BCACP* Police Triage Guide Indications of mental disorder & endangered safety

Below are typical examples of an apparent mental disorder (Group A) and endangered safety (Group B), a combination that needs urgent medical attention. Police may intervene under s(28(1) of the BC Mental Health Act if they find, by direct observation or by receiving information from others, at least one example within each Group. See interpretation notes on P 2. This Guide may be copied as a report to hospital emergency in civil cases, or kept on file for possible evidence in a CCC trial involving an insanity defence.

GROUP A Apparent Mental Disorder - Serious impairment of the person's ability:

a) to react appropriately to the person's environment, or b) to associate with others.

☐ **PSYCHOSIS**: Poor contact with reality; not reacting appropriately to surroundings or to others; generally irrational, bizarre behaviour; hallucinations; delusions, paranoia (unjustified fear & suspicion); belief in possessing special powers.

☐ **DISTURBED MOOD**: Manic (rapid pressured speech; elated mood; extremely energetic); deeply depressed (sad, crying, distressed, hopeless); flat mood (fixed expression, no emotions, lack of enjoyment); severe anxiety (fear, panic); sustained and unjustified suspiciousness; frequent irritability, anger, aggressiveness; often withdrawn and feeling isolated or alienated.

☐ **DISTURBED THINKING**: Irrational or disordered thought & speech; disorganized, poor concentration, easily and severely distracted; confused about people, time, place; incoherent; lacking in judgement, insight, or problem-solving ability.

☐ **DISTURBED BEHAVIOUR** (well outside normal range): disrupted workplace/social relationships; poor coping: out of synch with daily routines; bizarre appearance, speech; or behaviour, eg obsessive/compulsive habits, uncontrolled impulses, inappropriate laughter; neglected hygiene.

GROUP B Likely Endangerment – Behaviour likely to endanger the person's own safety or the safety of others

☐ **SUICIDE**: Apparent or actual attempt at suicide or serious self-harm; strong impulses with previous attempts, or with plan. Recent attempts.

☐ **VIOLENT OR HIGH RISK BEHAVIOUR**: Unprovoked threats of violence to self or others. Causing or inviting unprovoked serious injury or damage to self or others. Habitual uncontrolled risks to physical safety or well-being of self/others. Desire to seek revenge against "enemies."

☐ **SUFFERING** Gross self-neglect with high vulnerability to injury, infection, starvation, abuse, crime.

☐ **ACTING or LIKELY TO ACT UNSAFELY** due to: command hallucinations (feels compelled by dangerous/harmful voices or by visions) or due to delusional beliefs such as paranoia - "enemies," or grandiosity - "special powers."

☐ **ENDANGERMENT RISK INCREASED BY**: COMPLICATIONS -- Psychiatric symptoms coupled with drug/alcohol intoxication or chronic usage; or with treatment failure; or lack of support/care (eg no friends, relatives or caregivers available); or help available but unwilling/unable to cooperate; severe stresses/alienation in daily life. HISTORY - untreated mental disorder with increasing symptoms; episodes of high-risk or violent behaviour or disabling symptoms; strong pattern of deteriorating mental/physical health; previous mental crisis; family/friends increasingly concerned re safety.

Incident Notes

☐ **Civil only (Mental Health Act). Copy to hospital emergency.** ☐ **Possible charges (CCC). File copy for evidence.**

Subject's name, age, res. address: . . . .

Officer(s) Name(s), Badge #. . . . .

Date, Time & Location of intervention: . . . .

Support Persons to contact (name, phone numbers) ☐ Family member: . . . .

☐ Friend . . . . ☐ Other . . . .

Circumstances and steps taken by police: : . . . .

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Interpretation of s28(1), BC Mental Health Act

The BC Mental Health Act s28(1) says police "may apprehend and immediately take a person to a physician for examination if satisfied from personal observations, or information received, that the person: a) is acting in a manner likely to endanger that person's own safety or the safety of others, ***and*** b) is apparently a person with a mental disorder."

"**May apprehend**" does not mean arrest and the Act does not require any offence to be involved. If subject refuses to let police enter, the Act in itself does not provide specific authority but police may cite common law duty to investigate & enter by force if necessary in order to protect life & prevent injury. An Ontario Appeal Court found authority for police & ambulance crew to enter a private dwelling by force to make sure the subject was not a danger to himself or others. Ref: R. vs Nicholls (1999) 139 CCC (3d) 253 (Ont. C.A.). Because of common law authority to enter, no Feeney warrant is needed. If subject is unwilling to be taken to hospital for examination, apprehension may include a technical arrest. The Act also authorizes police apprehension on medical certificates or on warrants. In s41(6) there is a no-warrant authority, on hospital request, for police to return an involuntary patient within 48 hrs of escape. A hospital Director's warrant for the same purpose covers 60 days of escape. Anyone can apply to a provincial court or a justice of the peace for a Judicial Warrant to apprehend a person for hospital examination. Forms and notes are in the official Guide to the Act .

