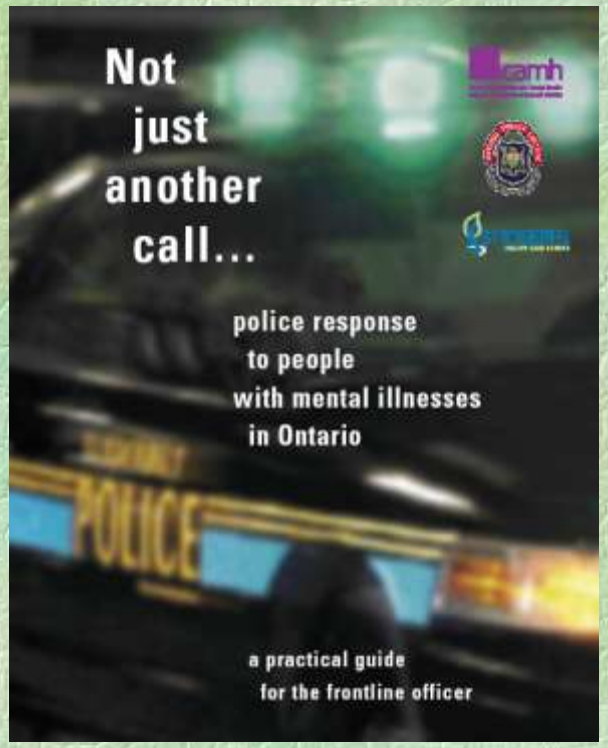
Not Just Another Call….
frontline police response to people with mental illnesses in crisis



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Objectives:

- Mental Disorder & Violence
- Risk Management
- Aggressive Behaviour
- Police training
- Major Mental Disorders & Response Strategies
- Dos & Don’ts
- Documentation Issues/SIP/FIP


ONTARIO POLICE COLLEGE
INTEGRITY
KNOWLEDGE
COURAGE

Ontario Police College

- 162 full & part-time staff members at O.P.C.
- 49 Full-time Instructors
- 42 Seconded Instructors
- 549 student rooms
- 12 Instructor apartments
- 24 Instructor suites
- Services include Print shop, Food Services, Computer Support, Nursing staff, woodworking shop, mechanics & other support services

Ontario's Police Services

- **22,176** police officers
- 61 police services
- Toronto Police Service & Ontario Provincial Police
  - 10,049 officers *(largest agencies)*
- West Grey Police Service
  - 5 police officers *(smallest agency)*

Course Calendar

Patrol Training

Communications/CPIC Training

Criminal Investigations Training Unit

Forensic Identification Unit

Leadership Training Unit

Race Relations and Adult Education Unit

Train-The-Trainer Courses and Programs

Special Conferences/ Seminars
and Workshops

Basic Constable Training

Every municipal police officer shall, within six months of his or her appointment, successfully complete the Basic Constable Training Program at the Ontario Police College


POLICE
POLICE

Basic Constable Training

Subject Areas

- Applied Police Learning
- Defensive Tactics
- Officer Safety
- Firearms Training
- Police Vehicle Operations
- Physical Fitness

Mental Disorder and Violence: Is There a Relationship?

Mental Illness and Violence

Early Assumptions

- The mentally ill are not more violent than the general population
- The stigma of mental illness leads to inappropriate labelling of the mentally ill as “violent”

Two perspectives:

Monahan 1992

- If being mentally disordered raises the risk that a person will commit a violent act then the ***prevalence rate for violence*** should be higher amongst the mentally disordered than the non-mentally disordered.

- ***The prevalence rate for mental disorder*** should be higher in persons that are violent than in persons who are not.

Research needed to clarify:

What is the true prevalence of violent behaviour in persons with a mental disorder?

- in identified psychiatric patients
- in random community samples

What is the true prevalence of mental disorder in violent individuals?

- in criminal offenders
- in random community samples

Facts about Violence & Mental Illness

(*Monahan, 2003*)

- People with major mental illness (schizophrenia, bipolar disorder, psychosis) are two and a half times more likely to be attacked, raped or mugged than other members of society…which most often occurs when the following factors are combined… living in a city, transient lifestyle, living in poverty, using alcohol and drugs.

