# Building Capacity: Mental Health and Police Project

## —Williams Lake Final Report —

**2005**

A Study in Blue & Grey – Working Group Members List – Williams Lake – 2005

Steering Committee Members:

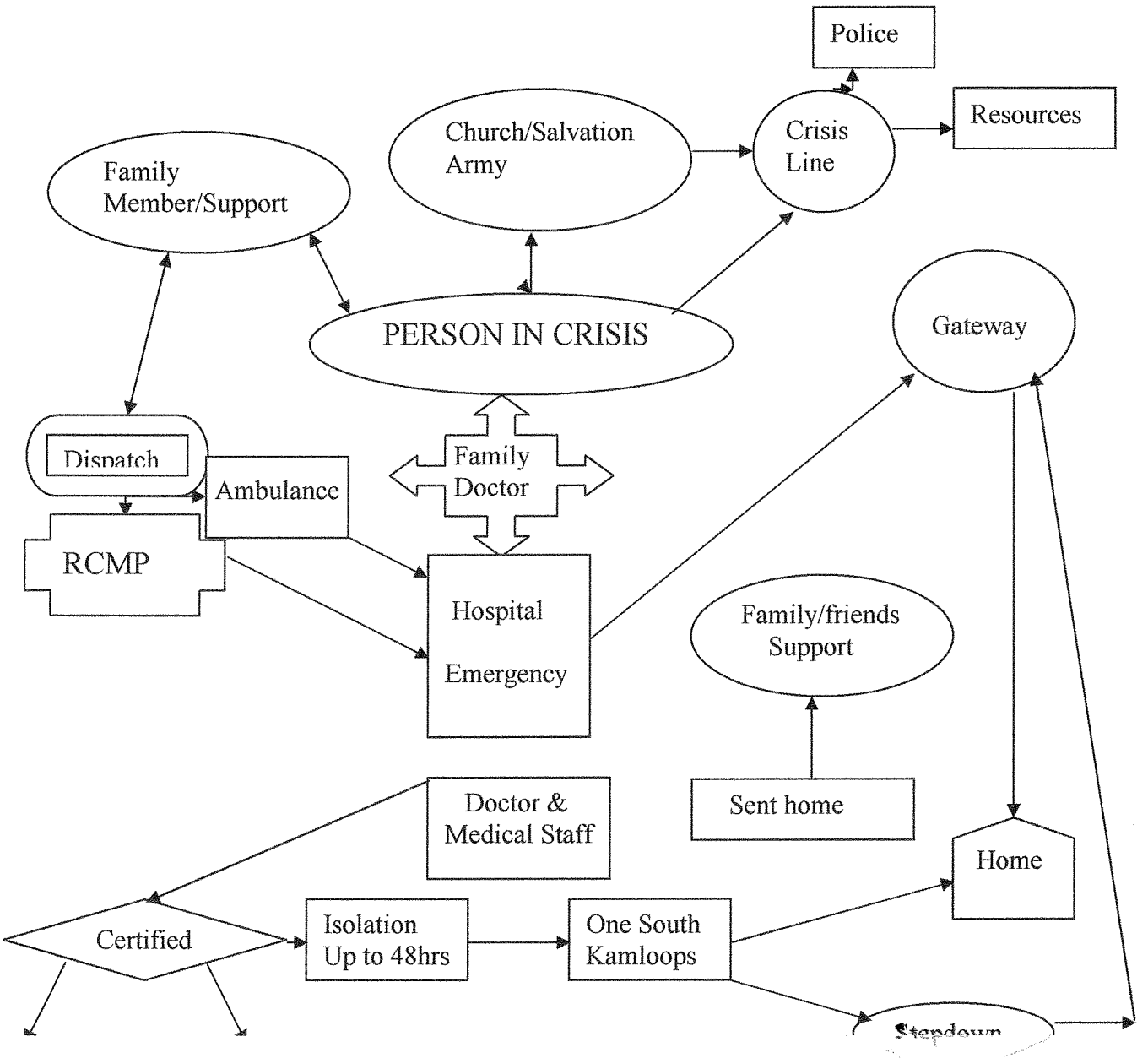
| | |
|---|---|
| Trevor Barnes | -Executive Director CMHA |
| Penny Reid | -Supervisor – Crisis & Counselling |
| Jocelyn Wood | -Supervisor of Mental Health & Addictions Services |
| Glenn Fedor | -Physician – Cariboo Memorial Hospital |
| Dan Fitzpatrick | -Sgt.RCMP |

