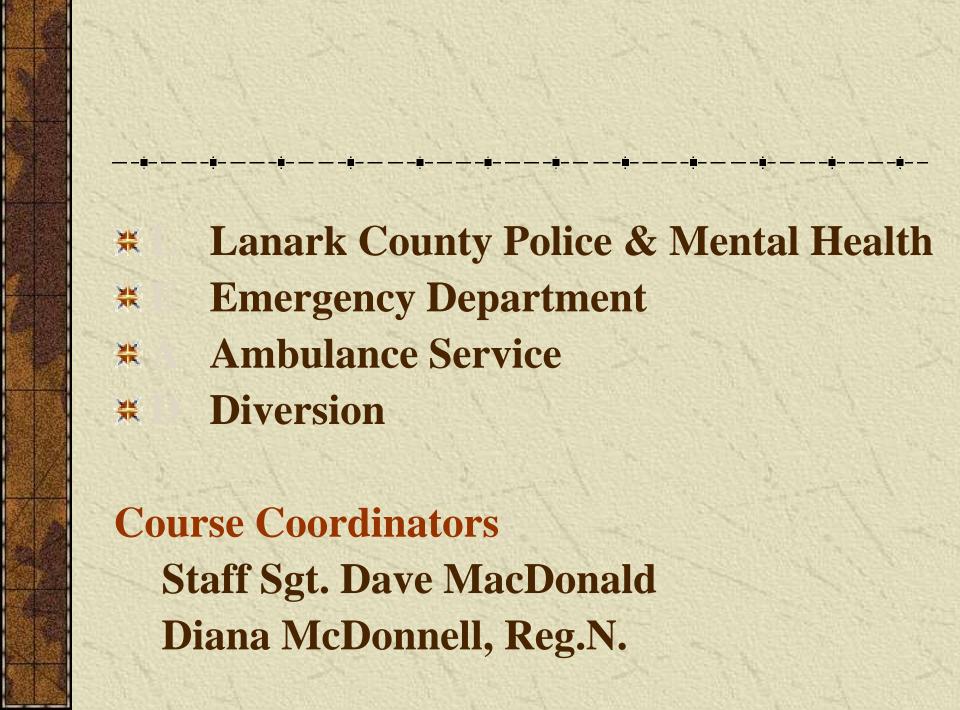
Lanark County Police Service L.E.A.D. Team



LOCAL SERVICE AREA





Population Demographics and Health Projections

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- Higher aging population than provincial average
- Population growth from 1991 1996 was highest in Lanark with 9.2% growth and 6.7% in Leeds & Grenville compared to the provincial average of 6.6%
- Lanark, Leeds and Grenville (LLG) was the the highest rate of growth in the South Eastern Ontario District (SEOD)
- Growth patterns are evident in North Lanark due to proximity of Ottawa
- By the year 2021 it is expected that the population will increase by 28% totaling 220,000



Population Demographics and Health Projections

- Single parent families were 17.7% with the provincial average of 15.7%.
- Other relevant factors include two large institutions, which have discharged clients into the local communities, the Psychiatric Hospital in Brockville and Rideau Regional Center in Smiths Falls.
- Unemployment with impending closure of Hershey Canada.
- Due to difficulty with recruitment and retention there has been a loss of family physicians in this region.



Lanark, Leeds & Grenville Solution

- Policy and Protocol Development and Implementation
- Police/Mental Health Liaison Officer
- Data Base
- Research Initiatives
- Joint Training and Education
- Community Development
- Crisis Plans



Policy and Protocol Development and Implementation

- Purpose of protocol is to:
 - provide clear direction
 - promote safe and timely response to mental health crisis where multiple hospital and community agencies may be involved
- Relationships are defined between the partners working with individuals with suspected or confirmed mental illness, who may be in significant distress.
- As an extension of these protocols, service agreements and other protocols have been developed with our community partners in regards to police, mental health crisis response.

Policy and Protocol Development and Implementation



Referrals to LCMH Program

*** 2005**

Physicians	313 (42%	b)
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Community Hospitals 171 (23%)

• Schedule One Hospitals 10 (1.3%)

◆Police/Court 9 (1.2%)

Self / Family 156 (21%)

749 Referrals

Referrals to LCMH Program

*** 2006**

36%)

Community Hospitals 195 (21%)

Schedule One Hospitals 19 (2%)

◆Police/Court 27 (3%)

• Self / Family 148 (16%)

939 Referrals



- **Efficiency**
- **** Quality of police officer intervention**
- **Reduced incidents of injury to police and individuals**
- *** Cost effectiveness: no cost training**
- *** Outcome evaluations**



Joint Training and Education

 The L.E.A.D. Team is a partnership between Lanark police services including Perth, Smith Falls Police and Lanark OPP, community emergency response individuals.

- Training was based on the Memphis C.I.T. model.
- Training covered most common serious mental illnesses, including symptoms that manifest into crisis, practical intervention strategies and case presentations.
- Team training is being shared within the Southeastern Ontario Crisis/Emergency Services working group as a template for police mental health partnerships.

