



Policy Name:	VULNERABLE PERSONS – MENTAL HEALTH		
Policy #:	OP 4.52.2	Last Updated:	2022-06-08
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RELATED POLICIES

AD 7.5 Mandatory Training

OP 3.1 Arrest and Detention

OP 4.35 Missing Persons

OP 4.52.1 Vulnerable Persons – Trauma-Informed Practices

1. PURPOSE

- 1.1. To ensure Surrey Police Service (SPS) effectively responds to people with symptoms of mental illness and/or people experiencing a mental health crisis.
- 1.2. To ensure SPS Members provide a trauma-informed, health-focused, unbiased, and compassionate approach to people with symptoms of mental illness and / or people experiencing a mental health crisis.
- 1.3. To ensure Members emphasize crisis intervention and de-escalation and follow their training when dealing with persons having mental health challenges or having a mental health crisis.
- 1.4. To ensure integrated and collaborative approaches with health partners and community agencies, and consideration of best practices in their interactions with people who have mental health challenges.
- 1.5. To ensure that Members are aware of proper procedures and their obligations with respect to *Mental Health Act (MHA)* apprehensions, Warrants, and Medical Certificates.

2. SCOPE

- 2.1. This policy applies to all Members.

3. POLICY

- 3.1. When Members are called to assist people who are experiencing a mental health crisis or exhibiting symptoms of mental illness, Members will prioritize the use of crisis intervention and de-escalation techniques to control the situation and will then assess whether a crime has occurred. When appropriate, diversion away from the criminal justice system should be considered.
- 3.2. Collaborative approaches between police, health authorities, and community service providers offer a better response to individuals in crisis than working in isolation. No single agency has all the answers and solutions in mental health care. When practicable, Members will collaborate with the appropriate service providers so that people experiencing mental health challenges receive the support that they require. This may include Fraser Health's Intensive Case Management (ICM) and Assertive Community Treatment (ACT) teams.
- 3.3. SPS's Crisis Intervention and Prevention Unit is comprised of Members with advanced training in mental health who work with community partners and agencies to provide long term solutions for individuals whose mental health directly impacts their contact with police. When on duty and available, the Crisis Intervention and Prevention Unit will assist frontline Members with calls that involve people experiencing symptoms of mental illness or a mental health crisis.
- 3.4. Apprehensions under the MHA (section 28, Form 10 or Form 21 warrants, or Form 4 medical certificates) will be conducted as outlined in this policy.

4. PROCEDURE

General

- 4.1. When responding to a report of an incident where a person experiencing symptoms of a mental illness or who is experiencing a mental health crisis, Members will prioritize the use of crisis intervention and de-escalation techniques to control the situation and stabilize the person prior to assessing whether criminal activity has occurred. Once the situation is controlled, Members must:
 - i. assess the person for physical injury and ensure they are provided with the appropriate medical care, if necessary;
 - ii. if the person does not have physical injuries but meets the criteria for apprehension under the MHA, apprehend them in accordance with this policy and OP 3.1 *Arrest and Detention – Apprehension Mental Health Act*; and
 - iii. if it is determined that a criminal act has occurred, Members who are not required to assist with the apprehension will continue with the criminal investigation as necessary.

Mental Health Act (MHA) Apprehensions

- 4.2. Section 28 of the MHA outlines the procedures for apprehensions. Section 28(1) requires the establishment of two criteria for an apprehension by police, which are:

- i. the person is acting in a manner likely to endanger that person's own safety or the safety of others, and
- ii. the person is apparently a person with a mental disorder.

Note: these criteria may be established either through personal observation by the police officer or upon credible and recent information received (e.g., from a family member).

4.3. Upon apprehension, and if the person has the capacity to understand, the Member must:

- i. tell the person they are being apprehended under the MHA;
- ii. tell the apprehended person of their right to retain and instruct counsel without delay, as required by the *Canadian Charter of Rights and Freedoms* ("Charter"); and
- iii. if requested by the apprehended person, and if safe to do so, the Member will facilitate a telephone call to counsel in private and without delay of the apprehended person's choice or to Legal Aid.

4.4. If a person does not have the capacity to understand at the time of apprehension, Members must tell hospital personnel that the *Canadian Charter of Rights and Freedoms* advisements have not been provided to the patient. Hospital personnel then will provide these advisements to the patient when the patient has the capacity to understand why they have been apprehended.

4.5.A Member who apprehends a person under section 28 of the MHA, must:

- i. have the person immediately taken to a physician for examination (e.g., to Surrey Memorial Hospital);
- ii. if the individual has medical needs that must be treated, British Columbia (BC) Ambulance Service (BCAS) should be called and the individual should be assessed and treated prior to transportation. In these circumstances, BCAS should transport the person, accompanied by a Member;
- iii. at hospital, the Member will tell the hospital staff about their observations and/or the information they received which formed the lawful grounds for apprehension;
- iv. the Member will remain with the apprehended person until the person is seen by a physician and the Member is subsequently advised that they can leave;
- v. if the physician does not complete a medical certificate for involuntary admission, the apprehended person must be released from police custody (unless they are to be further detained for a criminal investigation); and
- vi. if the released person does not have the ability to care for themselves and may be at risk of harm, Members should make every reasonable effort to deliver the released person into the care of a responsible family member or other similar person. This may include delivering the released person to a safe location such as the person's residence.

4.6. After an apprehension under s. 28 of the MHA, the Member will complete the following in PRIME-BC General Occurrence (GO) report that:

- i. details the lawful grounds for apprehension (e.g., the Member's observations and/or the information they received);
- ii. confirms that the Member provided the apprehended person with the *Canadian Charter of Rights and Freedoms* advisements noted above in section 4.3;
- iii. states the outcome of the physician's examination; and
- iv. includes the PRIME-BC "Mental Health Apprehension" template (ED6158).