Other Committee Members:

| | |
|---|---|
| Colleen Nelson | -IH Nurse and Early Psychosis Intervention coordinator |
| Tracey Haddow | -Early Psychosis Mental Health Worker |
| Kristine Clement | -RN Nurse – Anaham native band |
| Eleanor Cooper | -Ambulance Attendant – Anaham |
| Norma Williams | -Mental Health Intake Worker |
| Christian Peterson | -Community Corrections and Probation |
| Carla McCulley | -Forensic Nurse |
| Darlene Clemens | -Consumer |
| Darla Robson | -Consumer |

Catherine Doverspike – Project Coordinator

# Williams Lake Overview of a Person in Crisis



**Community Map of Services – Williams Lake**

1) Crisis Line
   -operates 24/7 with trained volunteers
   - positive interaction with caller and contacts appropriate agency or service to further assist person calling.
   - recruiting new volunteers is sometimes an issue

2) Ambulance
   - operates 24/7 – treats and transports voluntary persons
   - will transport for police if MHA Section 28 used
   - reports observations/information to medical staff
   - Issue – lack of training in mental health illnesses

3) RCMP Police
   - 24/7 operation – authority to transport under MHA 28
   - good repoire with medical staff
   - issue – lack of training in mental health illnesses
   - Issue – long waits at hospital as Mental Illness is a 3 or 4 on the triage list
   - Not enough staff on eves and nights – only 4 or 5 officers for city of Williams Lake

4) Gateway Crisis Stabilization Unit
   - operates 24/7 with a nurse and care aide for maximum of 5 beds
   - knowledgeable staff and excellent resource for other service providers to utilize and share information with
   - good connections with service providers and resources
   - good connections with medical and pharmaceutical personnel for information and advice
   - located in hospital convenience for mental assessment by Gateway to doctors and physical stabilization or chemical restraint by doctors

5) Cariboo Memorial Hospital
   - operates 24/7 with medical staff
   - has an isolation room for person in crisis if necessary, after seen by physician
   - physician has authority to prescribe medications and/or certify person in crisis

   -ISSUES
   - No security – RCMP relied on
   - Staff more comfortable with acute care as opposed to Mental Illness
   - Reluctance with doctors to certify people
   - Mental Illness 3 to 4 on triage list
   - Not a ‘psych facility’ and sometimes difficulty in obtaining a bed in ‘One South’ in Kamloops
   - No psychiatrist available for consultation or recommendation

6) Resources

**Mental Health and Addictions Services:**

- operates 8:30 – 4:30pm with approx. 8 employees
- services available:
  - -Adult Short Term Assessment and Treatment
  - -Adult Community Support
  - -Addictions
  - -Psycho – Geriatric Program
  - -Early Psychosis Intervention Program
  - -Lifeskills Program
  - -Occupational Therapy Program
  - -Gateway Crisis Stabilization Program
  - -Mental Health Liaison Doctor 1x per week
  - -Outreach Psychiatrist 2x per month

Contracted Services are:

CMHA (Canadian Mental Health Association)

- Crisis and Counselling Program
- -Jubilee 7 bed residential house for persons living with mental illness – staffed 24/7.
- -Williams Lake Clubhouse - membership for persons with mental illness

**Abraham's Lodge**

- a 5 bed residential facility for chronically ill people with mental illness

**Cariboo Friendship Society** – Hostel

- caters primarily to aboriginal people
- 17 apartment units on site
- restaurant (also services hostel)
- operates Chiwid Transition House for women fleeing abusive domestic situations
- operates Pregnancy Outreach Program

**911 Service**

-This service implemented May 18, 2005 in Williams Lake.

-handles crime, medical emergencies, fire and vehicle accidents

-the call is taken and transferred to the appropriate dispatch agency who then dispatches the required emergency services

-911 is answered in Prince George

-in Williams Lake the police dispatch is Prince George and the ambulance dispatch is Kamloops

## Summary of the Process

- Committee meetings were held every two weeks
- The meetings were scheduled for 8:30am with a two hour time frame. I found the early time was well attended and the time frame still allowed for stragglers or members who had to leave early.
- The meetings were held in the same place, same day, same time and this minimized any confusion, and resulted in good attendance.
- The committee was made up of diverse backgrounds contributing to the success of the project. In hindsight, more representation from medical personnel and ambulance would have provided different perspectives and enriched the project.
- Two impromptu events which proved extremely beneficial to the project were 1) The police questionnaire – the honest responses were invaluable and provided direction to issues and action plans. 2) The police/doctors meeting – Positive results/good connection between these two service providers.
- A **characteristic** of Williams Lake would be that we can literally meet and know all the key players in various organizations or services. The small town familiarity is strong between all types of business sectors, and the interpersonal relationships are very beneficial. “Just go see so – and – so over at -- “ actually works in Williams Lake.

