



Family Survey: Police/Mental Health Calls

BC Schizophrenia Society, October 2019

Opening Remarks:

The overall goal of this informal survey was to broaden our understanding of what families experience when they reach out to emergency services for a loved one in mental health crisis and police become involved. Questions were sent through the BC Schizophrenia Society family network, Consumer Family E-List, Parents Forever, and Pathways Serious Mental Illness Society. The survey was 'open' from July 15 and August 31, 2020, resulting in approximately 50 family respondents from 12 police jurisdictions throughout British Columbia. The survey was then sent to all BCSS Educators, asking whether or not their experiences resonated with the survey results. Italics represent quotes from family and staff statements.

I would like to say a personal note of gratitude to all the families who responded. For some, they have "been down this road before", sharing their experiences, begging for change, without result. Yet, they still believe positive change is possible and want to support it. For most, they have walked a hard road with their loved one for many, many years and are now so knowledgeable about what works – and where we've failed – that their stories are filled with wisdom and insight that is invaluable. For others, families who shared stories of their loved one's suicide or death by overdose, this journey has left them with the ultimate loss and an enduring grief. To believe the death of their loved one might have been prevented if our response to mental health and addiction was more appropriate – and earlier – have been the most difficult stories gathered in this survey to learn.

The families who participated hope their experiences contribute in a meaningful way to improving the response and treatment of their loved ones and those like them. Conversations currently underway between mental health and addiction service providers, information and emergency services, and government, who are collaborating to make positive changes to how we respond to individuals suffering from mental illness, will hopefully be enhanced by these family voices.

Overall View of Police/MH Response:

The majority of families indicated that their experiences with police and a mental health worker was positive, however families who described negative encounters also stated they continue to feel the traumatic effect, even after a long period of time. A significant number of respondents indicated that a mental health professional did not accompany police; in some cases they were unavailable and in others police/mental health teams do not exist in their community.

Family Experiences...

- *I called for police/MH Car 88, three or four of the times but it was only available one time. The other times car 87/88 was not able to respond because of busyness with other calls. I was told the wait would be many hours and I didn't think it wise to wait that long. [Two] VPD police responded instead within a shorter time frame. I remember one call in particular when my son was very afraid and one of the young police officers who responded was very good with my son, kneeled down and talked to my son with a calm*

manner and voice (did not tower over him or use any abrupt intimidating moves). I was very grateful to that officer. I think there was one time (the first time) that my son was handcuffed when he was put into the police car because I remember my son telling me that it was horrible to be handcuffed. When the need arises for help, the situation is usually a very stressful one.

- *I have often had to wait days to get help. I have been told it was because there were not enough police/MH car response people to meet the demand of help needed. The long wait has always added to severity of the situation... I have never been able to communicate directly with Car 87.*
- *On one occasion, the mental health mobile unit was unavailable and police attended. Attending police had to break down a door to get up onto the roof where [our son] was as a result of a psychotic episode. This family has also experienced a plain-clothes officer who may have been accompanied by a MH nurse, but they're not sure. "Plain clothes is definitely better" as their son is less agitated. "I couldn't have convinced him to go to hospital without their help."*
- *My daughter was 14 when she started experiencing instances of mania. Because I had not previously had any exposure to mental illness in my family, I did not know where to turn when she started behaving erratically and angrily. The first time the police attended she had threatened a family in a local park... [Police took] her to the hospital. She was there for 8 days and diagnosed with Bipolar.*
- *Over the last decade, my daughter has been on many different medications (& combinations of meds too) and has been mostly stable for years. She has lived on her own and worked in Victoria for three years and I speak with her every few days. Life has been challenging for her and the worst of it was when she was first diagnosed and just learning what the illness was about and how to manage it. I think the worst of those times were the interactions she had with the police.*
- *My only complaint was that on a couple of occasions I called and requested a car 86/7 [for a youth in crisis] and none were available.*
- *I had a variety of [police] responses, many really good, but some also frustrating. It was not necessarily anyone's fault but a problem of the laws that are in place and the inability to protect a young adult (23 years old at the time) who was unable to make good choices for herself due to not only a substance use disorder but also likely mental health elements... as a parent it is frustrating to not be able to do anything to protect your child when they clearly cannot take care of themselves.*
- *My sister... during a crisis, she called the crisis line, four male police officers arrived at her place. She said that they were very nice, brought her to the hospital, stayed with her for a bit, until she spoke with a social worker. My sister found it a bit overwhelming*

having four police officers arrive at her door, all male. Usually, I guess depending on availability.... If a healthcare worker is not available, police officers respond to crisis line calls?

