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The Use of a Brief Mental Health Screener to Enhance the Ability of Police Officers to Identify Persons with Serious Mental Disorders

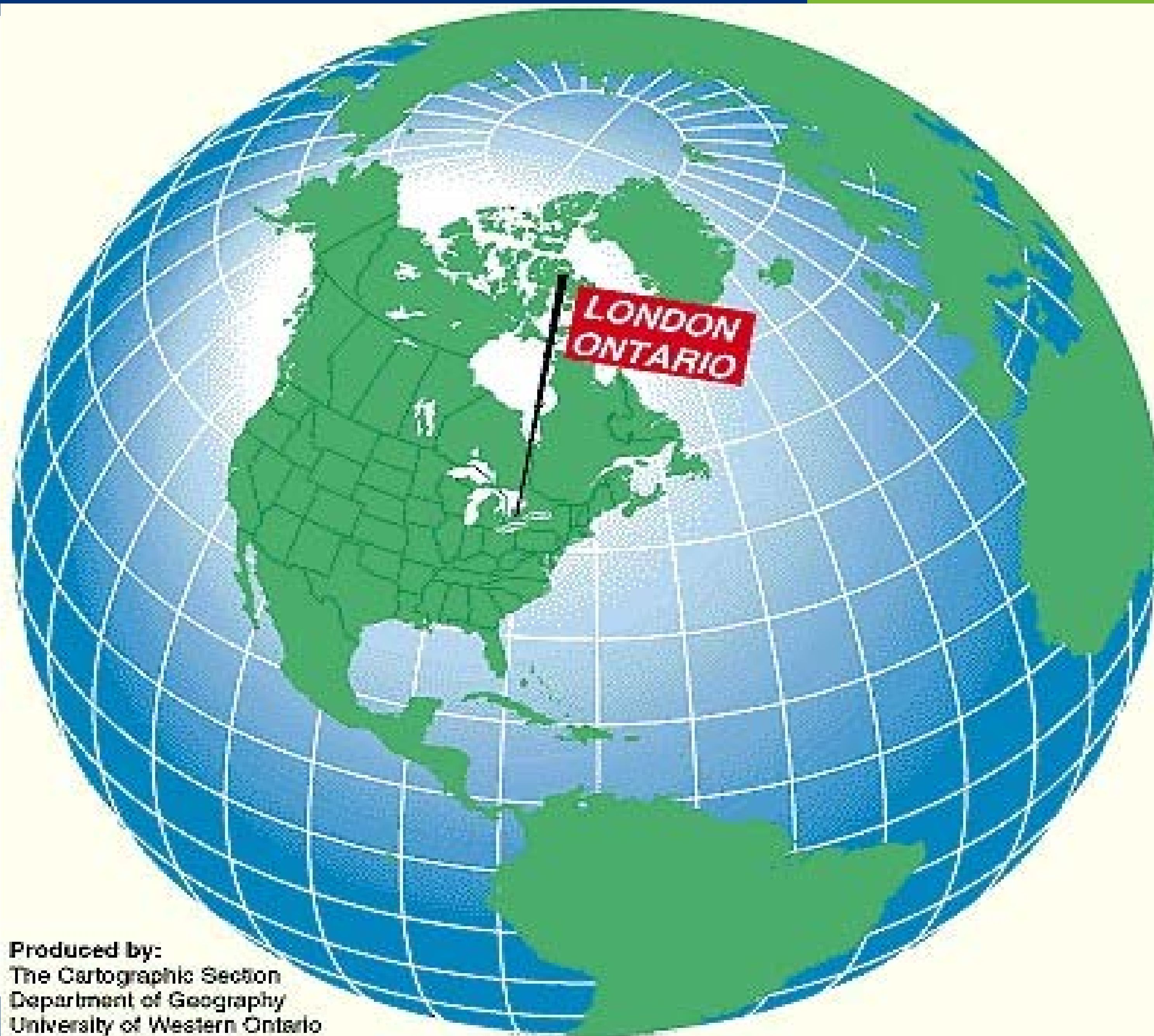
Ron Hoffman, PhD

Nipissing University, North Bay, Ontario

16th Biennial Violence and Aggression Symposium

Saskatoon, Saskatchewan, *May 17, 2016*

The Ontario Police College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Front page news

