experiences, a general guideline would be to have approximately four to seven meetings to develop the community map, three to five meetings for issue/gap identification and prioritization, and six to ten meetings for action plan development.

❯ Taking meeting minutes

A note about minutes: While I am not fond of taking minutes of meetings, you need to at least document main information, activities and decisions arising from the meeting. The committee members who were present need to be able to confirm that these are accurate; those who were not present need to be aware of what took place. It is also very important to track assigned tasks—what they are, who will do them, and when they are due (often the next meeting). Another important function of meeting minutes is to keep informed those agencies who are unable or unwilling to participate on the committee; this may spur them to participate or at the least will keep them informed of developments taking place.

We found that continuity at a meeting is disrupted if the facilitator must take minutes and sometimes items are lost. You can request volunteers at each meeting, but this task should be undertaken by someone who pays attention, can summarize accurately and write legibly. The minutes should be sent out as soon as possible after the meeting, as a reminder of tasks and for review. If you are sending out an agenda/meeting reminder a few days before the next meeting (a good idea), include the tasks from the last minutes to remind those people of their tasks. These efforts help the meetings run smoothly and efficiently.

Build a community map

The first step is the development of the community map—what occurs when a person in the community has a mental health crisis. From the beginning, try to look at as many variables as you can think of: is there a difference if the person is an adult, youth or child If they are at home or in public, if they are aboriginal or of some other culture? If they have language problems? What type of crisis are they having? Do they have a doctor or family members to assist them? Are they in an outlying area outside of the community (i.e. rural)? Do they have some form of transportation and/or communication? Is the person homeless or in a shelter? What is the policy of shelters in respect to persons exhibiting symptoms of mental health crisis? How do agencies and organizations distinguish between mental health issues and substance misuse, and what impact does that have on response? Does the public generally—and agency/organization staff specifically—have a reasonably good understanding of mental illness, psychosis, concurrent disorders?

The next step is to determine the resources are available to persons with mental illness in these different circumstances:

❯ Is there a crisis line? If so, what service does it provide? What issues of confidentiality arise? Is it local and/or toll free? What are the hours/days of service? What do the crisis line workers do where there is potential harm to the individual or others (what is their policy)? Do they have the capacity to locate the individual and if so would they share this information if necessary?

❯ If someone calls 911, what information does the call taker or dispatcher request? What training do they have in communicating with someone in mental health crisis and the information needed to respond appropriately?

❯ What training do police officers receive, at recruitment stage and later, in understanding and responding to mental illness? Is the training ongoing? Is it revised and improved on a regular basis? Does every officer take it? Do the officers think it is sufficient? What would they want to be able to improve their interactions? How often do they interact with persons with mental illness? What problems do they encounter? What is the usual result when they do interact – do they take them home, detain them under the Mental Health Act, arrest them? What is their relationship with ambulance, mental health, hospital ER (emergency room), community organizations?

❯ Are hospital wait times a problem? Why do they occur? Does the ER have appropriate places for persons in crisis to wait? Are hospital security and ER staff trained to respond appropriately to a mental health crisis? Are there any community alternatives to hospital admission (i.e., short-term crisis stabilization facilities)? Do first responders know about them? Do police and mental health/hospital staff share information? Do they have a common understanding of the Mental Health Act and privacy legislation? Are they familiar with information sharing policies of their respective agencies? Do they understand each others' roles and responsibilities?

These are just some examples of questions to pursue in getting a full understanding of how your community responds to a mental health crisis. The investigation has to go beyond the surface to look at issues of how appropriately the system operates and responds. The greater the depth of knowledge, the better the committee will be at not only finding and resolving issues, but also understanding each others' roles, responsibilities and challenges.

Persons who have experienced a mental health crisis and the response to it can provide a great deal of information and insight in this process, and provide other committee members with a different perspective and understanding. There may a huge gap between an agency policy and actual practice; there may be erroneous assumptions about what is needed and/or effective; there may be better and more appropriate responses and/or resources than those that have been devised by the agency. Understanding the experience of a person with mental illness in crisis and respecting the knowledge that comes from that experience, is a key outcome of the project.