- *My grandson got lost one evening while attempting to visit my sister at her co-op on Granville Is. He got confused with all the townhouses that look the same, and he couldn't find his way to [his great aunt's] residence. He knocked on someone's door, and he asked if they knew where [she] lived. He had found her place in daylight, but in the dark he was totally lost. The neighbour told him she knew his aunt and would call her. Instead she called the police while he waited outside. When the police arrived my sister could not be reached by phone, so they called me. The officer said he would drive my grandson home. As they were questioning my grandson in the police cruiser, he appeared to be exhibiting some strange behaviours. So instead of bringing him home to me, they took him to VGH mental health ward. My grandson's hospital stay was not a pleasant experience, but the officers who transported him there were kind and empathetic.*
- *We need more MH workers so that police do not have to respond to these types of calls. MH often are not available, police always respond but a trained MH officer is not always on duty to help. [There's a] lack of 24 hour coverage and insufficient funding for MH workers.*
- *I had accompanied my grandson to the Access and Assessment Center, and while we were there he had a psychotic episode. The psychiatrist in attendance wanted to transfer him to a psych ward, but he was very resistant to be hospitalized again. They agreed to allow me to take him home, but they had CAR 87 come to our residence the following day to check on him. They were with us for about an hour. My grandson appeared stable during their interview. Three people showed up together: a police officer, a nurse, and I believe the other person was a social worker. He was not hospitalized at that time. All three people from CAR 87 listened attentively, and were very respectful.*
- *I was told Car 87/88 has limited hours and needs to be pre-booked, so useless for a crisis. I suppose we are lucky that my daughter is a young, obviously middle class, white woman. I can't imagine what the response would have been had she been male or a visible minority living in poverty. Because of this safety risk, I can assure you a call to 911 for mental health crisis is not an option anyone in our family would ever consider again.*
- *We did call car 87 a couple of times in the last 8 1/2 years [for our son]. Things we like about car 87: it has a psychiatrist nurse that knows how to deal with someone dealing with psychosis; the officer is not wearing a police uniform (less scary for the client); they welcome family information. Things that did not work for us: they have a daily set schedule to visit and when the person is not at home, they will try again next day; there are not enough cars to serve Vancouver; it can take a long time for them to come. One time, [when our son was experiencing psychosis] we waited for the car for three hours*

and, by the time they got to my place, my son had left and he ended up running away to Calgary.

- *Both the policemen and the mental health worker responded in a calm and professional way. Family spoke to both MH worker and police. The police were gentle with [our son]. Showing understanding to the family. [We] called the mental health emergency response directly. The lady on the phone sent in the police team and a nurse. The mental health response could handle the phone call better. Too many unnecessary questions asked. Not quite sensitive and some questions did not make sense. ...All I heard was the noises of [my son] struggling with his dad. That was quite dangerous. Yet the lady kept asking me questions of what he was doing and if I felt safe. My concern was not if I was safe... The reason for the call was for him to get treatment.*
- *In our family my older son is bipolar. After ten years of usage, the medications were no longer effective. Paranoia was rampant. And he himself reported suspicious activities to the police. Several RCMP officers came to the house. My younger son was able to inform the officers of the situation before entering the premises. The officers were kind, listened and left. During this time, we were taking our son to [the ER] to have his medications adjusted. His condition worsened and he went into psychosis. His behaviour was becoming more bazaar. Again RCMP were called. This time they took him to [the ER]. And once again he was released with ineffective treatment. The next time we called the RCMP they declined to assist us in getting my son back to the hospital.*
- *I have only wonderful memories of the time Car 87 arrived at our home after our then 16-year-old, very ill and angry daughter began assaulting me with her very heavy boots... My husband was at work, I yelled to our then 13-year-old son to call the police and Car 87 arrived. Two looming men, one a police officer, the other a social worker, I believe, with a vest under his shirt. But they were calm, soft-spoken and obviously there to assist. Once they determined that our daughter – whom our son had indicated to police had schizophrenia – was calm, they drew our son aside to speak to him. I will never forget that interaction as the poor, confused kid (who adored his older sister but had no idea why she was acting so strangely) listened to an officer tell him he'd done the right thing, and everything was going to be OK. Our daughter was hospitalized later that same year – one of 10 consecutive hospitalizations... We definitely owe a huge “thank-you” to Car 87... Really wish there were many, many more Car 87's!*
- *I have a daughter who has [a mental illness] with a brain-based injury. I have had to call the police a few times in the past...[a Police/Mental Health Car] is a much needed service as my encounters with the police regarding my daughter have been to say the least not very helpful at all.*
- *The only situation they would give [our son] treatment, according to the law, is [if] the patient either harms himself or another person. It was so hard to manage the situation. My husband tried to hold onto the situation outside the room and I was in the room calling to get help. I wish the lady could get the police in earlier. Once the police knocked at the door and came in, my son calmed down. Of course, he was shaking... [but*

his behaviour wasn't enough for them to take him to hospital, which is what we wanted so much for him.]