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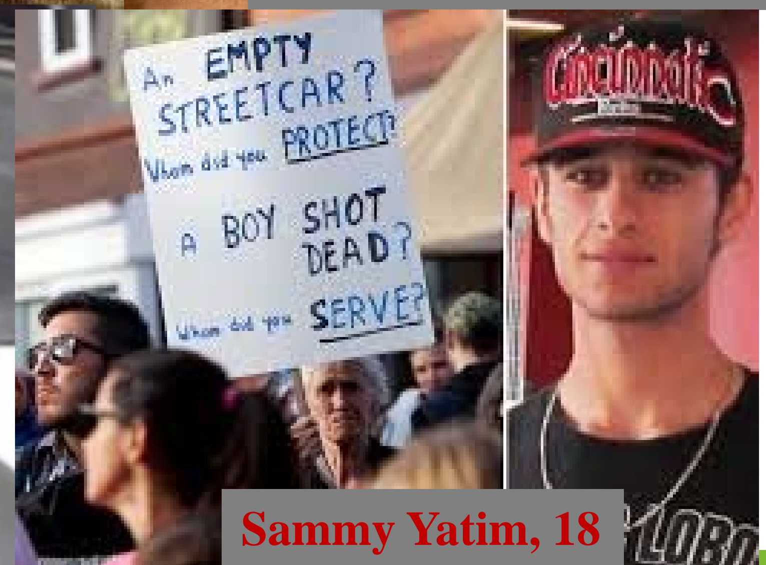

Sammy Yatim, 18

Recent Reports

- Ministry of Community Safety and Correctional Services **province-wide review**, "Police response to persons with mental illness, 2012
- **Justice Iacobucci Report**, "Police Encounters with People in Crisis", July 2014
- Ontario **Ombudsman's Report**, André Marin, opened an investigation into use-of-force guidelines, including de-escalation techniques
- **Coroner's Inquests** including: JKE, Roke, Mesic, Minty, Evans
- **Office of the Independent Police Review Director's** (OIPRD) review of police use-of-force tactics involving people in crisis
- **Ontario Human Rights Commission Report** on Police Use of Force and Mental Health, 2014
- **Mental Health Commission of Canada Repo**rt (Dr. Terry Coleman, Dr. Dorothy Cotton)
- **Other jurisdictions**, e.g. British Columbia's mandated de-escalation training in the aftermath of the Robert Dziekański death; Independent Commission on Mental Health and Policing Report, UK, (2013)

Major Focus

- Are police officers receiving sufficient training to respond to persons with mental illness?
- Need for enhanced collaboration between the health and criminal justice systems

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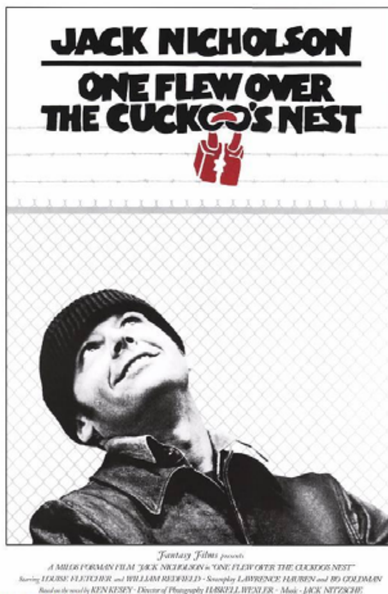
interRAI Brief Mental Health Screener (BMHS)

A "new" form that police officers would complete when they encounter someone who they have *reasonable grounds* to believe has a mental health disorder.

