# DRAFT REPORT – WHAT WE LEARNED AND HEARD

# A WORKSHOP ON STRATEGIES FOR REDUCING THE RISK OF VIOLENCE WHEN POLICE INTERACT WITH PEOPLE LIVING WITH MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDER: A CAREGIVER'S APPROACH

**02 JANUARY 2023**

## INTRODUCTION

The Mental illness Caregivers Association (MICA) [1]hosted A Workshop on Strategies for Reducing the Risk of Violence When Police Interact with People Living with mental illness and/or substance use disorder: A Caregiver's Approach at Humber College, Lakeshore Campus, Toronto, on September 10, 2022 attended by caregivers of those living with a mental illness and/or substance use disorder The purpose of the workshop was to discuss strategies to ensure a positive outcome when a 911 call is made and to ultimately develop a *Tips and Strategies* guidance document of actions for caregivers to promote/enhance the possibility for a positive outcome for all.

The decision to host the workshop was the result of a project that got underway early this year. Last January MICA developed an 8-step model that provided a summary of thoughts, feelings, experiences, and expectations of caregivers supporting a loved one living with mental illness and/or substance use disorder and/or substance use disorder while in crisis: from making the 911 call straight through to discharge and on-going mental health care. MICA shared the model with caregivers and organizations in the Ottawa area and beyond and asked them to provide comments on how we might improve the model.

Among the many comments we received we consistently heard that more needed to be done to better understand the needs of caregivers when making the 911 call involving the police, including reducing the risk of violence when police interact with people living with mental illness and/or substance use disorder. Although several jurisdictions, including Ottawa were looking at ways to reduce these risks, it was thought that without caregivers' perspectives in the design of new mental health crisis response models, new responses could be slightly better, but may miss the mark. The workshop was an attempt to hear caregivers' perspectives as background and content for the *Tips and Strategies* guidance document.

This was done from two perspectives: from the perspective of first responders/police services/mental health service providers who respond to a 911 call and from the perspective of caregivers who make the 911 call. The intent was to focus the discussion on what caregivers could do to support first responders and police in avoiding escalation in tension and potential violence and in turn, for first responders to share their perspective on the best strategies to de-escalate tensions.

The workshop began with a panel of police, crisis intervention specialists and caregivers, who shared their perspectives and experiences on the mental health crisis response call. The discussions that followed focused on the experience of caregivers when making a 911 call and on strategies that can be put into action to influence a 911 call in the direction of a positive outcome.

## PURPOSE OF THIS REPORT

The purpose of this report is:

- To provide a summary of what we learned from the panelists and what we heard from caregivers sharing their stories at the Workshop;
- To present a first draft of a *Tips and Strategies* document and;
- To provide recommendations regarding next steps

[1] MICA is a group of caregivers working on behalf of caregivers to increase awareness of and access to resources available that provide support and lifelong care for our loved ones living with mental illness. We bring caregivers together to develop, present and implement actions and solutions that have a lasting and positive impact on the quality of life of both caregivers and those they care for.

## THE PANELISTS PERSPECTIVE – WHAT WE LEARNED

### o SOME CONTEXT

Thoughts about policing:

- Policing is an occupation that can involve at times making life and death decisions, in an instant, based on limited information
- If we can make police feel safer, then our loved ones will be safer

Police are authorized by law to use as much force as necessary in the administration or enforcement of the law if they act on reasonable grounds. To clarify the use of force, police authorities in Ontario have developed a Use of Force Model (UOFM) to assist police in deciding how much force is appropriate in specific situations.

Police training is evolving with a focus on allowing for the time, space and communication required to effectively manage situations involving a person in crisis.

Uniformed officers trained as priority response units is the most appropriate response. If it is safe to do so a mobile crisis intervention team (MCIT) will attend as secondary responders. As training continues to evolve for policing, the involvement of MCIT also continues to evolve with MCITs often operating as co-responders to emergency calls. Safe outcome for the person in crisis is the objective.

