Police learn how to deal with the mentally ill in crisis

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Michael's manic episodes started after an injury stopped him from doing what he loved most – playing hockey. Feeling like he had lost his identity, he took a job as a bouncer at a nightclub, and started abusing drugs and alcohol. His volatile lifestyle came to a head one night when a scuffle with police landed him in Mental Health Court.

Police say he assaulted an officer. Michael, who asked to be identified by his first name, says he was the one hurt in the encounter. But the result, court-ordered participation in recovery groups and therapy combined with medication, gave him a new lease on life. Ontario's Mental Health Court is a court system designed for people with mental illness. "The opportunity that was awarded to me through Mental Health Court was great. I wish it didn't have to be my head bouncing off cement that got me there," Michael said. "I wish it was something a little softer."

A shortage of mental-health resources in Canada has put police and the mentally ill on a collision course, with officers increasingly becoming the first point of contact for people in crisis. While few police forces keep detailed statistics of the types of calls coming in, officers across the country say a rising number of them involve the mentally ill. In Vancouver, it's a third of all calls. Research conducted in the small Ontario city of Belleville, population 50,000, shows that each front-line officer attends about 40 such calls a year.

While Michael's story ended happily – he's now working and gives lectures to Ontario's York Regional Police force on what it's like to live in the throes of mental illness – other cases have ended in tragedy. In Ontario last year, a bipolar woman was shot dead after rushing at police with a knife. Another man with obvious mental-health issues wound up dead after an altercation with police on the street (the incident is currently under investigation by the province's Special Investigations Unit). On Friday, Montreal police shot and killed a homeless man some shelter workers said may have suffered from mental illness. The case is being investigated by Quebec provincial police.

In response, some forces are devoting extra time and resources to training their officers, and experimenting with more effective ways to approach mentally ill citizens in crisis. But Shelagh Morris, chair of a Canadian Association of Chiefs of Police committee that recently examined this issue, said standards vary across the country. Some police forces, such as those in Halifax and Hamilton, are dedicating an extra 40 hours of training to the topic, and have instituted first-

response teams that involve mental-health professionals. Others, such as in Lethbridge, Alta, have less than two hours of training dedicated to mental health.

Ms. Morris said those first few moments of interaction between police and someone in crisis are crucial: “If you don’t respond properly, the results can be catastrophic.”

The altercations

In August, 46-year-old Charlie McGillivary, a large man who had been struck mute and brain damaged as a child by a car accident, was walking with his mother in Toronto to get a slice of pizza. Police, who were in the area for something unrelated, crossed their path, and an altercation broke out. What happened then is still unclear – it’s under investigation by the SIU – but Mr. McGillivary died shortly afterward.

A few months later, Toronto’s Sylvia Klibingaitis told an emergency dispatcher that she was bipolar and wanted to kill her mother. When police arrived at the scene she ran at them with a large knife and was shot dead.

These cases are at one end of an extreme, but illustrate the high stakes often involved when mental illness plays a role in an altercation with police.

Mike McCormack, president of the Toronto Police Association, says officers have to deal with the danger first when they respond to a call, to protect themselves and the public.

“The mental-health issues sort of take a back seat when our officers are exposed to people with weapons and violence,” Mr. McCormack said. “The priority at those calls is dealing with that immediate threat.”

Lawyer Julian Falconer, who has represented the families of mental-health patients and those who have taken legal action against the police, says officers must differentiate between a situation that requires force and one that can be de-escalated verbally. “It’s not true that we should react exactly the same, simply because the threat is there.”

The closing of beds and the movement to deinstitutionalized care has created this situation, said Dorothy Cotton, a psychologist who has reviewed officer training across the country.

“To a large extent, the whole situation is not a police problem,” Dr. Cotton said. “It’s a problem that ended up with police.”

Recently leaked Alberta Health Services memos cite a “critical” shortage of in-patient mental-health beds and an “acute shortage of psychiatrists.” Budget cuts

have forced B.C.'s Vancouver Island Health Authority to reduce the number of caseworkers and hospital beds for the mentally ill. In Ontario, the average waiting time for community-mental-health services in 2008 was 180 days.

Toronto police have declined to answer questions about the McGillivary case, or how they are trained to deal with the mentally challenged or mentally ill, until the investigation is complete.

Officers were cleared in the death of Ms. Klibingaitis, but her sister, Anita Wasowicz, wonders if things could have turned out differently, especially since her sister told the 911 dispatcher she was bipolar.

"That was a cry for help," Ms. Wasowicz said.

The clients

They are known as "the clients" – the people with mental illness and histories of violence who are repeatedly the focus of 911 calls.

In Edmonton, the responders are tandem teams of mental-health professionals and police officers, trained specifically to deal with crises. On a winter afternoon, Constable Kevin Harrison and Tanya Hansen are sitting in a cruiser outside a house in the city's east end. The client this day is a young man in his 20s who is threatening family members, living with the delusion that the police are out to get him.

It takes a couple of hours, but Constable Harrison and Ms. Hansen succeed in talking the client down. They then spend eight hours waiting in a hospital emergency room, so the man can get medical attention. "Some of [the clients] love us and remember how we treated them," Constable Harrison said. "Others hate us."

The tag-team approach has had success in Edmonton, but it's a model that's not applicable everywhere.

The Ontario Provincial Police said it doesn't use joint response teams, largely because some rural areas lack the required resources and there is a lack of demand. (A team is being considered by the OPP in Collingwood, however, after the death of a schizophrenic man in June, 2010, who was tasered after becoming aggressive outside a group home.)

The Toronto Police Service teamed up with mental-health workers after the death of Edmond Yu, a schizophrenic man who took a hammer out of his pocket on a bus and was shot by police in 1997. But the teams are a secondary response – the scene must first be deemed safe by front-line officers. Critics also say the

teams are inadequate because they operate in only 10 of 17 policing divisions and only for 10 hours a day.

“You have to be in crisis in certain hours of the day, in certain parts of the city,” said Mr. Falconer, who represented Mr. Yu’s family.

Across Canada, training dedicated to mental illness is also sporadic. For new recruits, it ranges from one to 24 hours, according to a 2008 study co-authored by Dr. Cotton. “There are many police officers, who, the only formal training they would have had would have been in the police academy,” she said.

Ontario Health Minister Deb Matthews said it’s inevitable response will differ across the province where geography and populations differ. “It’s not going to be the same across Ontario. Having said that, there are certain standards that we need to implement provincewide,” she said.

In British Columbia, a 10-hour training program in crisis intervention and de-escalation will become mandatory for all officers in the province on Jan. 30. It is a result of recommendations made by the public inquiry into the death of Polish émigré Robert Dziekanski, who was tasered five times by RCMP officers at Vancouver Airport and died in 2007.

And the city of Hamilton and York Region have adopted a training model that was developed in Memphis, Tenn., that gives front-line officers an extra 40 hours of training in de-escalation and recognizing mental illness.

Michael is a part of that training. On this day, he addresses the crowd of plain-clothes police officers with confidence, his bipolar and borderline personality disorder under control. They hang off his every word. Until this point, they’d heard presentations and talked about how to react in certain situations, but when Michael took centre stage, it allowed them to put a face to the people they’re responding to.

“You have the opportunity to be the first person on the scene of a crisis,” he told the class, “and you can make all the difference.”

With reports from Josh Wingrove in Edmonton and Sunny Dhillon in Vancouver