- *There is no [police/MH response] service in our area. Recently my neighbour had a mental health breakdown. The police were called once four times in one day and probably ten times in two weeks. They banged her door in because she threatened to kill herself. She took off into the ravine in her underwear. They still did not make her go to the hospital under the mental health act. When someone threatens to kill themselves they are supposed to intervene. The experience was very negative.*
- *When our family member disappeared from the hospital or mental health homes, it became our problem. There was no help from Mental Health. The police were wonderful... They helped us help and locate our family member and dealt with him with kindness, tenderness and understanding. The police appeared to go over and beyond. We are forever grateful.*
- *[Our son, who has psychosis and substance use, was] committed to the Mental Health ward of the HOpe Centre North Vancouver... Police attend and "home assessed" then Sec 28. Only once were the police accompanied by a psychiatric nurse. In all cases of committal, my son was handcuffed. However, making a global statement here, I have to say that we have had incredible good fortune in terms of our encounters with the police. In ALL cases, the officers were knowledgeable, caring, and harm-reduction trained... Please let me make the point that my experience has made me a champion of dealing with mental health/substance use patients in a humane, non-criminal harm-reduction focused way. And preferably as part of a rapid action response type mobile service that also includes a psychiatric nurse. This, in my view, should be the standing method of response—except for exceptionally dangerous situations. In all cases officers were knowledgeable, caring, and harm-reduction trained.*
- *My husband and I had an experience of reaching out to get assistance [for] our 26-year-old son... [who] has shown a variety of prodromal symptoms which he has some awareness of but is mostly lacking insight into... He doesn't have a regular MH team but we have sought help at AAC on more than one occasion to no avail, as well as the Granville Youth Clinic with some degree of success... On the occasion where we sought help...our son began yelling and banging on the walls & ceiling then we heard what sounded like smashing of glass and/or items. He didn't respond when I asked through a closed door if he was okay, so my husband and I vacated the apartment and I called the non emergency number of Port Moody Police. They suggested I call 911 if we were in danger. I then tried the Mental Health Crisis line 604-951-8855 and spoke at length with someone there but that volunteer had no advice on who to call or how to proceed - but was supportive of how I felt (afraid and distraught). I then called the nurse on-call ACT team in Tricities Mental Health and left a voicemail saying it was urgent. I called three times but it went to two different nurse's voicemail. After 20 minutes I gave up and called 911. [Two officers arrived.] I wanted them to take our son to be assessed under*

the MH act but they explained if he was a risk to himself or others they would. The first officer gave us confidence and reassurance by his demeanour and attitude so we were very pleased. He took the lead and entered the apartment and my son came out of his room and spoke to the officers in front of us in the living room. It was an excellent interaction, he engaged our son and saw that he was distraught but as he posed no immediate threat [the officer] mediated an action plan. Our son agreed to go to AAC in Vancouver on his own later. The officer was stern and kind and when my son got lippy he said he could arrest him if he wanted to be uncooperative. The situation escalated then deescalated right before our eyes so we were very grateful... We felt this situation was handled VERY successfully by this officer... Although this resolved well, our preference would have been to have a MH professional and a police team. We were told there is no such service by both Tricities MH and the MH crisis phone line. We later learned that Surrey has a unit available. Again it seems that there is a lack of knowledge of services and it certainly isn't known to the public either. At minimum, all the Fraser Health mental health should know about these services, particularly if they are acute, and emergency mental health providers.

- *I have had to call the RCMP in regards to my son who has an undiagnosed (to my knowledge) mental illness... I had very good support and service when I needed him brought into the hospital after he was delusional and physical with me. Sadly, it was the hospital that didn't keep him in and with his doctor not available, I suppose they didn't know the seriousness of his condition. One week later my son's doctor returned from vacation, read the report and had the RCMP bring him back to the hospital, which resulted in my son getting treatment and put on medication.*
- *I am a supporter of the Car 87 concept but in all the times I have called for help with [my daughter], I have never had a combined team response. I have received quality police response and they have advised me to press charges and seek a no contact order, which has sent my family member further down the functioning spectrum. She is now completely addicted to crystal meth and living on the streets at Main and Hastings. The most recent call to police by her case manager to take her to hospital with a completed Form 21 awaiting, the police said they had no choice but to take her to jail due to the no contact order which I had sought to change. The Crown Counsel told me that the police did have a choice the next day when my family member was transferred to hospital. The trip to jail made her so angry at me that she refused all help and insisted on being allowed to return to her friends at Main and Hastings and Strathcona Park. She was discharged by the hospital five days later as she was non compliant.*
- *Overall positive. [Recent situation was] disconcerting... as there was no psych nurse present and a supervisor also came, who seemed to need to question [us until we] stumbled upon the 'correct' response... He intimated that they might not commit our son if [we] didn't answer correctly. This occurred even though the desk person at the HOpe Centre at Lions Gate Hospital had already advised [us] to phone the police to bring in our son - AND that my son was still on extended leave from the mental health ward there. On the other hand, [we] strongly commended the two young police officers who first*

arrived on the scene in terms of their skilled and professional—and caring—interaction with our son. He responded to them very positively and no aggressive behaviour occurred.

