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[Police aim to cut hospital time on mental health calls](#)

Officers must accompany patients who risk harm to themselves or others

Sometimes distressed people call 911 on their own, and sometimes it's a concerned family member, friend or onlooker. But regardless of how police get there, the people they encounter are in a crisis situation.

From July to October, Hamilton police picked up people 414 times under the Mental Health Act, Sergeant Frank Miscione said during his presentation Monday to the Hamilton Police Services Board.

Under section 17 of the act, the officers are required to take people who may harm themselves or others to hospital. In Hamilton, that's **St. Joseph's**.

The problem is that two officers were required to sit with every patient, Miscione said. And with an average wait time of 122 minutes — according to statistics gathered from 2008 to 2010, a period in which police took people to hospital in Hamilton 1,591 times — that represents thousands of hours of lost time.

“That's not acceptable,” he said.

Police launched a pilot project in July, in co-operation with **St. Joe's**, that allows officers to assess the patient in their custody to determine a risk level.

The formula looks at a number of factors, including the person's behaviour, history and criminal record, Miscione said.

If a person is considered high risk, the officer stays. If the person is seen as lower risk, the patient can be left with medical staff.

“We don't want to drop them off and drive away,” he added.

So far, the changes have dropped the average wait time for officers to 81 minutes from 122.

Aside from the obvious benefits to police, **Jodi Younger, director of general psychiatry and addiction services at St. Joseph's Healthcare Hamilton**, said there are health-care benefits.

“When you see people sitting with police officers, it sends a message: it's stigmatizing,” **she** said. “We wanted to provide care needed in a safe, respectful and dignified environment.”

Younger said about 85 per cent of the patients brought to hospital by police have mental health or addiction issues. But the vast majority are not “the extreme.”

Under the new guidelines, officers still spend at least 30 minutes in the hospital. They enter the emergency department and go through triage, where most are referred to the psychiatric

emergency department, and a psychiatric nurse takes over the assessment. This is where the evaluation takes place.

“The decision whether they stay or leave is made in collaboration,” **Younger** said.

Miscione said officers worked closely with their colleagues of the Social Navigator program and the COAST crisis outreach and support team to help those who are repeatedly the subject of police calls.

The ultimate goal is to have police waiting no more than 60 minutes, 90 per cent of the time.

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