06-04 Persons In Crisis

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Rationale

The *Mental Health Act* (MHA) provides for the treatment and apprehension of persons in crisis. While it is not the role of police officers to diagnose mental health or substance use issues, it is their role to respond appropriately to the behaviours and circumstances they observe. This Procedure addresses situations where officers observe verbal cues, behavioural cues or other behaviours that provide them with reasonable cause to believe a person is apparently experiencing a mental, emotional or substance use crisis. The following process governs police interaction with and apprehension of persons in crisis and their subsequent admission to psychiatric facilities.

A person in crisis means a member of the public whose behavior brings them into contact with emergency services, either because of an apparent need for urgent care within the mental health system, or because they are otherwise experiencing a mental, emotional or substance use crisis involving behavior that is sufficiently erratic, threatening or dangerous that emergency services are called in order to protect the person or those around them. This includes persons who may require assessment under the MHA.

The Toronto Police Service (Service) is committed to preserving the lives and well-being of people who may be experiencing mental health and/or substance use issues, while working towards the goal of zero deaths, and ensuring the well-being, safety, rights, and dignity of individuals and communities. In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate and safely resolve the situation.

Supervision

- Supervisory Officer attendance mandatory for calls for service when there is information that a person(s) in crisis is armed or may be armed with a weapon
- Supervisory Officer notification mandatory if officers detained at a psychiatric facility for more than 1 hour

Procedure

Responding to Person in Crisis calls for service require a minimum two (2) police officers in attendance.

An eReport **must** be completed for
- all MHA apprehensions; and
- circumstances where the location of the person named on the Form – MHA is unknown and every effort to locate the individual has been made.

➔ *Officers may consider completing an eReport for any circumstances where the details of the incident would assist officers in any future crisis related contacts.*

Section 17 MHA – Action by Police Officer

Section 17 of the MHA states that

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 (Justice of the Peace Order for Examination, Form 2), the police officer may take the person in custody to an appropriate place for examination by a physician.

➔ *There is no longer a requirement for a police officer to actually observe the person's behaviour and may use information obtained from a third party in order to form reasonable and probable grounds for apprehension. Police officers should obtain and record as much information as possible in situations involving third party reports and request that the complainant sign the officer's memorandum book.*

Section 33 MHA – Duty to Remain and Retain Custody

Section 33 of the MHA directs

A police officer or other person who takes a person in custody to a psychiatric facility shall remain at the facility and retain custody of the person until the facility takes custody of him or her in the prescribed manner.

Safe Beds Program and Referrals to Community Supports

There are many community service providers available to assist police with persons in crisis. Members are encouraged to access the TPS Mental Health Referrals for information on the safe bed program, system navigators and other community referrals or supports available. Connecting community members to supports may improve their quality of life and/or decrease the likelihood they will require emergency services in the future.

Officers have access to assistance from the Canadian Mental Health Association (CMHA) via their Community Referral Police Access Line – [redacted]. This line is for **police officers only**, and is available 24/7 to provide officers with assistance when dealing with any person(s):

- over the age of 16 who is believed to be experiencing a mental, emotional or substance use crisis;
- that has become involved with police and/or is at risk of involvement with the criminal justice system; and
- who has not been apprehended under the MHA.

When making a referral for a safe bed through the Community Referral Police Access line shall:

- proceed only on the consent of the person in crisis;
- with the consent of the person in crisis, provide only the name, date of birth and phone number of the person being referred to the call taker. The CMHA will obtain all other personal information directly from the person being referred to their services upon arrival at the central intake location;
- provide any information that could impact the safety of staff and other patrols while at the safe bed location;
- provide transport for the person being referred to the safe bed location; and
- remain at the safe bed intake site until CMHA staff complete the triage process.