Background

De-institutionalization



- "human warehouses"
- concept of community care
- changes to mental health
- patients' rights groups
- cost??

- **anti-psychotic medications (*chlorpromazine*)**

Psychiatric beds Ontario

1965 - *15,000*

1980 - *5,000*

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What was supposed to happen…

"Mental health services should be provided in the least restrictive and disruptive settings that are as close to the patient's home as practical…"

(Heseltine, 1983)

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What really happened…

Many former patients did, in fact return to the community, however, the promised community resources & supports have been lacking…

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Consequences

- rise in homelessness & substance abuse
- jails have become the “new” asylums
- police become point of first contact

Police have become…

"those guys in white coats"

But, with a major difference….

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Coroner's Inquests

- Jonathan Yeo (Burlington, 1992)
- Lester Donaldson (Toronto, 1994)
- Brian Smith (Ottawa, 1998)
- Zachary Antidormi (Hamilton, 1999)
- Edmond Wai-Kong Yu (Toronto, 1999)
- Louise Lent (Thunder Bay, 2002)
- Cynthia Oster (Barrie, 2005)
- Evan Jones (Brantford, 2013)
- JKE (2013)

Criticisms of police response

Excessive use of force

- over-emphasis on “command & control”
- over-emphasis on “officer safety”

Insufficient/inadequate training

- de-escalation techniques
- mental health issues
- assessing impact (during training & transfer to field)

Lack of collaboration between systems

Police Issues

- Vague apprehension authorities "*disorderly manner*"
- Police officer's opinion *vs.* ED physician
- Lengthy waits in ED
- Public safety jeopardized (in ED & community)
- Escalating costs of policing
- Criminalization & stigmatization of persons with mental illness

Finding a better way….

✓to enhance training

- *indicators of serious mental disorders*
- *evidence based*

✓to promote collaboration between the mental health & criminal justice systems

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Who ?

- International, not-for-profit network of ~85 researchers

What?

- Comprehensive assessment of strengths, preferences, and needs for vulnerable populations

How?

- Multinational collaborative research to develop, implement and evaluate instruments

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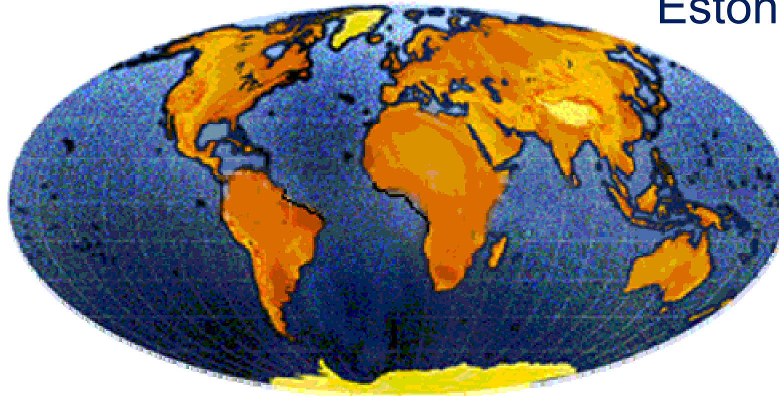
interRAI Countries

North America
Canada
US
Mexico

Europe
Iceland, Norway, Sweden, Denmark, Finland, Netherlands, France, Germany, Switzerland, UK, Italy, Spain, Czech Republic, Poland, Estonia, Belgium, Lithuania, Russia
Portugal, Austria



Central/ South America
Brazil, Chile
Peru

Pacific Rim
Japan, China, Taiwan, Hong Kong, South Korea, Australia, New Zealand
Singapore

