

THE INTERVENTIONISTS

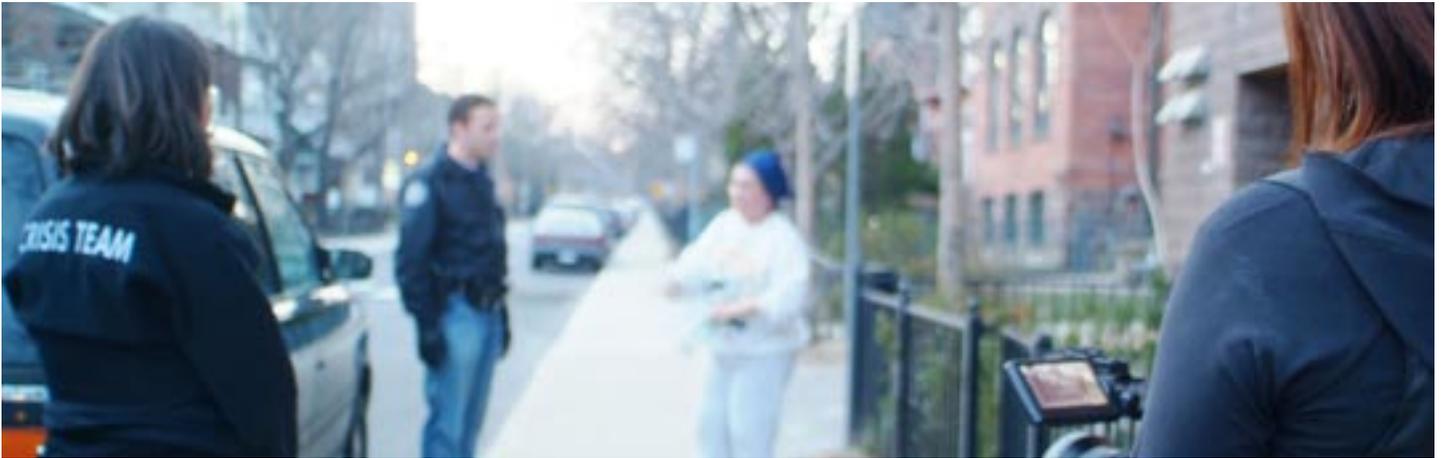
Chronicles of a Mental Health Crisis Team

USER'S GUIDE



THE INTERVENTIONISTS

Chronicles of a Mental Health Crisis Team



This user guide accompanies the case studies section of the DVD **THE INTERVENTIONISTS: CHRONICLES OF A MENTAL HEALTH CRISIS TEAM**. The 30-minute documentary, written and directed by Katerina Cizek, is one of the projects from the NFB's Filmmaker-in-Residence program at St. Michael's Hospital in Toronto. (For more information on this film and the project, visit www.nfb.ca/filmmakerinresidence).

In **THE INTERVENTIONISTS**, we see a unique crisis team work their cases in downtown Toronto. Ellen is a mental health nurse. Brandon is a police officer. Together, as the Mobile Crisis Intervention Team (MCIT), they ride the streets of the inner city in an unmarked police car, responding to 911 calls involving what are officially called “emotionally disturbed persons” (EDP). The team is a partnership between St. Michael's Hospital and two downtown police divisions. Their mandate is not only to de-escalate crises, but to avoid unnecessary arrests and emergency room visits by providing referrals, services and resources in a patient's own community. The film follows the team from case to case. The calls are hastily labelled by a 911 dispatcher as “threatened suicides”, “bizarre behaviour”, “person gone berserk” or simply EDP. In a single night, the team faces two threatened suicides, checks in on a tenant convinced his neighbours are spying on him, and investigates numerous cases of violent behaviour on the streets. Once the team arrives on scene, with time, patience and expertise, they peel away at the labels, to get at the underlying causes for the crisis, revealing the complex and often tragic situations in which people with mental illnesses live.

This guide is intended for educators, trainers and students in high schools, universities, nursing and medical schools as well as police colleges.

It offers a spectrum of answers and perspectives to the questions posed in the eleven case studies, included as special features on the DVD.

The mental health workers at St. Michael's Hospital as well as the Toronto Police offer their responses and insights. At a special screening session, two consumer survivors (people who have had first-hand experience with the mental health system) viewed the cases and provided their points of view on the film and the issues. This guide provides excerpts from their answers for each case.

