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Canada

Building Capacity: Mental Health and Police Project
Final Project Report 2005

Kootenays

CANADIAN MENTAL HEALTH ASSOCIATION

ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

Building Capacity: Mental Health and Police Project
Final Project Report

Cranbrook Committee

Cranbrook Advisory Committee Participants

Melissa Bax	BC:MHAPP Local Project Coordinator
Janice Bradshaw	CMHA for the Kootenays – Executive Director
Jayne Gallerno	Consumer / President, Mood Disorder Association of BC, Cranbrook Chapter
Dean Nicholson	Director, East Kootenay Addiction Services
Dave Brooks	East Kootenay Superintendent, BC Ambulance Service
Darrell McNeil	Community Policing Officer, Cranbrook RCMP
Michelle Walker	Consumer / Peer Support (Invermere)
Rebecca Pommier	ACSS Team Leader / Mental Health Services

Individual Consultation

JP Tremblay	Retired Community Policing Officer for Richmond Police Service (now resides in Invermere)
Barb Visser	Team Leader, East Kootenay Regional Hospital, Psychiatric Unit

Community Map of Services in event of a Mental Health Crisis

1. **Person Crisis:** self-explanatory and this could happen I in many different situations; as illustrated on the map.

1.A. **General Practioner, self to emergency, support from friends and family and mental health services:** These services encompass a wide range of agents that individuals who have in the past or are currently experiencing a mental health crisis could seek help from, given they are aware of where to

access these services in our community. Most often, even after police involvement, individuals will have contact or be referred to one or more of these services. (see discharge/aftercare services)

2. **Crisis Line:** If an individual in crisis calls the crisis line and there is a threat to himself or herself or another person, the crisis line will directly call RCMP for assistance.

3. **Dispatch:** There is difficulty in this system as all 911 calls placed in our Region is dispatched through Kelowna. The Committee voices there concern with the centralized call system as the dispatchers have no local knowledge of potential repeat callers or the geographical area that the Kootenay's encompass.

4.A. **Police Involvement / Ambulance Response:** Ambulance is not dispatched at the same rate as RCMP is dispatched. An area for improvement that was identified was that RCMP are transporting individuals that may have medical complications without Ambulance being present or examining the individual / situation. This rate of callout will be addressed in the action plan.

5. **Transport to Jail:** In an instance where the individual may be intoxicated, transportation to jail is likely the only option as the Psychiatric Unit will not accept them.

5.A. **No Transport Required:** As stated, issue has been resolved or the individual has chosen / refused to be transported. In other circumstances, there could have been involvement from a friend, parent or relative solicited.

6. **In-patient Services:** When a mental ill individual is known to the RCMP or if there is currently an agreement between RCMP and in-patient services at Hospital, the individual can be transported straight to the Psychiatric Unit without being seen in Emergency. This is a rare occurrence.

7. **Hospital Emergency:** If the mentally ill individual exhibits behaviours that are associated to a mental illness or requires medical attention, RCMP will transport to the Emergency department. The issues of long waiting times were identified in Cranbrook, however, it was placed in our action plan because it is a systemic issue and the task is too large to handle at a local level.

8. **No Admittance:** Refers to if the individual has been see by a emergency room Physician but has not been admitted to the Psychiatric Unit.

8.A. **Admitted:** Individual was seen and assessed by a member of the Psychiatric Unit team and was admitted for care to the Unit.

9. **One-time Incident:** On occasion, once an individual is released from the Unit and does not require assistance from other community services. The likelihood of repeat admissions to the Unit is rare.

10.A **Aftercare Services:** These services will be suggested or recommended to those individuals that are being discharged from the Unit. However, there are times when discharge planning in not an option, as individuals will leave the Unit before planning can be completed.

Action Plan

Issue #1: BC Ambulance not being called out to respond at the same rate as Police, therefore it is the responsibility of the Police to transport mentally ill individuals to hospital without medical consultation if needed

Building Solutions: To enhance collaboration between police and ambulance service re: transport of individuals.

Issue #2: Lack of knowledge of system's roles and responsibilities for the purpose of information sharing techniques/strategies between all systems

Building Solutions: Written protocol as to who and when information can be shared among systems, especially when responding to calls.
Building Solutions: To create an informal or formal system of information sharing possibilities.

Issue #3: There is no known system in place where police or ambulance can call to gain more information about an individual they may have to transport to hospital (known medications, significant behavours, emergency contact numbers)

Building Solutions: To create and design a card that a mentally ill individual can carry or have with them that would provide pertinent and emergency information. (i.e.: emergency contact information, current medications, possible case worker, last sate of hospitalization, etc).

Progress Towards Action Plan:

At the Committee's final meeting in September of 2005, it was decided that one of the best ways to deal look at the above action plan was to implement a policy and procedure with all involved systems (i.e. RCMP, BCAS and Mental Health). This process has started as RCMP has discussed possible implementation of a revised dispatch service. BCAS has also shared their dispatch mechanism and the two (RCMP and BCAS) are going to get together to discuss possible written implementation.

Currently, it can be safely said that the actions that have been identified are currently in progress.

Another mechanism that will be implemented is an emergency response card. The purpose of this card is to provide information. Individuals will carry the card with them, have it posted at home, or in their personal belongings. The card contains information relevant to them personally, such as a contact person and relevant medication or health information, in case of a crisis.

A letter, which will be written by the local project coordinator, will be drafted and sent out via email to all committee members for review. The intent of the letter is to explain the concept for the card and its' potential usages.

A second card will also be developed for community responders This card has local emergency contact numbers for use in a situation that may require additional services. The intent of this card is to assist in the education of first responders of available community resources as well as to enhance their ability to refer individuals to appropriate services.

Recommendations for More Systemic Change

The policy development that has been identified as a need in our Region in order to enhance emergency response to mentally ill individuals in crisis situations requires change on all levels, including Provincial. It is our intent in Cranbrook and throughout the East Kootenay Region to start the policy development stage and hopefully assist in the incorporation of a similar, if not the same policy throughout the province.

Lessons Learned

We are one committee made of a small group of people that has dedicated themselves to the development of an action plan regarding the interaction of first responders with individuals in a mental health crisis.

The committee for Cranbrook considers the work to date a success given that we did not have a group of people to discuss the

community challenges relating to this topic before the project implementation. It was a benefit to have concrete project deliverables established prior to the implementation of an advisory committee because every committee member came on board with the same amount of information and level of expectation for participation. Collectively, we were able to, at every meeting, come to a decision regarding next steps and action plans.

The challenge experienced was the extremely short time period in which we had to complete a project of this magnitude. It is felt that we did not complete the project as required, but rather started the building process with a solid foundation for continued work in meeting the project action plan.

We have all committed ourselves to continue to work on this project and to come together on an as-needed basis in person so the work to date will not be forgotten.