- *About five years ago, when my sister was delusional, she called 911 to complain [about our neighbour/something that was not happening]. We did not know what my sister said over the phone and only found out that she called when two policemen and one policewoman showed up at the front gate of the building. ... When my sister was not in sight, I explained to the police that my sister was delusional and asked them if they would take her to the hospital. They gently explained that they could not. They met my sister briefly and checked the neighbour to confirm that everything was alright, then left. At the time, I was still quite ignorant about psychosis and I was disappointed that they did not take my sister to get psychiatric help. However, they seemed to be very understanding and gentle throughout the encounter. It took another year before my sister agreed to go to AAC with me and started her recovery journey.*

- *It was our health care system that let us down and contributed to [my son's] death. For this family, their son was in kindergarten when a psychologist assessed him as likely having ADHD. Before grade 3, the diagnosis was Asperger's. Therapy seemed to help, however by age 10 his first thoughts of suicide emerged. Difficult teenage years included struggles with social anxiety, depression and the beginning of psychotic episodes; suicidal thoughts and attempts. His complex symptoms made a definitive diagnosis very difficult. The VCH Tertiary Care facility was a strong hoped for goal, however after a lengthy application process, he was denied access to this facility. Family was never told why: *We were never told why and when I asked about other supports (Supportive housing, other tertiary care, ACT teams, etc.) I was told there was nothing.* Police became involved after he repeatedly called the suicide hot line – and they brought him to hospital. He stayed in hospital a few weeks; was released with only one days worth of medication, however his follow-up appointment was two weeks later. This appointment was also with a new MH team. A few months later, he attempted suicide again and was again taken to the ER by police. The ER physician wrote on the involuntary admission certificate that he was actively suicidal and “*will kill himself if he is discharged.*” Despite this, and the parent's pleas to keep him in hospital, the VCH Psychiatric Assessment Unit discharged him a few days later. A few days after that, his mom found him in a coma from anxiety medication overdose. Tragically, he did not recover from this and died 25 days later.*

- *My only thoughts are that we are all at the mercy of the medical profession. As a family, we needed an advocate to help us get [our son] help. It took us over six months to get him certified. The RCMP are not trained to assess the degree of mental illness either. It seems to me that the family, the patient and society is floundering. A better initial assessment by a trained advocate may have got my son the assistance needed sooner.*

- *The addiction centre on Broadway made a huge difference. I really think that if we could get people into addiction maintenance earlier, it would really lower the numbers of deaths.*
- *We always spoke with the police, never the MH worker when we called 911. Our experience with mental health system always started in the hospital...*

Families that were included in conversations and information sharing – either by attending police, hospital staff, or MH team follow up – all expressed their gratitude and described outcomes that were much more positive when there was open communication, and the negative impact when there was not. Some examples:

- *A brother, whose sister struggles with serious mental illness, has had multiple encounters with Care 87. One example: *The experience was good because [the MH nurse] called to tell me in advance what their plans were (to check up on my sister). They then gave me an update after they picked her up for an assessment. This pro-active update lead to a good outcome. The interaction was brief, but good because they attempted to inform me about my sister’s situation and what their next steps would be. I felt confident because there was a MH worker who is trained in mental health issues. In other instances, when there was no MH worker, I felt like I was teaching the police officer about mental health issues.**
- *My son got to VGH with Car 87. The nurse called me to let me know that he had been taken to the hospital, and that my son was very calm and gentle. I was relieved, as calling the police was a decision that I did not want to make, as so many people have died when someone called for a health check. I knew my son's mental health was deteriorating daily, but I rather have him very sick than dead.*
- *In general positive, on one occasion my son was not hospitalized even though he was very psychotic and broke into his girlfriend apartment window, thinking she was in danger, was taken into police custody, she filed a restraining order. When we met with the police and told them about his history of mental illness and that he was very symptomatic and in danger to himself based on what we observed, they refused to [apprehend]... We left [our] phone numbers and next morning they called us because he was calling them from the top of the construction crane scared of FBI and threatening to jump. I wish the police would apply more precaution in assessing the cases, spend more time conversing with them to make a conclusion if they are in danger to themselves or others, take family's advice into consideration (they see and know their family members the best), and take to the hospital if in doubt... [We] always admire the care and respect they treated my son with, as well as compassion to us.*
- *I was never told why only police officers arrived when I called (and in larger numbers than needed) despite my saying I was most concerned for [my daughter]...I sincerely hope things are gradually changing. Another thing I want to mention is that after my daughter's first hospitalization, a police officer called me as follow-up and told me that*

he fully expected the department would be back at our place multiple times in the future. I told him that the doctors were trying different medications for her and hopefully one would work (some had very difficult side effects, others made symptoms worse). He told me that "they" never stay on their meds anyways. Even if this were true, I thought he was being very inappropriate and negative given that he was speaking to a parent of a child who had only recently been given a difficult diagnosis [because] we were so trying to stay hopeful.

- *I had a positive experience because they were so professional in dealing with my brother. I should let you know that the second time I called them they said, "oh hi [name], it's [MH worker's name], I remember you from last time...what's happening this time?" They are the only ones that can talk to [my brother] to calm him down. He had been living on the street for weeks and no one could get in touch with him.*

A repeated theme was the plea for mental illness and addiction issues to be more deeply understood. The need for training to be on-going, expanded or increased, particularly for recognizing symptoms (such as Anosognosia, eating disorders, self-harming, etc.) that have a serious impact on choices made when encountering someone with mental illness was mentioned often and it's subsequent impact on outcomes. Some examples:

