



## Mental Health Crisis Supports

August 2020

### Purpose

Safely managing a mental health crisis for an individual in the community requires expertise and timely intervention to ensure the best possible outcomes for everyone involved. NNPBC recognizes excellent work currently being done with joint nursing/police collaborative programs and dedicated outreach programs. However, the gap between the frequency of these occurrences and ability of programs to adequately respond is significant. NNPBC is calling upon the expertise of mental health nurses to examine, formulate recommendations and advocate for community mental health crisis supports which better meet the needs of patients and the public alike.

### Background

As the professional association representing all four of BC's nursing designations, NNPBC is fortunate to have a deep level of expertise in mental health nursing (RPNs, RNs and NPs). As an association we have spent a great deal of time focusing on issues of mental health and have understood the mental health impacts of the COVID-19 pandemic on providers and the public alike. Like everyone, we too have seen the recent stories in the news that highlight how access to mental health services, particularly in crisis situations, is lacking. Chantel Moore was shot and killed in New Brunswick in early June 2020 when the police attended her residence for a wellness check. Mona Wang, a nursing student, was dragged by an RCMP officer down a hallway in late June 2020 after her boyfriend called the police to report she was suffering from a mental health crisis. Mona sustained significant injuries and her case is currently before the courts. In both of these cases police officers attended the situation without the support of mental health workers. While it is impossible to know if the outcomes would have been different, it is likely a fair assertion that the 'go to' of excessive force in the shooting of Ms. Moore and the physical dragging of Ms. Wang would likely have been averted by a trained mental health expert who would have better understood how to de-escalate tensions.

There is little doubt these are upsetting stories that have underscored the systemic need to expand community mental health services to ensure the right supports are present for people in distress. The need to expand the available joint nursing/police collaboration resources is clear. Examples include, programs such as [Car 67](#) in Surrey and [Car 87](#) in Vancouver, the [Assertive Community Treatment \(ACT\)](#) program, the [Assisted Outpatient Treatment \(AOT\)](#) program and other programs including a variety of crisis lines, pathway to wellness and the [Police Mental Health Outreach Team \(PMHOT\)](#) program run by the police. These programs, and others like them, bring a uniformed officer and either a Registered Nurse (RN) with mental health expertise or Registered Psychiatric Nurse (RPN) together to attend calls wherein there is the need for onsite crisis and mental health support. Or, they provide formal policing support to healthcare teams (such as ACT or AOT) or simply provide a non-policing solution to issues born of determinates of health (PMHOT). Regardless of the program, nurses and the police are working as a team. These programs allow the nurse and the police officer to work together to assess, manage and decide on the most appropriate course of action based on the need of the patient. Appropriate actions could include referrals for mental health follow-up, emergency intervention or in some cases referral to acute care psychiatric services for immediate intervention. These programs recognize the need for law enforcement and nursing to work together for optimal outcomes. The challenge is that these are limited programs, confined to specific geographic locations within the province and, while exceptional in their innovation and collaboration, are limited in their reach. NNPBC also recognizes that, for nurses in rural and remote communities, working closely with the local RCMP detachment is imperative as the local member may be the only other support available.

Excessive force in the management of a person in distress not only betrays that individual's rights, but also compromises the public's trust in a system meant to protect persons who find themselves in such a crisis. In contrast, expert health professional practice significantly reduces the likelihood of injury to the person in crisis or to those providing care. Nursing has deep expertise in managing mental health emergencies, and nurses are ideally positioned to bring forward innovative ideas to ensure that system wide strategies are in the best interests of patients and the public.