The MCIT mandate is to:

- Make an immediate on-site clinical assessment of the person in crisis
- Attempt to stabilize and defuse the crisis
- Assist in removing the individual from serious harm to themselves or others
- Provide supportive counselling to caregivers and the person in crisis
- Arrange appropriate mental health treatment through referrals to an appropriate agency or apprehension under the Mental Health Act
- Coordinate and facilitate transportation to the hospital emergency department if further psychiatric and medical assessment is required

In Toronto, sixty percent of mental health calls are diverted from emergency rooms and connected with mental health services and programs. In some cases, the police act as advocates on behalf of the person in crisis if there are no other supports available such as caregivers and family members.

| MAKING THE 911 CALL – WHAT WE LEARNED FROM FIRST RESPONDERS? | |
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| **When caregiver makes the 911 call:**<br>▪ Remain calm<br>▪ Clearly communicate observations/concerns regarding person in crisis (PIC)<br>▪ Identify the language preferred by the PIC so this can be considered in the call<br>▪ Answer their questions- do not hang up on them<br>▪ If known, provide diagnosis, medications, substance use, imminent issues of aggression, say if the PIC has a weapon or is at risk of harming themselves and others<br>▪ Keep 911 dispatcher up to date on the status of situation and<br>▪ Do not embellish or exaggerate | **On scene, caregiver needs to:**<br>▪ Keep yourself safe<br>▪ Understand that many services attend a call - police, MCIT, paramedics in uniform - and that safety first dictates imminent actions upon arrival<br>▪ Provide helpful suggestions such as: is the PIC afraid of men, women, has potential to run away, has a history of involvement with police/Mental Health system, afraid of the hospital/needles<br>▪ Provide detailed information to the officers/paramedics - may need to repeat story many times<br>▪ Know that family member may be triggered by your actions/words/tone<br>▪ Listen to instructions and not interfere during the assessment - Trust that the service providers are there to help<br>▪ Understand that if a person is aggressive, has a weapon or at risk of harming themselves/others he/she will be put in handcuffs and finally, police decide if hospitalization is required - apprehension is not the same as an arrest. Paramedics and other service providers have no authority to apprehend someone<br>▪ To provide information directly or by phone to the hospital, ask questions about the next steps and write information down |
| **Good to know or to do – caregivers should**<br>▪ Keep a diary (date, duration) of behaviours/concerns and do so in developing an understanding of mental illness and/or substance use disorder and its impact on the person in crisis<br>▪ Not make assumptions about observations, let service providers determine what is relevant or not.<br>▪ Be honest about expectations - "we want him out" or "we just want her to get treatment."<br>▪ Understand the limitations and rights provided for in the Mental Health Act while being realistic regarding access to services and supports given limited resources | **Needs specific to caregivers' ethnic, cultural, faith, gender or other community**<br>▪ Be mindful of current providers' potential lack of awareness of cultural identity practises and share your preferences to be taken into consideration in the formation of mental health and/or substance use disorder supports and the success of their recovery<br>▪ Ask how or what the person identifies with to allow all concerned to be open to unfamiliar attitudes, practices, and behaviours to be able to provide, as much as possible, care consistent with their orientation and identification not to affect the type of care one receives |

**RESPONDING TO A 911 CALL – MOVING AWAY FROM A POLICE RESPONSE**

Crisis is a perception or experience of an event/situation as overwhelming and, it exceeds the person's current resources and coping mechanisms. It is a lonely place to be for families. It is all about doing what is possible to encourage persons experiencing situations outside their control to seek support before it is necessary to make the 911 call.

*"We learned based on presentations made by the panelists that there are several new community-based and other initiatives to respond to mental health calls in the greater Toronto area - these are noted below"*

- **Exploring the possibilities in the GTA – FOCUS, CCRP and TCCS**

Furthering Our Community by Uniting Services (FOCUS) is an approach to provide support before a 911 call becomes necessary. It brings together community agencies with the aim of reducing risk, harm, crime, victimization and improve community resiliency and wellbeing. The initiative co-led by the City of Toronto, United Way Toronto and Toronto Police supports a weekly situation table to provide a targeted, wrap around approach to the most vulnerable individuals, families and places that are experiencing heightened levels of risk in a specific geographic location.

The Community Crisis Response Program (CCRP) works across Toronto providing support and resources to communities impacted by violent and traumatic incidents by providing immediate supports and mobilizing local resources to address individual/group needs, coordinates community debriefings and facilitates information sharing. Long-term supports offered by the program include establishing training and education sessions, facilitating community safety audits, and fostering the development of innovative, community safety projects.