Facts about Violence & Mental Illness (*con't*)

- The strongest predictor of violence and criminality is past history of violence and criminality whether mental illness is present or not
- About 3% of violent offences could be attributed to mental illness and another 7% to probable substance use. That is, 1 in 10 crimes could be prevented if these disorders did not exist.
- Alcohol & drug use far outweigh mental illness alone in contributing to violence in society (followed by gender, age, and social economic predictors….)

Facts about Violence & Mental Illness (*con't*)

- It is unlikely that a member of the public would be at risk of violence from a person with mental illness who does not also have a substance us problem
- There is also a relationship between violent behaviour and symptoms which cause the person to feel threatened, and/or involve the overriding of personal control (feeling that one's mind is being dominated by outside forces)

Facts about Violence & Mental Illness (*con't*)

- Family members are the most likely targets of violence from people formerly hospitalized for mental illness
- Research shows that as long as people with severe mental illnesses stay in a treatment that works, and take appropriate medications, they are no more dangerous than the general population
- People with mental illnesses are no more likely to be charged with a violent crime than those who do not have a mental illness

In Sum……..

- People with severe mental illness are more likely to be more violent than people without severe mental illness.

But,

- the risk associated with mental illness is "modest" relative to risk associated with gender, age, education and previous history of violence.

Penn et al. 1999

Principles of Risk Management

Bradford, 2005

- ✓ Accept the risk of violence is present
- ✓ Carefully look for co-morbidity
- ✓ Always obtain collateral information
- ✓ Do not hesitate to seek a second opinion
- ✓ Be aware of psychopathology that precedes violence i.e threat-control-control-override in persecutory disorders,command hallucinations etc

Risk Management (*con't*)

- Monitor substance abuse
- Monitor compliance
- Ask about firearms
- If in doubt obtain a consultation

How to Deal with Aggressive Behaviour

Monahan, 2003

- ✓ Take all threats seriously; if at any time you feel threatened, leave the situation to protect yourself
- ✓ Avoid touching the person and allow as much physical space between you as possible
- ✓ Do not stand between the person and an exit, but make sure you have access to an exit yourself
- ✓ Respond to questions with short answers so the person does not feel ignored, but do not answer questions that challenge you
- ✓ Avoid raising your voice and don't talk too fast

Dealing with Aggressive Behaviour

- ✓ Stay calm and avoid nervous behaviour

  (e.g. crossing your arms, pointing your finger standing with hands on hips or in pockets, shuffling your feet or fidgeting, making quick abrupt movements)

and……

be prepared to call the police if necessary

Duties and Powers of Police

Duties, PSA s. 42

- preserve the peace,
- prevent crime, assist victims,
- apprehending, charging, executing warrants, other duties incl.. bylaws,
- completing training,

Powers, PSA s. 42 (2 & 3)

- common law powers and duties throughout Ontario

Apprehension Authority – Mental Health Act

- Reasonable grounds to believe the person has a mental disorder

  (acting or has acted in a '*disorderly manner*')

- Danger to self or others

- Danger to wait

‘Disorderly Behaviour’

It is generally accepted that “disorderly” behaviour does not have to be physical, that it can refer to some form of irrational thought, e.g. the person can be calmly talking to you about voices he/she is hearing. Whether there is a danger to self or others, or a danger to wait is an *opinion* a police officer makes based on the evidence. Given that it is *the officer’s* opinion that will be questioned, detailed notes documenting the investigation are essential.