- *[Our] encounters with MH mobile unit asking for help with a youth in crisis: Compassionate but not trained to offer assistance; MH worker told me to call police since they were too busy to come. They were very compassionate but unable to help, gave me the name of an officer to follow up with the following week so ... no, in the end [we] did not get the help needed, which should have come from the MH outreach not police in the first place. [We were] left without resolving the issue and it took several more days to get my son into hospital when suffering with psychosis due to Schizoaffective Disorder.*
- *At 21 years old, [our] son was diagnosed with Disorganized Schizophrenia. He received help from the Early Psychosis Intervention program who then referred him to the VGH Psychiatrist Assessment Unit. He was admitted and spent several weeks there, supported by psychiatrists in the unit and also by a doctor from EPI who was closely monitoring his progress. He promised to follow the simple program of taking daily meds for a month, however upon release he tossed the meds into the garbage and went AWOL. After many weeks, their son arrived at his parent's home appearing as though he'd been living on the streets. After a short period of time at home, his mental state deteriorated; psychosis manifested in agitation and anger about his experience at VGH; and the symptom of Anosognosia resulting in him denying there's anything wrong with him and accusing his dad of being the one who was mentally ill. Believing that the situation might escalate out of control, his dad called the Mental Health Emergency Line for help. I was told "Car 67" was busy on other calls and could not respond for some time so regular police were dispatched... The officers explained that without an active medical warrant they would not be able to force him to go to the hospital unless they can deem him a threat to someone or a threat to himself. They could however take him if he was*

willing to submit to going on his own accord. Police attended and listened to family explain the situation prior to speaking with their son. The son was at first agitated at seeing uniformed police, then calmed as they spoke to him calmly, professionally, building a rapport. ...For his family, it was the attending officers were able to obtain an agreement from the son to go to hospital voluntarily. [The father] "walked out of the emergency room with the constable and thanked her with all my heart. She was professional, gracious and compassionate as well as the other constable. I can't say for sure what the other constable had said to my son to convince him that going back to the hospital was a good idea. What I can say however, is that the manner in which both constables handled the situation that evening was remarkable...and the difference they made that evening forever made a positive impact on me and my son in his journey for healing with his mental illness..."

- *The definition of self-harm needs to be re-defined and/or expanded. Self-harm is not just a suicide attempt or cutting, it includes other reckless and self-harming behaviours. Such as gambling, reckless driving, unsafe sex, spending sprees, binge eating or drug abuse (also alcoholism), or sabotaging success by suddenly quitting a good job or ending a positive relationship.*
- *A mobile police/MH car response is not available in our area...[the police here,] an independent department, provides horrible service and I have had nothing but problems over the years. My teenage son has mental health issues. When I have called for assistance they will not help, have made me drive him to the hospital and once send him to school - an hour later they called me because my son was crying in the bathroom when they found him... The police are not trained or equipped to deal with this matter. After coming in my house to witness holes in the wall, the police told me they would call the school when they sent him - they did not. They said their mental health officer would call me. She did not - I called her. She laughed when I said I was ready to blow my brains out due to the stress.*
- *I can't say enough good about most of the police interactions. They arrive, probably ready for a fight, or at least some resistance, and are able to assess the situation and handle it compassionately and wisely. They definitely need training on mental illness and I think the VPD are the best and most well trained probably in the country. When family members call 911 for help it is because they are not able to convince the ill person that they are ill and need help. A police presence is vital and completely necessary during these times.*
- *The situation was so intense and stressful, I really don't know how long (maybe an hour or shorter, from the time I called to the time he was sent to the hospital?) However, I think the lady who answered the mental health emergency call was holding me too long. My son who had no insight of his illness of course would have wanted to stop me from calling and would have raged out that I did, if he knew. I had to hide myself to call without him knowing.*

- *I have a son who was diagnosed with a mental health disorder [some years ago]. During this time I have called the appropriate health care workers who in turn have called the officers to send a car to take him to hospital. I tell them ahead of time that my son is passive and will go with them without an issue. Every time they have shown concern, respect and treated my son well. I truly was amazed that one officer even called me to say what a nice guy my son was and how bad he felt for him dealing with his illness as I would be surprised at how bad other situations they have encountered have been regarding mental illness. A lot of the time the same officers have responded and called my son by name and made him feel at ease going with them... I applaud your efforts dealing with the MH issue and in enabling the police force to be more educated about how to deal with these individual's. I know it's a difficult issue for all concerned but those who have compassion and understanding and education will make a difference.*

- *Contrary to common misperception, those with mental illness are not typically violent, and it is important that officers be educated to understand the wide range of mental illnesses which include anxiety, depression and despair, not just "out of control" delusion and psychosis. First Responders need to be trained to properly assess the condition of those in a mental health crisis to avoid causing further trauma and harm.*

- *My grandson was the one who called the police. He called 911 to report me for being abusive to him. I picked up the extension to listen in. My grandson said I was abusive because I wouldn't allow him to buy a king size bed for his room. The 911 operator told him to call back on the non-emergency line which he did. I continued to listen in. My grandson was so angry at me I was afraid for my own safety. I quietly hung up the extension, and went down to a neighbour's apartment and I called 911. Two officers arrived about 15 minutes later. My grandson was still speaking to the operator on the non-emergency line when the police arrived. I let them into my apartment after explaining what was going on. One police officer went in to speak to my grandson, and the other one took me down to the lobby. Both of those police officers handled the situation really well. After about 30 minutes, I entered my apartment with the police officer still in attendance, and the four of us worked out a solution to the problem [of the bed]. However, the problem was my grandson's mental illness.... I was amazed at how empathetic and understanding those officers were on that occasion.*