Toronto Community Crisis Service (TCCS) is a City of Toronto pilot providing a community-based response to mental health and/or substance use crises, utilizing an equity based, anti-racist, person-centred, trauma-informed response. TCCS responds to calls from people in crisis who are not at immediate risk of harm to self or others and to requests for well-being checks. The intent is to move away from unnecessary police responses wherever possible, and connect people to the resources they need in the community.

- **Building Partnerships – Here to Help (H2H)**

**H2H** is a multi-service, community-based, mobile team that responds to immediate concerns in the community to assist with conflict reduction, crisis intervention, and de-escalation.

The goal is to collaborate with agencies, businesses, residents, and other key stakeholders to enhance community connection, empathy and belonging. H2H offers mobile on-site support and de-escalation, harm reduction, access to medical supports, culturally appropriate services, and follow-up services.

- **Making a 211 call – a health record rather than a police matter**

More needs to be done to encourage individuals living with mental illness and/or substance use disorder to seek assistance and it begins with making a 211 call that provides access to:

- 24-hour community-based crisis services for adults 16+ in the City of Toronto who are dealing with mental health, concurrent, or substance use issues and are currently in crisis.
- Telephone crisis line, mobile crisis team, community-based crisis beds, short term follow-up support, and referrals to other beneficial health and social services.
- Free, confidential, and either complement or provide an alternative to medically-based services.

- **VICTORY IN CAREGIVING IS KEEPING HOPE ALIVE**

*"The panelists also shared advice with respect to wellness and safety, advocacy and knowing rights, limitations, and boundaries – all in the interest in keeping hope alive. These are noted below"*

- **Wellness and Safety**

Caregivers keep hope alive by doing whatever is possible to ensure the well-being of the person they care for who is living with mental illness and/or substance use disorder. They do this by not making the family member the illness, being careful with the use of language, not being afraid of doing the wrong thing and being prepared, including developing a risk consensus agreement in support of a safe response to situations requiring an emergency response.

- **Advocacy**

It is also about caregivers advocating for their loved one and others living with mental illness and/or substance use disorder based on knowing what resources are available and doing whatever is possible to ensure the mental health care system is doing what it was created to do. Advocacy is rightfully rooted in lived experience including the need for supports and services that acknowledge and respond to the diversity of the community in a manner that recognizes both differences and the concerns we all share as a community.

- **False Evidence Appearing Real – F.E.A.R.**

Fear is an emotional response to a threat, and when in immediate danger fears tells us to do what we can to avoid potential harm to ourselves and others. However, there are instances when individuals experience similar emotions but not because of an imminent threat but rather because of something they believe may happen.

It is not emotion associated with fear. It is the anxiety resulting from anticipating some future event is about to happen with no evidence to suggest that is the case – or false evidence appearing real (F.E.A.R.)

The anxiety associated with the notion of F.E.A.R. is all too common for caregivers caring for persons living with mental illness and/or substance use disorder as they support their loved ones from the onset through the journey to rehabilitation and recovery. There are no easy answers. It is important to understand that what happens along the way is not necessarily determined by what happened in the past but how lessons learned are applied is evidence that there is reason to hope.

- **Knowing your Rights, Limitations and Boundaries**

- Knowing your Rights

Knowing your rights begins with understanding the Mental Health Act and related legislation including what to expect with regards to seeking treatment, how decisions are made in determining the type and extent of treatment, and whether there are issues related to consent and capacity (the Substitution Decisions Act and Health Care Consent Act) and the need to share health care information (Personnel Health Information Protection Act).

- Limitations

The most significant limitation is the restrictions related to the confidentiality of personal health information that in some cases, makes it difficult to share health information with caregivers seeking to understand the needs of their loved ones and how best to support them.

- Boundaries

Caregivers need to acknowledge the boundaries that both protect them, their loved one and the police officer and other first responders responding to the 911 call. Only police have the power to apprehend under the Mental Health Act. They have discretion to manage any situation in a manner that ensures the safety of individuals and the community. Given this context, one of the most important roles for caregivers is answering questions and providing information to the police and/or members of the mobile crisis intervention team.

