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Mental Health Apprehensions by Police in Vancouver, British Columbia

Vancouver Coastal Health, Vancouver Police Department,
and the International Centre for Criminal Law Reform and Criminal Justice Policy

INTRODUCTION & BACKGROUND

Deinstitutionalization and the limited services for mental health in the community have left the criminal justice system (CJS) to deal with those who have a mental disorder (or multiple disorders) in the appropriate way. Unfortunately, a significant amount of those dealt with by the CJS are suffering from untreated or poorly managed mental illness. Arguably, these people should not be in the CJS at all, but rather dealt with by the health care system. However, more often police are called to situations involving people with a mental illness and are required to intervene.

Research suggests that those with mental illness are three times more likely to interact with police than the general population (Cotton & Coleman, 2010), and that 20-40% of those with a severe mental illness will be arrested in their lifetime (McLean & Marshall, 2010). A Vancouver Police Department (VPD) report from 2008 suggests that upwards of 30% of all calls-for-service received by the department involved a mental health issue (Wilson-Bates, 2008). More recent data collected by the VPD suggests that the proportion of mental health calls is closer to 24% (personal communication, 2013). These individuals are not necessarily more likely to commit crime; in fact, those with mental illness are considered by police to be highly vulnerable to victimization. In many cases, the victimization is serious or violent in nature and may contribute to deteriorating mental health and to the development or sustainment of addiction problems. Thus, it is clear that there is significant overlap in the policing and mental health populations, and that the criminal justice system must find an appropriate method of handling this group of individuals.

In most jurisdictions, police have several avenues to consider when intervening in a situation involving a person with a mental illness (PMI). From escorting the person home, to arrest and detention, these options for police vary significantly in terms of the impact on the PMI and the community. In British Columbia, one of the options open to police is Section 28 of the *Mental Health Act*. This Section allows police to apprehend a PMI when they are believed to be a danger to themselves or others. Once they are in police custody, the PMI is escorted to a hospital for medical evaluation and care. Depending on the evaluating physician's conclusions, the PMI may be held for 48 hours for emergency treatment to stabilize and treat their condition. However, these Section 28 apprehensions are only an option in situations where there is significant risk of injury or death to the PMI or the public, leaving police with a large proportion of interactions with PMIs who are not in fact suitable for such an apprehension. Clearly, it is important for police to be able to manage situations with those with a mental illness both under Section 28 and otherwise.

Introduction and Background Continued...

Despite the valuable knowledge that both police and physicians may have regarding the PMI and efforts on both sides to enable its transmission, there are significant limitations on information sharing between third parties. This is unfortunate because there are several advantages that information sharing may bring to police, physicians and the PMI. At minimum, physicians may be able to inform an officer of valuable information and insight into how that individual should be treated to minimize negative outcomes for the individual, the officer and the public at large. Without access to information on the PMI held by police, health providers may be left without important information in their decision-making regarding the most appropriate care and intervention for an individual. In some cases, this lack of information sharing between health and law enforcement, places health personnel and the public at risk, and jeopardizes the care that could and should be provided to the individual.

Section 28 apprehensions in particular, highlight issues around the appropriate level of accountability for the decisions made by police and physicians and the resources necessary to manage a situation with a PMI by law enforcement and health. Further, there is little understanding of how police and physicians define dangerous behaviour and how that potential discrepancy in definition impacts the care given to a PMI. This is especially important given that PMIs may be victims of violence as well as perpetrators, either to themselves or others (as is required by a Section 28 apprehension).

METHODS

The proposed research will examine a cohort identified by the VPD and Vancouver Coastal Health. The research intends to identify personal characteristics of the subject group such as their personal medical histories and their interactions with the police. An analysis of these characteristics will identify indicators or underlying issues that will provide the police and medical partners with better information to assess or mitigate those in the community who have a propensity for violence as a result of their illness.

STUDY AIMS

The overall aim of this research is to support policy development, improve information sharing between police and health practitioners, to improve efficiencies in relation to these apprehensions, and to enhance public safety, both for the general public and for those suffering from mental illness.

EXPECTED RESULTS/POSSIBLE OUTCOMES

This project is expected to be a mainly exploratory/descriptive study. One of the main interests of this research is to identify precursors to violence and victimization, as these issues are of primary concern regarding PMIs. Further, it is unknown to what extent there is overlap in the police and health populations and what factors make these individuals more likely to continue their interactions with either system. Specifically, this research will attempt to identify what types of incidents (e.g., suicide attempt, assault, threats, etc.) are most likely to lead to a Section 28 apprehension by police, and what characteristics (e.g., diagnostic history) most often lead to a committal by physicians. This research will also focus on information sharing to ensure that both police and doctors have access to more information that should aid in their decision-making regarding a PMI/Section 28 apprehension. This research project is expected to help answer these questions, in order to better inform police, health policy and research.

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