> ➔ *The CMHA will accept individuals who can be safely supported in the community. This means that the individual does not pose a threat to the safety of the public or is not at serious risk of harming themselves or others. Prior to providing support, the person in crisis must voluntarily agree to the services being provided and any other required conditions for admittance (i.e. pandemic screening and testing, wearing of personal protective equipment, etc.).*

The CMHA also hosts a separate Referral Line that is accessible to the **general public** – (416) 248-4174. Officers may provide this number to community members who may benefit from CMHA programs (including safe beds), but who wish to do so on their own timeline.

Mobile Crisis Intervention Team (MCIT)

As outlined in Procedure 06–13, the MCIT program is a collaborative partnership between participating hospitals and the Service bound through a Memorandum of Understanding. The MCIT program partners a mental health nurse with a police officer with additional training in working with persons in crisis that will respond, or assist in the response to calls for service involving individuals experiencing a mental, emotional or substance use crisis.

The MCIT response will assist with:

- assessing the situation;
- attempting to stabilize and diffuse the crisis;
- providing supportive counselling as needed; and
- connecting the individual to appropriate community services.

When feasible and consistent with officer and public safety, members with MCIT training and/or additional mental health training should take the lead role in situations involving a person in crisis.

Race and Identity-Based Data Collection

As outlined in Procedure 16–07, the Toronto Police Service Board Policy entitled “Race-Based Data Collection, Analysis and Public Reporting” requires the Service to collect, analyze and publicly report on data related to the race of those individuals with whom Service members interact.

Police Officer

1. Where a police officer investigating a person in crisis observes verbal or behavioural cues (e.g. mute, passive, suicidal, yelling, hearing voices) OR receives information that would lead the officer to believe that a person is apparently experiencing a mental, emotional or substance use crisis, they shall be guided by s. 17 and s. 33 of the MHA.

2. When responding to a complaint of a person in crisis shall
   - request notification and attendance of the MCIT, if available
   - conduct a Person Query, including a CPIC and CFRO check
   - determine if the person in crisis owns, possesses or has access to weapons, firearms, ammunition, explosives or the related authorizations, licences, certificates or permits and comply with Procedure 05–21
   - obtain the type of information contained in Chapter 5, Appendix A to help determine whether reasonable grounds exist to believe there is a threat to safety
   - request the attendance of a supervisory officer when there is information that a person in crisis is armed or may be armed with a weapon
   - request notification of the Specialized Emergency Response – Emergency Task Force (ETF) in accordance with Procedure 10–05, when:
     - there is information that a person in crisis is armed or may be armed with a weapon
     - background checks indicate that the person in crisis has a history of violence or use of weapons
     - the incident involves a barricaded person
     - the incident involves a person who by their position has placed themselves or others in immediate jeopardy (i.e. person located at height on a balcony, bridge, etc.)

     ➔ *It will be at the discretion of the Supervisory Officer – ETF as to whether they will attend.*

   - consider using the search and seizure provisions contained in ss. 117.04(2) CC to minimize any subsequent risk to the person in crisis or any other person
   - comply with Procedure 09–03, if applicable
   - request to obtain sufficient backup officers
   - comply with Procedure 13-17

     ➔ *Members shall include remarks in their memorandum books and/or CAD call details documenting efforts made to consult with MCIT, ETF, and any other specialized units for calls related to persons in crisis as well as barricaded persons.*

3. When encountering a person in crisis shall
   - take all necessary steps to ensure the situation is safe
   - determine the need to immediately apprehend under the MHA or arrest under the applicable statute

     ➔ *Keeping in mind officer and public safety, officers may use discretion when determining whether to handcuff an individual as it may not be practicable or necessary in all circumstances (e.g. due to a person's medical condition, age, disability, pregnancy, or frailty) and record the reasoning in their memorandum book.*

   - consult with the MCIT, if available

4. When a person in crisis has committed a criminal offence shall
   - assess the surrounding circumstances
   - consider charging the person under the applicable statute
   - if no charges will be laid complete the applicable eReport outlining the details of the offence
   - complete the applicable MO Detail page

5. When attending a scene where the risk of contact with blood or body fluids exists shall
    - take the necessary precautions to minimize the risk of exposure to communicable diseases
    - comply with Procedure 08–07

6. If the person appears on CPIC in the Special Interest to Police (SIP) category as being the subject of an Ontario Review Board Warrant shall comply with Procedure 02–12.