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Case Study #1 - AMBULANCE



1. AMBULANCE

What differences did you observe about the ambulance staff's and Mobile Crisis Intervention Team's (MCIT) responses to this call?

MENTAL HEALTH WORKERS RESPOND:

Ambulances are dispatched to a scene for transportation to hospital (where required) and medical stabilization. Accordingly, the ambulance focused on the presenting medical problem (i.e. “primal pain” and alcohol intoxication), and transportation to the hospital. The MCIT focused on treating the person: humanity, community-focused.

POLICE RESPOND:

MCIT endeavoured to determine if transportation to hospital could be avoided on this occasion by assessing the root problems of the crisis to try to come up with a safe alternative. Ambulance staff focused on the client's desire to be transported to the hospital according to their protocol.

CONSUMER SURVIVORS RESPOND:

For me, the challenge of this situation was that the tension increased because of the small space in which this was happening. For people with mental distress living on low incomes facing multiple barriers, personal space is a big issue. And often we don't have a lot of personal space. In this case, the ambulance workers were doing their job from a medical model and they're right in there, taking pulses and that stuff. Yet the MCIT folks are barely in the doorway.

So that's a lot of tension happening in that space through no fault of anyone's. It's just that when you're in that space and everyone's kind of focused on you, that makes it a much more distressing situation for the person in crisis because it's all blocked.

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Case Study #2 - SMASHED WINDOW



2. SMASHED WINDOW

How do the MCIT nurse's and police officer's roles differ and complement each other?

MENTAL HEALTH WORKERS RESPOND:

To be effective, the MCIT partners must respect each other's different roles and expertise. In this situation the MCIT nurse recognized that police intervention was required and she "backed off" to allow the MCIT and other police officers to perform their work; here the MCIT nurse's role was to advocate for hospital assessment (rather than jail). The MCIT police officer's primary role is situational and public safety; the MCIT nurse's role is client focused.

CONSUMER SURVIVORS RESPOND:

The MCIT nurse clearly brought different things to that conversation. She was concerned about the glass, kicking out the window, about the person requesting water. The nurse was also concerned about [the patient] maybe going back to emergency, coming down from the crystal meth. She certainly brought a different conversation to problem-solve that situation that was very complementary to the police. And I thought it was actually really quite nice how they, with the glass and blood situation, how they really looked after each other. They're a team, right? They're concerned about the safety of each other, and that was really demonstrated at the end of that scene.

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Case Study #3 - HOTEL



3. CRISIS IN HOTEL

How do the police, the hospital, the individual and the community-at-large benefit from this MCIT intervention?

MENTAL HEALTH WORKERS RESPOND:

For the police, the MCIT reduced the amount of time front line police/Primary Response Unit (PRU) spent dealing with a mental health crisis in the community, allowed them to quickly return to their regular police work, and eliminated the time police might have had to wait in the ER had it been necessary for the person to go to hospital.

For the hospital, an MCIT intervention avoids unnecessary trips to ER; helps to address problem of ER overcrowding by providing crisis intervention in the community and keeping people in the community when possible and appropriate.

During an MCIT intervention, the individual client becomes the recipient of caring, humanistic, and mental health care expertise on site. An MCIT intervention provides the community with access to a service with mental health expertise and can respond promptly to psychiatric crises in the community wherever they occur.

POLICE RESPOND:

For the police, the MCIT reduced the amount of time that Primary Response Unit officers spent dealing with the mental health crisis call, which allowed them to continue with other pressing police matters. By having the MCIT take over the call, the PRU officers also were able to avoid an often lengthy wait at the hospital ER should the client have required hospitalization.

For the hospital, MCIT helped address the problem of ER overcrowding by being able to avoid an unnecessary visit to the ER. For the individual client, the benefit is that they receive care from mental health professional at time of crisis with added safety for all involved due to police presence. The benefit to the community is that MCIT is able to have a mental health professional participate in a crisis intervention promptly in the community with the added safety of having a police officer on scene who possesses the legal authority to apprehend under the Mental Health Act. **(cont'd)**

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Case Study #3 - HOTEL

[continued]

CONSUMER SURVIVORS RESPOND:

I think one of the big things when you're in crisis, is that you feel that you have no choices, even though it's clear that there probably are choices available. But you get sort of constricted thinking and your ability to come up with those choices is compromised. So to have someone to take the time to sit there, and I like also that the police officer stood back. I mean, he's there but he wasn't imposing into that space, that it enabled him to kind of process, identify what choices I may have, and that's hugely helpful, because then you feel like you're back in control in some way in your life.