This investigative process should result in a map or flowchart of the options and resources available in the event of a mental health crisis in your community. This map will be unique to your community. The maps created by communities involved in BC:MHAPP have all been different in style and to some degree, content. The map itself may be a simple bare bones visual outline; the detailed information that goes with it is the substance you work with.

▶ Gathering information

As you go through the mapping process, you should be gathering information outside of your committee. This information is necessary to inform your committee fully. Several of the communities in BC:MHAPP Phase I found focus groups, interviews and surveys to be invaluable in providing information to the committee.

Focus Groups

Conducting focus groups—a planned and moderated discussion in order to address a specific topic in depth with a group of individuals who share some common experience relative to the matter discussed—can be a very effective way of gaining the perspective of the homeless, people with mental illness and addiction, aboriginal and immigrant/cultural groups. However, unless there is trust, incentive (the 'greater good' is not a present enough incentive for most persons in these

circumstances) and a guarantee of confidentiality, you may have problems getting the best attendance and quality of information.

Focus groups must be planned early in the project. These should be initiated at the earliest opportunity, as they can take time to organize and the information should be supplied to the committee early in the process. In order to have a reasonable chance of success, more than one focus group per sector should be planned because attendance can be a problem. The focus group is best organized by a person trusted by those to be involved, and co-facilitated by that person and the coordinator. When holding focus groups with persons with mental illness, family members, aboriginal or other cultural groups, homeless/marginalized people, an honorarium or at least food and refreshments should be provided for those who participate. It is necessary to be very clear about the criteria for participation though, as your incentives may draw many who have no experience interacting with first responders during a crisis and will have little, if anything, to contribute.

A special word about confidentiality and impact of participating in a focus group: for obvious reasons, confidentiality is necessary to provide reassurance that there will not be a backlash from authorities or otherwise against persons who provide information (whether this is a real or perceived threat is irrelevant). Participants should be reassured that everyone in the group will maintain confidentiality about what is said there and the report on the focus group must provide the substance of issues raised without any details that might identify the speaker. You must also be aware of the potential impact on focus group participants in reliving/retelling difficult and sometimes painful experiences.

We provided potential participants with a sheet of paper explaining the focus group process, the commitment to confidentiality, an offer to refer to resources if they experienced emotional problems as a result of participating, and a promise of confidentiality for each participant to sign in respect of other participants. The BC:MHAPP Focus Group Fact Sheet and Participant Form can be found in Appendix C.

Surveys

Surveys were used at several sites to collect information, particularly from front–ine police officers (see Appendix D for a sample police survey). Surveys may also be a useful tool to gather information from populations which would be reluctant to participate in a focus group; in my experience,

the stigma of mental illness and/or trust issues can make it difficult to enlist participants from the aboriginal, multicultural and homeless populations. The surveys can be written or can be taken verbally and written out by an interviewer. Direct and clearly written survey questions are more likely to receive responses. The survey should be relatively brief (12–15 questions), tailored to the population, be in plain English, and allow for additional comments (which is often the best information, provided it is on topic).

Identify issues and gaps

As the map is being created, some gaps and issues in service will become apparent. These should be noted on a separate sheet (this is known as the parking lot) as you are creating the map, so that they are not forgotten but do not detract from the mapping process. These can be raised as you proceed to the next step of identifying issues and gaps.

One community in BC:MHAPP Phase I took a very different approach to the mapping process. They decided to make a map of 'the perfect world'—what the community map would look like if the best services were available—and looked to see what was missing in the current reality. This method can work, provided that a wide lens is used to cover all possible areas. However, it can be a complicated process to consider every possibility for perfection without having a framework of what exists, and some essential elements or unforeseen consequences in leaping from 'now' to 'perfect' may be missed.

Whatever your method, this part of the process can take anywhere from three to five meetings to complete. Once the map and issues section are complete, make sure that all committee members approve them. You may also want to run it by other sectors in the community to see whether there is anything that is missing or inaccurate.

Develop an action plan

Once the map is completed and issues/gaps are identified, it is time to make an action plan to address these. There may be many issues. The committee will need to prioritize those they feel able to address. We found that some issues were already being resolved through the project process. For example,

the development of direct relationships between front–line RCMP officers and emergency room doctors led quickly to a collaborative and informal resolution of problems with ER wait times in Williams Lake; these partners continue to have informal meetings when staff changes take place so that the relationship continues. These may seem like minor steps but they can have a significant impact and should be recognized as an achievement.

