

EMERGENCY PREPAREDNESS FOR CAREGIVERS CARING FOR PERSONS LIVING WITH MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDER - A PLANNING TEMPLATE

Once the 911 call is made and the caregiver is awaiting arrival of the police and/or crisis intervention team, misgivings and doubts must be set aside and caregivers must remain focused on supporting the management of the situation in a manner that achieves a positive outcome for the person in crisis, police, first responders and caregivers

EMERGENCY PREPAREDNESS PLAN

OUR OBJECTIVE - to support caregivers making a 911 call when the person they care for living with mental illness and/or substance use disorder in a manner that achieves a positive outcome for the person in crisis, police, first responders and caregivers

CAREGIVERS ARE AN UNTAPPED RESOURCE IN THE 911 CRISIS ENCOUNTER AND CAN MAKE THE 911 CALL POSITIVE

We have developed a draft template for an emergency preparedness plan for caregivers that applies what we have learned to date while acknowledging that a 911 call is often just the beginning of a journey along an uncharted path of uncertainty.

In this booklet you will find:

- Myth busters – mental health, suicide and substance use disorder
- It isn't an emergency but what can caregivers do to support those they care for living with mental illness and/or substance use disorders
- Making the decision to make a 911 call – be prepared for what happens next
- Addressing the unknown and uncertainty:
 - Hospital ER assessment admission or discharge
 - Voluntary and involuntary treatment determination, consent and capacity
 - Apprehension or arrest, court diversion, legal advice and support

Abbreviations used in this document:

<i>PIC</i>	<i>Person in crisis</i>
<i>EMS</i>	<i>Emergency Management Services</i>
<i>MWRT</i>	<i>Mental Wellness Response Team</i>
<i>OPS</i>	<i>Ottawa Police Services</i>
<i>OPS MHU</i>	<i>Ottawa Police Services Mental Health Unit</i>

IT ISN'T AN EMERGENCY, DOING WHAT I CAN TO SUPPORT THE PERSON I CARE FOR LIVING WITH MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDERS
BY ACCESSING RESOURCES, PROGRAMS AND SERVICES AVAILABLE FOR CAREGIVERS AND PERSONS THEY CARE FOR

Community Navigation of Eastern Ontario-211 East 24 hours, 365 days of the year

Free information and referral (I&R) to the most comprehensive database of community, social, health and related government services in Ontario
First point of access to human service resources throughout Ontario

Eastern Ontario Portal: <https://211easternontario.ca>

- Addiction counselling and treatment, community mental health centres, crisis lines, diversion programs and mental health related to justice, geriatric psychiatry, in-person crisis services, psychiatric hospitals, support groups on health. An online directory of more than 60,000 services, available to the public

Key Features

- Targeted, live, confidential help: all 211 phone calls answered by certified Information and Referral specialists (not automated systems)
- Free: no cost to access information and referral services
- Multilingual: capable of serving in more than 150 languages
- Around-the-clock access: available 24/7/365
- Standards-driven: all 211 centres must meet the quality assurance standards of the Alliance of Information and Referral Systems (AIRS)

Call 211

- Information and referral services provided over the phone
- Dial 2-1-1 (no area code required)
- Using VOIP and/or can't dial three-digit numbers?
Call 613-761-9076 or 1-877-761-9076
- TTY: 1-855-405-7446
- Answered by professionally trained specialists who assess needs and refer to the most appropriate services

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Distress Centre Ottawa and region

24 hours a day, 7 days a week, 365 days a year with nearly
200 volunteer Crisis Line Responders and 30 professional staff

Key Features - First point of public access into mental health crisis response system, 24/7 Crisis Response Wellness Check Service, Emergency Support for 911 and Crisis Service for Transit Users

24/7 Crisis Response - free, non-judgmental and confidential response for people of all ages offers suicide prevention, crisis intervention, psychological stabilization, problem solving, emotional support, information and referrals (for both direct callers and third-party callers)

Bilingual voice service for Champlain District Mental Health Crisis Line, the Nunavut Kamatsiaqtut Help Line, the OTranspo Customer Service Centre Support Line, and the Social Security Tribunal of Canada Support Line

Wellness check service - available in the City of Ottawa, the County of Renfrew, and the United Counties of Stormont-Dundas-Glengarry
A telephone outreach service offered to patients who were recently discharged from hospital following an admission or a visit to the Emergency Department for a mental health issue to (1) ensure they are functioning well, (2) have made necessary connections with both formal community resources and informal support networks and (3) have been able to follow their discharge plan

