



**Canadian Mental  
Health Association**  
British Columbia  
*Mental health for all*

# Expanding and Improving the Crisis Care Continuum

## **Briefing for the Metro Vancouver Mayors' Committee**

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Jonny Morris, CEO, CMHA BC Division

*Email: [ceobc@cmha.bc.ca](mailto:ceobc@cmha.bc.ca) or Phone: 604.356.8409*

# Territorial Acknowledgment

Speaking from the unceded,  
ancestral, and traditional Coast Salish  
Territory of the Lekwungen and  
WSÁNEĆ nations and the chartered  
community of the Métis Nation of  
Greater Victoria

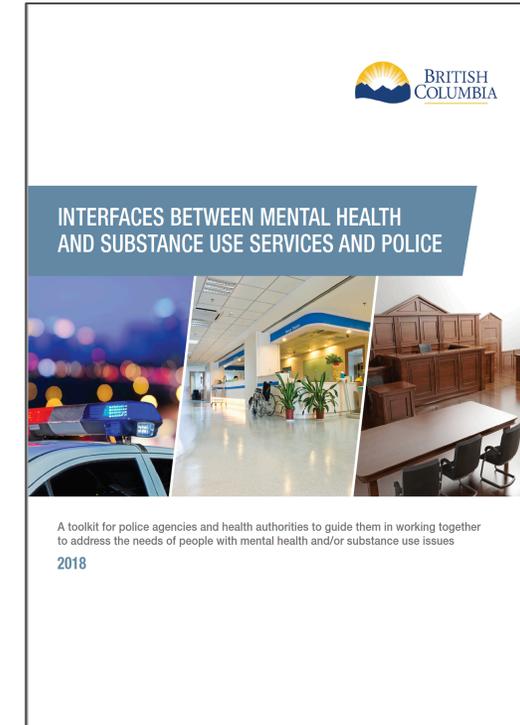
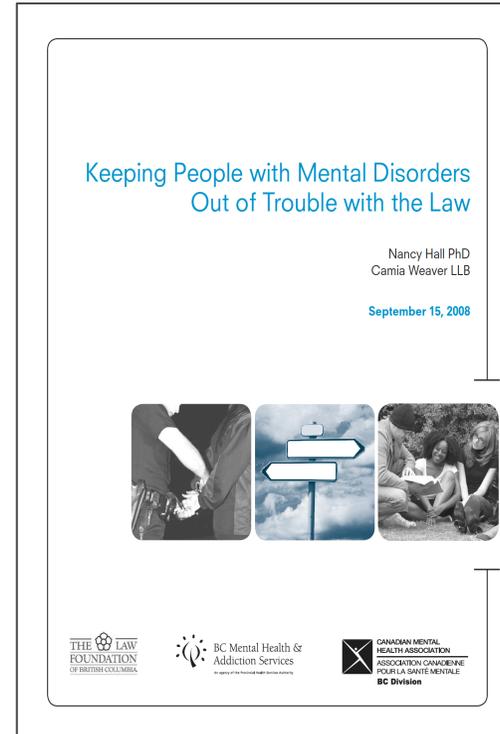
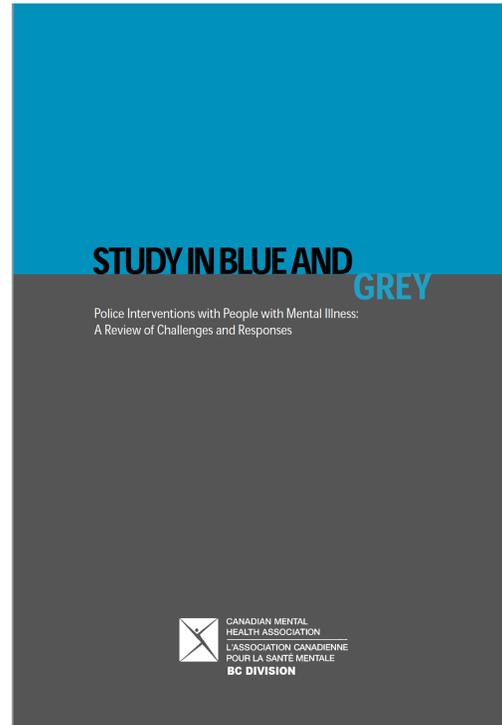
# Briefing Agenda

1. Orientation to the Canadian Mental Health Association BC Division
2. Issue Briefing – Mental Health Crisis Response
3. Potential Solutions – Expanding and Improving the Continuum of Crisis Care
4. Early Planning – North Shore Peer Assisted Crisis Team
5. Dialogue and Questions

# Canadian Mental Health Association

**CMHA** is an established national charitable organization that has been in BC since 1952.  
In BC, CMHA has a Division office and 14 local branches that serve over 100 communities.

