

**MEMORANDUM OF UNDERSTANDING BETWEEN MUSKOKA-PARRY SOUND  
COMMUNITY MENTAL HEALTH SERVICE AND BRACEBRIDGE DETACHMENT OF THE  
ONTARIO PROVINCIAL POLICE - NOVEMBER 2003**

**Introduction**

The letter of understanding has been developed to familiarize the staff of both the Muskoka-Parry Sound Community Mental Health Service Core Program (Counselling/Psychotherapy, Crisis/Intake Support, Community Outreach and Support Team and Housing Support) and the Bracebridge detachment of the Ontario Provincial Police (OPP) regarding each other's role in the handling and treatment of mentally ill persons.

**Statement of Principles**

The primary objective of intervention is to protect and support mentally ill persons, their families and the public, by providing the best treatment and intervention under the Mental Health Act rather than the Criminal Code wherever possible.

An effective, prompt and humane response to mentally ill persons is essential for their treatment.

There must be mutual cooperation in the form of reporting, information sharing and disclosure of all pertinent information between the Muskoka-Parry Sound Community Mental Health Service and the police.

The public has a right to be protected through measures of the justice system and where there is sufficient evidence of unlawful acts, mentally ill persons shall be charged with the appropriate offense. Charged persons will not automatically be brought to the South Muskoka Memorial Hospital ER for psychiatric assessment (unless there appears to be medical need or a visit to ER is warranted under mental health legislation as indicated in (a) to (f) below.

All person with mental health problems, regardless of race, religion, class, gender, age, ability or sexual orientation have basic human rights and in particular the right to protection and freedom from all forms of violence and derision from others.

All services to mentally ill persons and their families must strive to reflect in their delivery the cultural, ethnic, linguistic and racial diversity of the community.

**The Purpose of this Letter of Understanding**

This letter of understanding will provide a coordinated response in the assistance given to mentally ill persons in South and West Muskoka by police and staff of Community Mental Health. The procedures have been developed in coordination with both Community Mental Health and police staff.

**Police Role**

Police will respond 24 hours a day, seven days a week to calls from the public for assistance in mental health matters. Generally, two officers will respond to a mental health call. In some circumstances, the police may escort a mentally ill person to the South Muskoka Memorial Hospital ER for examination by a physician when they have reasonable grounds 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; or
- (c) Has shown or is showing a lack of competence to care for himself or herself, and in addition the police are of the opinion that the person is apparently suffering from a 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) Serious physical impairment of the person,

And that it would be dangerous to proceed by way of other legal processes.

Police will assist community mental health staff crisis support staff by

1. Advising crisis support staff at 1-800-461-5424 as soon as possible that they are en route to the hospital ER with a mentally ill person. (The Answering Service will page the crisis support worker on-

call 24 hours a day seven days a week). If calling while en route is not practicable police may place the initial call from the hospital emergency room.

2. Advising the **crisis support worker** of all appropriate information regarding the incident. Police may encourage family members to attend at the hospital so that crisis support workers can interview them.

3. Informing the attending physician in ER that a crisis support worker has been contacted and is available for consultation if required.

In implementing the above steps as far as is possible police officers are encouraged to take into consideration the effects of the mental illness on the person's actions.

If the police believe that person is mentally ill but does not fall into categories (a) to (f) they may have the **crisis support worker** paged by calling 1-800-461-5424 and discuss with the worker the appropriate response.

Alternatively, the police may inform the crisis support worker where the person can be contacted so that the worker may do an assessment.

If the crisis support worker initiates a call to the police requesting that they pick up someone and take them to the hospital ER, the police should advise the crisis support worker of the status of the action (i.e. the person has/has not been picked up and has/has not been taken to hospital).

A record of all police communications with the crisis support worker and the results must be noted on the police report (RMS Niche)

If there are any concerns regarding police involvement, the contact person for the police is the **officer-in-charge at the detachment** who can be reached at: 705-645-2211 (Bracebridge detachment) or 1-888-310-1122 (O.P.P. Communications Centre in North Bay)

#### **Community Mental Health Role**

1. Upon the invitation of the attending physician the crisis support worker will meet the person believed to be mentally ill in the hospital ER.

2. The crisis support worker will speak with the attending physician and following consultation with him or her, and with the agreement of the attending physician will conduct an assessment of the person.

3. The crisis support worker will present his or her assessment to the attending physician who makes the final decision whether the person is to be admitted, can go home or requires further investigation.

4. If hospitalization is not necessary the police will discuss with the crisis support worker an appropriate response.

5. Disclosures and behaviours by a client, which affect their individual safety or the safety of another person, must be documented. These shall be provided to the attending physician for their assessment.

In exceptional circumstances where a client has signed Form 14s giving express permission for the police and Muskoka-Parry Sound Community Mental Health Service to share information about that client, case conferences may be conducted to discuss most appropriate future interventions. Police may, in these circumstances, "flag" clients who have signed the Form 14s on the RMS Niche reporting system for the purpose of alerting them to mental health issues.

If there are any concerns with the crisis support service, contact Hymers Wilson or Michael Varieur, Team Leaders of Muskoka-Parry Sound Community Mental Health Service (Muskoka District) at (705) 645-2262.

Original document was signed by the Detachment Commander on November 5, 2003 and Muskoka-Parry Sound Community Mental Health Service's Program Director on December 3, 2003.

On August 18, 2004, Charlane Cluett from Muskoka-Parry Sound Community Mental Health Service spoke to Mike Tennent of the O.P.P. who reported the protocol was fine and they didn't feel the need to review it.