Emergency support for 911 - available in the City of Ottawa, the United Counties of Prescott-Russell, and the United Counties of Stormont-Dundas-Glengarry

Service allows Paramedic Communications Officers to transfer patients suffering from suicidal thoughts or exhibiting suicidal behaviour, patients with serious mental illness, and patients dealing with psychotic episodes who are waiting for the Paramedics to arrive on scene to Distress Centre Crisis Line Responders to provide emotional support and stabilization for patients

Crisis services for transit users

Transit users in Ottawa are able to speak with a Distress Centre Crisis Line Responder if they are in crisis or are feeling suicidal while using the transit system - a special button on pay phones located at various transit platforms and stations allows direct access to Crisis Line Responders

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CANADIAN MENTAL HEALTH ASSOCIATION MENTAL HEALTH FOR ALL.

The Ottawa branch of the Canadian Mental Health Association (CMHA Ottawa) is dedicated to promoting good mental health, developing and implementing sustainable support systems and services, and encouraging public action to strengthen community mental health services and related policies and legislation.

Key features - system navigation, Outreach (TCM, hospital, court, housing), Case Management, Dual Diagnosis, Internal services-nursing, concurrent disorders, DBT, Housing

System Navigation – short term system navigation (up to three months), referral to FSO (quick access counselling), clients who need longer term or more intensive support are transferred to a transitional case management team, partnerships: all local hospitals with EDs and specific community resources (Montfort, QCH, TOH, MCT, VCU)

Outreach Services - outreach services help people with complex needs and mental illness develop goals and connect with ongoing supports to maintain housing and stability.

Hospital Outreach - supporting people who are discharged from psychiatric hospitalization and helping them integrate back into the community by accessing the proper services. eligibility-50 days or more in hospital for psychiatric needs over a 2-year period, referrals are made by inpatient social workers at the Royal Ottawa Hospital, Montfort Hospital, Ottawa Hospital

Case Management - intensive long-term support for individuals living with severe and persistent mental illness who are homeless or at risk of homelessness, support is provided in the community, CSWs and clients work together to develop goals and plan for an eventual transition out of services, CMHA is the central point of access for intensive case management services in Ottawa. We complete intakes and manage referrals for ICM agency partners (e.g. Salus, Montfort Renaissance, Upstream, Sandy Hill CHC)

Court Outreach - navigate the court system with clients, linking clients to community resources, housing (access or maintaining), mental health & addictions, employment, supporting clients with finding housing, completing necessary paperwork, accessing OW or ODSP, accompaniment to appointments as needed.

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OTTAWA PUBLIC HEALTH

Working together with the community to promote and protect the health and wellbeing of all people in Ottawa.

Ottawa Public Health (OPH) provides public health programs and services to individuals and communities while advocating for public policies that make our city and its residents healthier - increased investments in public health reduce mortality and illness, while also decreasing the financial burden on the healthcare system.

Mental Health - Every dollar invested in mental health and addictions saves \$30 in lost productivity and social costs.

1 in 5 Canadians will experience a mental health problem or illness in any given year. Ottawa Public Health has developed videos and resources to help promote discussions on mental health including:

Taking Care of Yourself - Caring for someone living with a mental illness can be rewarding and challenging. It is important that you take care of yourself FIRST so that you can take care of others. Find ways to help yourself be the best caregiver possible.

Mental Health Caregiver Guide - Ottawa Public Health (OPH) has partnered with the Canadian Mental Health Association (CMHA), the Canadian Public Health Association (CPHA), Military Family Services (MFS), and the Mental Illness Caregivers Association (MICA) to develop a national resource for Canadian caregivers of children, youth, adults, and older adults facing mental illness or experiencing mental health challenges.

Resource Guide - Greater Ottawa Area - reflects mental health resources and supports located throughout the Ottawa area (Champlain LHIN).

This guide is not an exhaustive list of all supportive services, but rather a starting point - feel free to explore how these resources could assist you (the caregiver) or the person you care for (child, youth, adult, older adult) on the journey to recovery.