At this point, it is important to remember and remind the committee of the need for creative solutions. If money is considered the only solution to the issues in your community, the process is less effective. The committee must consider alternatives and/or additional supplemental actions to the usual options requiring extensive lobbying and/or funding; while these may be necessary, this project is intended to go beyond this to achieve changes on the ground.

Collaborative and creative solutions can be very effective, especially when they are developed at the community level. Development of formal or informal protocols between agencies, information cards for people with mental illness and/or 'first responders', social interaction between persons with mental illness and professionals, information sharing networks, public and professional education delivered by community members with mental illness—all of these improve the situation of persons with mental illness and cost almost nothing. Don't get stuck in the begging rut; open minds up to simpler solutions.

The value of 'homegrown' solutions is that they fit the particular community, they are crafted by the people that know best, and they show a commitment and success that may in the future lead to dollars for the solutions that do require money.

Finally, remember that identifying an action is not sufficient to ensure it gets done. We learned the hard way that success lies in the details. Each action should include a lead person or agency who is the main contact for the action, and who manages the action progress, a list of subcommittee members, a timeline for the progress and completion of the action, details of resource needs and potential sources, and the next steps to be taken in achieving the action.

The End?

This project was designed as an initial step or 'seeding' for change, not a contained start-to-finish product. Hopefully, there is no end to the relationships and collaborations that develop. The external evaluation of Phase I of BC:MHAPP undertaken a year later indicated that it was very positive and useful experience. The main issues identified were a lack of sustainability and broader knowledge sharing in agencies beyond the individual committee member.

In Phase II, we addressed these issues by requiring a commitment to continued participation from CMHA branches and agencies, and by emphasizing the need for committee members to keep their agencies informed of the work of the committee, as well as having end-of-project meetings with committee members and their agency leaders (i.e., police inspector, Health Authority's director of mental health, etc.) to discuss the outcomes of the project. Publication and distribution of the final report in the community (with some press releases to get media coverage) is an excellent way to encourage agencies to follow through with actions.

One other consistent issue we found was the frequency of staff turnover in partner agencies, which resulted in the loss of a contact person and the knowledge base developed in that agency. This can be prevented by asking any committee members who are leaving their agency to find another person in their agency who will take over for them, as well as provide them with all the information received, bring them up to date on activities, and hopefully provide introductions to other committee members.

Final report

I recommend that a final report be written that documents the participants, process and outcomes (e.g. map and report, issues list, action plan) of your project. It need not be fancy but should document how your project took place, the map and action plan and the results that have been achieved. We have found that some issues are identified and addressed throughout the term of the project, simply through the communication and knowledge exchange that occurs at meetings—these should still be recognized as achievements.

This report must be approved by all members of your committee and should be made available to the community at large. A great idea from a BC:MHAPP Phase II community was to have an end-of-project social event for release of the report, to which committee members, their superiors, persons with mental illness, media, elected government officials, and others would be invited. This is a great way to publicize your report and intended actions and to show appreciation for the hard work of the committee members.

Sustainability

The project action plan should maintain continuity through changes in personnel, agencies, and community. This means a commitment from each member of the committee to transfer knowledge and responsibility within their organization or agency if they are no longer able to participate.

Committees should ideally continue to meet at least quarterly to follow up on tasks and actions, as well as discuss new information and knowledge. This not only keeps the specific action plan alive, it also provides opportunities for ongoing knowledge sharing and issue identification/resolution.

Finally, the committee should revisit the map and action plan annually to see how things have changed, mark successes, identify new issues or gaps and determine the right time to pursue lobbying and/or funding for the issues that require it.

Evaluation

Evaluations by committee members and key informants will show whether the project was successful in meeting some or all of the goals set out, and how the action plan may need to change in order to be most effective. Post-project key informant interviews at six and twelve months after completion of the project are recommended to see what impact the project has had in the community (See Appendix E for sample post-project key informant interview guide). Aside from providing important feedback on the project, this can remind agencies of the committee's work and value—and any tasks that have dropped by the wayside. These interviews will show whether changes have been made, whether the changes were effective in achieving what they were intended to achieve, and perhaps some alternative solutions where an action did not achieve the desired outcome.