# Approved Community Action Plans

1) Issue: Police have little or no training in Mental Illness signs & symptoms. Police have little or no knowledge of how to approach a mentally ill person in crisis.
   Action Plan – Obtain 'Yellow' Mental Health wallet cards for interim use by police.
   Player – Police
   Timeline – completed
   Costs – nothing

2) Issue: Police need a list of emergency numbers to call when dealing with a Mental Illness crisis. They rely on individual knowledge or contacts.
   Action Plan – Produce a wallet sized Mental Health Emergency List of phone numbers to contact. Cards can be distributed to other service providers as well as Mental Health consumers.
   Player – Police
   Timeline – completed
   Costs – nothing computer generated and donated by committee member.
   (Probability of professional printing to be done – 250 units approx. $75.00)

3) Issue: Lack of communication between Police & Doctors – Long waits in ER by police bringing people in on a MHA Section 28
   Action Plan – A dinner meeting was held with 9 doctors and 7 police attending. Both parties exchanged information, concerns and ideas for improvement and the results were noted immediately and continue to be positive and progressive.
   Player – Doctors and Police
   Timeline – Accomplished May 16/05. Completed.
   Cost – Paid for by hospital funds, arranged by committee member physician.

4) Issue: Some people living with Mental Illness concerned about having a psychotic break and first responders lacking information to assist.
   Action Plan – Create a 'consumer card' with personal information on one side and a list of medications on the flip side.
   Player – Consumer committee member and CMHA
   Timeline – completed
   Cost - $67.00 for 250 cards. Paid for by CMHA – A Study in Blue & Grey Project

5) Issue: General lack of knowledge regarding Mental Illnesses
   Action Plan: Create a power point presentation with 1 or 2 facilitators to present information and answer questions after.
   Player: - Colleen Nelson(nurse)/Cindy Vermette(BC Schizophrenia Society)
   Timeline – Near completion – Presentations will be launched in the fall when committee resumes.
   Cost – No cost. Presentation created by Colleen on her equipment.

6)Issue: An agreement between Police, Mental Health and the Hospital was chosen as an action plan. A signed agreement which outlines and defines each service providers responsibility and limits in dealing with a mental illness crisis.
Action Plan – Create a MOU memorandum of understanding between the 3 parties and arrange for a ceremony date in which the agreement is signed by all parties involved.
Players – Jocelyn Wood – Director of Mental Health Services and Colleen Nelson – nurse created for Police, Mental Health and Hospital ER.

7)Issue: Lack of training for Police, public, consumers and family, ambulance and other service providers.
Action Plan – a training module
Players – 4 committee members will be involved in creating a training module. Colleen (nurse) and Darlene (consumer) plan to enrol in the MIFA Training sessions in the fall. Two other people will train as back up. Training will be integrated into RCMP orientation and present members.
Timeline – Start training in fall – Ready to present in the new year.
Costs – Undetermined. Funding to be discussed by committee.

CMHA is sponsoring 2-3 people to take MIFA training and this will be promoted within the community.

8) Issue: Confusion by consumers, family members, service providers, and police etc as to who to contact for fast, precise information.

Action Plan – An outreach worker 24/7
Players – Mental Health is working on this
Timeline – 2006
Costs – IH ( Interior Health) will be approached with a proposal.

9) Issue: Lack of knowledge and information of services available in Williams Lake, their programs, resources, limitations, protocols etc.
Action Plan – Production of a video which would highlight the different service providers in Williams Lake area and describe the services they offer.
Players – Committee members still developing the idea.
Timeline – to be announced
Costs – Yet to be determined

10 ) Issue: Lack of understanding with mental illness signs/symptoms and restrictions/protocols and information issues on certification and transportation of a person with mental illness in crisis to a facility.

Action Plan – invite the outreach psychiatrist Dr. W. as guest speaker for police and doctors. A brief informative presentation followed by a Q and A period is the plan.

Players – Police and Doctors

Timeline – This fall possibly October

Costs – yet to be determined

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# A Consumer Card Created by a Consumer

A "consumer card" has been created by a consumer with the support of CMHA, the Canadian Mental Health Association.