## THE CAREGIVERS' PERSPECTIVE – WHAT WE HEARD

- **RESPONDING TO A 911 CALL – MOVING AWAY FROM A POLICE RESPONSE**

*"Caregivers attending the workshop shared lessons learned based on their experience supporting a loved one in crisis - these are noted below"*

- **Understanding the Situation – Sharing Information**

Once making the decision to make the 911 call involving police, caregivers need to be prepared to answer questions, be clear, not withhold information and ensure police have the information needed to manage the situation. It is all about reducing the threat and avoiding escalation and the potential use of force.

- **Policing and Community Engagement**

In responding to a 911 call it is clear all concerned are seeking a positive outcome. A positive outcome is made possible based on understanding the response from both the perspective of the police and other first responders and the caregiver caring for someone living with mental illness and/or substance use disorder in crisis.

It may be worthwhile considering the possibility of inviting caregivers and police services to meet to discuss concerns, challenges and what it means to respond to the needs of a person in crisis. Connecting caregivers and police as a community, sharing a common goal, may encourage an honest assessment of lessons learned and how they can be applied to manage the crisis while ensuring the safety of all concerned and a positive outcome.

For example, would it be possible to consider the possibility of no uniforms or guns at a mental health 911 call or to discuss concerns around the use of handcuffs and alternatives? Would it be possible to involve police, first responders and caregivers in efforts focused on public education?

- **Policing – A Consistent Approach Province Wide**

As developments in Toronto were presented it was clear based on the experience of caregivers from other regions of the province that there is a need for more consistency province-wide regarding resources available, intervention strategies including practices and methods and the evolving role of police and first responders including mobile crisis intervention teams.

- **VICTORY IN CAREGIVING IS KEEPING HOPE ALIVE**

*"Caregivers attending the workshop shared comments regarding what more needs to be done to support them and those they care for in crisis as all concerned find reasons to keep hope alive - these are noted below"*

- **Resources and Caregivers – Knowing what is available**

When caregivers face the challenges associated with supporting a loved one in crisis it is critically important that they have timely access to and have knowledge of the resources available in the community in a manner that makes it less daunting to reach out for support. This information might include the availability of crisis 24/7 teams, outreach programs and walk-in MHA clinics. Ensuring access to resources may require more government and private funding for organizations supporting individuals living with mental illness and/or substance use disorder.

- **Managing Risk – An Open Discussion**

There is a need for an open discussion among the mental health caregiver community seeking to better understand how to recognize and manage the potential risk of a mental health crisis through intervention strategies. This might take the form of a public education effort involving the caregiver community with a focus on reducing stigma and trauma and acknowledging factors such as race, gender, socio-economic status.

- **Caregivers and Access to Treatment**

As discussed in the previous section, it is important for caregivers to understand the provisions of the Mental Health Act and related legislation when seeking treatment for their loved one. In order to do so, every effort should be made to ensure relevant legislation is accessible and understood including the possibility of publishing the interpretation of existing legislation to serve as a guide for caregivers.

Any discussion regarding access to treatment also needs to include an open discussion around issues regarding involuntary treatment.

- **Caregivers and Being Prepared**

Talk about what is hard and create open and safe dialogue. Ask those you care for to share what they feel while letting them share their story. Keep a record of your conversations and whatever else is relevant to the continued well-being of your loved one. It will also be important to have an honest and frank discussion with loved ones regarding what to do if it is necessary to make a 911 call including the possibility of involving the police.

Be prepared with a plan that not only allows for the timely sharing of information but also allows for managing the range of emotions experienced in a stressful situation involving police and others doing what they can to ensure the safety of all concerned – police, first responders, caregivers, and persons in crisis.

## TIPS AND STRATEGIES FOR CAREGIVERS – A CAREGIVERS' GUIDE

Based on what we learned and heard a draft "tips and strategies" document is attached as Annex 'A' It is a first attempt at developing a document that will be shared widely for comment and in some cases, in support of efforts to engage policy makers and others in a dialogue around ensuring caregivers are prepared to support their loved one living with mental illness and/or substance use disorder in time of crisis.

## ANNEX 'A'

### INTRODUCTION

The Mental Illness Caregivers Association (MICA) hosted a workshop at Humber College, Lakeshore Campus, Toronto, on September 10, 2022 attended by caregivers of those living with a mental illness who discussed strategies to ensure a positive outcome when a 911 call is made.

