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**Yukon Police Review**  
**Presentation by Second Opinion Society**  
**304 Hawkins Street**  
**August 26, 2010**  
**(Revised)**

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Second Opinion Society has a long history of working to support people who have been labeled as mentally ill, and an established position in the community as an NGO with a strong commitment to social justice. We are happy that the territorial government is examining the question of policing in the Yukon, and we are pleased to be able to provide our input. Many of our constituents encounter the RCMP as the first line of enforcement of the territory's mental health laws, and it is often the RCMP, as first responders, who detain people in emotional crisis, under territorial mental health legislation. Thus, the way constables respond to crisis situations is critical in terms of what best serves the needs of many of our constituents.

When we carried out research into community needs for emotional crisis support in 2002 (Crisis Support Needs Assessment), we discovered two things about the RCMP. The first is the degree to which the RCMP is called upon to respond in situations where someone is in a state of extreme emotional distress. This is no surprise, but very frequently RCMP constables act not just as police officers but also as social workers and even family counsellors in making on-the-spot decisions on how to proceed in complex and stressful situations. Unfortunately, recourse to detention under territorial health laws is often the outcome.

People in crisis almost always have a range of needs, and the critical element in addressing and resolving crisis situations is to understand those needs and try to meet them. It is our view – and that of the law – that the least coercive solution is the best one. However, we know from our own experience, that skilled help in such situations can come from other sources than the RCMP. We have assisted in many situations, bringing in the knowledgeable peer support of SOS staff, and helped the person in crisis calm down, reorient themselves and realize they can act differently and not be in such a high level of crisis. Doing this has helped the person take a different course of action that may not require being incarcerated or going to the hospital. Thus, while detention may also be a quick and effective means to defuse a crisis situation, it is not always necessary. As well, it

is much more expensive – both in terms of money and personal upset – and should always be a last resort.

We have several suggestions as to how things could improve in crisis intervention situations. We see improved training for front-line constables as one essential way to improve this situation, as long as they are going to be on the front line of dealing with these people. This means that RCMP officers should have a thorough understanding of not just the law, but should also possess basic skills for working with people in crisis. We know that Yukon RCMP officers sometimes bring considerable sensitivity, patience, and understanding to these situations, but often this is not the case. People in emotional distress need someone to help calm them and help assess the situation to determine what is the best action to take and what community resources are most appropriate. Contact with the police often makes emotionally distressed people more agitated, instead of helping them to calm down. More, improved, and consistent training in emotional crisis intervention is needed. There is a range of training alternatives available, both locally and nationally, for the RCMP to consider.

Another thing we found out in our research in 2002 was how resistant the RCMP was to engaging in dialogue. Our study was widely supported in the community by a range of stakeholders, but the M Division responded only after persistent requests, and then only in the briefest, most cursory way. Given their importance in the dealing with crisis situations, we were struck by how little they seemed to want to communicate with us and, by extension, our constituents. The fact that RCMP personnel are rotated through the territory doesn't (in the short term) help them develop links with the community. However, much more could be done. There is a wide range of community NGOs and formal and informal coalitions in the Yukon. More involvement and familiarity with stakeholders would, in our view, improve the RCMP's ability to engage with and respond to its community.

Direct collaboration of the RCMP with other community supports is another necessary component of effective crisis intervention. In some communities, police officers work directly with community workers in dealing with people in emotional crisis. For example, in Vancouver there is a dedicated police car that responds to mental health calls with a psychiatric nurse working with the police in areas where there is a high number of people who come into contact with the police who

are mentally ill and/or intoxicated. (See attached article: “Police becoming de facto mental health workers of our society,” *Vancouver Sun*, Feb 2, 2008, handed out at presentation on 26 August). In British Columbia, it is the EMS personnel who first talk to people who may be suicidal, to assess their needs, and police are called in only where necessary.

Because police are dealing with a high number of vulnerable people here in Yukon, with many people who are either intoxicated, with FASD, or involved in domestic disputes, as well as those extremely agitated and those labeled with mental illness, there should be some consideration of how to best work with these people in a wider sense, to expand skills and options at the point of crisis. Formal collaboration with other community resources such as people trained as nurses, social workers or counselors, is essential for effective crisis intervention. People trained as peer support counselors, such as SOS staff, should also be included in this collaboration.

Many people in crisis have needs that could be more effectively and more cost effectively met by having after-hour crisis support available. In the Yukon, most mental health supports are limited to Monday to Friday during business hours and it is Emergency Services, such as hospital, police and 911 (and Kaushee’s Line), available after hours. Appropriate supports available for people can often mean that less time is spent in hospital, jail or under police care, as more extreme crisis can be avoided. Some cities have a crisis centre where people in need of help can obtain appropriate supports without resorting to 911 emergency services. Such services can include a 24-hour crisis telephone line and also might include a few beds where people can stay for a few days to calm down and stabilize (similar to a women’s crisis shelter). These kinds of supports have been proven to be more effective for some people and also cheaper than relying solely on emergency services. Research has also shown that people trained to do peer support can be very effective in providing services to this group, and can be used on crisis phone lines, as well as, other support services.