So I think that intervention, helping him, you know, look at some choices he had, hopefully in the long run, we don't know how it worked out, but helped him feel like he could move forward in some way and help himself.

And I also thought it was really great that the nurse was very clear about her boundaries. When you're in crisis it's very helpful when the folks who are assisting are very clear. This is who I am, this is what I can offer, this is what we're going to do, These are your choices. "I don't give hugs". I thought she did a very good job with that.

I like that the nurse actually had some suggestions, because sometimes when you're in crisis you want to talk to people, they just sit there with no solutions for anything. You know, they just say, "Well, you have to do this, or you could do this." But the nurse was putting it in a context for him. She was actually saying something, she wasn't just this kind of removed medical model kind of person who doesn't express an idea or a thought or a point of view.



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Case Study #4 - VANISHED



4. VANISHED

What were the MCIT nurse's concerns and why did the field and MCIT police officers stop the investigation?

MENTAL HEALTH WORKERS RESPOND:

Leaving behind personal belongings can be a sign that a person is thinking of suicide. The MCIT nurse is aware of this risk factor and was concerned about the person's potential or actual suicidal risk.

The police officers stopped the investigation because they did not have any information or reason to pursue the investigation and felt they were not dealing with a police emergency.

CONSUMER SURVIVORS RESPOND:

People don't just vanish, and the nurse was concerned with how can we help that person who has vanished. That seemed to be her major concern. And also just that it seemed that when they were going through his or her belongings that—I don't know, it felt to me that she was doing that in a less clinical way. She brought a different perspective that sort of humanized that person who was previously engaging in some kind of confusing behaviour.

And the poetry, that's a very personal thing. Anyone who keeps a journal knows what that means to someone. And something must be very distressing if one was to leave that, and to have that exposed to other strangers.

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Case Study #5 - "INTOX MALE"



5. "INTOX MALE"

What did you observe about how the MCIT nurse and police officer worked together?

MENTAL HEALTH EXPERTS RESPOND:

The MCIT nurse gathers information about the client and crisis situation on scene. The MCIT officer is more involved in the hospital waiting room to manage acute agitation; the MCIT nurse is more in the periphery at this time.

CONSUMER SURVIVORS RESPOND:

I think this case is the best example, the clearest example, of where they have their different roles. The nurse was saying, "I'm the nurse" and trying to ask him questions, and the police officer was, for example, concerned about the steel-toed boots. That amazes me every time I see it, that he picked that right up, right away, that his feet are dangerous weapons. And so he's constantly trying to make the place safer and secure. And he doesn't take any nonsense from the guy, he just puts him on the floor. He didn't hurt him but he just warned him once and that was it.

And meanwhile the nurse is getting information from the house, finding out about his psycho-social history, relaying that to the hospital when she gets there. I think it's a clear delineation of what their

roles are and how they worked together, like how they care about each other, how they're a team. Again, making sure that they are both okay.

She went beyond even the psycho-social to inquire about housing. That's a huge problem, housing and mental health. The nurse keeps thinking down the road about that, because this person may go to the hospital, may get a detox bed, which is almost impossible in the city. It's very difficult to access that service. And to think, "Okay, so this person may be discharged and they're about to lose their housing maybe two days from now. Are we going to be back in the same circle again?"

Another great thing about the nurse is that she's completely steady. I think being in crisis it's very helpful to have someone remain absolutely steady. Even when she's being spat on and there's boot kicking and whatever, her voice is always consistent. And you hear the police officers, like their voices increase or decrease depending on the security risk, whatever. But she is absolutely steady. And I think that really helps a lot to de-escalate a situation.

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Case Study #6 - EDMUND YU



6. EDMUND YU

The Edmund Yu's Coroner's Inquest Jury made 24 recommendations. What were the other 23?

from the:

REPORT ON THE INQUEST INTO THE DEATH OF Edmond Wai-Kong Yu

Jury Recommendations :

1. The Ministry of Health should provide continued funding for research into the cause and treatment of schizophrenia including research into non-medical and non-drug alternatives.

Rationale: Evidence was given that one percent of the population suffers from schizophrenia, therefore, research on the efficacy of these alternatives is required as some consumer survivor groups reject the medical model for treatment.