7. When receiving a complaint or coming into contact with an elopee, including a person wanted for a terminated Community Treatment Order (Form 47) shall comply with Procedure 06–05.

8. When the person in crisis, is 18 years of age or older, and has not been apprehended under the MHA shall
    - consider making a referral to a community support agency, after consent is received from the person in crisis
    - record the referral information
      – in the memorandum book
      – in the eReport, including referral type and referral agency, if applicable
    - comply with direction contained in the Safe Beds and Referrals to Community Supports section of this Procedure, if making a referral for a safe bed
    - comply with Item 19, if applicable

    ➔ *Members are encouraged to access the TPS Mental Health Referrals when considering a referral to a community support agency.*

9. When the person in crisis, is 16 or 17 years of age, and has not been apprehended under the MHA shall
    - make a referral to a Children's Aid Society (CAS) while in the presence of the youth

    ➔ *In this age range, CAS involvement is on consent only, however, CAS will follow up if the youth does not want immediate support from their agency*

    - follow the direction provided by the CAS social worker
    - if no immediate action is to be taken by the CAS, advise the youth that the CAS social worker may follow up with them at a later time and how they can reach the CAS if they would like assistance
    - if the CAS does not provide direction, make a referral to a community support agency, after consent is received from the person in crisis
    - record the referral information
      – in the memorandum book
      – in the eReport, including referral type and referral agency, if applicable
    - comply with direction contained in the Safe Beds and Referrals to Community Supports section of this Procedure if making a referral for a safe bed
    - comply with Item 19, if applicable

    ➔ *Members are encouraged to access the TPS Mental Health Referrals when considering a referral to a community support agency.*

10. When the person in crisis is under 16 years of age shall
    - record the information in their memorandum book
    - determine if this is a child in need of protection under the *Child, Youth and Family Services Act* (contact a CAS)
    - comply with Procedure 04–41, as appropriate

- in consultation with CAS, refer the child in need of protection to a community support agency as required
- record the referral information
  - in the memorandum book
  - in the eReport, including referral type and referral agency, if applicable

  ➔ *Members are encouraged to access the TPS Mental Health Referrals when considering a referral to a community support agency.*

11. When there are sufficient grounds to apprehend a person in crisis under s. 17 MHA shall
    - comply with item 2, if applicable
    - apprehend the person
    - ensure the dwelling and any valuables are secured for safekeeping in compliance with Procedure 09–01, if applicable
    - transport the person to the nearest and/or most practicable psychiatric facility listed in Appendix B, unless there is a medical emergency comply with Procedure 10-06
    - take any medications currently prescribed to the person and turn over to the nursing supervisor upon arrival at the psychiatric facility
    - notify the next of kin or public trustee, if necessary
    - recommend next of kin attend the psychiatric facility to provide additional information regarding behaviours and symptoms that may assist attending physicians in their assessment
    - comply with Procedure 09–03, if applicable
    - complete the applicable eReports
    - complete the applicable MO Detail page
    - add the next of kin information as an alias/associate in the entity section of the eReport

12. If the person is an outpatient of, or has recent history with a more distant psychiatric facility, may use discretion and transport the person to that psychiatric facility where practicable.