Changes to police training due to…

De-institutionalization

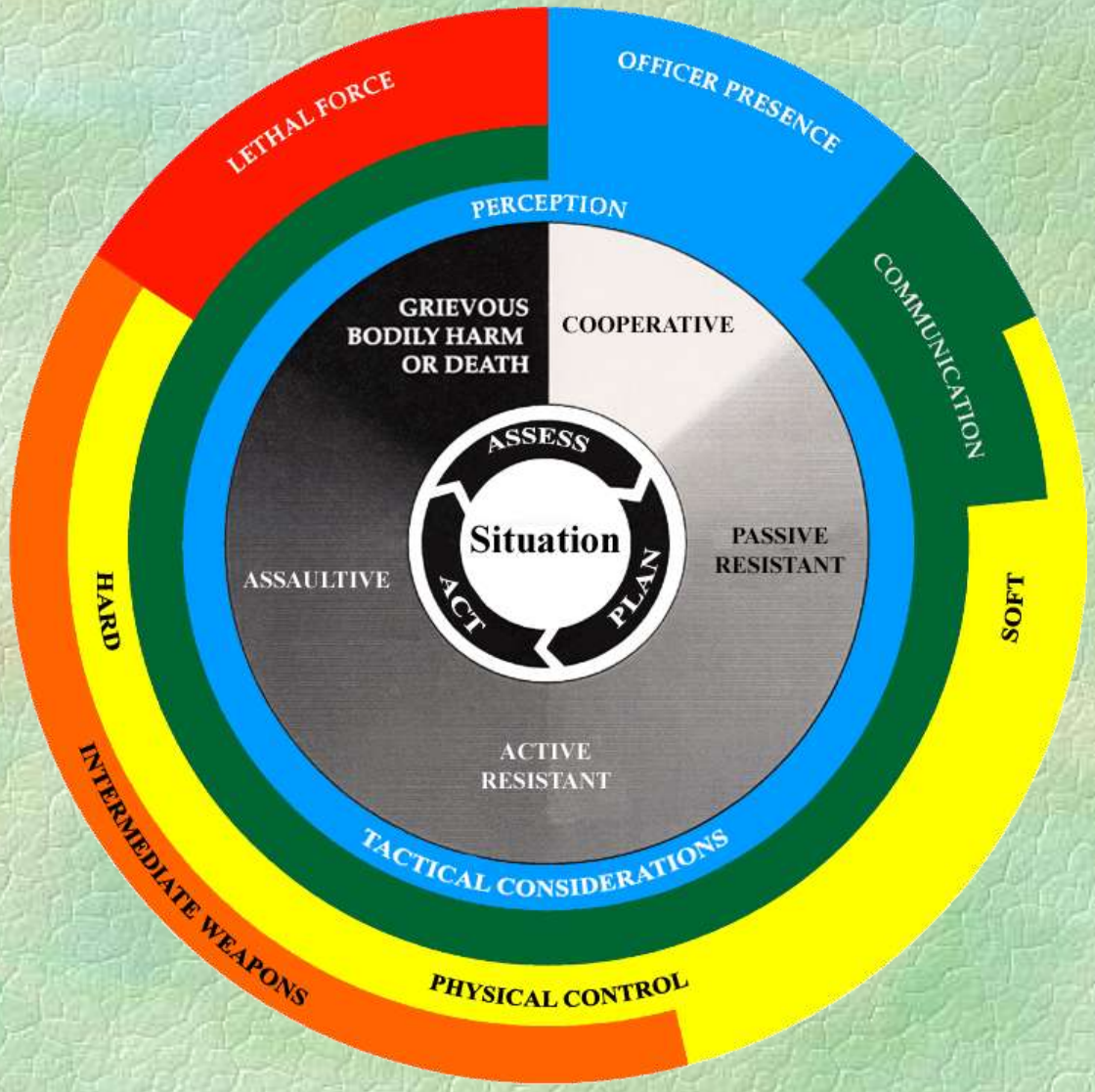
Changes in training philosophy more emphasis on soft skills

Input from stakeholders

Legislation/Regulations/Inquests

From *legal authorities* to "how to talk to….."

National Use of Force Framework



The officer continuously assesses the situation and acts in a reasonable manner to ensure officer and public safety.

***Use of Force Standards* (1992)**

Tactical Communications (0213.03)

All recruits to receive min. 8 hours:

a. Basic communications skills
   - *Voice control*
   - *Receiver/sender issues*
   - *Active listening*

b. Race relations and cross-cultural communication skills

c. Mental illness/communications awareness

Standards (*con't*)

d. Mediation skills
e. Diagnosing verbal encounters
f. Creating voluntary compliance
g. Defusing aggressive behaviour
h. Use policy
I. Role playing exercises

Adequacy & Effectiveness Regulations *(2001)*

O.Reg. 3/99

s.13 (1) Every chief of police shall establish procedures and processes in respect of…

