



Saint Elizabeth

**INNOVATIVE SOLUTIONS IN DEALING WITH HIGH
RISK MENTAL HEALTH CRISES**

COAST PEEL...A COMMUNITY APPROARCH



HISTORY

- MENTAL HEALTH & JUSTICE STRATEGY
- IDENTIFIED A GAP IN THE MH SYSTEM TO SERVICE INDIVIDUALS IN NON- EMERGENCY MH CRISES
- WORK GROUP ESTABLISHED TO ADDRESS THE ISSUE
- UNDERTOOK FOLLOWING ACTIVITIES:
 - ✓ Interviewed stakeholders
 - ✓ Held focus groups
 - ✓ Reviewed current crisis call process
 - ✓ Visited MH&J police/crisis models in operation in Vancouver, Chatham/Kent (Memphis Model), COAST Hamilton, MCIT Toronto (St. Mike's), 310-COPE MHST
 - ✓ Environmental scan of other models through Internet searches, articles and reports, books, and telephone interviews
 - ✓ Consumer and family input
- MODEL OF OPERATION ADOPTED AND PARTNERSHIP DEVELOPED TO IMPLEMENT



CRISIS INTERVENTION TEAM (CIT)

Crisis Intervention Team training is a program developed in the United States to help police first responders to react appropriately to situations involving mental illness or developmental disability.

The training is gaining popularity internationally and being implemented in countries like Canada, England, New Zealand, and Australia.

This movement gave impetus to other police/mental health partnerships to reduce unnecessary incarceration, provide appropriate mental health response and ensure a system of services that is friendly to the individuals with mental illness, their family members, and the police officers.



By definition, a COAST team:

- Is based in the community
- Seen as a community program (not working out of a police station or hospital ER)
- Operates with a team consisting of a regulated health professional and a plain-clothes police officer who have expertise in dealing with mental health crises.
- Responds to calls in an unmarked police vehicle.



COAST PHILOSOPHY Based on the Belief:

- That the provision of prompt assessment and intervention for individuals who are experiencing a psychiatric crisis in the community is essential to ensure a safe level of physical and psychological well-being for those individuals as well as the community at large.
- That prompt intervention promotes safety and support for both the individuals in the crisis and others in the community.
- That the crisis treatment begins in the community and enhances the effectiveness of subsequent treatment and facilitates the individual's involvement with the service provided and thus reduces the use of institutional care.



ESSENTIAL ELEMENTS OF COAST

- Mental Health program is the lead for the service delivery
- High value on Police/Mental Health partnership - Police and mental health liaison champions essential
- Designated officers assigned to the program for extended period of time with MH&A experience/training
- Has access to police reports
- Works collaboratively toward a more consistent sensitive approach by police to mental health crises
- The COAST model is only as good as the services around it – coordination & collaboration key



MORE ESSENTIAL ELEMENTS

- Target Population are clients that are complex, unable to use traditional crisis service – many are those who fall through the cracks of the system
- Client is seen in the environment of choice
- Follow-up support for client and family/caregiver
- COAST team can provide consultation to officers on the street /on scene when necessary
- Continual orientation/presentations to the community on how to use the service
- Basic concepts of the COAST model is the same in each community but differ depending on resources, agency policies, involvement and support of Police Service and culture of the community

COAST PEEL



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PARTNERSHIP:



CANADIAN MENTAL
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE



PARTNERSHIP

PEEL REGIONAL POLICE (PRP)

- 2 POLICE OFFICERS DAILY FOR THE TEAM
- CRISIS INTERVENTION TRAINING FOR PEEL POLICE OFFICERS (% OF OFFICERS TRAINED)

• SAINT ELIZABETH – PEEL CRISIS SERVICES (PCS)

- OPERATIONS EMBEDDED IN PCS
- 2 CRISIS INTERVENTION SPECIALIST DAILY FOR THE TEAM (REGULATED HEALTH PROFESSIONAL)
- COAST COORDINATORS – CRISIS WORKERS TRIAGE, PRIORITIZE & ORGANIZE CALLS & FOLLOW UP
- BACK-UP SUPPORT FROM MOBILE CRISIS OF PEEL (MCOP)

• CANADIAN MENTAL HEALTH ASSOCIATION (CMHA) – PEEL BRANCH

- TRANSFER AGENT FOR FUNDING
- CIT TRAINING IN COLLABORATION WITH PRP



GOAL – COAST PEEL

To provide a compassionate response and prompt **crisis intervention and management support** to individuals dealing with a mental health crisis as well as to their families/friends



Principles of COAST- PEEL

A Crisis Intervention Specialist (regulated MH professional) and a non-uniformed police officer response to individuals whose mental health crises place them in a non-emergency high risk condition.