We did do so from 2 perspectives – first responders/police services/mental health service providers when responding to a 911 and caregivers when making the 911 call. The intent is to develop 'tips and strategies' for caregivers finding themselves in a situation involving the police and doing what they can to support first responders and police in avoiding escalation in tension and potential violence.

The workshop began with a panel of police, crisis intervention specialists and caregivers, who shared their perspectives and experiences on the mental health crisis response call. The discussions that followed focused on the experience of caregivers when making a 911 call and on strategies that can be put into action to influence a 911 call in the direction of a positive outcome.

- **THE POLICE SERVICES PERSPECTIVE**

In brief, police are authorized by law to use as much force as necessary in the administration or enforcement of the law if they act on reasonable grounds. To clarify the use of force, police authorities have developed a Use of Force Model (UOFM) to assist them in deciding how much force is appropriate in specific situations.

The intent is to use a graduated response based on police assessing the level of force being used by the individual in contact with the law and when necessary, a police response that is a higher level of force – "a force plus one logic." In short, it is all about managing the escalation of the conflict. When attempting to manage a situation involving a person living with mental illness and who is acting irrationally, there is always the risk of escalation verging on a violent response resulting in injury to the mentally ill person and/or the police.

- **THE CAREGIVER'S PERSPECTIVE**

It begins with the decision to make a 911 call when the caregiver can no longer manage on his/her own and ends with police contact and the possibility of a non-violent loved one being taken away in a police car. For the caregiver:

- There are feelings of guilt, conflicted emotions, and fears of criminalization of their loved ones
- There are concerns that a difficult 911 encounter can endanger the caregiver/loved one relationship, post crisis
- Loved one's and other's safety is top of mind while running the calculus: can we manage this or do we call the police and risk a disproportionate use of force
- A positive outcome is expected from a 911 call – more positive than if no call was made
- Caregiver makes the call when s/he can no longer manage on their own

REPORT ON WHAT WE HEARD – WORKSHOP 09 MARCH 2023

**PURPOSE OF THIS DOCUMENT**

*Crisis is a perception or experience of an event/situation as overwhelming and, it exceeds the person's current resources and coping mechanisms. It is a lonely place to be for families. It is all about doing what is possible to support persons experiencing situations outside their control.*

To present draft tip and strategies for caregivers supporting a person living with mental illness and/or substance use disorder in crisis. Once the 911 call is made and the caregiver is awaiting arrival of the police and/or crisis intervention team, misgivings and doubts must be set aside and caregivers must remain focused on supporting the management of the situation in a manner that avoids escalation to a potentially violent outcome. Draft guidelines for caregivers at major places along the continuum from making the call to apprehension or detention of the person in crisis follow. These include guidelines on preparation, making the call, on the scene actions, contact with the police and de-escalation actions.

**Prepare Before the Crisis**

- Talk about what is hard and create open and safe dialogue. Ask those you care for to share what they feel while letting them share their story. Keep a record of your conversations and whatever else is relevant to the continued well-being of your loved one and understanding of mental illness and its impact on the person in crisis. It will also be important to have an honest and frank discussion regarding what to do if it is necessary to make a 911 call including the possibility of involving the police.
- Be prepared with a plan that not only allows for the timely sharing of information but also allows for managing the range of emotions experienced in a stressful situation involving police and others doing what they can to ensure the safety of all concerned – police, first responders, caregivers, and persons in crisis.
- Know your rights beginning with understanding the Mental Health Act and related legislation. Know what to expect with regards to seeking treatment: how decisions are made in determining the type and extent of treatment, whether there are issues related to consent and capacity (the Substitution Decisions Act and Health Care Consent Act) and the need to share health care information (Personnel Health Information Protection Act).
- Recognize that in some cases, the confidentiality of personal health information makes it difficult to share health information with caregivers seeking to understand the needs of their loved ones and how best to support them.
- It is important to understand that what happens along the way is not necessarily determined by what happened in the past but how lessons learned are applied and as such there is reason to hope.