13. When detailed to apprehend a person in crisis under a Form – MHA shall
    - obtain the original Form – MHA
    - ensure the Form – MHA is still valid
    - obtain background details from the complainant
    - comply with item 2
    - attend the address of the person in crisis
    - comply with items 11 and 16
    - give the original Form – MHA and a list of any medications currently prescribed to the person to the nursing supervisor at the psychiatric facility

14. Where the location of the person named on the Form – MHA is unknown and every reasonable effort to locate the individual has been made shall
    - complete the applicable eReports, including the applicable MO Detail page
    - complete the Missing Person Details page

      ➔ *Records Management Services – Operations (RMS – Ops) will enter the person on CPIC, and create and post a BOLO.*

    - scan and attach the Form – MHA and relevant memorandum notes to the original eReport
    - submit the original Form – MHA and eReport number to the Officer in Charge

15. If the person in crisis has been apprehended under a Form – MHA after an entry has been made in CPIC shall
    - add supplementary information to the original eReport, detailing the circumstances of the apprehension

- complete the Located/Found section of the Missing Persons details page

  ➔ *Upon receiving and transcribing the person located/found update, RMS – Ops will cancel the BOLO, and the missing person from CPIC.*

- comply with items 11 and 16

16. Upon arriving at the psychiatric facility shall
    - complete a TPS 710 and provide the report to the nursing supervisor

      ➔ *Ensure that an exact duplicate of the TPS 710 is completed with the eReport*

    - remain with the patient until the psychiatric facility accepts custody
    - advise a supervisory officer if detained or expect to be detained at the psychiatric facility for more than 1 hour

      ➔ *Custody occurs when the hospital arranges for their staff to take charge of the individual, or when the person is taken for an assessment. With a supervisor's approval, a police officer may remain at the psychiatric facility if it is in the public interest, requested by hospital staff or charges against the person are being considered, and a decision on whether or not to admit the person has yet to be made.*

    - if items 14 and 15 do not apply, complete the applicable eReport, outlining the details of the apprehension and include the information contained in the TPS 710
    - complete the applicable MO Detail page
    - notify or arrange for notification of the next of kin

17. If difficulty is experienced when having a person examined/admitted to a hospital
    - may request a second opinion from another physician or psychiatrist on call
    - may attend another hospital, if necessary
    - shall submit a TPS 649 to the Unit Commander detailing the circumstances

      ➔ *Within reason, an officer may transport the person to more than one psychiatric facility if the officer feels it is in the public interest to do so. Officers must be prepared to articulate their reasons for taking this course of action.*

18. Where there are safety concerns for officers attending an address in the future shall complete a TPS 228 to activate the Special Address System in compliance with Procedure 17–08.

19. Notify the Divisional Mental Health Liaison Officer (DMHLO) of any cases requiring further support or follow-up, including referral to Furthering Our Communities Uniting Services (FOCUS) Toronto.

    ➔ *All information about a person's psychiatric or medical condition is classified as personal information and cannot be disclosed or used for an unrelated purpose.*

Supervisory Officer

20. Upon being notified that a call for service involves a person in crisis shall
    - ensure notification and attendance of the MCIT, if available
    - ensure compliance with Procedure 06-13, if applicable

➔ *Supervisors shall include remarks in their memorandum books and/or CAD call details documenting efforts made to* consult with MCIT, ETF, and any other specialized units for calls related to persons in crisis as well as barricaded persons*.*

21. Upon being notified that a call for service involves a person in crisis that is armed or may be armed with a weapon shall
    - attend the scene as soon as possible
    - provide guidance and assistance through the course of investigation
    - ensure the ETF has been notified in accordance with item 2 criteria, if applicable

22. When attending officers have apprehended and transported an individual to a psychiatric facility, shall ensure the prompt and appropriate relief is prioritized.