It is worth noting that in BC, we have both a health and a mental health and addictions ministry, the latter of which was funded initially at a rate of \$10 million per year for three years. In the 2019 provincial budget, mental health funding was earmarked at \$74 million over three years with \$18 million in 2019-2020, \$26 million in 2020-2021 and \$30 million in 2021-2022<sup>i</sup>. In April 2020, an additional \$5 million was earmarked to existing mental health services and launching new virtual programs to help people cope with the stresses caused by the COVID-19 pandemic.<sup>ii</sup> According to the Canadian Mental Health Association (CMHA) while these increases are welcome, the Mental Health Strategy for Canada estimates that mental health services should be funded at a minimum of 9% of overall health spending. Increasing the funding to 9% of health expenditures would get BC closer to other jurisdictions across the country. CMHA advocated for a budget spend closer to \$2 billion targeted for mental health and addictions<sup>iii</sup>. Also, of note, on July 13, 2020 the Ministry of Mental Health & Addictions announced an increase of \$4.27 million in new permanent annual funding that will be used to create seven new integrated addictions teams and expand nine existing teams. To put these numbers into some context it is estimated that in any given year one in five Canadians has a mental illness, mental illness is a leading cause of disability, those with mental illness are more likely to die prematurely cutting 10-20 years from life expectancy, and the economic burden of mental illness is estimated at \$51 billion per year in Canada<sup>iv</sup>. While a slightly older statistic, consider that in 2017 BC spent \$1.5 billion annually on mental health but cost the system (time off, admissions to hospital, treatment etc.) cost approximately \$6.6 billion<sup>v</sup>. What these numbers tell us is that while the province and other jurisdictions across Canada are recognizing the need to fund mental health services, and are working to increase budgets, the 'real' need still outweighs the dollars put towards a mental health crisis that is deepening.

## Key Messages

- Nurses are well positioned to offer solutions to the wider systemic issues in mental health care and treatment.
- NNPBC believes that all mental health “wellness checks” or emergency calls should be attended by a qualified health care professional - either an RPN, RN or NP with mental health expertise.
- NNPBC supports collaborative partnerships between law enforcement and nursing that help to ensure that individuals in mental health distress have access to the right care at the right time provided by the right professional
- NNPBC is distressed to read of any story that involves violence or death perpetuated against anyone in mental health distress.
- NNPBC applaud the BC Government commitment to mental health and welcomes an increase in funding to mental health and addictions services. However, the need for services is outpacing the funding.
- NNPBC supports the expanding, broadening and deepening of mental health services available in the community.
- NNPBC support nurses leading the conversation on how to manage mental health and wellness in collaboration with policing support to ensure positives outcomes.
- NNPBC supports an increase in both federal and provincial funding to mental health services and supports.

## Activating Action

NNPBC recognizes that the issues highlighted in this brief are complex and challenging and require additional action to turn problems into solutions. To facilitate this, NNPBC is seeking your feedback by way of the form at the bottom of this brief. Feedback will remain open until September 11, 2020 at 5pm. After feedback is collected, the NNPBC Mental Health Working Group will assess feedback and develop further statements and/or advocacy pieces on these complex and challenging issues.



## Further Reading/Resources

- [Mental Health Act](#)
- [Nursing student in civil suit against RCMP says wellness checks need to change](#)
- [Car 67](#)
- [Car 87](#)
- [Shooting of Chantel Moore](#)
- [Mental health unit wasn't staffed on night B.C. student dragged, stepped on by cop during wellness check](#)
- [CNA- Mental Health and Nursing](#)
- [CNA Position Statement on Mental Health Services](#)
- [NNPBC Blog- Implementing Involuntary Psychiatric Treatment in B.C.](#)
- [Canadian Mental Health Association](#)
- [Canadian Mental Health Association- BC Division](#)
- [CIHI](#)

## Feedback

Name:

Email:

Nursing Designation:

Workplace:

Comments:

Please feel free to direct questions and additional comments to [info@nnpbc.com](mailto:info@nnpbc.com).

*Feedback will close at 5pm on September 11, 2020.*

*NNPBC wishes to thank Tess Kroeker, Ken McDonald and Jessica Key, members of the Board, RPN and RN Councils respectively for their work on this document.*

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<sup>i</sup> [BC budget 2020](#).

<sup>ii</sup> [BC Government Press Release](#). Accessed July 2020.

<sup>iii</sup> [CMHA](#). Accessed July 2020.

<sup>iv</sup> [CAMH](#). Accessed July 2020.

<sup>v</sup> [BC Chamber of Commerce](#). Accessed July 2020.