Form 10 Warrant

4.7. When a Warrant for Apprehension of a Person with Apparent Mental Disorder (Form 10 Warrant) has been approved by a Judge or Justice, the person named in the Warrant may be apprehended. The Member will attempt to locate and apprehend the named person and will take them to a designated medical facility (e.g., Surrey Memorial Hospital). The Member will remain with the person until care of the person has been transferred to the staff of the designated facility; however, hospital personnel should not require Members to wait for emergency room triage before taking custody of the apprehended patient, unlike initial assessments for apprehensions under section 28 of the *Mental Health Act*.

Form 21 Director's Warrant

4.8. A Form 21 Director's Warrant (Apprehension of Patient) is issued either when a patient who was authorized to be detained at a facility under the MHA left the facility without having been discharged, or was recalled from leave and did not return to the facility.

4.9. Upon notification that a Form 21 Director's Warrant has been issued, the Member must:

- i. confirm with the issuer that the Form 21 is still active (e.g., that the person hasn't returned already); and
- ii. attempt to locate and apprehend the person named in the Warrant and will take them to a designated medical facility (e.g., Surrey Memorial Hospital). The Member will remain with the person until care of the person has been transferred to the staff of the designated facility; however, hospital personnel should not require Members to wait for emergency room triage before taking custody of the apprehended patient, unlike initial assessments for apprehensions under section 28 of the *Mental Health Act*.

Form 4 Medical Certificate

4.10. A physician may issue a Form 4 Medical Certificate (Involuntary Admission) if they believe that the person named in the Certificate requires treatment, care, and/or supervision, and cannot suitably be admitted as a voluntary patient. Form 4 Medical Certificates:

- i. if being issued for the first time, expire on the 15th day after the physician first examined the named person. Before apprehending a person on a Form 4 Medical Certificate, the Member will ensure that the Form 4 is still valid; and
- ii. if the Medical Certificate is valid, the Member will attempt to locate and apprehend the named person and will take them to a designated medical facility (e.g., Surrey Memorial

Hospital). The Member will remain with the person until care of the person has been transferred to the staff of the designated facility.

4.11. When there are no actionable circumstances for police pursuant to the MHA, the Member may offer to connect the individual with community mental health services.

4.12. Members will not transport voluntary mental health patients who do not meet the criteria for apprehension. Only apprehended patients will be transported by police. This will help ensure the availability of the protections for peace officers in section 16(f.1) of the *Mental Health Act*.

Crisis Intervention and Prevention Unit

4.13. The SPS Crisis Intervention and Prevention Unit provides support to clients with mental health challenges. Frontline members must consider engaging the following teams for assistance, when applicable:

- i. Car 67 pairs a mental health nurse from Fraser Health Authority with a Member to respond to calls for service regarding individuals experiencing a mental health crisis, typically alongside frontline Members; and
- ii. the Mental Health Outreach Team is a support unit that can assist frontline members with calls for service involving mental health incidents. This team will liaise with community partners regarding clients with mental health challenges.

Missing Persons Investigations – Mental Health

4.14. When a person with symptoms of mental illness or who is experiencing a mental health crisis is reported to police as a missing person, the investigation shall be treated as “high risk”. See OP 4.35 *Missing Persons* and conduct the Missing Person investigation as required by that policy.

4.15. If appropriate, liaise with the Crisis Intervention and Prevention Unit to seek information from health authorities (e.g., the Fraser Health ACT or ICM teams) to better understand the missing person’s situation, which may assist the investigation.

Note: sharing information is important for the adequate provision of care, but different professional ideologies and provincial information-sharing legislation may prevent the sharing of information. Consider using Records Access Orders under the *Missing Persons Act* to facilitate the collection of information, if necessary.

Mandatory Training

4.16. All Members must successfully complete BC’s *Crisis Intervention and De-escalation (CID) Training* course, or other provincially approved training in crisis intervention and de-escalation as required under BC Provincial Policing Standards.

4.17. All Members must refresh their knowledge in CID training by repeating the CID course at least once every three years, or more frequently as determined by the Chief Constable or designate.

4.18. Members may be required to take additional mental health awareness and training as determined by the Chief Constable or designate.

APPENDIX A: DEFINITIONS

“ACT” means the Fraser Health Authority’s Assertive Community Treatment Team, which provides person-centered, recovery-oriented outreach mental health services.

“BCAS” means the British Columbia Ambulance Service.

“CID Training” means Crisis Intervention and De-escalation Training – a mandatory training course for all police officers in the province.

“ICM Team” means Fraser Health Authority’s Intensive Case Management Team, which provides a team-based model of care, serving individuals with severe substance use and who may be mentally ill and homeless.

“Member” means a sworn Police Officer appointed by the Surrey Police Board.

“Mental Health Crisis” means “an acute disturbance of thinking, mood, behaviour or social relationship that requires an immediate intervention, involves an element of unpredictability that is usually accompanied by a lack of response to social controls, and may be defined as a crisis by the individual, the family, or other members of the community”. (BC Ministry of Health)

“Trauma-Informed Practice” means understanding the prevalence and effects of trauma in all aspects of service delivery and prioritizing the individual’s sense of safety, choice, empowerment, and connection. It is grounded in an understanding of and responsiveness to the impact of trauma and emphasises physical, psychological, and emotional safety. Trauma-Informed Practice means making sure that people feel safe around police and are not re-traumatized by their contact with police.

APPENDIX B: REFERENCES

Mental Health Act, R.S.B.C. 1996, c. 288

Province of BC, *Interfaces Between Mental Health and Substance Use Services and Police*, 2018