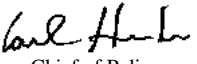


**CHATHAM-KENT POLICE SERVICE
POLICIES & PROCEDURES**

Section:	8.90	Subject:	MENTALLY ILL OR EMOTIONALLY DISTURBED PERSONS
Effective Date:	June 10, 2004	Approval:	 Chief of Police
Revised	R.O. #: 1202		

A SUBJECT

- A 1 This section deals with the initial apprehension and assessment of mentally ill persons. This section does not deal with elopees from a mental institution which are dealt with in a separate section "Elopees from a Mental Institution".

B REFERENCES

- B 1 Adequacy Standards Regulations
- B 2 Mental Health Act of Ontario.
- B 3 Cell Block Procedures

C POLICY

- C 1 The HELP Team is a group of officers and other members who received enhanced training to handle incidents involving police interaction with Mentally Ill Persons in crisis and work in partnership with our community caregivers to provide Mentally Ill Persons with compassionate and immediate treatment. (refer to HELP Team Protocol)
- C 2 Officers attending psychiatric facilities shall remain in uniform AND will retain all available use of force options. Members will assure that all use of force options are checked and known to be operational to the best of the officers knowledge and ability.
- C 3 Two officers shall be dispatched to all calls involving Mentally Ill Persons. If practical, a HELP Team member will be dispatched to calls involving Mentally Ill Persons.
- C 4 The Chief of Police, or designate, should work with appropriate community members and agencies, health care providers, government agencies, other criminal justice agencies, and the local Crown Attorney's office to address service issues relating to persons who are mentally ill or developmentally disabled in the community, including the development of local protocols.
- C 5 Where there is a police response to persons who are emotionally disturbed, or may have a mental illness or developmental disability:
- a) Emergency Communication Operators will provide information to officers, if available, on:
- i) any medications being taken by the person or are prescribed;
- ii) whether the individual is under the influence of illicit drugs and/or alcohol;
- iii) whether the individual has a history of violence;
- iv) whether the individual is presently armed or may have access to a firearm;
- v) whether the individual is in a public/open area or is barricaded;
- vi) whether there are any reported injuries; and

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- vii) whether the individual is involved with any community agencies or local health care providers;
- viii) whether the police have previously attended the same address or had prior contacts with the same individual.
- b) Emergency Communications Operators will dispatch HELP Team Members to calls for service involving persons believed to be mentally ill.
- c) If a HELP Team Member is not immediately available, calls for service can be responded to by community patrol officers and the HELP Team Members can be used as a resource.
- d) A Police Officer and/or HELP Team Member or Emergency Communication Operator will contact other appropriate agencies to obtain assistance from or refer a call/situation to Canadian Mental Health Association Pager # (519) 436-9250, PACT Team TEL# (519) 355-0667 or Chatham-Kent Health Alliance TEL# (519) 351-6144 Ext. #1.
- e) Two officers will be dispatched to incidents involving Mentally Ill Persons. CIRT patrol officers should be dispatched where there is an indication of weapons being involved.
- f) When practical, officers will meet away from the call for service and address and establish a plan of action – SAFETY first.
- g) If practical, HELP Team Members shall interact with the Mentally Ill Person at the incident.
- h) Where an officer has reasonable grounds to believe that an individual has committed a violent crime, the officer should consider charging the individual and not consider voluntary or involuntary hospitalization as a substitute to laying a charge, except under compelling circumstances;
- j) in those circumstances where the suspect is taken to a hospital, the police officer shall advise the hospital as to the circumstances of the occurrence, the background of the person, whether he or she is suicidal, and other such information as may be provided.
- k) where a persons who may be emotionally disturbed is being transported to a hospital or a psychiatric facility, officers will ensure that the individual is under control and presents no danger to himself or others while being transported; and
- l) Responding police officers will submit a report with the following information attached: incident number, date, time, the mentally ill person's surname, first name, nicknames, address, zone, district, behaviour, medications(is subject on/off their medications), next of kin or contact person and was a community partner involved.
- m) Police Officers who respond to an incident involving a Mentally Ill Person will notify an ECO HELP member of any incident involving mentally ill persons so that details can be added to Niche RMS for tracking and statistical purposes.
- n) ECO HELP members will ensure that information on Mentally Ill Persons having contact with police is added to Niche RMS in a Police Information incident identifying the subject as a "HELP Team client" to facilitate queries.

C 5 The Chief of Police should ensure that the police service's skills development and learning plan addresses the training and sharing information with officers, communications operators-dispatchers and supervisors on:

- a) local protocols, and
- b) conflict resolution and use of force in situations involving persons whom may be emotionally disturbed, or may have a mental illness or developmental disability.

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- D 1 Contacts with mentally ill persons are one of the most potentially dangerous situations due to sudden and violent mood reversals often displayed by the subject. Do not be lulled into a false sense of security by an initially passive suspect.
- D 2 Relatives, or significant others, of persons suspected of being mentally ill are responsible for obtaining psychiatric care. Police Officers generally come in contact with mentally ill persons when they become involved in violent or criminal behaviour.
- D 3 The designated hospital in Chatham-Kent with a psychiatric facility is the Public General Campus of the Chatham-Kent Health Alliance.

E EXTRACTS AND INTERPRETATIONS OF THE MENTAL HEALTH ACT**E 1** Mental Disorder

“means any disease or disability of the mind.”

E 2 Psychiatric Facility

“means a facility for the observation, care and treatment of persons suffering from mental disorder and designated as such by the regulations.

E 3 Section 11

Notwithstanding this or any other Act, admission to a psychiatric facility may be refused where the immediate needs in the case of the proposed patient are such that hospitalization is not urgent or necessary.