South Asia, Middle East & Africa
India, Israel, Lebanon, Qatar
South Africa, Ghana

interRAI family of instruments

- Mental Health
  - Inpatient
  - Community
  - Emergency Screener
  - Forensic Supplement
  - Child & Youth
  - Correctional Facilities
  - *Brief Mental Health Screener
- Community Health Assessment
  - Functional supplement
  - MH supplement
  - Deafblind supplement
  - AL supplement
- Intellectual Disability
- Home Care
  + Contact Assessment
- Nursing Homes, Complex Continuing Care Hospitals
- Acute Care
  + ED Screener
- Palliative Care
- Post-Acute Care-Rehabilitation
- Subjective Quality of Life
  - Long term care
  - Home and community care
  - Mental Health

interRAI Canada by the numbers

- **10** provinces and territories use interRAI instruments (8 mandated, 2 pilots)
- **644,820** new in-person assessments annually
  - Typical assessment includes 350+ items, scales and algorithms
- **1,503,848** Canadians assessed in-person by end of 2013
  - 647,078 in nursing homes & CCC hospitals
  - 648,024 in home care
  - ***208,746 in mental health***
- **5,119,344** in-person assessments by end of 2013
  - 2,713,898 in nursing home & CCC hospitals
  - 1,606,149 in home care
  - ***799,297 in mental health***

What makes the interRAI BMHS different?

Evidence-informed:

- key indicators of serious mental disorder obtained from health database

Enhanced training & communication:

- teaching police health language enhances training
- common language promotes better collaboration between frontline of systems

Development of the interRAI BMHS

- Literature reviews & focus groups
- Analyses of **41,019 admissions** in OMHRS (health records) to identify items most predictive of high risk (harm to self/others, inability to care for self) = **14 variable algorithm**
- 2011 pilot study using police/hospitals in urban/rural settings
- International review - interRAI Network for Mental Health (**iNMH**)
- Approval of final version by interRAI Instrument and System Development Committee (**ISD**)

Key Findings of Pilot Study

- Original 14 variable algorithm good predictor of those most likely to be taken to hospital by police officers and those most likely to be admitted;
- Reasons why police officers bring someone to hospital unlike those for subsequent admission; police concerned with public safety, hospital staff indicators of disordered thought;

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Factors related to police apprehension vs. hospital admission

n=235

Police apprehension	Hospital admission
Self-injurious attempt – 7 days*	Self-injurious attempt – 7 days*
Self-injurious considered – 3 months	Hallucinations
Suicide plan	Delusions
Others Concern at risk of self-injury	Abnormal thought process
Verbal Abuse	Low insight into their problem
Socially Inappropriate/disruptive behaviour	Intoxication by drug/alcohol (negative relationship)
Violent Ideation	
Violence Others	

Key Findings of Pilot Study (con't)

- 50% of those identified by police as "disordered thought" only were not taken to hospital;
- 30% taken to hospital by police officers and subsequently released