"**Information received**" means police may use collateral information (received from family, partner, friends, or observations by other independent witnesses, etc.) in deciding whether to intervene & whether to apprehend the person. Such collateral information is needed, for example, when the subject has left the scene, or is locked in a room, or is deliberately masking symptoms, or not talking, or mental state is obscured by intoxication.

"**Likely to endanger**" does not require actual or attempted physical violence to self or others. It is sufficient for police to find that endangerment of safety - or harm - is likely to occur. Examples include apparent attempts at suicide or at serious self-harm, or strong suicide impulses with previous attempts or plan; being vulnerable to predators; spending recklessly at peril of losing essential assets or supports; plotting revenge against "enemies."

"**Mental disorder**" is somewhat open to interpretation. Diagnostic details do not appear in the Act. It is simply defined as: *"a disorder of the mind that requires treatment & seriously impairs the person's ability a) to react appropriately to the person's environment, or b) to associate with others."* Treatment is defined as psychiatric treatment (e.g. antipsychotic medication - which depends on diagnosis). Police are not trained or authorized to diagnose, but general experience and instinct may help them decide if subject's behaviour is well beyond the normal range. If the quoted (in italic type) definition of mental disorder appears to apply, along with the endangerment criteria of s28(1), but police remain unsure of the type of disorder, they should transport the subject to hospital for diagnosis by a physician.

Notes on additional police concerns

Managing suicide risk Police can apprehend under s28 for apparent attempts or serious threats of suicide or serious self-harm. Such behaviour is likely to be caused by a mental disorder that requires treatment - which can only be decided by a physician. Also such behaviour needs police intervention when it is likely to endanger & is not an appropriate reaction to the environment (as compared with seeking treatment or other help).

Attending at hospital With s28 apprehension, police need to attend at hospital until a doctor admits the subject &/or signs a medical certificate of committal, and police should continue to attend if subject is unruly, until medical staff can take over custody safely. Sources of police authority for this function include: common law (preserve peace, protect life & property, enforce the law); Criminal Code (s31 arrest for breaching peace, s495(1)(a) arrest person about to commit indictable offence). Hospital staff should assess the subject and take custody without undue delay.

Physician's committal criteria - Only a physician can commit a person to involuntary hospital treatment, based on need to prevent the subject's substantial mental or physical deterioration, or for the protection of the subject or others (from harms). The physician does not need to find likely endangerment.

If situation does not meet criteria for police apprehension - a) Advise family & friends about alternative intervention via judicial warrant, which has broader criteria than endangerment (it aims to prevent substantial mental or physical deterioration, or protecting the person or others): anyone can apply for such a warrant to a judge or justice of the peace. See forms & notes in the official Guide to the Act. b) Phone subject's doctor or caseworker. c) Refer the subject to Mental Health Center, outreach, advocacy, support groups, or after-hours emergency mental health services.

If an alleged offense is involved - Beyond the transport-to-hospital authority of the MH Act, police have other authority to take an alleged offender with an apparent mental disorder to police lockup, where he or she can have a psychiatric examination. The triage examples in Group A of this form are indicators of psychiatric illness. These and police notes on state of mind & behaviour of the accused at the time of the alleged offence can be useful evidence in a trial involving an insanity defense. In such a trial, the court has several options with several outcomes. See the official Guide to the Act., and <www.PIIMIC.com>click on Legal Issues topic, click on Mentally Disordered Offender (MDO) Intervention.

Diversion - If subject has committed a minor offence or engaged in low-risk nuisance behaviour, police have non-arrest alternatives. Examples of "diversion" alternatives: contacting subject's family or caregivers; taking the subject to hospital; court ordered follow-up through Forensic services.

Duty To Warn to protect public safety - If a subject with apparent mental disorder seriously threatens a specific person or group, police have a criminal code duty to protect public safety; Others, including health professionals, may have an ethical or legal duty to warn and a duty to protect public safety, which over-rides privacy concerns. BC privacy legislation does not prevent such information-sharing where public safety is involved.

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