(g) police response to persons who are emotionally disturbed or have a mental illness or a developmental disability

Guidelines (2000)

4. Every Chief of Police should ensure that the police service's skills development and learning plan addresses the training and sharing of information with officers, communications operators/dispatchers and supervisors on:

    a) local protocols
    b) conflict resolution and use of force in situations involving persons who may be emotionally disturbed, or may have a mental illness or developmental disability;
    c) the relevant provisions of the *Mental Health Act*, *Substitute Decisions Act* and *Health Care Consent Act*;
    d) the recognition of common mental illnesses; and
    e) providing assistance to families of persons who have a mental illness

Significant Coroners Inquests

Lester Donaldson (Toronto, 1994)

Brian Smith (Ottawa, 1998)

Edmond Wai-Kong Yu (Toronto, 1999)

Zachary Antidormi (Hamilton, 1999)

Louise Lent (Thunder Bay, 2002)

Cindy Oster (Barrie, 2006)

Otto Vass (Toronto, 2007)

Enhancing Mental Health Training - Stakeholder Input

- Psychiatric Hospitals
- Schizophrenia Society of Ontario / Canada
- Consent & Capacity Board
- Canadian Mental Health Association
- Mood Disorders Association
  Consumer/Survivor Development Initiative
- Consumer/Survivors

Question?

"What knowledge, skills and abilities are required of a police officer to interact effectively with a person behaving in an abnormal/disorderly manner who has a mental illness?"

KNOWLEDGE:

It is an illness, resulting in psychological pain & the person is in need of assistance

Major signs & symptoms of mental illnesses/do's & don'ts of interacting, how to assess a situation and apply the most appropriate strategy

Knowledge of community resources & how to access & share information

Knowledge of their own attitudes/biases re: mental illness & how they may impact on the situation……..

SKILLS:

Be able to contain the situation, listen & ask questions regarding content of hallucinations/delusions

Focus on the behaviour and being able to accurately & thoroughly describe it

Be professional, respectful, sensitive, courteous, non-threatening, listen, empathize, convey a sense you are there to help & ask permission to do things that are intrusive in their environment……

ABILITIES:

Recognize this is not “just another call” that it may take longer for those involved to process the information

Don’t be judgmental/treat each call as unique

Don’t arrive with any preconceived ideas……..

Training Objectives

- Major Mental Disorders & Response Strategies
  - A) Schizophrenia
    - *Hallucinations*
    - *Delusions*
  - B) Major Depression
  - C) Bipolar Disorder
  - D) Suicidal Behaviour

Training Objectives (*con't*)

- E) Panic
- F) Mute, Passive Behaviour
- G) Excited Delirium
- General Guidelines for Police – DOs and DON'Ts
- Possible Dispositions/Options when Interacting with Persons with Mental Illness
- Documentation/Records

Hallucinations

- *isolate* and *contain*
- do not invade personal space
- explain your actions/ask permission
- address the person by name/if do not know it, ask how
- they would wish to be addressed
- eliminate/reduce distractions
- do not touch without permission or stand too close
- speak slowly and quietly using simple language
- avoid verbal confrontation

Hallucinations (*con't*)

- ask questions: "*Are you hearing voices other than mine*?"; "*What are they telling you*?"; "*What do you see, feel, taste*?"
- instruct to "*listen to my voice, do not listen to the other voices*"
- be aware that stress may increase hallucinations

Be Honest

- You are the grounding in reality. Respond by saying, "I don't hear the voices, but I understand that you do." It is critical to ask questions regarding the content of the message in that it may be a directive to hurt someone *including* you. Try to get a sense of how they feel and how you could help. Note: the person may not be able to adequately process the information or may have recent memory problems making it difficult to follow instructions.

Delusions

- isolate and contain
- keep your distance with a reactionary gap or if this can not be done try to keep something between the two of you, for example, a piece of furniture
- do not touch without permission
- position yourself at their level if it is safe · avoid whispering and laughing, as this may be misunderstood
- remember that what is on an individual's mind is not always obvious

Delusions (*con't*)

- ask questions about what the delusion is all about (potential for self harm or violence), i.e., "Are you having any thoughts that are disturbing/upsetting you or others?"
- explain your intentions before you act
- do not argue or try to convince them the thoughts are not real: DO NOT ATTACK DELUSIONS
- do not show or say you believe in the delusion, instead explain, "I believe you are telling me this is as you see it."