- *Our son suffers the symptom of Anosognosia, so resists treatment. He has friends who are anti-psychiatry and tell him that medication causes psychosis. He's also been advised by MH teams that he should try to get off medication. But for this family, medications have been "absolutely necessary" as when he's off them "he crashes and crashes hard."*

- *The time I called 911 for an overdose situation, I ended up with two gigantic policeman, and two paramedics all cozily in our front hall way which is quite small, all helping get my incoherent but not unconscious son to hospital. They were all kind and infinitely patient. The police officers just kind of watched over but let the paramedics do their*

work. I don't recall whether they handcuffed him this time... Most importantly the empathy one officer showed, as they put my son in the ambulance, by saying he understood, and that he had gone through the same with his son...was incredibly supportive to me. I really appreciated that. It felt like an arm around my shoulder...

- *Our son while in psychosis went out in a snowstorm... We were very worried, as with schizophrenia some people lose their perception of cold... [We called police] for help in locating him and the officers went to great lengths to find him... using cell phone locator and driving round the neighbourhood... They brought him home safe and were very concerned and caring... I think we have been extremely fortunate in all of our dealings with police, even when there were inappropriate behaviours and bad judgment on our son's part involved. For the most part, it seemed like once police understood that there was mental illness involved they seem to go the extra mile for us.*
- *Our son has Schizoaffective Disorder, as well as a few other mental health issues. Whenever he has gone into psychosis, we have either taken him to hospital ourselves or have had police presence assist us. [During a recent crisis] I called the police and specifically asked for an officer with mental health knowledge. We had two officers respond and I could tell immediately which officer had worked with people affected by this and the police officer who had not. The officer who seemed to know what he was doing was able to use a slow, calm voice and was patient as he tried to get information from my son, who had OD'd on medication. The second officer showed signs of frustration and appeared to not have patience for the situation. He basically told my son that he was worrying his parents for no reason. I was not impressed with that officer.*
- *[Our loved one] needed to be admitted to hospital but was resistant... It takes patience, empathy and skill sets that are not available to regular folks. They can make all the difference in an incident that can go sideways if there's no training involved.*

A large number of families expressed the traumatizing impact of police presence, handcuffing, arrest, lack of understanding or control over outcomes, and not being listened to. Many also described how this trauma has endured, even after many years. Some examples:

- *My son has had to be hospitalized many times against his will. He has Schizophrenia and Anosognosia (lack of insight). I have never been able to contact the MH car response. The police have been helpful but mental health issues have been a low priority so even though my son was at risk it took a long time to get them to respond... My experience has always been good with the police when they did finally show up, but for my son it has been very traumatic. There is no reason for mental health emergencies to be responded to in a criminal fashion. He is ill and needs help. He doesn't need to be handcuffed or terrified of being tasered. I truly wish he could be picked up by mental health professionals and driven in an unmarked car to hospital. He needs compassion and medicine when he is ill. Just like all of us.*
- *When my grandson first arrived back in Canada from a university in the US, and appeared to be struggling with mental health issues, I called a help line. I was told Car 87 would come and speak to my grandson, but instead four police officers arrived and they*

immediately put my grandson in handcuffs and leg restraints. He was transported to VGH mental health ward. I was in shock! My grandson did not resist the arrest, and he had no idea why he was being taken away by police when he had not committed any crime. He still suffers from the memory of that experience.

- *Police obviously and incorrectly see mental health differently than physical health. Imagine handcuffing someone experiencing a heart attack.*
- *I was always scared of dealing with the police before, hearing so many stories of abusing of power and force leading to dramatic consequences when it comes to encounters with mentally impaired individuals, but my experience was good [as I was able to] notify the police that my son has a disability. Not sure if the story would be the same if I didn't, but I hope the police now get more training to recognize this behaviour. The fear will still always be in my mind and the sound of a police car still startles me every time I hear it... I guess it is my trauma I have to deal with...*
- *I had heard that in the event of further outbursts, I should call the police again as there was an emergency car with mental health support workers that would specifically handle calls regarding folks with mental illness. When I did call them some months later, the interaction was unfathomably inappropriate and heavy handed. Both my daughter and I were traumatized by the experience... When police arrived, not only were they not accompanied by a health worker, they arrived in force [perhaps four officers] with guns strapped over their bodies. They started to creep towards the house and my daughter saw them through the window and called me in a panic because she thought I was coming home first. I told her the police would not let me go in but she should let them in. She had agreed she would and when I went to tell the officer in charge (she had a walkie-talkie), she yelled at me for talking with my daughter and, to my shock, grabbed the phone from my hand... I told her that my daughter was upset and terrified because she could see all the officers trying to surround the house. I don't know what fantasy this officer thought she was acting out... My daughter was 98 lbs at the time and very slight. She was not angry by then, just scared. When they put handcuffs on her, her hands just slipped out, so they cuffed her elbows. I told them I had been concerned my daughter would hurt herself - she had been sitting on the kitchen floor crying when the officers arrived outside. I asked them if the handcuffs were even necessary... I was ignored. I am a fairly calm reasonable person and was not hysterical or loud in any way so was quite surprised to be so ignored. The officer demanded to see her room and specifically, her pillows. She seemed surprised that everything was tidy and there was nothing amiss in the house. I don't know what they expected to find or whether that mattered at all. I told them I thought the number of officers and their actions were over-kill: that no one was listening to me. One officer told me the bullets were "only rubber ones" (!?). If I felt disregarded, I can only imagine what my daughter must have felt.*
- *A friend called 911 when it was learned: "... she told me she was messing around with some alcohol and some pills...soon after that she wasn't responding to texts, phone calls*