2. As part of the "Making It Happen" draft, the Ministry of Health should proceed with these initiatives and be encouraged to ensure that ethno-specific psychiatric services and community-based non-medical outreach programs are funded. We would encourage these communities to present their needs to the Ministry of Health.

Rationale: Evidence was presented that Mr. Yu did well at the Hong Fook Clinic and Rainbow Boarding House where ethnicity was respected. Supportive initiatives at this level would enhance Assertive Community Treatment team's ability to ensure that basic street level needs are fulfilled.

3. The Ministry of Health should provide a long-term funding commitment, and appoint a long-term position, to the Mental Health Law Education Project. Its mandate should be extended to provide education to members of the public, in addition to mental health care professionals. The project should include a public relations campaign to inform consumers and their families of mental health services regarding the operations of the Mental Health Act and other mental health legislation. Particular attention should be paid to consent and capacity legislation and leave of absence provisions.

Rationale: It is unfortunate, but on many occasions, receivers and providers of psychiatric services and families failed to comprehend and apply the mental health legislation as it is currently written. One of the provisions in the Mental Health Act, specifically the Leave of Absence provision, might have been a mechanism the Yu family could have used to help Mr. Yu when he needed it the most.

4. The Ministry of Health should include a member of the mental health community in the drafting of amendments to mental health legislation in order to facilitate its comprehension by members of that community.

Rationale: The current legislation is difficult to understand, interpret and apply in a consistent manner. Legislation

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Case Study #6 - EDMUND YU

[continued]

should be written in “plain English” that can be comprehended by all members of the community to whom the Act is being applied. This would also allow for easier translation into other languages.

- 5.** Ensure that all psychiatrists and psychiatric residents receive training and/or further education on the Mental Health Law of Ontario.

Rationale: See rationale for recommendations 3, 4.

- 6.** That all psychiatrists and psychiatric residents be educated that there are ethno-specific issues in psychiatry.

Rationale: Evidence was presented that there are varied effects of anti-psychotic medications on different ethnic groups, such as Asians who tend to be more sensitive to neuroleptic medications.

- 7.** The Ministry of Health and Ministry of Community and Social Services should continue initiatives for existing and new consumer-based employment organizations. The Ministries should consider proposals for consumer-based employment organizations as determined by consumer survivor groups.

Rationale: Existing consumer-based employment initiatives have large waiting lists for employment. Consumer survivors require flexible hours and part-time work where needs are understood. Often work available is limited and not seen as meaningful. Employment would assist consumer survivors to contribute to and decrease the burden on society, therefore assisting to stop the vicious circle of illness.

- 8.** The Ministries of Health and Community and Social Services should continue funding for the purchase and construction of new housing for consumer survivors in Toronto. Such housing should include short-term “safe-house” facilities such as the Gerstein Centre.

Rationale: Housing is not always affordable and is difficult to obtain and retain because consumer survivors are not always seen as desirable tenants. Housing is a mental health issue and the absence of decent housing is a major determinant of health.

- 9.** The Ministry of Health should create a long-term case management system whereby caseworkers will follow consumers of mental health services on a long-term or permanent basis.

Rationale: In the matter of this inquest it would have been helpful if one or more persons knew all the information regarding Mr. Yu’s mental health, forming a continuum of care. These persons may have worked with the Yu family to monitor his situation so that awareness of his decline in health and decompensation may have been recognized earlier.

- 10.** We recommend that the Ministry of Health consider reducing the number of A.C.T. teams and redirecting this share of the funds for non-medical “safe-houses” such as the Gerstein Centre.

Rationale: The Ministry of Health should be responsive to the deficiencies in the system as identified by consumer survivors, specifically lack of safe housing where their special needs are understood and accommodated. The diverted funds from the A.C.T. teams would allow for the creation of this housing.

- 11.** The Solicitor General should amend the Police Services Act to require annual Crisis Resolution training, of at least one day, in addition to annual use of force training. Priority should be given to front line officers; however, this training should be delivered to command officers and senior managers as well.

Rationale: The jury recommends that the mandating of this course by legislation will prevent it from being discontinued in the future. We feel that it should be an integral part of police training on an annual basis.

