

## Police unlikely to get much help with mental health crisis

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Can this be true? A Vancouver police department study reports that more than 30 per cent of police service calls city-wide involved the mentally ill, with that number approaching 50 per cent in some neighbourhoods.

What is even more amazing is that the VPD brass thinks these numbers are low.

Just how accurate are the VPD's numbers? Some of my academic colleagues from across Canada questioned their accuracy because research in cities like Montreal pegged the number at around three per cent.

This difference is due to the fact that the VPD study reports on every incident an officer encountered, whereas academic research analyzes the content of filed reports -- and not every incident warrants the paperwork of a filed report.

Let's be clear. Methodology is not the issue; rather, the report reveals in a factual manner that the VPD is dealing with a crisis and that law enforcement is fast taking a back seat to dealing with issues of mental health. The recommendations contained in the report are notable because they reflect a crisis management approach to mental health that is designed to free up officers for patrol.

Take for instance, the call for a streamlined admission process into Vancouver hospitals for police officers who have arrested someone under the Mental Health Act. Currently, if they pick up a mentally ill person and take them to the emergency room, they must stay with the person, often for several hours, until they are seen by a physician. Thus the need cited for the creation of an "urgent response" centre where patients can be assessed and triaged according to their needs, and increased services for those dual diagnosed with a mental illness and substance abuse problem, among others.

So what can our police expect from the city? Not what they asked for, but instead three of Mayor Sam Sullivan's pet projects -- the "collaborations for change" process, a child of the Project Civil City initiative; the chronic addiction substitution treatment or CAST program, and the expansion of the Downtown Ambassadors program.

With the collaborations for change process, our police can look forward to more expert panel discussions and calls for research, studies and consultations. These will undoubtedly come to the same conclusions and recommendations as the original Vancouver Agreement did, since many of the same groups and individuals from the Vancouver Agreement have been invited to take part in the collaboration

for change.

On the CAST program, we have to take Sullivan's word that it will revolutionize the treatment of methamphetamine users and take away \$50 million in drug profits to pushers. Just how this drug substitution program (modelled after the methadone treatment for heroin users) will achieve projected results and be worthy of such accolades is largely unknown. The CAST program has bypassed the usual channels of scrutiny such as city council and open peer scientific review because the funds were sourced privately and are administered through a private foundation set up by Sullivan.

To make matters worse, with the expansion of the Downtown Ambassador program our police can look forward to less funding.

Crisis management approaches are not sustainable. They deal only with the problems at hand and do little to stop the problem from growing. A unique feature of Calgary's recently released 10-year plan to address homelessness is that it places as much emphasis on prevention of mental illness as it does on the other recommendations such as building supportive housing, treatment centres and harm reduction strategies that are found in virtually any other report or study.

The emphasis on prevention, especially in high-risk populations that include prison inmates, children in foster care, persons recovering from mental illness and addictions, or families under stress, for example, is the first step to breaking the cycle of mental illness, drug addiction and homelessness.

Given the direction taken by the mayor's office, the VPD can expect to be in crisis management for some time to come, but most sadly it can expect to stay there because prevention is not part of anyone's agenda.

As Benjamin Franklin said, "an ounce of prevention is worth a pound of cure." It's about time we listened.

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