Current Research

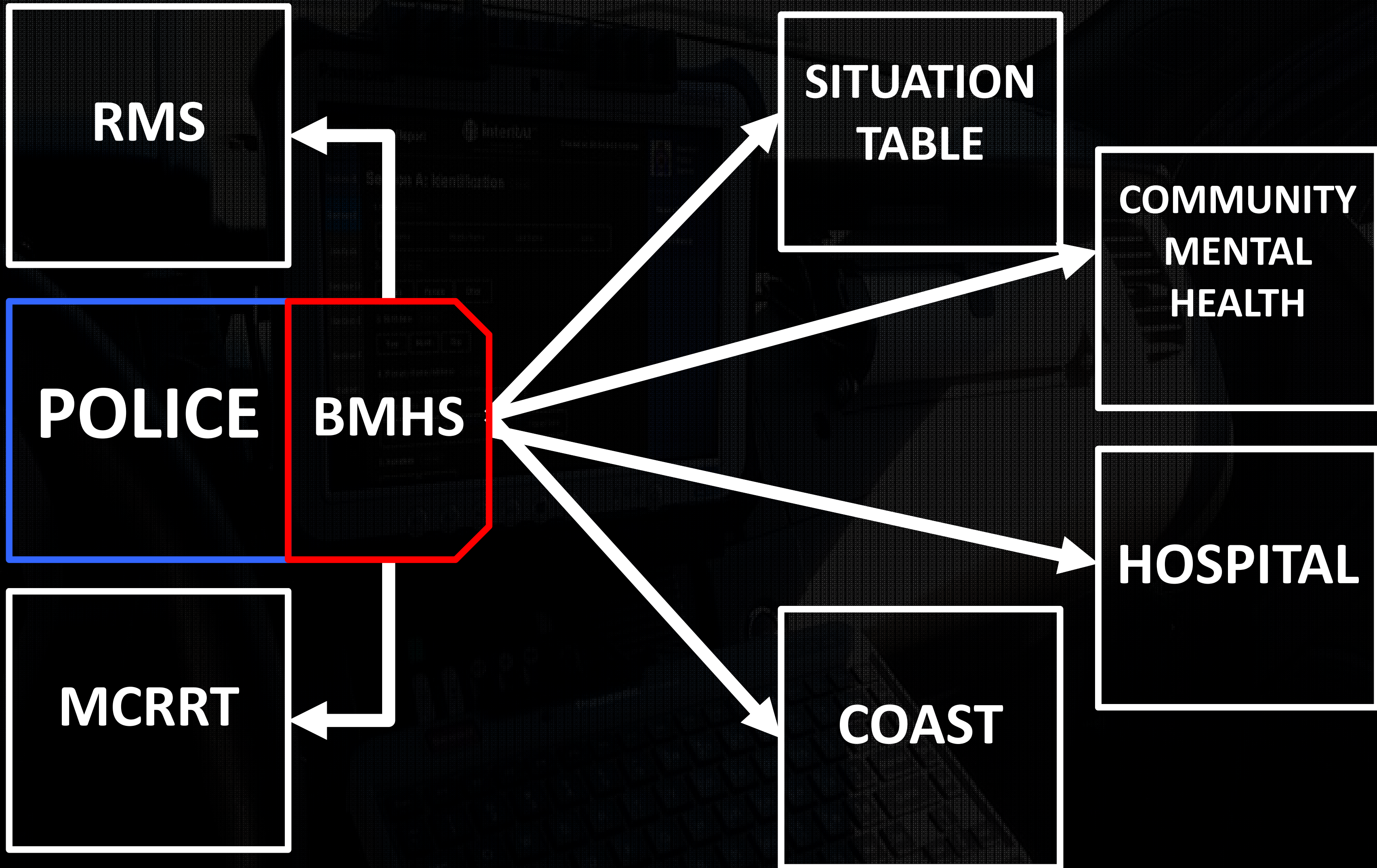
- several medium, one large police service (>5000 officers); many in process of implementation;
- international interest;
- >13, 000 completed forms to date;
- preliminary analysis confirms the predictive ability of the original 14 variable algorithm
- development of algorithms for danger to self/others & inability to care for self