or me buzzing her apartment. I freaked out and called 911 (811 first to see what happens with alcohol and Benadryl then they passed me over to 911). I called and requested an ambulance/paramedic at this point - I said the same thing to the dispatcher more or less (friend struggling with depression... pills and alcohol, not answering I think she needs an ambulance). Five uniformed police attended. The complainant was very upset to see that the result of her call for help resulted in someone being handcuffed: Such a vulnerable position to be in, made so much worse by that aggressive first response. The mom echoed this, saying she was: concerned that the team of five police officers (surely this number is excessive) felt it necessary to handcuff her arms behind her back and parade her through the building in front of all her neighbours who were of course drawn to their doors by the commotion and noise of the police door ram. They believed she was being arrested for serious criminal activity... Already in a state of clinical depression, inappropriate police action left her totally traumatized. It was over a week before [my daughter] was able to gather the courage to return to her apartment. She remains a virtual recluse for fear of encountering the disapproval of her neighbours.

Messages Moving Forward:

- *Originally when my loved one was certified that was when I learnt about one vehicle has a mental health worker in it... We were extremely fortunate to receive the utmost respectful outcome, from the services of doctor, police... community health. It was monumental amount of work.... This is definitely a huge area where if you don't connect with the right people at the right time...it can go seriously wrong in a flash.*
- *A social worker or RPN probably should accompany police when possible to offer assistance and advice, but the police are needed. It is worth noting that if the mentally ill were treated without having to call 911 and if they had proper supported housing, there would be fewer 911 calls and the police could spend more time catching the bad guys. But so far at least no one in power listens to me. They even closed Riverview!!*
- *Many respondents echoed the need for more mobile teams: Car 87 is the ideal option, but we definitely need more cars, working 24 hours per day. Having the combination of police/MH worker respond to these calls seems ideal. I hope this can be made more available...*
- *Training should be delivered by mental health care professionals, and more importantly, by those with lived experience of mental illness and their family members.*
- *I can't tell you how calming it is to encounter officers who are trained in harm-reduction and real human interaction and do not express a SWAT presence! Everyone is hyper enough as it is under those circumstances. Calm, professional, human is the way to go!*

- *I think education, education, education about mental illness and how it manifests and what may be happening in the minds of those patients is essential in order for officers to balance an understanding for humane treatment of ill individuals with the management of dangerous behaviours, which some delusional individuals can display. There is such a wide range of possibilities that they may encounter. Some training in assessment and identifying psychosis could only help. It must be challenging for officers to compartmentalize or separate the behaviour of those who are truly criminal from those who are high on drugs versus someone having a mental breakdown or is in psychosis. Not an easy call.*
- *It is worth noting that recent data collection in tertiary care in VCH has indicated that a very high percentage of those in tertiary care have concurrent disorder, e.g., mental health and substance abuse.... [These] are the people who are hospitalized.... I expect this high incidence of concurrent disorder is found on the streets as well and officers are having to contend with that....*
- *I think the presence of family in any situation probably affects how officers respond; family provide valuable background and context to help them determine how to proceed... Individuals who are alone and incoherent cannot speak for themselves to say what's going on and officers have no background or information to work with - further complication for police.*
- *Anything that can be done to streamline the communication process (call for help/response) and an efficient response time would be really appreciated. Sometimes it took several calls back and forth with considerable wait times in-between before I knew what was going to happen, while at the same time one is trying to watch over the psychotic person whose behaviour can be unpredictable...It is a very scary situation all round.*
- *If the government is going to expect the police to do health care work they need to support those expected to do the care. It was our health care system that let us down and contributed to his death. This family also described: the situation that resulted when psychiatric hospitals were closed several decades ago, the plan to treat people in the community never materialized; support services have never been adequately funded and people with enough fully trained staff. The seriously mentally ill have been left to fend for themselves and we are the loved ones trying to pick up the pieces...Huge resources are spent on Emergency Rooms, police, courts, jails and prisons dealing with the mentally ill. The funds are being spent in the wrong places. When did we decide that being mentally ill was a crime?*
- *In these days of "defund" the police...[this is] a golden opportunity to turn the responsibility for mental and other health responses (and the funding that goes with it) over to the appropriate health agencies that are better equipped to handle them.*