Along with the final report and confirmation of completed actions, a solid evaluation shows that you care about real outcomes and makes a very good impression when and if you seek funding required to fulfill other parts of your action plan.

We hope this information is helpful to you and wish you every success in your efforts to improve first response to mental health crisis. Persons with mental illness, first responders, and the community as a whole will benefit from your efforts.

Camia Weaver
Provincial Coordinator
Building Capacity: Mental Health and Police Project
Canadian Mental Health Association – BC Division

CMHA BC Division exists to promote the mental health of British Columbians and support people with mental illness. We do this through public education, direct services, community-based research and public policy work, as well as the support we provide to the 20 CMHA branches throughout BC.

We're part of one of the oldest charitable organizations in Canada, which provides direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff across Canada.

Learn more about who we are and what we do, and how to donate or get involved through volunteering or membership by contacting us:

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Appendix A

> ## Pre–Project Key Informant Interview Questions

As part of the BC:MHAPP project, each local site is developing a map or overview of emergency response to people with mental illness in the community. We would like to have the perspective from each relevant area, and so would ask that you provide answers to the following questions to assist us in making the overview as complete as possible.

1. Please describe the key issues you see related to police involvement/first response with people with mental illness in your community.

2. Please describe your perception of how the mental health system and the local police force/other first responders currently work in the event of a mental health crisis involving the police.

3. Please describe formal and informal mechanisms that currently exist for the local police/first responders and the mental health system to collaborate (e.g., joint committees, protocols, informal practices, sharing of information, other)

4. Please describe ways that you think the issues you have identified in the three questions can best be addressed.

On a scale of 1 to 5 where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree and 5 is strongly agree please rate the following statements:

1. Police officers/first responders know how to access the mental health system when a person they are involved with has a mental health issue. Please explain.

1	2	3	4	5

strongly disagree   strongly agree

2. Police officers/first responders are generally satisfied with the mental health system's responsiveness when they try to access the system. Please explain.

1	2	3	4	5

strongly disagree   strongly agree

3. Effective working relationships exist between community mental health services and the local police/first responders. Please explain.

1	2	3	4	5

strongly disagree   strongly agree

4. Effective working relationships exist between local emergency mental health response and local police/first responders. Please explain.

1	2	3	4	5

strongly disagree   strongly agree

5. Effective working relationships exist between the local emergency ward and local police/first responders. Please explain.

1	2	3	4	5

strongly disagree   strongly agree

Appendix B

> Steering Committee Terms of Reference

Background/Context
In 1999, CMHA BC Division participated in a Coroner's Jury investigating the shooting death of a person with mental illness who had had a confrontation with police while seeking mental health care. The jury recommended that police receive training on how to respond more effectively in future situations. As a result, BC Division completed a research report *Study in Blue and Grey* which examined key components of effective police response to people with mental illness and strategies for implementation of such responses within existing service systems. The key findings of this report are that police have become the de facto 'first responders' in our mental health system and that they lack both the necessary skills to play this role and the means to collaborate with mental health systems to jointly solve this problem.

Function of the Steering Committee
The steering committee will be comprised of representatives from all relevant sectors, including: police, the mental health system, hospitals, community mental health service providers, people with mental illness and their family members, paramedics, and addictions services. The goals for the steering committee are:

* completion of a community overview of current emergency response and police practice in mental health crisis situations
* development of a community-specific plan of action to improve emergency and police responses to people with mental illness in crisis
* strengthening of key partnerships to support a more collaborative response to people in mental health crisis

Roles of the Steering Committee/Coordinator
The role of the steering committee is to meet regularly and work collaboratively to meet their goals. Those members of the steering committee who work within a public organization (e.g. police, mental health system, hospital, ambulance service) have an additional role as liaison between their organization and the others at the table to improve collaboration and to create and/or recommend systemic changes in their organization to improve emergency responses to persons with mental illness in crisis.

