IR30 MENTAL HEALTH & CRISIS RESPONSE IR30

Effective Date: 01 January 1996
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Contents

POLICY

1. Delta Police Department (Department) members engaging with a person in crisis, including a person believed to be experiencing an Agitated Medical Emergency (AME), or in relation to whom members are concerned about their mental health or substance use, are to:

   a) recognize the safety, dignity, and well-being of the individual;

   b) utilize de-escalation techniques, including Integrating Communication, Assessment & Tactics (ICAT) and/or Crisis Intervention De-escalation (CID), whenever reasonably appropriate based on the totality of circumstances (Policy IC10 – *Use of Force*);

   c) engage with community agencies and resources, where necessary; and

   d) utilize the *Mental Health Act* (MHA) to facilitate appropriate care for persons, where necessary.

2. Members are not expected to diagnose individuals, but to seek to recognize signs and symptoms of a person in crisis, including a person believed to be experiencing an AME, or a person with a mental health or substance use concern, and facilitate mental health or medical resources, where practicable.

3. The Chief Constable shall provide Procedures, pursuant to this Policy, for responding to persons in crisis, including a person believed to be experiencing an AME, or a person with a mental health or substance use concern.

REASON FOR POLICY

4. To seek to ensure members adhere to the MHA and respond to a person in crisis, including a person believed to be experiencing an AME, or person with a mental health or substance use concern in a manner that prioritizes the safety and well-being of the person.

RELATED POLICIES

CS10 – Unbiased Policing & Vulnerable Persons
IC10 – Use of Force
IC30 – Detention, Arrest & Post-Arrest Processing
IC40 – Transportation of Persons in Custody

DEFINITIONS

5. For the purposes of this Policy, the following definitions will apply:

Agitated Medical Emergency (AME): a person in crisis with severe agitation often presenting with several of the following indicators at the same time, which increases the risk for medical distress (i.e., metabolic and physiologic collapse) and may result in sudden or unexpected death:

a) tactile hyperthermia, i.e., hot to the touch;

b) exceptional endurance, i.e., not tiring despite intense physical exertion;

c) exceptional strength;

d) rapid breathing;

e) excessive sweating;

f) exceptional pain tolerance;

g) constant or near constant activity;

h) naked or inappropriately clothed (e.g., person is naked in cold weather);

i) lack of awareness of surroundings (e.g., presence of first responders); and

j) aggression toward inanimate objects (e.g., windows, glass).

The more indicators presented by the person in crisis, the more medically and operationally high risk the situation becomes.

De-escalation: integrated strategies, communications, resources, and tactics used to lower the intensity of a given situation, conflict, or crisis, aiming to lower the level or reduce the need to use force while ensuring the safety of the public and police.

Mental Health: a person's condition regarding their psychological and emotional well-being.

Person in Crisis: an event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental and/or behavioural response; indicators may include fear, aggression, memory loss, delusions, paranoia, depression, anxiety, or grandiosity.

Substance Use: the consumption of alcohol, cannabis, opioids or other drugs which may lead to harmful behaviour or effects.

PROCEDURES

Community Services Section

6. The Community Services Section is responsible for the following in relation to mental health and substance use:

a) supporting patrol by making resources and agency contacts available to all members;

b) developing and maintaining relationships with community agencies; and

c) developing initiatives to promote the wellbeing of the community and improve services to individuals.

Risk Assessment

Initial Response

7. When interacting with a person who is or appears to be in a crisis or in relation to whom the member has a concern about their mental health or substance use, the member shall:

a) conduct a risk-assessment for potentially dangerous behaviour (e.g., presence of a weapon, threats of harm to self or others, history of violence, lack of self-control of their body or emotions, substance use, volatility of the environment, aggression);

b) utilize de-escalation techniques, as practicable;

c) determine whether apprehension or specialized support services are appropriate; and

d) determine whether to contact a mental health or medical service provider, and do so if deemed appropriate.

Agitated Medical Emergency (AME)

8. Members are expected to be familiar with the indicators of an AME.

9. If a person in crisis is believed to be experiencing an AME, members must consider appropriate response strategies, including:

a) treating the situation as a medical emergency;

b) notifying their supervisor, who shall attend the scene; and

c) contacting the British Columbia Ambulance Service (BCAS), informing them that a person is experiencing an AME, and requesting immediate attendance.