MENTAL HEALTH RESOURCES AND SUPPORTS LOCATED THROUGHOUT THE OTTAWA AREA (CHAMPLAIN LHIN)

Community Wellness Supports and Services for Caregiver

- The Distress Centre, 613-238-3311, Text: 343-306-5550 (10am-11pm), English and French
- Tel-Aide Outaouais (French), 1-800-567-9699, Gatineau residents 819-775-3223
- The Mental Health Crisis Line, 613-722-6914, For people aged 16+, English and French
- Hope for Wellness Helpline, 1-855-242-3310, Online chat hopeforwellness.ca, English, French, Cree, Ojibway and Inuktitut
- 9-8-8 is Canada's new helpline for anyone who is thinking about suicide or who is worried about someone they know. Reach out for help, whenever you need it. Call or text 9-8-8, Bilingual in French and English

Mental Health and Substance Use Health System Navigation Portals (Ontario)

- Access MHA, Single point of entry to eastern Ontario's system of care for mental health and addictions, accessmha.ca, For 16+ years
- 1Call1Click, Children, youth and families connected to mental health and addiction services, 1call1click.ca, Children, youth (from birth to 21 years) and families

Counselling Resources

- Walk-in Counselling Clinic, walkincounselling.com, 613-755-2277
- Counselling Connect, Counsellingconnect.org

Mental Health, Addiction and Substance Use Support for Families

- Le CAP (Centre d'Appui et de Prévention), Counselling, family counselling, support groups, 613-789-2240, All ages, French only, centrelecap.ca
- Rideauwood Addiction and Family Services, Counselling and support, 613-724-4881, rideauwood.org, 13 years old+ and their families, English on
- BreakingFreeOnline.ca, A virtual care tool for those experiencing substance use disorder available free for all Ontarians

MAKING THE 911 CALL – WHAT IS YOUR EMERGENCY?

DRAFT

MAKING THE 911 CALL – WHAT IS YOUR EMERGENCY?

Here are helpful steps to prepare you for when you make that 911 call

Clearly describe what you believe is going on right now

Provide relevant background information to 911 dispatcher and on site to first responders

Is there a risk of self-harm or harm to others

Say how you feel – “I feel unsafe, I am afraid, I am not concerned for my safety”

What is a crisis

- A **psychological crisis** is a crisis relating to an unexpected situation that is perceived as threatening and destabilizes a person to the point of potentially putting their life peril (i.e. divorce, loss of job, spousal violence, bereavement, financial problems)
- A **psychiatric crisis** is a crisis in which the psychological state of the person changes suddenly and dramatically, resulting in a major psychological imbalance and an inability to cope with the situation and function normally (i.e. Panic attack, psychosis, delirium)

Ottawa Mobile Crisis Team

Our goal is to provide community-based response to reduce the use of emergency services

Mobile Crisis Network - the Champlain Region mobile crisis network is made up of:

- The Crisis Line open to the public 24 hours per day.
- Four mobile crisis teams that service providers can contact directly.

Crisis line for the public - a person in mental health distress or a crisis can get immediate free support 24 hours per day through the Crisis Line from anywhere within the Champlain region by: visiting crisisline.ca or phoning 1-866-996-0991 or 613-722-6914. This service is for individuals 16 years or older living in: Ottawa, Prescott and Russell, Renfrew County, Stormont, Dundas and Glengarry, and Akwesasne

The Crisis Line provides support during the immediate crisis to individuals and their family. A responder provides phone support that includes emotional support and encouragement, crisis management and intervention, and suicide risk assessment and prevention. If needed, the phone responder can escalate the call to get additional support by: calling the local Mobile Crisis Team, directing a person to the emergency department, contacting emergency services

Ottawa Mobile Crisis Team (MCT) include: crisis counsellors, registered nurses, also work with other emergency responders as needed (Ottawa Police Services Mental Health Unit and Mental Wellbeing Team)

What MCT does:

- Urgent response – within 24 hours of your call.
- Crisis assessment in-person or by phone.
- Support, referrals, linkages and short term follow up.
- Our hours are 7 days/week 9 a.m. – 9 p.m.

MCT is different from:

- Immediate 9-1-1 response and a police wellness check
- Geriatric services like GAOT, GPCSO, PCO
- Other community mental health services (CMHA, Salus, ACTT)
- Youth crisis services
- Substance use and addictions services

Call MCT when a client:

- Has a situational crisis. For example, a youth or family in turmoil.
- Is in intense emotional distress without the ability to function.
- Is expressing thoughts of suicide and needs help with safety planning
- Needs help connecting to support in the community, like safe housing, a crisis bed, food security, addiction support, financial assistance, and medical support.
- For an immediate threat to self or others, we may recommend that you call 9-1-1.