Panasonic
BMHS Report
interRAI
Section A: Identification
Analysis
Panasonic

POLICE

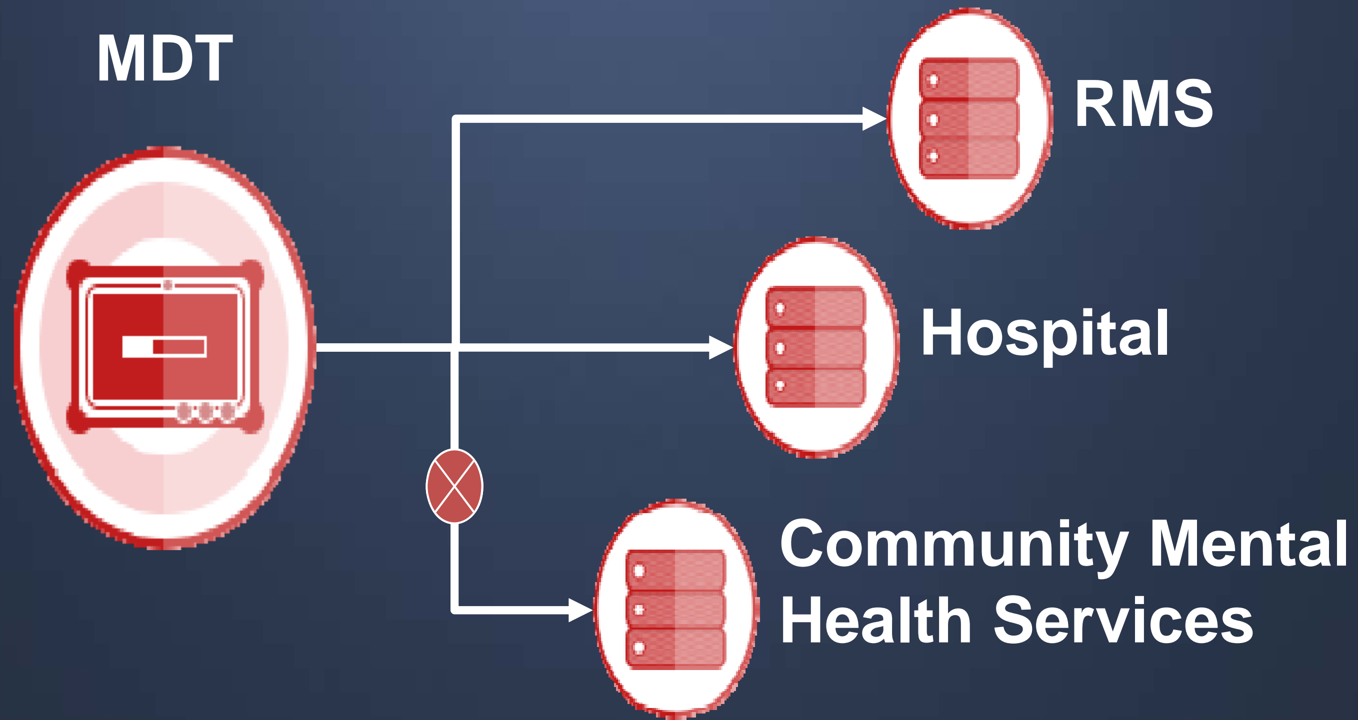
BMHS

HOSPITAL



RMS
POLICE
BMHS
MCRRT
SITUATION TABLE
COMMUNITY MENTAL HEALTH
HOSPITAL
COAST

MHA APPREHENSION SCENARIO



Advantages

- On-scene risk analysis
- Data Collection & Transmission
- Proactive response model

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Benefits to Police Services

- captures & standardizes police observations in health system language
- enhances police training
- expedite transfer of responsibility (some preliminary data)
- user friendly & does not require extensive training
- quantifies police resources

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Benefits to Health Care

- scientifically sound information from police observations compatible with hospital psychiatric assessments
- improved communication & collaboration between frontline hospital staff and police officers – helps "*synchronize the systems*"
- *integrated* & *seamless* system of care i.e. compatible with *other* interRAI instruments used in *other* settings

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Current status…

- other police services in process of implementation
- > 500 requests internationally, continue roll-out
- app development
- analysis of new data…
  - *children & youth who have contact with police*
  - *application in community settings*
  - *algorithm to flag high risk patients*
  - *repeat contacts with police and health system*
  - *develop standardized police response protocols*

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The use of a brief mental health screener to enhance the ability of police officers to identify persons with serious mental disorders

