The intersection of mental health and policing in White Rock

White Rock RCMP transparency series

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There are approximately 6600 calls for service a year to the White Rock RCMP, of which 9% are primarily related to mental health. Proportionally to calls for service, White Rock has the highest level of wellness checks compared to other RCMP detachments in the Lower Mainland. Moreover, it is estimated that as much as 33% of the calls for service in White Rock are mental health related, including substance use. This transparency report will demonstrate that the White Rock RCMP has become a default mental health response agency, highlighting that our healthcare professionals need the support and mandate to deliver a robust frontline response.

The White Rock RCMP respond to calls from the public on a variety of mental health calls, including:

- checks on people that may not coping well mentally,
- people with suicidal ideation,
- active suicide attempts,
- critical incidents of mental health induced violence or disturbance,
- repeated inappropriate social conduct attributed to behavioural and personality disorders,
- people that are experiencing psychosis,
- people that are experiencing an overly adverse response to addiction, and
- apprehension warrants under the Mental Health Act (MHA).

The individuals involved in these calls have situational vulnerability and are typically at a point in life where they are in need of advanced mental health support.

The officers in White Rock respond to all calls for service that are mental health related as they are acutely aware that other agencies do not have the capacity to respond. A sense of duty to the community and a broad-ranging public safety mandate compels police to intervene, even if the matter is not core to police work. In many cases, our current system also places civil liability upon the police for not responding to these healthcare related calls.

The White Rock RCMP supports a statement issued by the Centre for Addiction and Mental Health (CAMH), regarding the police involvement in mental health calls:

- People experiencing a mental health crisis need health care.
- Police should not be the first responders when people are in crisis in the community.
- Police are not trained in crisis care and should not be expected to lead this important work.
- The health care system has relied on police to respond to mental health crisis.
- Transformative change is needed to support a new way forward.
- People with mental illness and their families deserve better.

The above points are not taken as a criticism of police, they are a reality that the complexities of mental health crisis management can no longer be defaulted to the police. The current acceptance that police should fill in the role of what mental health agencies should be providing due to their expertise and overall mandate, does not benefit some of society's most vulnerable. The following is the White Rock experience.

Police response to mental health wellness checks

Wellness checks in White Rock that police have been responding to can be separated into a few broad types, namely: concern of deteriorating mental health, behaviour as a symptom of mental health, and suicidal ideation. The police also respond to checks were a person has not heard from a friend/relative/colleague/etc for an unusual period of time, these are appropriately delegated to the police and are not necessarily related to mental health.

Most of the above listed mental health calls in White Rock should not be responded to by police and are more suitable for a mental health professional. There are some cases that have a risk of violence, and in these cases the police should be utilized at the request of an attending mental health professional. In cases of imminent concern for a person's wellbeing, the police are well suited to locate these individuals, however the ultimate resolution needs to be an assessment by a mental health professional on scene. The current police response model likely results in unnecessary Mental Health Act apprehensions by police. Although these apprehensions are legal and done with good intention, many apprehensions can be avoided by an on scene assessment by a mental health professional.

The following are some examples of wellness check calls for service to the White Rock RCMP, which should be responded to by a mental health professional:

- A mother reports her teen son has been depressed and expressed suicidal thoughts
- A text message is received from a friend stating they are having suicidal ideation
- A son reports his elderly mother is acting odd, may have dementia and he is concerned for her wellbeing
- A father reports his daughter has been self-harming with razor
- A person calls in that they are not doing well and are having suicidal thoughts
- A spouse reporting their partner has left their residence and may be suicidal
- Home checks on clients that missed a mental health appointment or have not been taking medication as per a mental health plan

The response to these calls for assistance by a police officer, opposed to a mental health professional, denies people in crisis a proper service.

Mental Health Act (MHA) apprehensions

The White Rock RCMP responds to approximately 150 calls annually where a person is apprehended under the MHA and transported to hospital. Police are required to wait with the patient until assessed by a physician. At Peace Arch Hospital this wait averages about 2.5

hours, with the high end range being 6 hours. This equates to approximately 375 hours annually of officer time waiting at the hospital, this does not include the time spent on scene prior to the apprehension. Depending on the behaviour displayed by the patient, an apprehension can include securement in handcuffs due to unpredictability and the involuntary nature during transportation to a hospital. The police are required by the MHA and have a legal duty of care to remain with the person until presented to a physician. During this, officers are not able to respond to any other calls, including priority emergency calls.

