



# **Ontario Police-Emergency Department Protocols:**

reducing emergency room wait-times for police officers accompanying individuals experiencing a mental health crisis

November 25, 2013



# Overview of Presentation

1. Background information about the HSJCC
2. Overview of the HSJCC Info Guide: Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario
3. Overview of 3 protocols in Ontario
  - Hamilton
  - Waterloo
  - Prescott and Russell United Counties

# Presenters



- **Heather Callender**, Executive Director, St. Leonard's Society London and Chair of the South West Regional HSJCC
- **Dorina Simeonov**, Planning & Policy Analyst, Canadian Mental Health Association Ontario and Policy Advisor to the Provincial HSJCC
- **Phil Lillie**, Detective Sergeant, Durham Regional Police Service and Co-Chair of the Durham Regional HSJCC
- **Frank Miscione**, Sergeant, Hamilton Police Service
- **Kenneth Jessop**, Staff Sergeant, Waterloo Regional Police Services, Member of the Kitchener Local HSJCC
- **Julie Cyr**, Staff Sergeant, Detachment Manager, Ontario Provincial Police, Russell County

# HSJCC Network

- Responding to a recognized need in the province to coordinate resources and services, and plan more effectively for people who are in conflict with the law
- Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers
- Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome

# HSJCC Network

HSJCC Network is comprised of

- 39 Local HSJCCs
- 14 Regional HSJCCs
- Provincial HSJCC
- Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers
- Funded by the Ministry of Health and Long-Term Care

# Provincial HSJCC

Provincial HSJCC consists of

- Regional HSJCC Chairs representing their Regions
- Ex-officio members from important stakeholder groups such as Correctional Service of Canada, Ontario Provincial Police and Ontario Association of Chiefs of Police, Legal Aid Ontario, and Community Networks of Specialized Care
- Ex-officio representatives from 5 Provincial Ministries:
  - Attorney General
  - Children and Youth Services
  - Community and Social Services
  - Community Safety and Correctional Services
  - Health and Long-Term Care

# HSJCC Info Guide

## *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario*

# Overview of Info Guide

- Info Guide was developed by a working group of the Provincial HSJCC
- The purpose of Info Guide is to assist police services and hospitals in Ontario to reduce emergency department (ED) wait times for police officers who are accompanying individuals experiencing a mental health crisis.
- Information compiled through a call for information which was distributed through the HSJCC Network to:
  - municipal and provincial police services
  - hospitals
  - providers of community mental health, addictions and other human services

# Mental Health Act

- *Mental Health Act* permits police officers to apprehend individuals if the officer has reasonable grounds to believe that a person is acting in a disorderly manner and is a threat or at risk of causing harm to themselves or others
- Once the apprehension is made, the officer accompanies the individual to an examination by a physician, typically to an ED
- Upon making the apprehension, the police officer has a duty to remain and retain custody of the individual until the hospital has accepted custody

# Overview of the Issues: Impact on Police Services

- Increasing wait-times in the ED for police accompanied visits
- Mental health apprehension clients are often given a low triage priority
- The “revolving door” often occurs with police accompanied visitors to the ED
- Police officers are frequently asked to play the role of security guard in the ED
- Extended wait-times can be quite costly for police services

# Overview of the Issues: Impact on the ED

- Crisis intervention services are only available during daytime or evening hours, thus increasing the pressure on the ED at night
- Delays due to a shortage of mental health in-patient beds available
- Space is limited in the ED and a quiet room cannot be made available to the police accompanied individuals
- Many hospitals in Ontario do not have a Security Department therefore are not well equipped to manage high risk crisis situations

# Overview of the Issues: Impact on the Individual

- Police accompanied visits to the ED increases the stigma of mental health conditions
- Privacy of the individual is compromised as they are restrained and seated inside the waiting room of the ED
- Individual can feel uncomfortable speaking freely in front of the police officers and security guards
- In some rural and northern areas of the province, clients often do not have access to transportation to return home after the police accompanied visit to the ED

# Strategies

- ✓ Building strong relationships between police services and hospitals
- ✓ Providing cross-sectoral training for police services and hospital staff about mental health apprehension situations
- ✓ Calling ahead to the ED when a police officer is on route with a person experiencing a mental health crisis
- ✓ Establishing clear lines of communication upon arrival at the ED
- ✓ Utilizing a mental health screener form to communicate information about the circumstances and observations about the person in crisis

# Strategies

- ✓ Arranging a quiet room for police accompanied visitors to the ED
- ✓ Having adequate staff support to manage mental health crisis situations in the ED
- ✓ Designating a liaison in the ED to work directly with police officers when they arrive with a person in crisis
- ✓ Establishing a written agreement between police detachments and hospitals
- ✓ Conducting routine monitoring and evaluation of the protocol in place, and making changes as necessary

# 3 Protocols in Ontario

# Hamilton Police Service (HPS) and St. Joseph's Healthcare Hamilton (SJHH) Protocol

- 2011 pilot study found police were waiting in the ED for 122 minutes on average with 90% waiting for 240 minutes or less
- Working Group formed which used a rapid change/lean methodology approach to develop a new process and communication form launched in July, 2012
- The new average wait-time is 75 minutes with 90% waiting for 124 minutes or less – a 47 minute difference resulting in 2493 police hours saved in 1 year



# Waterloo Regional Police Services (WRPS) and Grand River Hospital (GRH) Protocol

- Police spent an average of 119 minutes at GRH for calls relating to “Attempt Suicide” and 111 minutes for “Mentally Ill” calls in 2011
- Review of current policies led to the creation of a GRH internal policy on police wait-times with mental health patients
- Since May 2012, there has been a significant reduction in police wait-times in the ED; wait-times are now 60-75 minutes on average



# Prescott and Russell Protocol for Mental Health Crisis Situations

- Established in 2003 through the collaboration of 11 stakeholder organizations including the police, hospitals, and community services.
- The protocol outlines the responsibilities of each stakeholder and emphasizes that police should make a pre-arrival call to the ED.
- Wait-times for police officers with a MHA apprehension have decreased in this region; wait-times that were previously 5 to 8 hours are now less than 2 hours on average.



# Contact Information



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# Contact Information

For more information about the Provincial HSJCC, and to access the full Info Guide, visit: [www.hsjcc.on.ca](http://www.hsjcc.on.ca)

To join the HSJCC Network mailing list, contact:  
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