LEAD Team 2005



MISSION STATEMENT

The Lanark County L.E.A.D. Team is a responsible, sensitive community based policing partnership with local mental health care professionals. Our united goal is to facilitate and promote effective compassionate response and care to persons with mental illness and their families.



- *** Understand different** forms of M.I.
- **Recognize signs and symptoms of M.I.**
- *** Indicators: verbal, environmental, behavioral.**
- ★ Develop skills and knowledge in handling people with M.I.

- *** Detailed knowledge of the MHA.**
- Services available in our County for persons and families.
- ***** Arrest/Charge?
- *** Court Options**
- *** Bail Considerations**
- *** Responsibilities**



- *** Safety**
- *** Crisis Intervention**
- *** Definitions of Mental Illnesses**
- *** Characteristics of Mental Illnesses**
- *** How We Recognize Mental Illness**
- *** Police Response Strategies**

Bus Ride









*** Police Response**

- 911 for emergency.
- Dispatcher will contact L.E.A.D. Team officer to incident involving EDP whenever possible.
- If L.E.A.D. Team officer not available, regular patrol officers to respond.
- Police/ambulance services responsible for transporting EDP to local emergency department.
- Dispatcher to advise emergency department of ETA, mode of transport, if assessment voluntary or involuntary.
- Mental Health Crisis worker to respond at ER.

Care in the Emergency Department





PSFDH, CPDMH, & AGH have partnered with LCMH, Lanark Police Services, and Lanark Ambulance Services to ensure safe, accessible care to all Emotionally Disturbed Person's within our community.

L.E.A.D protocol outlines role of Health Care Practitioners in the Emergency Department



- On arrival to the ER department the EDP will be triaged/assessed by the ER Nurse
- ★ For safety of staff and patients in the ER department the EDP will be immediately taken to designated room.
- All EDP's should be searched for potential pills/weapons prior to assessment in the ER department.
- # If search has been completed by police, this will be communicated to the ER department.

Examination Room Safety



Family Room





- **ER nurse to notify LCMH Crisis worker via hospital pager or 613-283-2170.**
- Crisis worker will attend ER department to complete crisis assessment with EDP and consult with police, ER nurse and physician.
- **ER** physician will complete medical assessment of EDP including collateral information to determine care needs.



- # If EDP is discharged from the ER department the crisis worker will assess crisis support, follow-up needs and resources.
- *** Client consent must be obtained.**



- Patient transportation to be arranged by ER department.
- When ambulance transportation is required for Form 1 patients, to ensure patient safety police escort may be required.
- When safety of ambulance crew/escort is a concern, police escort may be requested.
- Police escort is not a mandatory requirement with Form I patients under the Mental Health Act.



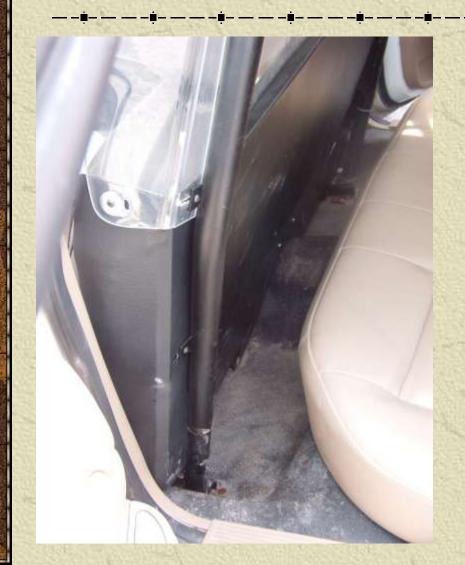
- * Physical and chemical restraints will be administered in the Emergency department if required to lessen the likelihood of violent behavior during transport to the Schedule 1 facility.
- * Form I patient must be medically stable to transport to a Schedule I facility.



Many possible Issues with Transport of EDP via Police cruisers

- 1) Police officers are not medically trained and unable to monitor any person in the back of their police cruiser or in custody.
- 2) Ability to provide essential care in the event of an adverse reaction to medication or even positioning in a cruiser or in custody may be detrimental to the EDP.
- 3) Paramedics are trained to monitor and provide emergency care when required.

Transport Risks For Police







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- **Recognizing possible illness and accommodating it may** help to:
 - de-escalate the situation
 - reduce risk
 - give the person access to appropriate treatment
- *** POLICE...**

AMBULANCE...

CRISIS LINE...

EMERGENCY SERVICES...
MENTAL HEALTH WORKERS...

A CONTINUUM OF CRISIS RESPONSE



Community Development

Both police services and crisis teams sit on the same committees, working groups and boards that are involved with programming and treatment planning for individuals with mental health issues including:

- Human Services Justices Coordinating Committee
- Victim Crisis Assistance Referral Service
- Sexual Assault and Domestic Violence Committee
- Lanark, Leeds & Grenville Mental Health Crisis Consulting Group
- Short-term Residential Crisis Services
- Emergency Services (with general hospitals)
- South Eastern Ontario District (SEOD)
 Crisis/Psychiatric Working Group



- * L.E.A.D. Team Development
- *** Community Partnerships**
- *** Benefits of Training**
- *** Overview of Mental Illness**
- *** Future Training**