**Making the 911 Call**

- Remain calm and clearly communicate observations/concerns regarding person in crisis
- Identify the language preferred so this can be considered in the call
- Provide the dispatcher with as much information as possible about the situation and the person in crisis such as is the PIC under the influence of drugs or alcohol, where are they located, do they have access to a weapon, do they have a history of violence, are they male or female, how large they are, any fears they may have (of women, men, animals, weapons, police) Answer their questions- do not hang up on them
- If known, provide diagnosis, medications, substance use, imminent issues of aggression, has a weapon or at risk of harming themselves and others
- Keep 911 dispatcher up to date on the status of situation and do not embellish or exaggerate
- Request a crisis intervention team rather than a uniform patrol officer if available because the CIT will have specialized training in how to respond to a PIC.

**REPORT ON WHAT WE HEARD – WORKSHOP 09 MARCH 2023**

### On Scene

- Keep yourself safe
- Understand that many services attend a call - police, MCIT, paramedics in uniform - and that safety first dictates imminent actions upon arrival
- Provide helpful suggestions such as afraid of men, women, has potential to run away, has a history of involvement with police/Mental Health system, afraid of the hospital/needles
- Provide detailed information to the officers/paramedics - may need to repeat story many times. Do not make assumptions about observations, let service providers determine what is relevant or not.
- Know that family member may be triggered by your actions/words/tone
- Listen to instructions and not interfere during the assessment - trust that the service providers are there to help
- Understand that if a person is aggressive, has a weapon or at risk of harming themselves/others he/she will be put in handcuffs and finally, police decide if hospitalization is required - apprehension is not the same as an arrest. Paramedics and other service providers have no authority to apprehend someone
- To provide information directly or by phone to the hospital, ask questions about the next steps and write information down

### Contact with Police

- Police are authorized by law to use as much force as necessary in the administration or enforcement of the law if they act on reasonable grounds. As indicated above, to clarify the use of force, police authorities have developed a Use of Force Model (UOFM) to assist police in deciding how much force is appropriate in specific situations
- Acknowledge the boundaries that both protect caregivers, their loved one and the police officer and other first responders responding to the 911 call. Only police have the power to apprehend under the Mental Health Act and the discretion to manage any situation in a manner that ensures the safety of individuals and the community. Given this context, one of the most important roles for caregivers is answering questions and providing information to the police and/or members of the mobile crisis intervention team.
- Be prepared to answer questions, be clear while not withholding information and ensuring police have the information needed to manage the situation. It is all about reducing the threat and avoiding escalation and the potential use of force.
- Try to have at least 2 people present other than the person in crisis (PIC) when meeting the police – one person should always remain with the PIC while the other talks to the police.
- Meet the police outside the residence and brief them on the situation and reassure them the PIC is not armed with a weapon if that is the case.
- If the PIC is armed with a weapon or has taken a hostage, then request a Tactical Team to attend.
- Ensure someone is always present when the police are in contact with the PIC.
  Request a crisis intervention team rather than a uniform patrol officer if available because the CIT will have specialized training in how to respond to a PIC.

### Managing Escalation

- Have the PIC wait for the police with another person in a room where there are no weapons (kitchens are stocked with knives and should be avoided and ensure they haven't brought a weapon with them.
- For all concerned, the caregiver and the police and others that may be involved (CIT) it is all about relying on de-escalation strategies to manage the situation based on time management, containment and disengagement while maintaining communication, making meaningful contact with the involved party and understanding the mind-set and interests of the PIC
- Be mindful of current providers' potential lack of awareness of cultural identity practises and share your preferences to be taken into consideration in the formation of mental health and/or substance abuse supports and the success of their recovery
- Ask how or what person identifies with to allow all concerned to be open to unfamiliar attitudes, practices, and behaviours so as not to affect the type of care one receives

### Apprehension of and/or Detaining the PIC

- Be prepared to provide the police with the grounds* (your evidence) they require to detain the PIC. Police have power to apprehend under the Mental Health Act anyone who, due to a mental illness poses a threat to their own or someone else's health and safety. Family sometimes underestimates the danger posed by a loved one suffering from a mental Illness. It's better to err on the side of caution.
- If possible, ask for the PIC to be taken to a psychiatric emergency room and bypass the regular emergency room. This is preferable because…doctors and nurses working in regular emergency rooms may not be familiar with the symptoms of mental illness. Also, the PIC will need to be seen by a psychiatrist before they can be committed.
- Seek attention/support from providers affirming cultural identity but know resources, funding and wait times exist