23. When a call for service involves a traumatic critical incident shall ensure compliance with Procedure 08-04.

Divisional Mental Health Liaison Officer (DMHLO)

24. The DMHLO shall
    - coordinate divisional community mental health needs through community service providers, including but not limited to a situation table such as a local FOCUS table
    - coordinate with internal divisional resources and community mental health professionals to formulate a plan designed to support individuals identified as high frequency users of emergency services due to a suspected mental, emotional or substance use crisis
    - review Mental Health related events and occurrences, and identify opportunities to make referrals to external community mental health agencies
    - coordinate with the Divisional FOCUS representative (where one exists) to identify those situations that could be brought to the local FOCUS situation table
    - coordinate with the Community Relations Officer (CRO) to engage the FOCUS table interim process to connect the individual to supports when in a division absent of a FOCUS situation table
    - liaise with Community Partnerships & Engagement Unit (CPEU) – Vulnerable Persons
    - ensure that hospitals within the division have a sufficient supply of blank TPS 710 forms

Officer in Charge

25. Upon being notified that a call for service involves a person in crisis shall ensure compliance with Procedure 06-13*,* if applicable.

26. Upon becoming aware that a call for service involves a person in crisis that is armed or may be armed with a weapon, shall ensure a supervisory officer has been notified and attends the scene as soon as possible.

27. When in receipt of a TPS 228, or when notified of
    - an MHA apprehension
    - the location of the person named on the Form – MHA is unknown and every reasonable effort to locate the individual has been made shall
        - ensure all required reports are accurately completed and submitted
        - approve and sign completed forms, as necessary
        - ensure every effort has been made to locate a next of kin
        - ensure appropriate entries are made in the Unit Commander's Morning Report (UCMR)

28. When requested by the Toronto Paramedic Services to transport a violent person in crisis from a residence or hospital to a psychiatric facility shall ensure
    - an Application for Admission (Form 1 – MHA) has been signed by a physician
    - sufficient police escort
    - the ETF is notified prior to the officers attending the address

      ➔ *It will be at the discretion of the Supervisory Officer – ETF as to whether they will attend.*

29. Upon receipt of an original Form – MHA*, which has not been executed* shall ensure
    - compliance with item 14
    - every effort is made to apprehend the person in crisis named in the Form – MHA
    - the original Form – MHA is maintained at the front desk until the person in crisis is apprehended or until the Form – MHA has expired

Unit Commander

30. Upon receiving a TPS 649 from an officer who has experienced difficulties at a psychiatric facility shall ensure the correspondence is forwarded to the Unit Commander – CPEU.

31. When in command of a division shall
    - designate an officer as the DMHLO
    - ensure a file is maintained at the front desk with the original Form – MHA until the form expires or the person in crisis is apprehended

Mental Health Co-ordinator – Community Partnerships & Engagement Unit

32. In the role of Mental Health Co–ordinator shall
    - maintain liaison with the DMHLOs, MCITs, and external agencies on mental health issues
    - liaise with external psychiatric facilities in order to maintain the list in Appendix B

Appendices

Appendix A – Quick Reference Guide for Police Officers – Persons In Crisis
Appendix B – Designated Psychiatric Facilities

Supplementary Information

Governing Authorities

Provincial:

- Child, Youth and Family Services Act
- Community Safety and Policing Act (Ontario Regulations)
  - O. Reg. 392/23, Adequate and Effective Policing (General)
- Mental Health Act

Associated Governance

Toronto Police Service Board Policies:

- Adequacy Standards Compliance Policy
  - Part 4 XX ER-002\ER-003 Tactical and Hostage Rescue Unit
  - Part 5 XL LE-013 Police Response to Persons in Crisis
- Board Policy
  - Race-based Data Collection, Analysis and Public Reporting

Toronto Police Service Procedures:

- 02–12 Ontario Review Board Warrants and Dispositions
- 04–41 Youth Crime Investigations
- Chapter 5, Appendix A Excerpt from Guideline LE-029 – Preventing or Responding to Occurrences Involving Firearms
- 05–21 Firearms
- 06–05 Elopees and Community Treatment Orders
- 06–13 Mobile Crisis Intervention Team (MCIT)
- 08–04 Members Involved in a Critical Incident
- 08–07 Communicable Diseases
- 09–01 Property – General
- 09–03 Property – Firearms
- 10–05 Incidents Requiring the Emergency Task Force
- 10–06 Medical Emergencies
- 13–17 Notes and Reports
- 16–07 Collection, Analysis and Reporting of Race and Identity-Based Data
- 17–08 Use of Special Address System

