

Police Mobile Crisis Services: A Comparative Approach to Evaluation

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Research Team & Advisory Group

- Research team:
 - Cheryl Forchuk RN PhD
 - Elisabeth Jensen RN PhD
 - Mary-Lou Martin RN MEd MScN
 - Rick Csiernik PhD RSW
- Advisory Group:
 - Barbara Bell, RN
 - Lisa Bishop RN
 - Terry McGurk RN
 - Sergeant Jim Biskey
 - Constable Brent Milne
 - Heather Atyeo, RN BScN

Overview

- To better understand complexity of issues surrounding interactions between Police and individuals with mental health illness
- An evaluation of crisis services, job shadowing of police and crisis workers were conducted in three Ontario communities
- Case Study of 3 Models:
 - COAST (Crisis Outreach & Support Team) Program: Hamilton
 - CAST (Crisis Assessment and Support Team): Haldimand-Norfolk
 - HELP Team: Chatham-Kent



Themes from Focus Groups

- All communities value their psychiatric crises services
- The lack of public transportation is a major barrier in rural communities, which increases the need for outreach services
- Consumers and family members want immediate help when in crisis. They become very frustrated if their call goes to an answering machine. Yet, crisis programs all have peak periods where they cannot handle volume
- Easy access to psychiatric beds essential for crises programs
- Consumers want access to peer support as part of crisis care
- Crises requires inter-agency collaboration



Differences in Approaches

- Outreach vs intake – relationship to transportation concerns
- Access to beds
- Rural urban differences call for differences related to specialization vs generalists
- Issues: domestic violence, addictions, seniors

Similarity in processes

- Adapting to missing pieces – analogy of jello mould
- Human resources – difficulty in staffing for crises, issues for crisis lines and outreach work
- Skills required

Importance of Collaboration

- Crises requires inter-agency collaboration
- *Between police and mental health*
- *Between community agencies and crises services*
- *Between crises services and ER*

Recommendations

1. Crisis programs require the capacity of mobility, particularly in rural areas.
2. A system for easier access to psychiatric beds is required such as a regional and provincial roster system.
3. All police officers require extensive training and education on mental health matters, including addictions.
4. A regional back-up system for crisis calls needs to be established
5. Local communities should regularly evaluate the types of crisis situations encountered to identify existing gaps in psychiatric services that need to be filled.
6. Crisis programs require staff that are educated and experienced to handle the full range of psychiatric crises including suicidal behaviour, adolescent issues, family violence, psychogeriatrics and addiction issues.





Questions?





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For further information or inquires, please contact: Dr. Forchuk at cforchuk@uwo.ca