E 4 Section 15 NOTE: Sections 15-17 are subject to Bill 68 with revisions expected by Nov. 2000

Application for psychiatric assessment:

- (1) Where a physician examines a person and has reasonable cause to believe that the person;
- (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
 - (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from his or her; or
 - (c) has shown or is showing a lack of competence to care for himself/herself,
- and if in addition the physician is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,
- (d) serious bodily harm to the person;
 - (e) serious bodily harm to another person; or
 - (f) imminent and serious physical impairment of the person,
- the physician may make application in the prescribed form for psychiatric assessment of the person.

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Justice of the Peace Order for Psychiatric Examination

(1) where information upon oath is brought before a justice of the peace that a person within the limits of the jurisdiction of the justice,

- (a) has threatened or attempted or his threatening or attempting to cause bodily harm to himself or herself;
- (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
- (c) has shown or is showing a lack of competence to care for himself or herself,

and in addition based upon the information before him or her the justice of the peace has reasonable cause to believe that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,

- (d) serious bodily harm to the person;
- (e) serious bodily harm to another person, or
- (f) imminent and serious physical impairment of the person,

the justice of the peace may issue his or her order in the prescribed form for the examination of the person by a physician.

- (2) An order under this section may be directed to all or any police officers or other peace officers of the locality within which the justice has jurisdiction a shall name or otherwise describe the person with respect to whom the order has been made.
- (3) An order under this section shall direct, and, for a period not to exceed seven days from and including the day that it is made, is sufficient authority for any police officer or other peace officer to whom it is addressed to take the person named or described therein in custody forthwith to an appropriate place where he or she may be detained for examination by a physician.

E 6 Section 17

Where a constable or other peace officer observes a person who acts in a manner that in a normal person would be disorderly and has reasonable cause to believe that the person;

- a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her;
- a) has shown or is showing a lack of competence to care for himself or herself;

and in addition, the constable or other peace officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in;

- i) serious bodily harm to the person;
- ii) serious bodily harm to another person or;

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iii) imminent and serious physical impairment of the person;

and it would be dangerous to proceed under Section 16, the constable or other peace officer may take the person in custody to an appropriate place for examination by a physician.

E 7 Section 18

Place of Psychiatric Examination

An examination under section 16 or 17 shall be conducted by a physician forthwith after receipt of the person at the place of examination and where practicable the place shall be a psychiatric facility or other health facility.

(Sec. 33) A police officer or other peace officer or any one who takes a person in custody to a psychiatric facility shall remain at the facility and retain custody of the person so taken until the facility accepts the custody of the person through admission to the psychiatric unit. (Hospital staff will make every effort to admit the patient in a timely fashion.)

E 8 Section 28

Unauthorized absence.

Where a person, who is subject to detention, is absent without leave from a psychiatric facility a police officer or other peace officer or anyone appointed by the officer-in-charge may return the person to the psychiatric facility or take the person to the psychiatric facility nearest to the place where the person is apprehended,

- a) Within 24 hours after his/her absence becomes known to the officer in charge of the facility or,
- b) Under authority of an order in the prescribed form issued by the officer in charge of the facility within one month after his/her absence becomes known to the officer in charge of the facility.

F POLICE OFFICERF 1 Section 33

See E 7.

Note: hospital staff are encouraged to sedate patients while still in the emergency room prior to admission to the psychiatric unit.

F 2 Transport or arrange transportation for the mentally ill person by ambulance to a psychiatric facility. If the officer feels that the presence of family members would provide a calming influence, they may be utilized.

F 3 Arriving at the psychiatric facility, remain with the patient until the facility accepts the custody of the person by admission to the psychiatric unit.

F 4 Ascertain if the Mentally Ill Person is involved with a Community Partner and, if so, contact that partner as well as the case worker and a relative to advise all of them of the particulars.

F 6 A report will be submitted on all incidents involving Mentally Ill Persons, including any difficulties experienced.

- a) While attempting to have suspected mentally ill persons examined or admitted;
- b) If unnecessary long delays occur having mentally ill persons assessed.

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- F 7 Requests for assistance at Public General Hospital psychiatric ward should be addressed. Investigate or assist where patients have committed, are found to be committing or about to commit criminal offences. Officers will not be used to attend this ward to assist in sedating patients that are in secure areas and or pose no threat or immediate danger to anyone. Example - we will not stand by or use force to sedate a patient who is locked up and refuses medication. However, officers will stand by to prevent an assault when there are grounds to believe there is a risk to hospital staff or other patients.
- F 8 If a patient in a psychiatric facility is to be arrested, notify hospital staff of the level of restraints to be used (i.e. handcuffs, shackles, etc.)
- F 9 Officers that are requested to attend a facility shall ensure they are acting under the authority of the Mental Health Act or any other pertinent legislation.
- F10 Police Officers will respond to incidents involving Mentally Ill Persons and they will be handled as per the Chatham-Kent Police Service HELP Team Protocol.
- G INVESTIGATOR
- G 1 If relatives are not known or unable to be contacted:
- a Return and secure the residence with a witness
 - b Notify the Public Trustee (when applicable).
- G 2 Officers that are dispatched to attend a psychiatric facility shall confirm the reason for attendance and comply with the Mental Health Act authorities, as outlined for police action, and duties under sections 17 and 33 inclusive. Officers shall also act in accordance with their duties as Police Officers under the Police Services Act of Ontario.
- G 3 In accordance with C 3, the Chatham Kent Police Service shall embrace the benefits of community based partnerships in an effort to provide the people of the Municipality the opportunity to enhance their mental health and to live to their fullest potential through direct service, education and advocacy.