- *I am not an advocate of defunding the police but I would like to “detask” the police so they are not responding alone to mental health calls. It would be more effective to have more teams of police/RPNs and police/social worker available on a 24 hour, 7 day a week basis.*
- *I hope you don’t mind if I summarize what I see as common concerns: The need for a consistent response by police forces and health authorities in B.C. so that families and patients are not subjected to arbitrary standards and behaviours (both in terms of regions and individual officers)—a situation which adds considerably to the unknowns and stresses at the time of an encounter. The need, whenever possible, for encounter teams to consist of police officers trained in mental health and at least one psychiatric nurse. And that their main goals are de-escalation and harm reduction. The need for visibly reduced enforcement imagery (guns, tasers, handcuffs—even uniforms) when possible. The need for families and patients to be treated as if this were an exclusively medical situation. And the corollary: a “mind shift” away from seeing these situations as criminal encounters. The need for clear and consistent communication with caregivers/families and patients throughout the process. Finally—and perhaps this is the most difficult—the need for behaviours consistent with an application of the spirit of the law in its widest sense: “To Serve and Protect.” Now I realize there are may be exceptions to all of the above—especially when volatile substance use and mental health situations are intertwined. But I think these are fairly rare. And I also realize that the factors of social political will—and the money to do all this—are major reasons why this has not happened to date... It is of utmost importance to mention again that the vast majority of police/mental health encounters are overwhelmingly positive. I have met some extraordinary officers in my long travels on this road!*

Feedback from Staff re: MH Response Informal Survey:

The results of this survey were forwarded to BCSS staff members throughout the province who work closest to families. The following replies were received.

Thanks for sending this. After reviewing the responses, which were hopeful at times but also disheartening, I can say that, yes, many of the families I have worked with or spoken to in the West Kootenays have had many of the same positive and negative experiences. These responses and the experiences of those in my area reflect this reality that emergency response is often inconsistent and many families at times have differing responses when they call for help in a mental health emergency.

It has been expressed here in my discussion with families the need for more education on mental illness as well as the need to re-define what “at risk” or “self-harm” means, as the current definition of this very often limits the ability for a PWLE (person with lived experience) to receive the immediate help they so need. I hope we see change in our system and in our emergency response to mental illness and mental health crises!

I agree that some of the responses are disheartening. The reality is that not all interactions the family have with emergency services are positive. We don’t have [MH/police] Car units in this region so the majority of these crisis cases would be dealt with by police only. I do hear of both

positive and negative experiences with the police as well as MH so I would see the summary to be similar to (besides Car units) of experiences for families here.

In short, for me what we are lacking are more Mental Health Workers, meaning Clinicians, Educators and Family Support Workers all of them well versed on the area of Mental Health vs Mental illness. I will never be in favour of defunding the police but instead have a better balanced budget to have police and mental health workers joining forces for the greater good of people living with a mental illness and their families. At the same time it is crucial for the police to have more training so they can understand what is really happening when they attend a call and how to manage it the best way possible. All this feedback is, in my opinion, something that we as educators hear all the time, there are good experiences with service providers but unfortunately [there seems to be some that are worse].

As a BCSS Educator that started at the onset of the pandemic I have not had a lot of interaction with families that have involved emergency services. I have although had many experiences in my previous positions: As a mental health/addiction support worker and a Group Coordinator at Vancouver's Downtown Community Court for Vancouver Coastal Health I can speak to the accuracy and perspectives of the survey. I also have had many experiences in accompanying patients to the hospital, in a professional capacity. Along with spending a week at the CAPE (child and adolescent psychiatric emergency) unit for childhood psychiatric assessment with a client. Staff at the unit requested our client's workers to assist. My perspective on the survey is that it largely gives the police a good report along with acknowledging that they are not mental health workers. And highlights the deficiencies in the system. From my experience the whole survey accurately identified the dichotomy of perceptions and events when reaching out for help. It really highlighted the individual nature of each case and how the particular details of all involved contribute to the outcome. I feel that BCSS is very supportive and aware of the importance of family involvement in regards to mental health. Along with the need to assist with education, encouragement, and understanding in a very reality based model. Thank you for asking for feedback, it was touching and at the same time challenging to read all the reports. It really stresses the important work we do and that we are working in a time where services in all areas are limited.

I work in the more rural NI - Omineca Lakes District area. The survey results seem indicative of my area too. We just have the police (no mental health support) deal with the crisis calls. The families like some police and not others. Their greatest complaints seem to be with the hospitals' responses. Often, they seem to ignore the family's report and just base their diagnoses on how stable the patient appears during the very short assessment period. So, the patient doesn't get the much-needed treatment and the police soon get called to the home again.

I think the stories portrayed in this report are typical of the kinds of experiences families here have described, except that we don't have car units in this area.

Thanks for sharing this information. I would say that, based on the experiences share with me by families in the East Kootenays and my own family, the feedback received is similar.

There are no Mental Health specific Emergency services available in this area and the local RCMP responses depend on the training and personalities of the officers responding to the call. Given

the role over in staff, it would appear that significantly more Mental Health and Mental Illness training of RCMP staff both pre and in service is required. However, having qualified Mental Health Emergency staff available would be the best option.

*Lisa Kofod
BC Schizophrenia Society Public Policy Committee*