MAKING THE DECISION TO CALL 911 INVOLVING OTTAWA PARAMEDIC SERVICE
WHAT HAPPENS NEXT – BE PREPARED

Ottawa Paramedic Service

Delivering medical treatment for life-threatening medical emergencies including heart attacks, strokes, respiratory and traumatic injuries

Be Prepared

- ✓ Share reason for 911 Call
- ✓ Indicate whether PIC is under care of physician and compliant with treatment including taking prescribed medication(s)
- ✓ Provide health card, medical history including any other health concerns such as allergies and acute history of today's event, paramedics will gather full history and fill the gaps once the scene is de-escalated –
- ✓ Indicate how the EMS team can help in understanding what may have triggered this event, what can be done to help PIC feel safe, calm, and ready for transport
- ✓ Seek information regarding what next – understanding plan going forward from transport to hospital to doing whatever is needed to ensure the PIC is confident situation is now under control
- ✓ Understand request for space – if paramedics request caregivers to wait in another room, there is likely reason they feel this is needed. Sometimes patients will be more open to discussing their crisis in privacy, especially if there are any familial triggers or contributions.
- ✓ Hospital destination – paramedics are unable to select which destination they transport an individual to. They follow a strict process where their dispatch will provide them with their destination and they are not able to refute. While they likely want to help family and the patient go to their preferred destination, they do not have the ability to override the decision-making tool at their dispatch.

MAKING THE DECISION TO CALL 911 INVOLVING OTTAWA PARAMEDIC SERVICE
WHAT HAPPENS NEXT – BE PREPARED

Mental Wellbeing Response Team (MWRT)

Depending on the situation this may include a request for a Mental Wellbeing Response Team (MWRT) response - The MWRT pairs a specially trained paramedic with a mental health professional who, together, respond to non-violent, non-criminal 9-1-1 calls for service in the city of Ottawa where mental health and substance use are contributing and/or complicating factors

Objective - to provide an alternative to being transported to an emergency department including redirecting clients to community-based mental health services as follows:

Scenario one - a paramedic crew on scene with a patient experiencing mental health complaints requests the MWRT to support the assessment and disposition of the client. The MWRT arrives and assumes care for the client.

Scenario two - The MWRT monitors real-time communications for new and in-progress 9-1-1 calls and deploys to non-violent, non-criminal 9-1-1 calls that could benefit from their services

Scenario three (in development) - a local hospital is preparing to discharge a patient from their facility after a mental health related admission. Hospital staff call the MWRT who assist with the client transition from the hospital to the community. The Mental Wellbeing Response Team may provide follow-up care. Reviewing opportunities for improvement regarding discharge processes

Substance use health – addressing gap in service related to opiate using clientele including March 2024 implementation of Suboxone administration and new referral pathways for addiction support/care TOH, ROMHC, OPH

**MAKING THE DECISION TO CALL 911 INVOLVING OTTAWA POLICE SERVICE
WHAT HAPPENS NEXT – BE PREPARED**

Ottawa Police Service

A trusted partner in building an inclusive, equitable and safe Ottawa.
The Ottawa Police Service is committed to protect the safety and security of our communities.

Policing reality in 2024

- Approximately one in five contacts with police involved someone with a mental health or combination of mental health and substance abuse
- Police services are available 24/7 and have the resources and training to deal with potential safety or danger issues

Mental Health Act - it is a Provincial legislation created in the early 1960's

- Guides the treatment of persons suffering from mental illness
- How and when a person may be brought to a hospital
- How a person may be kept in a hospital
- Details the rights of a patient
- Allows persons with mental illness the right to live freely in society but puts some restrictions on them

Police powers of apprehension - S 17 Where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person:

- (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
- (c) has shown or is showing a lack of competence to care for himself or herself, and in addition the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,
- (d) serious bodily harm to the person;
- (e) serious bodily harm to another person; or
- (f) serious physical impairment of the person, and that it would be dangerous to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician.