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ABSTRACT

Police agencies in Canada and elsewhere have received much criticism over how they respond to persons with serious mental disorders. The adequacy of training provided to police officers on mental health issues and in particular on recognizing indicators of serious mental disorders has been a major concern. This paper describes the process that led to the development of a new brief mental health screener (interRAI Brief Mental Health Screener, BMHS) designed to assist police officers to better identify persons with serious mental disorders. The interRAI BMHS was developed in collaboration with interRAI, an international, not-for-profit consortium of researchers. The government of Ontario had previously partnered with interRAI to develop and implement the Resident Assessment Instrument for Mental Health (RAI-MH), the assessment system mandated for use on all persons admitted into inpatient psychiatric care in the province. Core items on the interRAI BMHS were obtained through analysis ($N = 41{,}019$) of RAI-MH data together with input from representatives from health care, police services, and patient groups. Two police services in southwestern Ontario completed forms ($N = 235$) on persons thought to have a mental disorder. Patient records were later accessed to determine patient disposition. The use of summary and inferential statistics revealed that the variables significantly associated with being taken to hospital by police included performing a self-injurious act in the past 30 days, and others being concerned over the person's risk for self-injury. Variables significantly associated with being admitted included abnormal thought process, de-

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Integrated Health Information System

interRAI is a collaborative network of researchers in over 30 countries committed to improving care for vulnerable populations. Our not-for-profit corporation strives to promote evidence-informed clinical practice and policy decision making. interRAI achieves this through the collection and interpretation of high-quality data about the characteristics and outcomes of persons served across a variety of health and social services settings.

Every instrument in the interRAI suite of assessments and applications has been developed for a particular population, yet the instruments are designed to work together to form an integrated health information system—a global standard. As an organization, interRAI maintains the highest level of quality for the measures used in our instruments. Each instrument is the product of rigorous research and testing to establish the reliability and validity of items, outcome measures, assessment protocols, case-mix algorithms, and quality indicators.

interRAI suite of instruments:

- interRAI Wellness (WELL)
- interRAI Check-Up (CU)
- interRAI Community Health Assessment (CHA)
- interRAI Home Care (HC)
- interRAI Assisted Living (AL)
- interRAI Long-Term Care Facilities (LTCF)
- interRAI Post-Acute Care (PAC)
- interRAI Acute Care (AC)
- interRAI Palliative Care (PC)
- interRAI Mental Health (MH)
- interRAI Community Mental Health (CMH)
- interRAI Child and Youth Mental Health (ChYMH)
- interRAI Child and Youth Mental Health and Developmental Disability (ChYMH-DD)
- interRAI Pediatric Home Care (PEDS-HC)
- interRAI Intellectual Disability (ID)
- interRAI Mental Health for Correctional Facilities (CF)
- interRAI Brief Mental Health Screener (BMHS)
- interRAI Emergency Screener for Psychiatry (ESP)
- interRAI Contact Assessment (CA)
- interRAI Self-Reported Quality of Life Surveys (QOL)

The interRAI suite of instruments is offered in multiple languages, in print and electronic formats. For more details, visit www.interRAI.org

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8.50 x 11.00
280 mm x 216 mm

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interRAI Screener BMHS

interRAI Brief Mental Health Screener (BMHS) Assessment Form and User's Manual

A Screening Level Assessment for Use by Police Officers and Other Front-line Service Providers

Version 9.3

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UNIVERSITY OF WATERLOO

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Future

- recognition of the contribution that police have made and could make in connecting / reconnecting persons with mental health problems to mental health service providers
- recognition of the evolving role of police in society (and maybe the need for some "*rebranding*"?)

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"Seamless system"

Police officer completes BMHS at scene & sends to ED prior to arrival	BMHS flags high risk persons in the ED	BMHS data inform completion and interpretation of RAI-MH

Final thoughts..

- Evidence-based training
- Promotes better collaboration
- Early identification
- Connects/reconnects people with serious mental disorders to mental health services

Future role of policing?

Crime fighter?

vs.

“Protector of the vulnerable”

Thank you

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