The role of the coordinator is to facilitate the work of the steering committee by providing information and support, organizing, chairing and facilitating steering committee meetings, sending out minutes, facilitating the exchange of information, and drafting the report of the steering committee, which will include the community overview, identified and prioritized issues, and plan of action.

The coordinator will also promote the work of the steering committee, field calls from media and other interested parties, and conduct research as necessary.

Role of Individual Committee Members
The role of the steering committee members is to:

* attend steering committee meetings
* share their specialized knowledge and information at the table
* obtain information within their sector which may be of use to the steering committee is achieving its goals
* respectfully hear and consider the knowledge and experience of others at the table
* collaborate in achieving the goals of the steering committee in completing the community overview and plan of action
* develop strong and sustainable partnerships to continue beyond the term of the project

General
Membership – A list of committee members and e-mail addresses will be provided at the first meeting of the steering committee.

Chair – Meetings will generally be chaired by the coordinator.

Agenda – The coordinator will draft and send out the agenda by e-mail to committee members and interested parties two days before each committee meeting. Committee members should forward all agenda items to the coordinator at least three days before the meeting.

Minutes – The Coordinator will recruit a minute taker and send out minutes by e-mail within four working days of the committee meeting (barring unforeseen circumstances). Minutes will contain action items, person responsible and due date, as applicable.

Frequency of Meetings – The committee will meet every two weeks for eight months, with additional meetings as required for approval of the final report.

Proxy/Alternates – Committee members must be willing to commit to attending committee meetings regularly, to maintain continuity and to build collaborative relationships. Even so, there will be times that a committee member cannot attend. In such case, it would be beneficial for that member to send a proxy member who is familiar with the function and work of the committee.

Quorum – There is no quorum for the committee. For decision-making purposes, the committee members present may decide whether they have sufficient presence and awareness of the views of absent committee members. Decisions will be made on a consensus model.

Review of Process – At the end of three months and at any other point it is considered to be of benefit, the committee will review the processes of the committee to ensure that they are fair, efficient, and appropriate for achieving the stated objectives.

Appendix C

> Focus Group Fact Sheet

Focus Group

Definition: A carefully planned and moderated informal discussion where one person's ideas bounce off those of another, creating a chain reaction of informative dialogue. The purpose is to address a specific topic in depth and in a comfortable environment in order to elicit a wide range of opinions, attitudes, feelings and perceptions from a group of individuals who share some common experience relative to the matter being discussed.

Terms of Reference

Definition: The focus and boundaries of a research project, including a statement about who the research is for, the research objective, major issues and questions, and sometimes the schedule and available resources.

The task of this focus group is to provide information from personal knowledge and experience to a local steering committee on both the positive and negative elements of police and health services interactions with persons with mental illness, particularly those in crisis, and recommendations for change to address these issues.

The local BC:MHAPP steering committee consists of representatives from _____. The task of the steering committee is to develop a community overview of police and emergency health services interactions with people with mental illness, to define the issues in these interactions, and to develop a plan of action to address these issues collaboratively.

> **Confidentiality Policy**
>
> All focus group members must sign a confidentiality agreement to not disclose or discuss any personal information gained through their participation on this focus group to anyone outside of the group, unless required by law to report situations of potential harm to self or others. Personal information includes any information which would identify an individual. Non-identifying information regarding particular experiences may be provided to the steering committee to give examples of issues, but care will be taken not to provide any information which might identify the person providing the information.

> Focus Group Participant Form

You have been asked to take part in this focus group because of your knowledge and experience on the issue of police and emergency services interactions with persons who have a mental illness. The focus group is an informal, guided discussion to seek out a wide range of opinions from participants who may share some common experience related to this issue. It is important that all participants have the opportunity to speak, and that everyone remains respectful and considerate of others.

Information from the focus group discussion will be summarized and provided to the local BC:MHAPP Steering Committee for the purposes described in the Focus Group Fact Sheet. No personal identifying information will be included in the summary.

By signing this form you are agreeing to keep confidential information about and views expressed by other individuals participating in the focus group. Each participant will be required to sign this agreement. However, you should also be aware that it is not possible for CMHA to guarantee that all participants will adhere to this commitment.