Furthermore, there is a stigmatization and a perception of criminalization when a person is in police custody. Many apprehensions could be avoided by a mental health practitioner conducting an on scene assessment that avoids the use of the emergency powers in the MHA. Likewise, an on scene assessment by a mental health practitioner, utilizing health information only available to them, can lead to pre-screening for MHA apprehension to better inform physicians in busy emergency rooms. It is troubling that a person in distress being advised of the apprehension process has to learn that they may be in police custody for hours – this diminishes the confidence and trust in police that their actions are a genuine medical intervention.

The prioritizing at hospitals of mental health apprehensions for assessment has been problematic across many hospitals and is not isolated to White Rock. The Canadian Triage and Acuity Scale used to prioritize emergency room patient recommends 30 minutes for the maximum wait time for mental health complaints. BC Ambulance Service invoices the hospitals for any waits in the emergency room over 30 minutes, which brings fiscal accountability into the analysis of operations. As this issue has persisted for years, the White Rock RCMP suggests that the City of White Rock invoices Fraser Health in 15 minute increments for any mental health apprehension waits that exceed 30 minutes.

Violent patient behavior in supported-care senior facilities

The White Rock RCMP occasionally receives calls from supported-care senior facilities where a resident is displaying violent behavior. In these cases, the police are called because all de-escalation techniques by staff that know the resident have failed to resolve the situation. The resorting to police is usually because the staff request the resident be controlled and transported to the hospital for further intervention, using the Mental Health Act. The police role should be limited to the rare cases where assistance is required as part of an advanced intervention protocol within the facility that includes physician guidance and the BC Ambulance Service.

There is likely no circumstance that should require the police to transport any supported-care resident to the hospital. Any transportation off site should be by staff or ambulance, as per a prepared treatment plan. It is not appropriate in most cases for an elderly person with decreased cognitive ability to be placed in the back of a police vehicle, regardless if there are grounds under the Mental Health Act to authorize it.

Response to alcohol or other drug intoxicated persons

Fraser Health provides an advanced sobering and assessment centre (Quibble Creek) that is staffed by an interdisciplinary team of nurses, substance use support workers and outreach workers ensuring a medically supervised environment for people requiring temporary care due to intoxication/withdrawal. For a police agency, centres like this are an ideal place to take intoxicated persons to (who volunteer to attend), opposed to police cells. Unfortunately, White Rock RCMP officers have been turned away or refused service when requesting to transport intoxicated subjects to the sobering center located in Surrey. This refusal is solely due to the policing jurisdiction being White Rock, even though the Fraser Health service area includes White Rock.

Sobering centres are a best practice for managing intoxicated persons and it is believed that expanding on these centres to include more high risk chronic intoxicated persons that are non-voluntary (but arrested due to not being able to care for themselves) would greatly benefit some of the clients intersecting with police in White Rock. Modernizing and utilizing the 'intoxicated persons' and 'chorionic alcoholic' provisions of section 91 and 92 of the Offence Act may assist to advance efforts to help those with addictions that routinely find themselves in conflict with the community, a risk to themselves, and at times jailed primarily due to a symptom of their addiction.

The expanded availability of Quibble Creek to welcome persons from White Rock would greatly serve those with potential serious health risks that would benefit from the resources and bridging into a treatment program. Police cells should not be the sobering centre alternative, as this stigmatizes and criminalizes addiction, but more importantly, withdrawal from alcohol and others drugs can have serious health risks that a police setting is not suitable to monitor.

Police training in mental health care

The current training demands on police officers are onerous and resource requests can fail to adequately factor in the expanding training needs that officers require to navigate the complexities of policing. Although current resourcing analysis does factor in some training, this is not based on a robust continuing education model that is likely required to continue a high standard in professional development.