MAKING THE DECISION TO CALL 911 INVOLVING OTTAWA POLICE SERVICE WHAT HAPPENS NEXT – BE PREPARED

Police Assessment of Situation

- Call for service is most often the result of the subject 'acting in a disorderly manner' which results in police being contacted.
- Information from the complainant and others on the call reveal the subject has displayed behavior reflective of the criteria outlined in subsection (a), (b) and (c).
- The officer will conduct an investigation to determine if this is the result of a mental disorder. Is the mental illness or disorder likely to present danger issues to the subject or the community? Is the subject causing a person to fear bodily harm. Everyone has a different perception of fear.
- Is the subject causing others to fear their behaviors? Parents? Children? Neighbors? As the result of their symptoms, are they likely to act violently
- Are they hearing voices (command hallucinations) telling them to act violently? Are they feeling persecuted to the point they need to defend themselves? Will their symptoms greatly impact their logical decision making?
- Are they carrying weapons to protect themselves? Targeting or plotting against a specific person?
- Do they drive? Have young children?
- Extreme passivity to self?

Ottawa Police Mental Health Crisis Unit (MHU) – the MHU and its partners from the Ottawa Hospital's Mobile Crisis Team collaborate daily to support members of our community that are in crisis or require urgent connection to mental health support and resources. The mental health professionals of the Mobile Crisis Team and the specially trained officers of the Mental Health Crisis Unit routinely conduct visits in the community together to assist those in crisis.

Be Prepared – Supporting the person you care for in crisis

- ✓ Consider having pets, other children, or stressors removed or secured.
- ✓ Have any de-escalation strategies ready to share with officers including any triggering/escalation concerns
- ✓ Have medications and information as to when last taken available.
- ✓ Doors unlocked for police to enter. Officers will want to know who else is in the house, are there children, and what were they witness to? Police may need to separate people while gathering information. CAS may need to be notified in some situations. This is often mandated and not an option. Recognize that these calls can take time and can feel intrusive and stressful on all involved.
- ✓ Consider where you might want to have this encounter with police take place - a clear area so no one feels especially "trapped". Any distractions such as loud TVs, music, family/friends that don't need to be involved, should be addressed to avoid extra stimulation.
- ✓ Police may ask what supports the person in crisis and you may have. What has been successful in the past and what didn't work. Police will not challenge any delusions a person is having even if you want us to.
- ✓ Police may request to see living conditions, bedrooms, fridges, or pets, to assist us in determining a person's ability to care for themselves. Similarly, share things the person in crisis has written, emailed, texted of relevance to police in assessing the situation.
- ✓ Recognize that is okay to ask officers what the plan is and why/ how it was determined. Give thought to potential apprehension and give consideration to having health card and medications available, clothing, comfort items (snacks/\$/phone).

Psychiatric Emergency Services (PES) at the General and Civic Campuses

PES is a specialized service for assessing individuals deemed to be suffering from a psychiatric illness and who are in crisis.

Arrival at PES

- Patient presents to triage in Emergency Department (ED) with a mental health complaint
- If there are no medical issues, triage will contact PES for a “PES Referral”
- PES will bring the patient to the interview room to complete an assessment
- PES will call ER when finished for a decision on patient disposition
- All patients must be seen by a PES nurse (RN is the most responsible HCP)

Voluntary vs. Involuntary patient

As a voluntary patient: person with a mental health concern comes to the hospital willingly to get treatment.

As an involuntary patient: Involuntary patient is admitted to hospital without their consent - Form 1 assessment under the Mental Health Act and Form 2 an order for examination section 16 of the Mental Health Act. This happens when the person is not able to seek mental health treatment when needed, cannot be treated safely in the community, there is a chance the person’s mental health will get worse, or that they may hurt themselves or others.

FORM 1

- Form 1-must be completed by a physician or psychiatrist within 7 days of examining the patient.
- Can rely on physician observation and observations of caregivers, staff, family
- Criteria-risk of harm to self or others, lack of care for self.
- Form 1 is valid for 7 days.
- Patient can be kept for maximum of 72 hours.

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY – HOSPITAL ER, ASSESSMENT, ADMISSION OR DISCHARGE

FORM 2

- Caregivers, social workers can apply for a Form 2 at the Justice of the Peace (courthouse)
- Criteria for form 2-same as form 1
- Must prove significant risk to safety-outline concerns, behaviours
- Form 2 is sent to police. Police bring the individual to hospital.
- Physician must assess patient at hospital and decide voluntary or involuntary treatment.

