POLICE DEALING WITH PERSONS IN MENTAL HEALTH CRISIS WEBINAR

The following is a summary of a joint webinar host by the University of Ottawa, Professional Development Institute (PDI) and the Canadian Association of Chiefs of Police CACP). The purpose of the webinar was for a panel of experts to discuss ways to 1. Identify strategies to better deal with persons in mental health crisis; and 2. To identify strategies for the police to bring in more public health support both at early intervention stages before a crisis and to manage a crisis in real time.

The webinar was held on September 23, 2020 on a TEAMS platform with approximately 82 registrants of which approximately 62 were in attendance. It was scheduled for 60 minutes with a 30 reserve which was used.

The panel comprised of: Bill Wilkerson, Mental Health International; Dr. Roger McIntyre, University of Toronto; Norm Boucher, former RCMP undercover drug squad; Dr. Terry Coleman, retired senior police officer, former Deputy Minister, former CACP Director and mental health advocate. The panel was introduced by Serge Blais, Executive Director PDI and Chief Bryan Larkin, Waterloo Regional Police Service and President of the CACP.

The panel was moderated by Alan Jones, PDI who posed two framing questions:

1. How can the police more effectively call for public health policy support for earlier medical / mental health care intervention for persons who are vulnerable to mental health crises before the person has a crisis that requires law enforcement intervention? Once the police are called to respond the options for response begin to quickly narrow. I.e. The police can't replace months or years of preventative treatment with an unscheduled, tactical response to a 911 call.

2. In circumstances where emergency intervention is required, and some such cases will be unavoidable no matter how much care may have been available, what are the options and alternatives that increase the chances of having the peaceful and positive outcome that everyone wants rather than the violent and tragic outcome that no-one, particularly the police and the person in crisis, wants?

SUMMARY BY ISSUE

Public Policy

The panel noted that the police should not be the architects of public policy and therefore leadership on this issue must come from policy makers at multiple levels of government. The police are central stakeholders along with health care providers, the courts, corrections, social services, educational institutions and others. This is a shared issue between Public Safety and Health Care. Other sectors implicated in a reformed mental health care framework include the pharmaceutical industry and the insurance industry.

In this area, the police are somewhat forced by circumstances to develop strategies and approaches to deal with persons in mental health crisis absent a more effective public policy framework. This is an *ad hoc* approach which serves no-one well; it treats the symptoms of deeper and longstanding societal issues. The police community needs a better strategy to communicate the challenges of its role as first responder to persons n a mental health; law enforcement must often intervene in cases that could be better addressed through the health care system.

The panel identified a challenge in reforming public health policy in that political leaders, on any issue, tend to respond to prevalence rather than incidence data: the cases where there is violence, often when police are involved, get the most media attention and then are perceived as the prevalent issue even though incident data tells a different story. This is why the thousands of mental health related police calls that do not receive the same attention are not recognized and moreover, that the issues identified in those calls are not viewed as the sole issue that needs to be addressed. The conclusion that the police use of violence is the core problem in mental health crisis care distracts from addressing the broader issues of mental health care in our society; particularly ways to avoid the escalation to crisis. This is not to say that police approaches in dealing with these crisis do not need reforms.

Canada is not alone in these circumstances. Dr. McIntyre pointed out that the largest mental health facility in the United States is the LA County jail. Dr. McIntyre also noted that law enforcement in Canada has done more to keep people with mental health disorders than any other single institution

A significant issue in reforming health care for mental health is that not everyone has equal access to health resources. Factors ranging from physical remoteness from health care facilities to social isolation, language deficiency and poverty all contribute to people with mental illness being part of a larger vulnerable population that is segmented from larger society. Indigenous persons, rural inhabitants and the poor in urban areas are examples of those persons in this situation. There is also clear evidence that race plays a role in access to mental health care both on a daily basis but also in crisis situations. All these disparities may contribute to the escalation of an individual's need for help into a crisis.

The panel also heard that there is a growing cause for concern for the mental health implications of the current Covid-19 pandemic. Isolation and claustrophobia can contribute to mental health decline. Job loss, loss of a home and the inability to find work or support a family can be emotionally devasting. The effects of this pandemic will last for years beyond the development of a vaccine.

Public health policy on addiction has evolved considerably in recent years but there are still many areas that need work. Alcohol is one the leading dangerous variables in mental health care. The legalization of cannabis has yet to be fully assessed for its effects on mental health care. Mixing medication with recreational drugs including alcohol can easily lead to an escalation of mental health problems in both the short and the long term.

Suicides are also an indicator of public policy on mental health. There are, on average 10 suicides reported each day, 4000 a year and perhaps more that are not recorded as suicide. ("Suicide by cop" is an extreme example of the challenge police have when dealing persons who have attempted to commit suicide. There have been cases of on-line counselling to commit suicide via social media and even suicide supporting websites). This issue cross-cuts many public policy jurisdictions.

Initiatives and Partnerships

The panel clearly sees a need for mental health triage expertise to be on site in 911 call centres to assist dispatchers in assessing an incoming call and providing advice to the police who are responding. This type of partnership will require a significant investment in training and the hiring of qualified personnel to work alongside dispatchers 24/7.

Potential partnerships with the insurance industry, which has a huge stake in long term health care may offer both expertise, data and resources to focus on specific initiatives that are targeted to remediate an active or potential mental health issue. Outreach to the industry has indicated a willingness to speak with police, medical practitioners and politicians.

The panel noted that Emergency wards in hospitals suffer similar challenges to the police in terms of a lack of specialized resources to treat persons in a mental health crisis. The holistic approach must include all first responders and hospitals.