Police are well trained and experienced in de-escalation and dealing with mental health related behaviors, this is a core function of frontline police work. The failures of police-mental health interactions depicted in the media are in fact rare. Outside the occasional soft force used to apply handcuffs on a client that may be resistant, there are on average 1-2 uses of force annually by White Rock officers during mental health incidents that almost exclusively involved

the display or use of a conducted energy weapon (Taser)[1]. That being said, ongoing crisis intervention and de-escalation training, as well as mental health awareness, should continue to expand with a greater focus on interdisciplinary training.

The skill required for sound suicide assessment, mental health wellbeing assessment, and the providing of general mental health advice and care is too complex to default to the police. Police are also expected to be well trained and educated in defusing critical incidents; investigating a plethora of crime types; having a working knowledge of many laws and court decisions that they can recall at a moment's notice without the privilege of an articling student conducting research; and, having the dynamic skill to interview children, trauma-affected victims, crafty suspects, and impressionable witnesses.

The knowledge and maintenance of skills required of a competent frontline police officer is onerous. It is unfair to our frontline officers to expect them to have the advanced mental health assessment skills required to properly service the diverse needs of those in a health crisis. The police role should be limited to imminent crisis intervention where safety is a concern, and not mental health assessments and mental health guidance, which is unreasonable to place upon the police.

Gaps in mental health response options in White Rock

Integrated Mobile Crisis Response

Mobile crisis response cars that have a police officer and a mental health practitioner have been around for a few decades, and are generally well received. They provide a comprehensive service to those experiencing mental health issues, however they still involve the police in many calls that do not require police, they only cover a portion of a 24-hour period, and they are usually only financially feasible in larger jurisdictions. With mental health matters occurring at inconsistent times during the day and night, a crisis car dedicated to White Rock would cover only a fraction of the calls for service (unless staffed 24 hours) with unreasonable periods of inactivity.

Although an integrated robust regional model would have value, it would still involve the police in many mental health calls that do not require police. The health region may be better served by having a mobile mental health crisis response service that is only staffed by mental health practitioners, relying on police by request when they deem necessary. A hybrid regional model that also includes a second tier with an integrated police/mental health response car for higher risk calls could augment the first, health practitioner only, tier.

[1] RCMP officers are required to submit a Subject Behaviour/Officer Response report for any injury causing force or any use of an intervention weapon, even if the weapon was only displayed to change a person's behaviour.

Mental Health services

The service providers with White Rock Mental Health are a committed and talented group of professionals; however, they are not structured for crisis response and wellbeing checks. It is also the case that mental health professionals will call the White Rock RCMP to conduct checks on people that they have a concern for, but otherwise don't have the capacity to reach. The initial contact by police is problematic as the police primarily use a risk based assessment under the MHA for emergency apprehension, which is not a fulsome health assessment. Clients would overwhelmingly benefit from an on-scene health care based assessment from a healthcare professional, opposed to primarily a risk based only assessment from a police officer.

Addiction services

Again, White Rock has experts in addictions and homeless outreach that are primarily confined to their respective clinics with minimal on scene community response. Those that may be in greatest need of help can often be the people that are difficult to get to a clinic, suggesting that an introduction and intervention on scene absent the police may be the most beneficial manner to support being referred to the police for a resolution. Currently, concerned family/friends/witnesses call police to intervene on addiction related matters, hoping that detox or treatment avenues will be advanced, yet are dismayed by the limitations and inability of the police to be a catalyst for change. The police also feel this dismay.

Case examples[2] of chronic mental health related behavior intersecting with police

White Rock, like many communities, has a population of individuals that are sometimes referred to as chronic social offenders. Chronic social offenders are frequently in conflict with the community as a result of their severe and persistent mental health symptoms that can also be further challenged by substance use. These individuals are reported to police frequently due to behaviour that is seen as a nuisance, intrusive, unsafe, in need of help, and sometimes criminal. It is clear that these individuals are resistant to most help and continue to suffer in their own world, but intersecting frequently with the community and police. As the justice system is not the appropriate method to assist these individuals, a comprehensive healthcare focused approach is needed. The following are two examples to highlight the need for more to be done.