Delusions (*con't*)

- ask if there is anything that would make the person feel more comfortable
- do not smile or nod your head when he/she is talking to avoid misunderstanding
- never underestimate the power of the uniform or the impact of your presence, both of which may have an extremely intimidating effect on someone suffering from paranoia
- assure them that they are safe and you are not going to harm– that the uniform and the equipment you carry are for protecting him

General Guidelines: the *Do's*

- collect as much information as possible from all possible sources *prior* to intervening
- take your time & eliminate noise and distractions
- ask permission first
- treat with dignity and respect as you would want a family member treated
- keep your distance and respect personal space
- talk slowly and quietly -identify yourself and others and explain your intentions/actions - your actions should be slow and prior warning should be given if you intend on moving about the room

Do's…… *(con't)*

- explain in a firm but gentle voice that you want to help. Ask how you can be of assistance
- develop a sense of working together "help me to understand what is happening to you"
- if they are fearful of your equipment, take the time to explain that you carry the equipment to enable you to perform your job which is to protect the public and them
- give choices whenever possible to allow some level of control

Don’ts

- do not deceive - be honest and open in all situations - you are reality
- do not challenge
- do not tease or belittle
- do not forget the pain and fear s/he is experiencing - remember emotions can be painful
- do not violate personal space
- do not forget to ask about medication

DOCUMENTATION/RECORDS

Reports should include:

- ✓ Description of the behaviour or conversation, i.e. "talking to self", "plans to take overdose of (specific) pills" – "receiving a message directing him/her to…" – refrain from using psychiatric terms;

- ✓ Note changes in the ***pattern*** of behaviour, e.g. escalating aggression (i.e. physically assaulting others, self abuse; other subtle indicators might include giving valued possessions away, attempting to obtain a weapon, etc.)

Details of the Report…..

- NOTE IF THE PERSON HAD APPLIED AND/OR BEEN REFUSED AN FAC (Firearms Acquisition Certificate) [Note: FAC has been replaced by Firearms Registration Certificate] which may indicate that he/she is possibly preparing to act out on his/her delusions or beliefs

Justice of the Peace

- If appearing before a Justice of the Peace (s. 16): remember, anyone can appear before a Justice, including the victim, witness, family, or a police officer; When would a police officer consider going to a Justice of the Peace?--When you have exhausted all other options.

Make their job easier……..

- thorough documentation including verbatim comments and changes in pattern of behaviours – anything that might reveal that the person may be preparing to act out on their beliefs/delusions, etc.
- bring in all records including previous convictions, charges, calls to residence, and any other statements etc.
- bring witnesses including family/neighbours etc.

SIP

- if you believe the person suffers from an apparent emotional or mental health disorder and there are reasonable grounds to believe that the person is, or is likely to be, a threat to himself/herself or someone else as a result of that disorder recommend that the person be entered on SIP –SPECIAL INTEREST POLICE category of CPIC including all reasons for the entry on CPIC

FIP

- a person who is involved in an incident as described in Section 5 of the *Firearms Act of Canada*, who, in the last five years has been treated for mental illness, whether in a hospital, mental institution, psychiatric clinic or otherwise, (whether or not in residence), and acts violently toward another person (including threats or attempts) recommend that the person be registered on FIP – FIREARMS INTEREST POLICE;

Options available……

- **DISENGAGE (*anyone*)**
- **UNCONDITIONAL RELEASE (*police*)**
- **RELEASE TO FAMILIES / FRIENDS (*police*)**
- **CONVINCE (to voluntarily admit self) (*anyone*)**
- **CONSULT (with mental health professional) (*anyone*)**
- **APPREHEND (under MHA S. 17/ Form 47) (*police*)**
- **INFORMATION (Justice of the Peace) (*anyone*)**
- **ARREST (for a criminal code offence) (*police*)**
- **JUDGE'S ORDER (*police/crown/defense*)**

Contact Information:

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Manual: www.opconline.ca