FORMS

- Forms are time limited and can be renewed or extended-physician must assess, and patient must meet criteria for involuntary treatment
- Patients must be informed in writing of involuntary treatment and their right to retain and instruct counsel.
- Patients have the right to apply to the Consent and Capacity Board
- Physicians can also make application to issue a Community Treatment Order after prolonged hospitalization.

Patient disposition - referral to consent and capacity board, admitted to hospital, referral to Emergency department, discharged

Consent and Capacity

The Consent and Capacity Board is an independent body created by the provincial government of Ontario under the Health Care Consent Act. It conducts hearings under the Mental Health Act, the Health Care Consent Act, the Personal Health Information Protection Act, the Substitute Decisions Act, and the Mandatory Blood Testing Act. The Board has the authority to hold hearings to review matters such as:

- The capacity to consent to treatment, admission to a care facility or personal assistance service.
- The appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service.
- Review of a decision to admit an incapable person to a hospital, psychiatric facility, nursing home or home for the aged for the purpose of treatment

BE PREPARED

- ✓ If you have time, jot down your main concerns and what was happening that caused you to come to emergency, for example, current symptoms and when symptoms started - you may or may not be given an opportunity to provide background information
- ✓ Keep a list of your name, relationship to the person you care for, a list of medications, mental health and medical history, a phone number and so on. This list can be handed to police, paramedics, nurses, and attending physicians. If possible, bring all medications with you.

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY – APPREHENSION, CHARGE AND RELEASE

APPREHENSION

Section 17 - where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person meets the criteria for certification.

- Person acting in a disorderly manner that could cause harm to self or others
- Threatened to cause harm to self or others
- Shown lack of competence to care for self-due to a mental illness

Section 16 - An order for examination section 16 of the Mental Health Act - Caregivers, social workers can apply for a Form 2 at the Justice of the Peace (courthouse). Person in crisis a risk of harm to self or others, lack of care for self

Community treatment order - is a provision under the Ontario Mental Health Act that allows a physician to mandate supervised treatment on a patient when they are discharged from hospital. **Form 47** - A **Form 47** (*Order for Examination*), can be issued by a physician when a patient is non-adherent to an agreed-upon treatment plan as laid out in the Community Treatment Order (Form 45).

Police Action

- Take the person into custody
- Take the person to any schedule 1 facility to be examined by a physician - ED or Psychiatrist
- Police obligated to stay with patient (custody) until accepted by physician (care)

Charge and release

- The call to police and is going to be the start of a potentially long and difficult process before the court
- Once an accused is charged, there's often no going back, even if family does not want charges to proceed
- Not everyone entitled to funded counsel
- There are extremely limited circumstances in which the court can order treatment

Section 515 of the *Criminal Code* governs the release of persons charged with a criminal offence. There are four basic scenarios for arrest/ release: release by police, release from court on consent of the Crown, release from Court by a justice, detention order

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY - COURT DIVERSION

MENTAL HEALTH COURT

Many courthouses across Ontario have specialty courts for mental health, drug treatment or dual diagnosis. These courts are usually called Mental Health Courts or Drug Treatment Courts. Each jurisdiction may function differently, but they all have one common purpose-to reduce recidivism while addressing mental illness or substance use by accessing community resources and achieving the best outcome for the client.

Mental health courts in Ontario often have the following features:

- accused person enters a guilty plea;
- a specific judge or group of judges that sit in that court;
- a specific Crown or small number of Crowns assigned to that court;
- a specific duty counsel or small number of duty counsel assigned to that court;
- specially trained court officers;
- mental health court workers;
- an on-site psychiatrist on specific days (note: this is rare in courthouses in smaller communities)

Objectives from a Crown perspective:

- Rehabilitation
- Prevent recidivism
- Stopping the revolving door of criminality and jail

Screening process

- Application by defence counsel (a form) that sets out the charges, the reason why the person should be in MHC, what services the person already has and what MH diagnoses are in place
- Helpful to have supporting documents, e.g. doctor letter, hospital discharge notes
- Crown is looking for a connection between the offence and MH but access to services is typically reason enough. Recognize can't always follow a direct link from MH issue to the charge.