- 12.** The Crisis Resolution Course should have the input of mental health professionals, consumer survivor and multicultural groups, and should include, but not be limited to, the following issues :

- Every opportunity should be taken to convert an unplanned operation into a planned operation.
- Unless impractical to do so, a “cordon and containment” approach should be adopted.
- That the aim of crisis resolution should be de-escalation and the resolution of situations without physical force.
- That the “first contact” and “time talk and tactics” approach be used by police whenever possible and that “active listening” be stressed as a skill that officers must develop.
- The fear and apprehension experienced by officers as a result of previous experiences, stereotyping or lack of knowledge, whether about mental illness, race, culture or other factors.
- The fear and apprehension which persons involved with the police may feel as a result of previous experiences, stereotyping or lack of knowledge, particularly due to mental illness, racial or cultural background.
- That police officers, whenever possible, should maintain a sufficient reactionary gap to give them the time to disengage, tactically reposition themselves and or react in such a way which prevents a situation from escalating from the verbal to the violent.

Rationale: All of the above items should assist in the structure of the one-day annual Crisis Resolution Course. With deinstitutionalization of persons with mental illness there is an increase in police interactions with them in the community. The police must be able to safely intervene in situations and know where to turn for assistance.

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Case Study #6 - EDMUND YU

[continued]

13. That the five day Crisis Resolution course be offered as a training course at C.O. Bick College until all existing officers are trained.

Rationale: *Crisis Resolution is taught to all recruits. All existing officers who have not previously received Crisis Resolution training will receive the current five-day course that commenced March 11, 1999 until all are trained. Thereafter, the proposed legislated annual Crisis Resolution course, taken with the Annual Use of Force course, will be the mechanism for continuing this training.*

14. The Toronto City Council provide adequate funding to allow the Toronto Police Service Board and the Toronto Police Service to implement the recommendations of this Coroner's jury.

15. That officers who work in divisions with higher concentrations of persons suffering from mental illness be given priority on the list of officers entering the Crisis Resolution course.

16. That the C.O. Brick College evaluate the Crisis Resolution training to determine its effectiveness. The evaluation should include survey research, detailed interviews and/or performance appraisals of a proportion of graduate officers.

Rationale: *Evidence showed that there needs to be a mechanism that can determine whether behaviours and attitudes are changed as a result of this training. The course should be adapted to reflect the defined needs of the officers.*

17. Continue decentralized training, using Live-Link or other approved methods, at those divisions that are determined to have a proportionately high concentration of emotionally disturbed persons.

18. That the Toronto Police Service follow the lead of the 57 other police forces in Ontario who have joined the Video Training Alliance in order to provide better decentralized training to its [sic] officers.

Rationale: *Evidence showed that there was a duplication of training videos dealing with emotionally disturbed persons.*

19. That the Toronto Police Service and the Ontario Police College establish a closer working relationship to facilitate the sharing of information, training expertise, and professional exchanges to avoid unnecessary duplication or delivery of conflicting training programs.

20. The Toronto Police Service Board should direct the Chief of Police to ensure that the Toronto Police Service assembles a list of available crisis teams with telephone numbers according to police division in the Toronto area. Such information should be available to front line officers through their dispatchers.

Rationale: *The Toronto Police service could make greater use of these teams to facilitate peaceful resolution of crises and to link persons to appropriate resources. Evidence was given that a crisis team would have attended the bus on February 20, 1997 if they had been called.*

21. That representatives of consumer survivor groups, in consultation with the Community Policing Support Unit should develop a pamphlet for police to give to persons in crisis on how to access services. The pamphlet should be prepared in several different languages to serve our diverse community.

Rationale: *Front-line police are interacting with deinstitutionalized emotionally disturbed persons on a daily basis. A combined effort of these groups would lessen the burden on police and ensure consumer survivor input.*

22. The jury endorses the Use of Force report and recommends that the Toronto Police Service implement the recommendations contained in this report.

23. That the Office of the Chief Coroner, on or about the anniversary date of this inquest, April 16, 2000, will discover and make public the progress of the implementation of the recommendations made by this jury.

24. It would be remiss of this jury not to comment on the issue of forced medication for those mentally ill persons who have a history of demonstrated dangerousness to the public.

We feel strongly that the public must be protected. Failure to take corrective medication may require the law to be changed to state that the alternative would be involuntary hospitalization in a mental health facility.

It is recommended that the Ministry of Health address this problem and attempt to reach a solution.