Yukon M Division personnel need to be more responsive to the needs of people with Mental Health problems, and the community in general. Critical to that responsiveness is better training and more knowledge of how to intervene in situations of emotional crisis, and better links with the community and the wider range of intervention options it can offer. The result would be, in our view, more understanding and resolution, and less frequent detention under the Mental Health Act.

These are our recommendations:

1. **Improved communication with the community and NGOs** such as SOS. A process should be established for ongoing and regular communication so that the RCMP is more in touch with the community and community needs. For example, RCMP personnel could come to SOS to get to know us and our members, and we them; we have regular meetings and lunches where this could happen.
2. **Additional training for RCMP** dealing with vulnerable people such as those extremely emotionally distressed or mentally ill. Improved crisis intervention training and knowledge of how to communicate with vulnerable populations is necessary as police spend much of their time dealing with this group and are often the front-line workers.
3. **Formal Collaboration with other Community Resources** – RCMP should work more closely with other community resources and government departments, such as nurses, social workers and counselors, so that people in crisis can be calmed and re-directed to the most appropriate services.
4. **More Community Education in Finding Alternative Supports other than RCMP** - People with mental health issues need to be empowered to develop their own communities of both professional and peer support, so that when they go into crisis, they themselves know of places other than the RCMP, to turn for help. One of the services that SOS offers, in general, is education in mental health self-help and awareness, but this could be extended to focus on crisis training alternatives. For example, we recommend that a person ask RCMP or hospital staff to call an SOS staff member, when they go into crisis to accompany them when they don't have any other supports available. Similarly, on release from hospital or jail, if this could be done during SOS opening hours, then SOS staff could be available to support the person in getting home, rather than the person just being turned out on the street without any support. SOS does provide this kind of support when requested and we would be happy to do more, but we are limited by our lack of resources and low profile. Moreover, we don't advertise these services specifically because we don't have the financial and staffing resources to actually do the ongoing support that is needed. General public education needs to happen in this area as well, so that concerned citizens know what to do to help if they are aware of a problem occurring. The Canadian Mental Health Commission now recognizes that consumer and peer support services play a very important and effective

role in supporting people with mental health issues and recommends that these services get increased funding.

5. **After-hours crisis support** – Better after-hours crisis support in the community would alleviate the problem of police responding to many calls that other personnel are better trained to respond.
6. **Improved Complaints Process** – A much better and local process is needed, as the current process, which is apparently centralized federally, thus taking complaints far away from source, is not effective. Our members have not been satisfied with how their complaints have been treated. Many people are not aware of how to make a complaint and most probably wouldn't bother with this bureaucratic process as it is often seen as a waste of time.
7. **Respect and consideration for people labeled as mentally ill** – People in emotional distress and crisis need support and very often all that is available is the frontline emergency services of RCMP or EMS. They need to be treated with respect and consideration by personnel trained and capable of dealing with them effectively and appropriately.
8. **Mental Health Advocate** – is needed to help people navigate “the system” in general. An advocate knows how to communicate with a doctor or social worker or Social Assistance, on behalf of people who can be confused by talking to professionals or government agencies and then perhaps do not convey the information they want, nor get their needs met. We know of numerous instances where people might be entitled to services but do not succeed in accessing these themselves, and this can cause escalation of symptoms like depression and anxiety. An advocate can support, guide and direct people to access the combination of help they need across different areas.
9. **We strongly advocate that better community supports, including supported housing, would be more effective and more cost effective than the police being the front line workers to handle mental health complaints.** Studies show that case management and supportive housing programs avoid millions in hospitalization and policing costs. “Toward a Mental Health Strategy for Canada”, Steven Lurie *The Journal of the Ontario Association of Social Workers* Vol. 34 Number 4, November '08, and *Supported Housing in Nanaimo - Wesley Street Development* ([http://www.nanaimo.ca/assets/Departments/Community~Planning/Social~Planning/Wesley\\_Street\\_Overview\\_Brochure.pdf](http://www.nanaimo.ca/assets/Departments/Community~Planning/Social~Planning/Wesley_Street_Overview_Brochure.pdf)) are only two of many documents in this area. Please note these excerpts from “Supported Housing in Nanaimo” p.2; **“The Cost of Homelessness:**

The impacts of homelessness on the homeless themselves are severe and should never be forgotten in discussions aimed at addressing homelessness. It is also important to recognize, however, the very real and significant costs to the broader community. Consider economic costs:

A 2008 study out of Simon Fraser University noted that a homeless adult in BC who lives on the street, and who suffers from severe addiction and/or mental health issues, costs the public system on average over \$55,000 per year. These costs result from the use of shelters, visits to emergency rooms and health centres, and interaction with police and the justice system. (Providing the same person with housing and support would cost \$37,000 per year.)

In October, 2007 a report by a Mayor's Task Force in Victoria found that "the Victoria Police Department has identified a group of 324 homeless individuals, many of whom are mentally ill, suffering from substance use disorders or co-occurring disorders, who are responsible for 23,033 police encounters over a period of 40 months at an estimated cost of over \$9 million."