10. If use of force is required, members shall, if feasible, use a coordinated multiple-member approach to establish physical control.

11. Members must be aware that prolonged struggle and exertion, multiple CEW applications, or complete immobilization may increase the risk for medical distress, and that pain compliance options may be ineffective.

12. Once control is established and the safety of other members and medical personnel is reasonably ensured, members shall position the person in such a manner so as to facilitate the most practicable position of comfort and support sufficient airflow, including, where feasible:

    a) avoiding pressure to the head, neck, and chest;

    b) ensuring the person's face is visible and is continuously monitored for any signs of distress or difficulty breathing;

    c) treating any verbalized or observed trouble breathing as a potential sign of medical distress; and

    d) transferring the person into the care of medical personnel as soon as practicable.

HealthIM

13. The member shall utilize the HealthIM application when responding to calls that indicate a person is in crisis or is experiencing a mental health related concern, which may include:

    a) prior to establishing contact with the person, reviewing any history of the individual, triggers, or relevant de-escalation techniques;

    b) utilizing the evaluation tool, i.e., completing a Brief Mental Health Screener, to aid in assessing the situation and risk of harm; and

    c) communicating with and obtaining information from hospitals or mental health agencies, where necessary.

Apprehension: Mental Health Act

14. If a person meets the conditions authorizing their apprehension pursuant to the MHA, the member shall escort the person or have the person transported to Surrey Memorial Hospital (or other designated facility) to be examined by a physician or nurse practitioner.

15. A member is authorized to and shall apprehend, and transport or escort a person in the following circumstances:

a) the person is the subject of a Medical Certificate (MHA, s. 22(6), Forms 4 & 4.1);

b) the member determines that the person is acting in a manner likely to endanger that person's safety or the safety of others, and appears to have a mental disorder, i.e., the person's ability to react appropriately to their environment or associate with others is impaired, and the person requires medical treatment (MHA, s. 28(1));

c) a judge or justice has issued a warrant (MHA, s. 28(5), Form 10); and

d) a person has left a designated facility without authorization and:

i) the director of the facility has issued a warrant to apprehend the person (MHA, s. 41(2), Form 21), or

ii) where no warrant exists, it is within 48 hours of the person leaving the facility (MHA, s. 41(6), Form 21).

16. Where none of the above circumstances apply, members shall not transport persons who wish to voluntarily seek hospitalization, except in exigent circumstances.

17. If apprehending a person under the MHA, the member shall complete a HealthIM report as soon as practicable.

Note: HealthIM scores shall not be used as the basis for apprehension.

18. If there is a medical concern that may require immediate medical attention, the apprehending member shall request BCAS attendance to assess the person and transport them to a facility in an ambulance, if necessary, in which case the member shall escort the person in the ambulance or follow in a police vehicle, as appropriate.

19. If apprehending and transporting a person to the hospital under the MHA, the member shall notify the hospital in advance of the person's transport using HealthIM, or, if the member believes the person may pose a risk to others, directly contact the hospital prior to arrival.

20. To the extent practicable, members shall advise of and facilitate the person's right to counsel, and document accordingly.

21. The hospital assumes responsibility of the person when examined by a physician or nurse practitioner, but the member shall remain until hospital security arrives, if deemed necessary.

Resources

22. Where a crime has not occurred and the member reasonably believes the person is not a danger to themselves or others, the member should consider providing the person with information regarding mental health or substance use resources and, where appropriate, liaise with the Mental Health Unit.

Documentation

23. For all files regarding an interaction with a person who appears to be in crisis or in relation to whom a member is concerned about their mental health or substance use, members shall, if applicable:

    a) mark it with a 'B' Study Flag ('Mental Health Related');

    b) refer the file to the Community Navigator using the designated PRIME template;

    c) indicate the relevant form for apprehensions under the MHA, to be subsequently added to the file by Department Support Servies; and

    d) indicate a HealthIM report was completed, to be subsequently added to the file by Department Support Services.

*Revised Dates:
01 May 2008
16 February 2012
07 November 2023