Other:

- Iacobucci Report - Police Encounters With People in Crisis
- TPS Mental Health and Addictions Strategy
- TPS Mental Health Referrals

Forms:

- eReports
- TPS 228 Special Address System Report
- TPS 405 Property Receipt
- TPS 649 Internal Correspondence
- TPS 710 Person In Crisis Information Form

➔ *The TPS 710 is available as a text template.*

Definitions

For the purposes of this Procedure, the following definitions will apply:

Child in Need of Protection means a child that can be apprehended as being in need of protection as defined in s.125 (1) of the *Child, Youth and Family Services Act*.

Community Treatment Order (CTO) means an order with conditions issued by a physician to a person which provides that person with psychiatric treatment in the community that is less restrictive than being detained in a facility.

Disorderly means behaviour that appears to the police to be "to some extent irrational although not unruly". [Source: *R v. O'Brien (1983), 9W.C.B. 270* (Ontario County Court)].

Divisional Mental Health Liaison Officer means the police officer responsible for coordinating all *Mental Health Act* needs and/or concerns within the division; usually the Community Relations Officer or the FOCUS liaison officer.

Form 1 MHA means an Application by Physician for Psychiatric Assessment signed by a doctor within 7 days of examining the person, giving any person authority to take the person named on the application to a psychiatric facility. A Form 1 is valid for 7 days from and including the day it was signed.

Form 2 MHA means a Justice of the Peace Order for Examination directing police officers to take the person in custody to an appropriate psychiatric facility where a physician may order the person detained for examination. A Form 2 is valid for 7 days from and including the day it was signed.

Form 9 MHA means an Order for Return of an elopee issued by a psychiatric facility which authorizes a police officer to return the person without their consent to the psychiatric facility. A Form 9 is valid for a period of 1 month after the person is absent without leave.

Form 47 MHA means an Order for Examination issued by the physician who issued the person a Community Treatment Order (CTO) and

a) Has reasonable cause to believe the person has failed to comply with the conditions under the CTO,
b) the CTO subject or substitute decision–maker has withdrawn consent to the CTO and the subject fails to permit the physician to review their condition within 72 hours and the physician believes the subject may cause harm or suffer deterioration.

A Form 47 authorizes a police officer to take that person into custody and return them to the physician promptly and is valid for a period of 30 days.

Mental Disorder means any disease or disability of the mind. [Source: *Mental Health Act*, ss. 1(1)]
A person suffering from a mental disorder may have to live with a long–term breakdown of coping skills including perception, decision making and problem solving abilities.

Person in Crisis means a member of the public whose behaviour brings them into contact with emergency services, either because of an apparent need for urgent care within the mental health system, or because they are otherwise experiencing a mental, emotional or substance use crisis involving behaviour that is sufficiently erratic, threatening or dangerous that emergency services are called in order to protect the person or those around them. This includes persons who may require assessment under the *Mental Health Act*.

Physician means a legally qualified medical practitioner.
[Source: *Health Protection and Promotion Act*, ss. 1(1)].

Psychiatric Facility means a facility for the observation, care and treatment of persons suffering from a mental disorder and designated as such by the regulation contained in the *Mental Health Act*. See Procedure 06-04, Appendix B for a list of designated psychiatric facilities.

Traumatic Critical Incident means any incident during which a member experiences, witnesses, or is confronted with serious injury, death, or mass casualties; any incident in which the member's life has been imperilled or threatened; or any situation which is recognized at the time to have the potential to significantly interfere immediately or at a later time with a member's ability to function professionally or personally.

We are dedicated to delivering police services, in partnership with our communities, to keep Toronto the best and safest place to be.

Learn more about our Service **Core Values** and **Competencies** here