Numerous Canadian studies show the same result: supportive housing and appropriate mental health supports available in the community for people dealing with mental health and addictions will result in fewer contacts with the police and is also more cost effective.

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***Examples of how our members at Second Opinion Society have been treated by the RCMP:***

1. When police respond to a call where someone may be suicidal, the police should have some skills to assess the situation and treat the person with respect. Some members have reported rough and disrespectful treatment in this situation. For example, a woman reported being picked up by the police after someone reported that she was suicidal. Their treatment was rough and disrespectful, there was no assessment of whether she was indeed suicidal or whether she had any means to kill herself, she was taken to the hospital in her nightgown without any time to get her coat or shoes.
2. One member was picked up in Dawson City without proper clothes, ID or money and held for a short time in Dawson on suspicion of a crime she had nothing to do with and then sent to the Whitehorse Hospital for a psychiatric assessment, as she had a psychiatric history and was not happy to be detained. After a 24-hour assessment, she was released from the hospital without proper clothing, shoes, ID or any money, all of which was in Dawson City. The RCMP picked her up, sent her to the Whitehorse Hospital and then had no interest or responsibility for getting her back home or ensuring that she had the means to do so.
3. One member was in the Whitehorse Hospital for two weeks under court order and waiting for a transfer to a psychiatric facility in another province. She had no idea when this transfer

would take place and was given no advance information. One day at 5:00 am two police showed up at the hospital to pick her up to take her to the airport for her flight. Both the patient and the nurse in charge were extremely angry at how this was done. Surely, the patient and hospital nurse could be given a day's notice when this occurs, instead of aggravating a person who is already agitated and fragile.

4. Some members have complained of police taking a long time to respond to 911 calls. Some of these needs could possibly be met by personnel other than the RCMP, but if there is no other after-hour crisis support in the community, people have to resort to 911 or go to the hospital.
5. Many members dealing with mental health and addiction issues have complained of rough treatment by the RCMP. For example, one woman described being handcuffed in such a way that it left her with bruises, and held against the wall by a male officer. Proper services and resources should be available in the Yukon for this population as the RCMP, ambulance and hospital emergency services are not the most appropriate resources trained for this purpose. Adequate housing and support services for this group should be available, giving the RCMP less responsibility here.
6. "I was lied to when the police came into my home and they abused their power. They often show up late (20 minutes later) when in an emergency situation. The police could appear to be more friendly, the community needs to feel supported. The RCMP are supposed to help cut down on crime, defend the helpless and victimized. I would like to make sure that the police do not push to work against people when they suspect a problem. They should take important information, report abuse and investigate."
7. Another member of Second Opinion Society states that she has concerns about the policing service she receives:

-Feels that the response time when police are called is slow to non-existent.

-Cites a recent instance, where a number of drunken males were screaming and fighting below her apartment window in the early morning after the bars had let out. By the time the police had arrived, they had moved on. She was hesitant to personally intervene, but did holler down to them that if they didn't move along, she would call the police. They ignored her and continued scuffling, and she did call the police. She says that the dispatcher seemed more interested in getting personal information on her as the complainant, than in sending anyone to address the problem. Asked a second time to give her personal details, she hung up in exasperation.

-Respondent also feels that "they don't treat you with any dignity. They escalate a volatile situation." Asked to give an example, she said, "They take an aggressive stance. They'll stick their foot in your doorway, so you can't close it on them. They demand that you open the door---when you do...they escalate the situation by either pushing their way in, or

they're so hung up on their authority—I am an RCMP officer, you have to do whatever I say, I can throw you in jail, or assault you with no fear of repercussion. It goes to their heads, too many of them, especially the young ones, and the older ones seem to be on just as much of an ego trip.

-She also recalled an instance, when apparently when she was intoxicated, she is alleged to have said she was going to commit suicide, or threatened to. The management of the hotel she was staying at called the police, who came, and refused to even let her put a housecoat on, despite the manager's requests to them. Wearing only a nightshirt that barely covered her posterior, she was taken down to the hospital, where the police said, "Okay, if you're not suicidal, you're out in public drunk and disorderly." They took her to the drunk tank, and left her there for the night.

"There is a total lack of dignity and respect, especially towards mental health", she says. "I've got a record now for drunk and disorderly that I never should have gotten. I was drunk in my room, making a stupid phone call, that never should have been reported, and now I have a record...I was never out in public. They brought me out in public."

She further cited BC legislation, where people may contact a friend or family member, and delegate authority to them, requesting that you may not be drugged. She stated that all it takes in the Yukon is the mere use of the word suicide to have law-enforcement at your door. Often, what is really a cry for help gets misinterpreted as a threat, and subsequently criminalized under the Mental Health Act.

When asked what changes she would recommend to improve the policing service in Yukon, respondent replied: "I think the majority of officers should be given some sort of rage control...and be told not to escalate the situation by aggressive tactics." She added that she thought the power to detain under the Mental Health Act should be taken out of the hands of the police, and placed with, for example, ambulance attendants. She stated that in BC, "they have a team that goes out, and will appraise you. And if they say you're fine, the police have to leave, and you're left alone."