**Exclusive training for
front line police officers**



**Unmarked car
No siren**



COAST PEEL

Serves individuals 16 years of age or older in a mental health crisis and/or the family, caregivers and collateral supports of that individual who require assistance in safely resolving the crisis situation

- And, who are at risk of being involved, are involved or have been involved with the criminal justice system.
- And who reside or require support within Peel Region.
- And where the potential to intervene, to conduct a mental health assessment, and to develop a safety plan reduces safety concerns, the risk of criminalization and further involvement in the criminal justice system



UNIQUE ELEMENTS OF COAST PEEL

- EMBEDDED IN EXISTING COMMUNITY CRISIS RESPONSE PROGRAM – 24 HR SERVICE
- ABILITY TO TRIAGE REFERRAL AND DETERMINE BEST POSSIBLE CRISIS RESPONSE
- ACCESS TO FOLLOW-UP SERVICES – CRISIS MANAGEMENT SUPPORT
- ALLOWS TIME TO WORK WITH CLIENT AND/OR FAMILY TO STABILIZE THE CRISIS SITUATION AFTER INITIAL VISIT
- SPECIALIZED SENIOR CRISIS MANAGEMENT SERVICES/INITIATING PEER SUPPORT
- LONG ESTABLISHED PARTNERSHIPS WITH MH&A COMMUNITY & HOSPITALS



WHO CALLS?

Self-Referral
Family/Caregivers
Neighbors
Community
Agencies
Hospitals

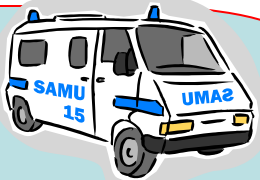
Police
Radio / Dispatcher



- Answer the phone
- Telephone assessment
- Risk Assessment
- Triage the Crisis



TRIAGE OF CRISIS CALLS

Emergency 911 

- Assessment
- Deescalate
- Safety plan
- Referrals

 Offer Mobile Visit by MCOP

Offer visit by COAST PEEL  



COAST PEEL CALL

» **ASSESSMENT** – Risk/Safety/Clinical/Legal

• **DEESCALATION**

» **SAFETY PLANNING**

• **OUTCOME DECISION:**

- o Hospital
- o Safe bed
- o Diversion from jail
- o Crisis Plan
- o Follow up support coordinated with MCOP
- o Crisis Management Support



» **CRISIS STABILIZATION**



ROLES/RESPONSIBILITY

- Police partner assesses the safety of the location and situation.
- Crisis Intervention Specialist (CIS)
 - evaluates the crisis situation working toward further de-escalation
 - identifies client needs
 - completes a mental health assessment when needed.
- Collateral information gathered through interviews with family or others available
- A safety/crisis management plan developed involving all necessary parties.
- Team determines the necessary follow-up support required.



ROLES/RESPONSIBILITIES - 2

- Uniformed police officers generally serve forms according to MH Act. The COAST Peel team can function in a consultative capacity or support role for family where assistance is requested.
- The COAST Peel team is available in any mental health and addiction related call to any uniformed police for consultation
- Each partner agency values the on-going education and training of staff and managers. Partners train together where practical to share a common understanding of their role, to enhance their skills in providing crisis intervention services, and to be an effective advocate for the mental health consumer in the criminal justice system.



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THE WORK OF COAST PEEL

COAST PEEL...

MAKING A DIFFERENCE



CONSIDERATIONS OF DEVELOPING A POLICE-CRISIS PARTNERSHIP

- ASSESS AND UNDERSTAND YOUR COMMUNITY NEEDS, ESPECIALLY CONSUMERS & FAMILIES
- RESEARCH MODELS OF SERVICE – USE WHAT HAS ALREADY BEEN DONE
- INCORPORATE THOSE ELEMENTS THAT BEST MEETS COMMUNITY NEEDS
- DEVELOP CHAMPIONS WITHIN MH&A ORGANIZATIONS/MH&J SERVICES, AND POLICE SERVICES
- TAKE ADVANTAGE OF LESSONS LEARNED FROM OTHER POLICE-CRISIS TEAMS
- BE PREPARED FOR DEALING WITH THE “RED TAPE” AND DELAYS
- DEVELOP TEAM VALUE OF RESPECTING EACH OTHERS SKILLS, DIFFERENCES IN CULTURE AND REFLECTIVE PRACTICE



POLICE-CRISIS MODELS

[http://www.pmhl.ca/webpages/reports/CANADIAN
%20CRISIS%20RESPONSE.pdf](http://www.pmhl.ca/webpages/reports/CANADIAN%20CRISIS%20RESPONSE.pdf)



THOUGHT FOR THE DAY

“In a confrontation, as long as the subject is “talking” and not “doing”, then there is no true danger. There is only true emotion.”

