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Police and Mental Illness: Increased Interactions

Reasons for Increased Interactions

Across North America, a number of changes have led to increasing interaction between police and persons with mental illness. A shift from institutionalized care to community-based care has resulted in more persons with mental illness in the community. Unfortunately, community support systems have not received sufficient funding to grow proportionately to the increased need. Existing crisis response services (crisis lines, mental health teams, hospital emergency wards, for example) are limited in scope and are often not well integrated. Reductions in hospital beds and services result in hospital admission only for those in acute crisis, and, even then, only for very short periods of time.

These factors and the general lack of understanding and awareness about mental illness result in many people with mental illness in crisis coming into contact with police. A Canadian Mental Health Association, BC Division study found that over 30% of persons with serious mental illness interviewed had contact with police while making, or trying to make, their first contact with the mental health system. Police officers are, by default, becoming the first point of access to mental health services for persons with mental illness, earning them the nickname 'psychiatrists in blue.' But is this an appropriate role for police? Are they trained and given the proper resources and support to fulfill this role? What are the impacts of this situation – for persons with mental illness, for the police, for the public?

Impact of Increasing Interaction

There is an ambivalence among police officers about whether they should in fact be dealing with mental health issues. The police mandate is generally to ensure safety and to provide protection to the public, but some police officers do not consider this mandate to include protecting or providing safety for people with mental illness in crisis – this being the responsibility of the mental health system. This ambivalence is reinforced if there is a lack of comprehensive, ongoing training of police officers in the recognition of mental illness and in mental health crisis intervention, and a lack of contact and support from mental health and emergency services.

The results for persons with mental illness can be serious: long delays in receiving necessary diagnosis and treatment, unnecessary and damaging trauma, criminalization of illness-induced behaviour. The estimates of untreated mental illness in the criminal justice system range from 15–40% of the incarcerated population. When police respond to a person in mental health crisis as they are trained to respond to a typical criminal emergency situation – with a show of force and authority – they may in fact escalate the crisis to a point of risking injury or death for police or the public, but most often for the person in mental health crisis.

The impact on police can be traumatic: police officers have been traumatized by the police shooting deaths of persons in mental health crisis, deaths which might well have been prevented if officers had received appropriate training. As well, police suffer frustration at long wait times at emergency departments, refusals to admit persons to hospital, a lack of mental health service alternatives, and a lack of coordinated support.

The general public suffers also. Family and friends of persons with mental illness experience the trauma and frustrations of such interactions, as well as the impact of the criminalization of mental illness. The general public experiences the loss of police response when hours of police time are spent waiting for a person in crisis to be admitted to hospital. The public also receives reinforcement for the

false perception that mental illness is a crime rather than an illness, and that persons with mental illness are a public danger – a common and erroneous belief which hurts both persons with mental illness and the public.

Solutions

A number of communities, recognizing the need to improve the response to persons in mental health crisis, have developed special programs for intervening with persons who have a mental illness. In most cases, the programs were developed through collaboration between police and mental health service providers, and others involved or invested in the issue. The range of programs includes:

- mobile teams of police and mental health professionals to respond to mental health crises
- police ‘reception centre’ where police can take persons suspected of having a mental illness for further assessment and referral by specially trained police officers
- ‘crisis intervention teams’ located in each police catchment area to respond to mental health crises as well as perform regular duties
- joint protocols between police and a mental health centre or hospital, with continued joint assessment and problem-solving

A number of factors have been found to contribute to the success of programs. Key among these are:

- **training** – ongoing mental health awareness training for all officers and specialized crisis intervention skills training for specialized officers
- **information systems** – an information system which tracks crisis interventions and outcomes (i.e. what works and what doesn’t), trains dispatchers in recognition of mental health issues, and a system of dispatch which relays all relevant information on mental illness and crisis issues
- **accessibility** – accessible 24 hours a day, 7 days a week throughout the area served
- **collaboration** – protocols for close collaboration with mental health services and dispute resolution mechanism for collaborators
- **evaluation** – measuring outcomes and disseminating results to make necessary changes for improvement.

For a more complete analysis of these issues, please see *Study in Blue and Grey: Police Interventions with People with Mental Illness* (2003) on our CMHA BC website at www.cmha-bc.org/research.

Building Capacity: Mental Health and Police Project (BC:MHAPP) is a project of the Canadian Mental Health Association’s BC Division, with a goal of improving interactions between police, emergency services, and people with mental illness. This fact sheet is produced as part of the BC:MHAPP Project. These fact sheets have been supported by gaming revenue from the Province of British Columbia. This project is supported by the Vancouver Foundation and the Provincial Health Services Authority. This fact sheet is one in a series of eight:

- Police and Mental Illness: Increased Interactions
- Criminalization of Mental Illness
- Violence and Mental Illness: Unpacking the Myths
- Police and Mental Illness: Models that Work
- Mental Health Crises: Frequently Asked Questions
- Hallucinations and Delusions: How to Respond
- Mental Illness and Substance Use Disorders: Key Issues
- Suicidal Behaviour: How to Respond

For more information on this project, please contact Camia Weaver, Provincial Co-ordinator for BC:MHAPP, CMHA BC Division, at info@cmha-bc.org or 604-688-3234.

