

Making the Decision to Call 911 involving the police

Tips and strategies for caregivers – achieving a positive outcome for the person in crisis, police, first responders and caregivers

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*

MAKING THE DECISION TO CALL 911 INVOLVING THE POLICE

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Be Prepared

- *It will 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. Consider creating a safety plan or crisis plan.*
- *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*
- *Be prepared with a plan that not only provides a framework for communications between the caregiver and the person in crisis (PIC) but also allows for the timely sharing of information critical to 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 and the rights of the PIC. This includes consent. Healthcare providers may not share confidential information about the PIC without their consent. 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).*

Making the 911 Call

- *Before making the call, be sure you are safe*
- *The PIC may be upset with you because you are calling, however remain calm*
- *It is ok to call 911- this service is there to help you.*
- *Clearly communicate observations/concerns regarding person in crisis especially if there is imminent risk of harm to self or others*
- *Identify the language preferred so this can be considered in the call*
- *Provide as much information as possible about the crisis and the PIC (use of alcohol/drugs, location, weapons, history of violence, gender, their size, fears and if comfortable doing so diagnosis, medications and mental health and medical history)*
- *Keep 911 dispatcher up to date on the status of situation and stick to the facts*

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On Scene

- *Keep yourself safe*
- *Many services attend a call safety first dictates imminent actions upon arrival*
- *Be prepared to answer questions from the police and other responders*
- *Provide information such as history of trauma, afraid of men, women, has potential to run away, has a history of involvement with police/Mental Health system, afraid of the hospital/needles*
- *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/tones*
- *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. An apprehension is not the same as an arrest and only the police have the authority to apprehend someone*
- *Provide information directly or by phone to the hospital, ask questions about the next steps and write information down*

Managing Escalation

- *Have the PIC wait for the police with another person in a room. Have the PIC wait for the police with another person in a room. For all concerned, it is all about relying on de-escalation strategies and making meaningful contact with the PIC*
- *Be mindful of the service providers' potential lack of awareness of cultural practices and share your preferences to be taken into consideration in the formation of mental health and/or substance abuse supports*
- *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*

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.*
- *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. Be careful to not understate the problem. There are instances when a family will underestimate the potential for violence thinking their family member would never hurt them. It is all about reducing the threat and avoiding escalation and the potential use of force.*
- *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.*
- *Ensure someone is always present when the police are in contact with the PIC.*

Apprehension of and/or Detaining the PIC

- *Provide police with the reasons why they should detain the PIC. Police can apprehend under the MHA anyone who, due mental illness, is at risk of harming themselves or others. why they should bring the PIC to hospital?*
- *Request event number (go number, general reoccurrence number) – police officer badge number and name*
- *Seek attention/support from service providers affirming cultural identity while recognizing resources, funding and wait times exist*

MAKING THE DECISION TO CALL 911 INVOLVING THE POLICE

Tips and strategies for caregivers – achieving a positive outcome for the person in crisis, police, first responders and caregivers – one page format

Making the 911 Call

- *DO Keep yourself safe.*
- *Set aside your misgivings and doubts.*
- *Know that family member may be triggered by your actions/words/tone*
- *Focus on supporting the situation in a way that avoids escalation to violence.*
 - *Remain calm and clearly communicate your observations about the person in crisis.*
 - *Be prepared to answer questions and provide details.*
 - *Be clear. DO NOT withhold information.*
 - *DO NOT embellish or exaggerate.*
 - *But DO NOT underestimate the danger posed by your loved one.*
 - *Answer dispatcher's questions- do not hang up.*
 - *Keep 911 dispatcher up to date on the person is doing*
 - *Provide as much information as possible using SBAR (the form on the back of page).*

During the call

- *Try to ensure someone is present and remain with the person in crisis*
- *Have the person in crisis wait with another person in a room where there are no weapons (anything can be a weapon)*
- *Listen to instructions and DO 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 may be put in handcuffs (handcuffs are to protect the family member and the service providers).*
- *Only police have the power to apprehend under the Mental Health Act.*
- *Paramedics and other service providers have no authority to apprehend someone*
- *Apprehension is not the same as an arrest.*
- *Ask questions about the next steps and write information down*

Situation, Background, Assessment, Risk/Request

Situation - clearly describe what you believe is going on and include:

- *What is the problem? How did it happen? How serious is the problem?*
- *What is the person in crisis doing? What are they saying?*
- *Is the person male or female? How does the person identify?*
- *How large is the person in crisis?*
- *Where is the person located?*
- *Is the person taking drugs or alcohol now?*
- *Does the person have a weapon, or can they get to a weapon?*
- *Is the person at risk of hurting themselves or someone else?*
- *How are you related to the person in crisis.*

Background - briefly provide relevant background information about the problem and include:

- *History of the person's illness (if you know) and comfortable to say*
- *Has the person ever been violent or aggressive?*
- *Has the person ever taken drugs or alcohol?*
- *Will the person in crisis run away,*
- *Has the person ever been involved with police before?*
- *Has the person been involved with Mental Health services,*
- *Say the language the person prefers (if they do not speak English).*
- *Say about any fears they may have (of hospital/needles, women, men, animals, weapons, police, authority figures).*
- *Say what the person's culture is?*
- *What does the person identify with*