Edward Lewis



COMMUNICATION TIPS

Ask only one question or give only one command at a time.

The presence of police have different meanings to individuals. Stating that you are there to help can clarify the situation.

Use simple, direct statements

Use a moderate tone and rate of speech. This gives the impression you have things under control and are able to help

Be honest and sincere

Observe social distance



COMMUNICATION TIPS - 2

Indicate a willingness to understand and help

If the person's responses are making much sense, try to get them to talk about how they are feeling emotionally. This can help you know if the person feels fearful or safe.

If the individual's level of functioning is low, find out who checks up on them. Ask if they have a social worker, case manager, a friend or relative that they go to when they need help

Keep your body language open and try to maintain eye contact –be aware of cultural norms on this aspect



COMMUNICATION TIPS -3

Acknowledge that you see the person is upset (angry, sad, etc) and encourage them to talk about what their feelings are – show understanding

Find out and get permission to use the person's first name. This can build rapport and can be a powerful tool when used properly. Be aware that some elders may see the use of Mr/Mrs as more respectful

If an individual mentions something that has no meaning to you or that you do not understand, ask questions about it. Often people will make mention of things that they are uncomfortable bringing up, but would really like to talk about

When faced with abuse, consciously respond more slowly – wait a few seconds before saying anything and speak more slowly



COMMUNICATION TIPS - 4

Be aware of your tone of voice – a condescending or caustic tone can spark an unwanted reaction

Be aware of body language – slow your body movements down – relaxed image

Use “I” statements

Use the volume of your voice as a tool to calm a situation – speaking softly can not only calm a person but may force the individual to listen

Use softening words



POSITIVE ACTIONS

Use common sense – follow instinct and intuition

Detect danger signals

Start defusing immediately – don't wait until the situation gets out of hand

Keep everyone feeling safe – open door, escape route, be closest to exit, assess environment

Promote privacy

Announce actions before initiating them



POSITIVE ACTIONS - 2

Decrease environmental stimuli by

- minimizing the presence of others (unless requested by individual)
- turning down any loud music
- minimizing distractions

Recognize that a person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (“voices”) or the environment

Recognize and acknowledge that a person’s delusional or hallucinatory experience is real to him or her

Help person feel they have choices, options and control



POSITIVE ACTIONS - 3

Attempt to meet as many of individual's reasonable requests or demands as possible

Follow through with promises.

Gain confidence by forewarning that certain things may take place – *You have been very straightforward with me and I am going to be straightforward with you. You are going to have to be handcuffed when you ride in the car”*

Always treat with respect no matter what the response may be



POSITIVE ACTIONS - 4

Be knowledgeable of telltale signs of escalating tension – defiant attitude/challenging demeanor, aggressive motions, increase/decrease in voice volume, unusual demands, fist clenching, tightening of jaws, deep sighs, rapid pacing

Put into practice tactics that reduce anger – providing answers, direction or resources, delay, distraction, time out /use of relaxation techniques, incompatible response, change of response, assign a task

Use self-talk if you find yourself responding to challenging/abusive behavior – take yourself out of the equation

Understand that a rational discussion may not take place



THE DO'S

Do ask opinions: *In what way do you feel we may be of service to you?
How would you like to see the situation resolved?*

Do provide reassurance while setting limits and identifying behavioural expectations in a kind manner

Do assume that the individual has a real concern and that she or he is understandably upset

Do recognize and acknowledge the individual's right to her or his feelings



THE DO'S - 2

Do remember that body positioning can trigger fears/flashbacks in a person – be aware of their responses – ask what helps them to feel safe and attempt to meet as much as possible

Do allow individual to have sense of control –make it seem less like you are giving a command and more like you are asking them for a favor

Do allow and encourage time for individual to calm down – ask what helps them to calm down or has helped them to calm down in the past



THE DO NOT'S

Don't move suddenly, give rapid orders or shout

Don't make hasty decisions – take the time needed to get all the information and to form a plan

Don't threaten or demand obedience

Don't touch (unless necessary to safety)

Don't argue about the facts of the situation

Don't challenge delusional or hallucinatory statements



THE DO NOT'S - 2

Don't mislead the person to believe that you think or feel the way the person does

Don't tell the individual that he/she has no reason to be angry/sad etc

Don't offer placating responses such as *"Everything will be OK"* or *"You're not the only one."*

Don't make promises you can't keep

Never challenge or call his/her bluff



THE DO NOT'S - 3

Never criticize

Never laugh at the individual

Don't personalize the person's anger

Don't analyze or interpret the person's motivation

Don't hover over an individual or corner an individual



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