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY - COURT DIVERSION

Eligibility

- Most charges potentially eligible, even serious weapons offences, drug trafficking and assaults.
- The Ministry of the Attorney General (the provincial Crown) will not accept some charges, including impaired driving and domestic assault

Fitness to stand trial

- Has to do with the mental state of the accused in the moment
- Accused person presumed to be fit
- Due to a mental health issue, accused person may be incapable of participating in the proceedings

Criminal responsibility

No person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong

Outcomes

- Referral to MH court clinic - Assessment by Forensic Nurse from the Royal Ottawa
- Assessments - 21 MHA assessment
- Access to Services – John Howard Society, Canadian Mental Health Association, Montfort Renaissance
- Sentencing/ disposition - enhanced consideration of the person's mental health circumstances and rehabilitation when it comes times to resolve the matter

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY – LEGAL ADVICE AND SUPPORTS

Legal Counsel

Legal Aid is a government funded program available to assist criminally charged persons in obtaining legal advice and legal representation. There are two basic programs:

Certificates - if you qualify, LAO will provide you with a certificate that covers the cost of a private lawyer who accepts legal aid work for a certain number of hours. You can bring this certificate to a lawyer, and they will represent you in court throughout your case. This is different from receiving duty counsel services because a lawyer from our certificate program may help you with your case on a long-term basis, while duty counsel can only help you on the day of your court appearance.

Duty counsel - LAO can provide you with a duty counsel lawyer who helps you on the day of your court appearance. Duty counsel are lawyers who can quickly assess a client's legal problems and provide advice, information and representation to someone who would otherwise be unrepresented and unassisted in the courtroom. Clients can also speak with lawyers at Family Law Information Centres—located in most family courts—to get free general legal advice on family law issues and get help with reviewing legal documents. This is different from certificate services because duty counsel will only help you on the day of your court appearance, while a lawyer from our certificate program may help you with your case on a long-term basis.

Legal Aid information and services

Client Service Centre (CSC) can connect you to legal aid information and services by phone. You can call toll-free at 1-800-668-8258 or at 416-979-1446 if you are calling from Toronto or the GTA. These services are multilingual, confidential, and impartial.

Client portal - You can find the client portal at client.legalaionline.on.ca. The client portal is a website you may use when you are applying for legal aid or when you are already a client with us.

CMHA Court Outreach - provides support to divert individuals from the justice system toward mental health court and services in the community as follows:

- Navigate the court system with clients
- Support from CMHA can result in reduced sentence (peace bond, etc.)
- Linking clients to community resources, housing (access or maintaining), mental health & addictions, employment
- Supporting clients with finding housing, completing necessary paperwork, accessing Ontario Works or Ontario Disability Supports Program, accompaniment to appointments as needed.

ADDRESSING THE UNKNOWN AND THE UNCERTAINTY – LEGAL ADVICE AND SUPPORTS

John Howard Society, Elizabeth Fry Society and others - Supports the people and communities affected by the criminal justice system. Deliver programs and services focused on prevention, intervention and re-integration across the province. These range from helping youth develop the life skills that will let them achieve their full potential, to helping families navigate issues of criminal justice, to providing job training for those leaving incarceration so they can contribute to their community in a meaningful way.

Ottawa Bail Program (John Howard Society) - Eligibility Criteria

- 16 years of age and up
- No surety.
- Willingness to participate in the program and ability to understand the expectations of the program.
- The number of convictions for failure to comply with conditions will be taken into consideration.

Referral Process - Referrals are accepted from Duty Counsel, Private Counsel and Crown Attorneys, Eligible clients are interviewed in the cellblock, once accepted and released, clients are required to report to the program

Reporting Schedule - initially, clients are required to report once per week until the designation is signed and both the assessment and caseplan are completed. Once the client is connected to community supports, the frequency of reporting can be reduced

Assessment - calculates both risk factors and protective factors including: criminal history, response to supervision, aggression/violence, substance use, social influences, family, employment, attitude, social/cognitive skills, stability and mental health

Community Referrals - clients are often referred to in-house John Howard services including: pre-employment services, educational upgrading, housing supports, anger management, crisis intervention services

Breaching Procedure - breach reports are filed with police if: the client has missed two consecutive appointments, the client is not residing at the verified address, if the Bail Supervisor becomes aware of any additional breaches, the police are notified.

Supervision partnership between the Bail Supervision Program and the Bail Bed Program

- All clients enrolled in the bail bed program are supervised by a Bail Supervisor in the bail program
- Clients are required to report once a week while in the bail bed program
- Ongoing contact is maintained between the Bail Supervisor and bail bed residence staff