**August 2006
Prepared by the
Office of the Chief Coroner**

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Case Study #7 - HIGH SCHOOL



7. HIGH SCHOOL

What do you think the school would have done without the MCIT?

MENTAL HEALTH EXPERTS RESPOND:

The teachers' anxieties about dealing with "suicide" can cause angst for others, potentially escalating the situation. The school would have called the ambulance [with police accompaniment because of issue of suicide] –and the police uniform may have been stigmatizing a 14-year old as well as to other students in the school, who might have seen the police arriving at the school and escorting the client to the police car. The ambulance team's only recourse is to transport a person to hospital, and that reflects a medicalization of a situational crisis.

In contrast, the MCIT approach is soft, supportive, understanding; decriminalization of mental illness and MCIT balances the needs of the individual with the needs of the community.

CONSUMER SURVIVORS RESPOND:

This case shows that teenagers are taken seriously and that it's normal to have problems. Because I think often society – just, you know, labels it as 'teen angst'. But if we don't talk about suicide, and we won't try to help, we won't try to unpack it. By talking about mental illness or talking about suicide prevention we're empowering ourselves to help each other and our own lives. So I think that's great.

It would also be worthwhile to ask any school who uses this film to ask "What kind of plans does your school have in terms of suicide?"

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Case Study #8 - NEIGHBOURS



8. NEIGHBOURS

What role did the MCIT play in this scene?

POLICE RESPOND:

The MCIT and police in general often have to bridge the gap in services by operating as problem-solvers and peace-keepers even when the issues are not normally regarded as police matters.

CONSUMER SURVIVORS RESPOND:

I really noticed here that they assist not only a person who is in distress but they also looked after the community needs as well. So it wasn't just a person who's having difficulty but also about helping the neighbours to resolve the issue on their behalf as well. And that takes a little bit extra time to go and make the next step. And perhaps with a police-only intervention we might have just seen the police, and not taken the time to go and try to solve the fears of other people about the behaviour that was happening.

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Case Study #9 - PARANOIA



9. PARANOIA

a) What is the value of a crisis intervention in peoples' own environment?

MENTAL HEALTH WORKERS RESPOND:

It's an opportunity to get an independent assessment on site of the validity of the delusions.

b) Would it be appropriate to challenge the paranoid delusions of this individual?

MENTAL HEALTH WORKERS RESPOND:

No. It is appropriate to attempt to ally with clients' distress only as areas of agreement versus conflict. Do not encourage delusions.

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Case Study #10 - PANIC ATTACK



10. PANIC ATTACK

What interventions did you observe in the situation that are MCIT specific?

MENTAL HEALTH WORKERS RESPOND:

The MCIT avoided a hospital visit by the ambulance. MCIT provided behavioral interventions to manage acute panic/anxiety, they referred to aftercare with case management services. The team also provided interdisciplinary advantages of an integrated psychiatric emergency team.

CONSUMER SURVIVORS RESPOND:

It surprised me that by calling 911 and getting someone to your place to tell you how to breathe. It is not something I ever expected, you know? And that 911 call saved the health insurance \$987 by teaching someone how to do some deep breathing. It was a very cost-effective 911 call. And non-intrusive for the person too, by not having to spend the next ten hours dealing with—potentially ten hours—dealing with one hospital.

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Case Study #11 - TENANTS



11. TENANT

How does the community-at-large benefit from this MCIT intervention?

POLICE RESPOND:

The community benefits on several levels including the fact that MCIT was able to provide rapid response to a mental health crisis in the community with a mental health professional with added expertise and a police officer with the lawful authority to apprehend an individual if required. In this situation the MCIT were successful at being able to safely keep the client in the community thereby saving valuable/expensive police/hospital resources and avoiding a possibly traumatic experience for the client.

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Additional Questions + Activities

ADDITIONAL QUESTIONS

- 1) How has this film changed your perception about mental illness?
- 2) What are the other things that people need to support them? (for example: housing, income support, mental health community programs)

SUGGESTED ACTIVITIES

- 1) Find out how mental health crises are dealt with in your community. Invite a local mental health Worker, a police officer and/or a consumer sSurvivor to your class to discuss local issues.
- 2) Develop and implement a public awareness campaign in your community about the need for appropriate response to mental health crises. Identify the players: Justice officials, police, healthcare workers and politicians. Who are the key policy makers in your community who might be able to help you in your campaign to implement change?