Participation in this focus group may cause you to reflect on matters which could cause you emotional discomfort and unpleasant memories. If you find these feelings distressing or disturbing, you may wish to stop participating, and you are free to do so. I also encourage you to seek support and help in dealing with your distress, and I am more than happy to direct you to appropriate resources if necessary—please ask.

You will not receive any financial compensation for your participation in the focus group, but your assistance will go a long way toward improving responses to people with mental illness, especially those in crisis. We deeply appreciate your help.

Your signature on this form indicates that you understand the information about your participation and that you agree to participate willingly. If you have any questions either before or after signing, please feel free to contact me.

>

(name, please print)
Local Coordinator - BC:MHAPP
Tel.:   e-mail:

Thank you.

_____   _____
Participant's name (please print)   Participant's signature

_____   _____
Facilitator's signature   Witness

Dated: _____

Appendix D
> Police Officer Survey

As part of the BC:MHAPP project, your community team is developing a map or overview of emergency response to people with mental illness in the community. We would like to have the perspective of each relevant sector, and would like to hear from front–line officers in order to ensure we have your perspective in creating the overview.

The following questions are designed to gain your perspective on how well the mental health and police systems work together, what issues you face, whether the information and training you have received is sufficient to give you the necessary tools to best assist persons in mental health crisis.

We appreciate you taking the time to respond to these questions and thereby help make interactions between police and persons with mental illness better for everyone.

1. How long have you been a police officer?

2. How long have you been a police officer in this community?

3. What is the extent of your patrol area? Is this by car, bicycle, on foot?

4. How frequently do you encounter and interact with persons with mental illness in your day to day work?

5. What are some of the key issues you face when dealing with persons with mental illness?

6. What resources are available to assist you in helping a person with mental illness, especially when in crisis? Please list as many as you can think of, the type of assistance they provide and limitations, if any.

7. How are your interactions with a person with mental illness usually resolved? E.g., detain under Mental Health Act, referral to community services, take home, voluntary transport to hospital, arrest and detain, etc.

8. What training have you received in the area of mental illness/mental health?

9. Do you think this training was adequate to prepare you to effectively interact with persons with mental illness when they are in crisis?

10. Do you feel that police officers would benefit from further training in the area of understanding mental illness, its symptoms and how to effectively interact with persons in mental health crisis?

11. What areas of mental health training do you think would be most effective?

12. Are there other resources that would assist you in these interactions?

13. What other changes or resources would you recommend to improve interactions between police and persons with mental illness?

14. Other comments:

Many thanks for your assistance!
Coordinator – BC:MHAPP

Appendix E

▶ Key Informant Interview - Post Project

1. What do you see as the continuing issues related to local police and emergency responders' involvement with people with mental illness?

2. In your view, has there been an improvement in the past six months in how the mental health system and the local police work in the event of a mental health crisis in which the police are involved? If so, how? If not, what would be needed for that to happen?

3. In the past six months, have you seen an improvement in or development of formal and informal collaborations and mechanisms for collaboration between the police and other first responders and the mental health system? Please explain.

4. Please describe what, if anything, is needed to address any outstanding issues described in the above three answers, and why, in your opinion, they have not been effectively addressed.

On a scale of 1 to 5 where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree and 5 is strongly agree, please rate the following statements:

5. As a result of the Mental Health and Police project (BC:MHAPP), police and other first responders have a better understanding of the mental health services available to assist when a person with whom they are involved has a mental health issue. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

6. The working relationship between police, other first responders, and the mental health system have become more effective as a result of the Mental Health and Police project. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

7. Police, other first responders, mental health services, and community service providers have a better understanding of each others' mandates, policies and procedures as a result of the project. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

8. The perspective of persons with mental illness is an important consideration when developing policies and procedures for crisis response and services to persons in mental health crisis. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

9. The education and training of police and others involved in crisis response will likely improve as a result of the project. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

10. The response to mental health crisis in this community will improve as a result of the Project. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

11. The project has initiated long-term and sustainable changes which will improve the way police and others respond to mental health crises. Please comment:

1	2	3	4	5

strongly disagree   strongly agree

12. The agencies involved in the project will likely continue to interact, share information, and work together to improve services and responses to mental health crisis. Please comment:

1	2	3	4	5

strongly disagree   strongly agree