**BC Division** has a 20 year+ history of systems-level advocacy focused on mental health, policing and the broader justice system.



# The Issue: Mental Health Crisis Response

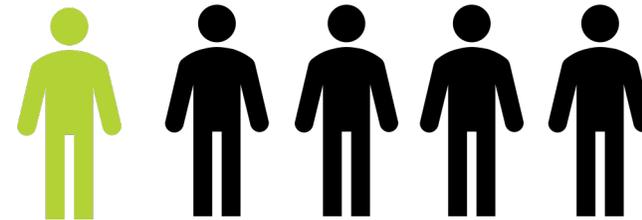
## According to a systematic study –

- **25%** of people with mental illness have histories of police arrest.
- **10%** of people have police involved in their pathway to mental health care
- **1 in 100** police encounters involve people with illness.

(Livingston, 2016).

In 2020, B.C. Ministry of Health reports that **1 in 5 interactions** with the police involve someone with a mental health or substance use disorder.

*20x the average rate of other jurisdictions*



# The Issue: Mental Health Crisis Response

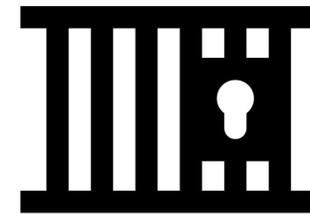


In BC, police officers are often the frontline responders to mental health crises.

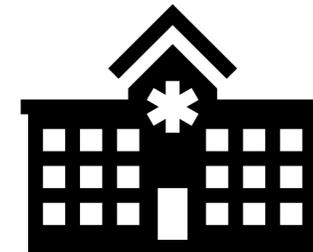


Due to the impacts of **existing legislation** and a **lack of voluntary health and social services**, people experiencing a crisis are often transported by police to one of two options. Neither is well-equipped to address the complex issues that lead to a mental health or substance use crisis.

**Criminal Justice System**



**Emergency Department**



# Exploring Solutions: Civilian-Led Mobile Crisis Teams

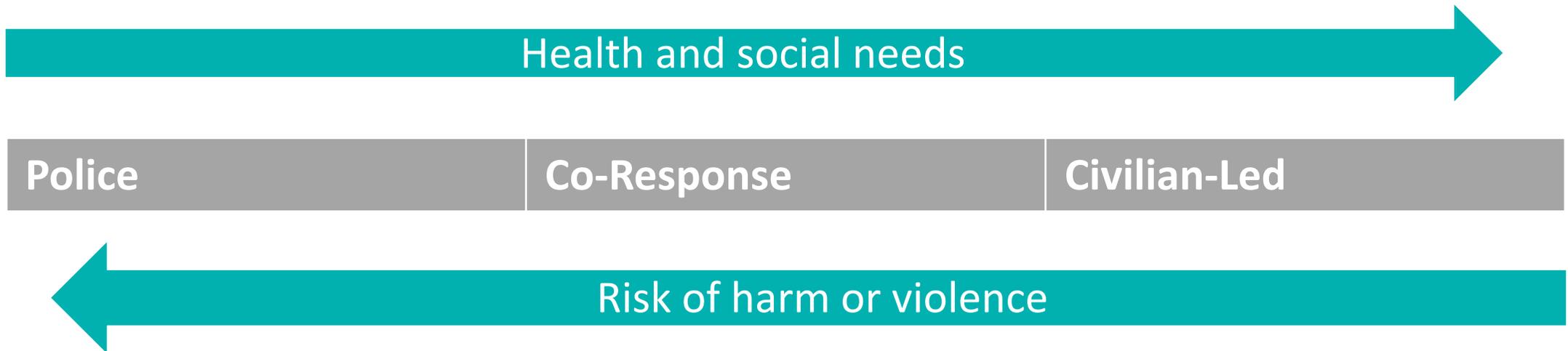
Teams composed of **mental health specialists** are integrated with police and health systems, and dispatched to crisis events to **de-escalate** the situation and **provide ongoing support** to the person to access voluntary health and social services.