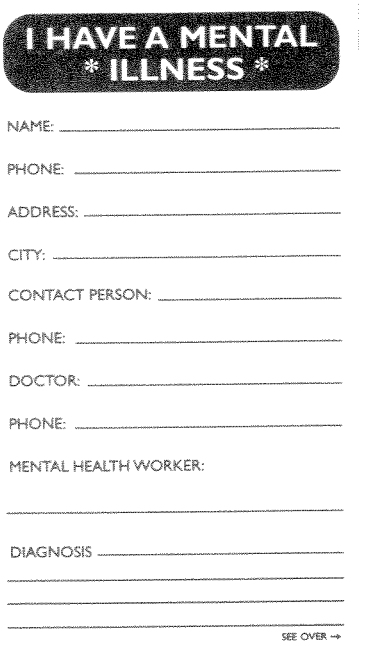
The purpose of the wallet card is to provide pertinent information to care givers who may be responding to the person during a crisis.

The card is not laminated so information such as medications can be updated and kept current. Extra cards are available upon request from various outlets including CMHA.

The consumer card may be offered to people who voluntarily feel the need to carry more detailed information.

Thank you for your interest and support in this innovative project.

For more information:
Contact CMHA 398-8220 or Catherine 392-4328



**Recommendations for Systematic Change**
( which the Committee couldn't change)

The following issues/barriers were identified by the committee and not followed by an Action Plan due to a variety of constraints:

- A Referral form for police to fax to an appropriate agency. Didn't happen – Privacy and confidentiality red tape.
- Police and Mental Health – Restrictive policies regarding sharing and release of information.
- RCMP resources wasted – Different officers can receive statements from same person frequently and not know. This is an internal issue for police.
- Timeline for involvement with mentally ill person in crisis – conflict. Police want short term involvement whereas Mental Health looks at long term contact/intervention.
- Issue when person doesn't fit criteria for admission and is released back into community – Police concerned about potential for violence/trouble and doctors have a different focus.
- Doctors reluctant to "pink" or certify a mentally ill person.
- Issue – there is NO psych facility in Williams Lake and a lack of beds in Kamloops for Williams Lake patients.
- Collective issue in various resources is the fact that 17 to 19 year olds fall through the cracks.

## Summary of Lessons Learned

- I noticed an increased awareness among service providers, and an improvement in communication brought on by the presence of the project. I believe some of the action plans will sustain this positive progress, and also include improvement with the proposed policy and agreement plans.
- Negative aspects repeatedly encountered were lack of knowledge of mental illness, stigmatization and a general attitude of it not being a priority.

**Recommendations on Project Process would include:**

- Be given specific examples of expectations of deliverables earlier in the project.(ie) point form report preferred as opposed to long hand presentation
- Details of deliverables expected. (ie)' process and recommendations ' - I would have kept more accurate accounts of the process
- Support was adequate and the site visits were very productive. I wasn't always confident with the process and was hesitant to bounce non – specific concerns off busy people.
- "Dry material" – I would avoid presenting the committee with dry material such as "the Framework for Support". This was recommended at our training to present but I found it awkward and a waste of time, and I don't know of anyone else who followed that recommendation.
- To engage the committee members and use meeting times to a maximum, I used realistic examples of people with mental illness in crisis. They related easier and it sparked their interest. I did not feel confident that the members were doing the recommended reading or researching to any great extent on their own time. Engaging them verbally worked best and giving small tasks to do.
- One mistake I made was doing my own minutes. This was hectic at times and distractive from the meeting itself. I should have assigned a minute taker although it's a job so few will volunteer for.

- Everyone has a unique learning style so I tried to provide a variety of aids while presenting the project. Hand outs, flip charts, dry erase boards, etc but I didn't have any video to include.
- The six month time frame worked fine for Williams Lake although I can see where it might not for projects in larger centres.
- The allotted hours I used as a guideline. I put the majority of hours in, in the beginning, had experienced a lull after midterm reporting was done and saved enough to complete the final report. The detail deliverables in the final report puts quite a squeeze on the remaining time.

Closing Remarks:

- Overall I believe the project has been a rewarding challenge. I am confident the committee will complete their action plans. Ever present is the realization of the lack of public knowledge with mental illness, the stigma attached to it and the ongoing need for education and training. There is a glaring need for better communication between service providers and projects such as "A Study in Blue & Grey" provide a vehicle to effectively impact this void. From a coordinator perspective, I found the project very rewarding.