The case of Sasha:

> In late 2019 Sasha came to the attention of the White Rock RCMP by way of a wellness check, where they also had a warrant for arrest for a property crime offence. Initially not believing that the police were police, the officer spoke with Sasha for a considerable amount of time to establish trust, however Sasha ultimately resisted being arrested. With

[2] The names of the individuals and have been changed and some identifiable circumstances have been modified for privacy.

understanding and compassion, the officer processed the warrant and took the kind step of driving them back home.

In the approximate ten-month period since that initial meeting, Sasha has had approximately 85 other reported interactions with police in White Rock/South Surrey. Breaching court conditions by being in stores they are banned from, minor theft, and general reports of verbal aggression on the street. Police interactions with Sasha are fraught with suspiciousness and at times bizarre utterances, with conflicting comments of not believing the police are real to pleading for their help. Although clearly mental health related behaviour that is further altered by suspected methamphetamine use, the legal authority to apprehend under the Mental Health Act is seldom met. On occasions where Sasha is apprehended by police, the evaluating physicians often conclude that there is not cause to certify Sasha and they were released back into the community without taking up the hospital on voluntary options for self-care.

From the policing side, officers spend the time rationalizing, negotiating, de-escalating, and displaying acts of trust with Sasha. As a result of having warrants issued for missing court repeated times, the White Rock RCMP offered to drive them to court if they showed up at the detachment in the morning, an offer that is given only in exigent circumstances. Sasha failed to take police up on this offer and the warrant continued to be issued by the court.

One late night recently when Sasha was lucid and just sitting near the Pier, an officer engaged in conversation with them and asked what would help them find happiness and stability in their life, they replied, “just like Maslow’s hierarchy of needs, I need a place to stay where I feel belonging and where I am not getting into conflict with others due to my different personality.” Their insight of this psychological theory and self-awareness of their uniqueness was a welcome look inside the mental wellbeing of an individual that is being pushed to into a justice system that is not appropriately equipped or intended for Sasha’s mental illness and substance use.

The case of Cameron:

In mid-2019 Cameron started to generate complaints from the public about their behavior, generating over 100 complaints to date. More recently, it is not uncommon for the White Rock RCMP to get three calls in a day regarding Cameron walking down the sidewalk swearing loudly, yelling out inappropriate statements, walking into traffic yelling and demanding to be hit, and from a casual observer’s perspective, having an angry tirade for no apparent reason. Cameron has been apprehended by police under the Mental Health Act at least 15 times, sometimes certified, other times not. In all cases, Cameron is discharged and their mental health related behaviour soon continues to cause the community to call police.

The White Rock RCMP has a dichotomous relationship with Cameron where the yelling, aggressive posturing, and racial insults levelled at police are met with officers that are familiar with his reactions and engage in communication that brings him to a manageable state in most cases. Even though Cameron has spat at police or acted aggressively toward

them, officers have bought Cameron sandwiches and coffee on a number of occasions with their own money, as a gesture of compassion and a display of trust. Although many of Cameron's behaviours may technically meet the criminal definition of cause a disturbance, it is recognized that the justice system would only serve to criminalize his mental health issues.

After one recent call from the public of a person yelling profanities on a street corner, police attended and had a calm discussion with Cameron. Cameron confided 'I don't want to be meeting like this 2 or 3 times a day, the voice in my head is making me frustrated and I yell.' Cameron went on to say that medication does not help and that he does not know what to do. Of note, police have recognized a period absent of calls to police when they were on long-acting injectable antipsychotics (as self-identified by Cameron).

Through the many interactions with Cameron, police have utilized a measured demeanour to be their ally, even when racial aggression, threats of violence and erratic behavior toward police could justify a more coercive intervention. The police role in Cameron's life is to maintain a relationship that can assist in a time of acute crisis, with the hope that the mental health care system can get the support they require to effectively manage difficult patients like Cameron.

Conclusion

There have been discussions inside and outside of policing on how change is needed regarding the response to mental health crisis, including addictions, in our communities. It is clear that our mental health system needs the support to provide the service that is currently defaulted to the police. Many of the current police-healthcare initiatives are designed to support larger policing agencies, however this fragmented jurisdictional approach is not benefiting smaller cities such as White Rock. The current initiatives are also an interim solution awaiting a more robust healthcare led response.