Police Training and Culture

Dr. McIntyre Without law enforcement many people wouldn't be alive today – unfortunately that this is not on the front of the newspapers. The issue of police officer mental health is also at a near crisis level. It is self-evident that if a police officer is unwell they will not be able to do their job effectively. The specific issue of police officer mental health needs to examined as a distinct, albeit related, issue so that the broader issue of dealing with members of the public in mental health crisis is not perceived as solely a sub-set of a police welfare and performance issue.

The point was made that there are some police officers who don't think the police should be dealing with persons in mental crisis at all. Such comments may be a function of the frustration of what, at times must seem to be a lose-lose proposition; a lack of resources to provide mental health first aid versus the need to respond to an individual acting in a way that raises concern for their safety or the safety of others; and the prospect of vocal criticism of whatever police action is taken. Police clearly have a role as first responders to public safety issues and they will encounter persons in mental health crisis in the appropriate course of their work. What is equally clear is that the current approaches and tools are inadequate to enable to the police to deliver police services within a more effective mental health care framework.

Although it is a complex topic for police services to address, police services need to review their hiring criteria and the assessment process for hiring police officers. Every organization must routinely ask itself if it is hiring the right people and if it has its hiring profiles in balance with its organizational needs and the police are no different.

Police training is inadequate but frontline police are generalists and cannot be expected to become psychiatric clinicians any more than they can be qualified experts in all the myriad other issues they deal with on a daily, tactical basis. Police must receive must be the right level of learning (training + education) and the right type of knowledge being taught by the right people perhaps in cross-discipline teams. Use of force protocols and de-escalation training must also be reviewed and raised as a priority.

There must be more training on understanding psychiatric issues and how to assess the risk of violence rather than the assumption of high a threat because someone is acting irrationally. People living with mental illness, mostly likely suffering from deep fear and uncertainty are often frustrated and tired. They have often lapsed in taking their medication and counselling and are lacking support. Assessing the risks of these persons requires a different approach than assessing a typical criminal threat of violence. Untrained police may misread the body language of person with mental illness. The risk assessment when it comes to a person's state of mind requires a forensic approach which the police cannot do own their own.

The “Goldwater rule” was discussed: the principle of a Psychiatrist not publicly expressing an opinion that someone is mentally ill without making an actual clinical diagnosis. By the extension, this principle can be applied to anyone in a position of authority who labels someone mentally ill which often leads to the individual living with the stigma of mental illness even if mental illness was not present.

Sustainability

A constant pressure on any program or initiative is sustainability. Budget cycles often diminish a program in favour of a higher priority if there is no compulsory need to sustain the targeted program. Both political and bureaucratic attention spans are notoriously short. This raises the question of public policy leadership and even legislation to create a mental health care framework with mandatory capabilities, resources and funding for implicated agencies.

Sustainability must be a central objective in any strategy and must addressed as integral to the broader public policy issue.

KEY THEMES

A reformed mental health care framework is a public health policy issue. The police should not be the architects of public policy, there is a lack of political leadership on this issue. Real reforms might require significant expenditures and legislation.

The image of the police has been damaged by extreme cases which overshadows the daily plight of both mentally ill persons and the police who deal with them appropriately. Racism and prejudice need to be addressed as an ever present risk throughout the public safety and public health sectors.

A key differentiator between this type of health crisis and other types of health crisis (ie a heart attack) is the potential for violence by the person in crisis. It may be rare but it is real and the risk may self-harm or harm to others including the police who respond.

There is a pressing need to convince policy makers that there are serious gaps in the current mental care framework which has contributed to the police being expected to provide psychiatric first aid, often in crisis situations. The police are often called by family members or friends who have been unable to find a health care facility that will, including confinement, take care of the person they are concerned about.

Police need a wide range of better training; revised curriculum, professional instructors, revised use of force training and guidelines, more de-escalation training.

There is a need for tactical expertise in support of the police both to support 911 dispatchers and for street level crisis intervention – including the diversion of calls to a non-police response.

There must be a holistic approach that includes both the public and private sector. There are many players in this space and the police, (and paramedics and emergency rooms), are both bearing a disproportionate responsibility in dealing with mental health crisis and cannot reform a public mental health care framework on their own.

Any initiative must be sustainable and sustained. This requires clear strategies and plans that will be integrated into long term commitments of change, resources, accountability and oversigh

NEXT STEPS

This webinar covered a broad landscape of issues related to the overall problem of finding a better mental health care framework – the need for which is played out daily through 911 calls.

A survey was taken which indicated that 95% of attendees found the webinar to be from Good to Excellent and that is was about the right length and well organized. Many survey respondents indicated that more time was needed and there are many threads of the discussion to be pursued. There were criticisms for the lack of diversity on the panel – which was true but not for lack of trying. It is difficult to find volunteers for these types of panels, particularly from amongst serving senior police officers who are both very busy and understandably cautious in expressing views on controversial topics.

The survey results strongly indicate an interest in this subject and a desire for more opportunities to discuss various aspects of it. Of note, some respondents indicated they were looking for a webinar that would provide advice and guidance on how to deal with persons in a mental health crisis. This suggests there is a need for more ongoing training and police officers are looking for points of access to expert guidance.

It is generally agreed that the police can't lead public policy on this issue but at the moment the biggest challenge is trying to find the appropriate political leadership that will. Therefore, it can be argued that the one of the highest priorities is the police, perhaps through the CACP, formulating a strong argument that this needs to become an immediate public policy priority.

A follow up webinar was discussed to distill the issues raised in this webinar to a more granular level for police leadership to translate into a strategy and ultimately into specific initiatives.

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