## Key findings from other jurisdictions:

- ✓ **saves money**
- ✓ **frees up police resources** for re-allocation towards preventing and solving crime
- ✓ **reduces stigma** of mental illness and substance use
- ✓ **diverts** people from unnecessary use of hospital emergency rooms and interactions with the criminal justice system
- ✓ **maps** existing services and **improve navigation**

# Exploring Solutions: Civilian-Led Mobile Crisis Teams

The mobile crisis response teams **operate on a spectrum of services**, from a police only response to calls with significant risk of assault or violence to a civilian-led response to calls that pose no threat to others and require only a health or social intervention. **Strong partnerships between emergency service providers** are essential for successful operation.



# Exploring Solutions: BC crisis response continuum

**Mental Health Liaison Officers** respond to an individual in crisis, facilitate outreach assessments and manage risk.

**Car 87 / 88 / 67** pair a mental health nurse with a police officer in plain clothes to respond to mental health emergencies

**Ambulance**  
(unlikely if crisis event may necessitate involuntary mental health treatment.)

**Police**

**Co-Response**

**Civilian-Led**

**RCMP or municipal police officers**

**IMCRT** is comprised of plain-clothes police officers and child and youth healthcare providers who deliver services to individuals and families across the lifespan.

**Mobile Crisis Team**  
staffed by non-clinical mental health specialists

# Exploring Solutions: Ongoing Crisis Care Supports

Police	Co-Response		Civilian-Led		
<p><b>Mental Health Liaison Officers</b> monitor case managed individuals and support review panel and extended leave processes.</p>	<p><b>Assertive Outreach Team (AOT)</b> pairs a MHSU service provider with an officer in a police car to provide outreach services. Program focuses on short term stabilization and risk mitigation, compared to the long-term planning and intervention of ACT teams.</p>	<p><b>Assertive Community Treatment (ACT)</b> are mobile units that partner MHSU services in local health authorities with community partners, including police. Teams provide rehabilitation, healthcare assessment and treatment on an ongoing basis.</p>	<p><b>Community Outreach and Assertive Services Team (COAST)</b> combines social workers, nurses, psychiatrists, community support and peer support to assist people in moving towards recovery and facilitate independence.</p>	<p><b>Mobile Crisis Teams</b> staffed by non-clinical mental health specialists provide support and connection to a range of services such as housing, treatment, benefits, employment, etc.</p>	<p><b>Journey Recovery Hubs or Recovery Cafes</b> staffed by non-clinical and clinical mental health specialists to provide provide out-of-hours support to reduce immediate crisis and to safety plan for those living with mental health problems.</p>

# The Process: Community Planning

**ENGAGE** key stakeholders to determine community needs and corresponding operational requirements.

**CONVENE** a Community Planning Table comprised of local organizations, city councilors, police agencies, health services and people with lived/ living experience and their families.

**OPERATE** a model based on the input from the Community Planning Table and findings from stakeholder engagement

**EVALUATE** to assess impact on health and social outcomes e.g., # of police contacts, reduction in Section 28 apprehensions under the Mental Health Act and connection to voluntary community services.

# Early Action #1: North Shore PACT Planning

The Peer Assisted Crisis Team (PACT) is designed to respond to crisis calls related to mental health.

## Key Components:

- A Community Planning Table comprised of CMHA, independent City Councilors from the City and District of North Vancouver, North Shore Multicultural Society, representatives from North Vancouver RCMP Detachment, West Vancouver Police and Tsleil-Waututh Nation, and people with lived/living experience and family members.
- Planning / implementation funding partially funded by Vancouver Coastal Health and the Civil Forfeitures Office
- Intends to pair a mental health professional with a trained peer crisis responder to provide trauma-informed, culturally safe support to North Shore residents
- Intends to support families and keep people living with mental illness connected to their communities and voluntary services
- **Undergoing extensive community engagement and not currently operational**



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# Q/A and Discussion