CRISIS RESPONSE

TEAM

% of cases diverted from

In 2019, Peel officers responded to:

APPROX.

SABRINA GAMROT sgamrot@mississ

Peel Regional Police (PRP) and the Canadian Mental Health Association (CMHA) Peel Dufferin are teaming up to better provide mental health services in emergency situations. The newly launched po situa-

the Mobile Crisis Rapid Response Team (MCRRT)— The MCRRT reported through 911 offic ers respond to th emergen program

them with community se vices in the hopes of avoi hospital unnecessary trips to Ø to those experienc-

Despite already having ervices devoted to mental ealth, including a crisis otline, there was nothing

CMHA Peel Dufferin, the program is bridging the gap for emergency calls.

"We did not have the ability to react in real mergencies.
For Charlene Heyer, diector of crisis services at

y to react "she said.

health emergencies, police often had to respond to Instead, when people re experiencing mental

those calls alone.

Police, she said, often don't have the specialized training to gauge a mental health emergency, and so mostly end up bringing callers to the hospital—

MENTAL HEALTH CARE

whether the caller needs to go to the hospital immediately, or if they can instead be connected with local reorkers are now able to assist the situation along-se the situation along-le officers and make an e-site decision as to

sources.
"We want to avoid unapprehenations apprehenation."

necessary apprehensions," said Heyer. "Individuals don't want to be criminalized for having a mental health crisis."

Crisis worker Angelica Fasulo says the partnership between police officers and care workers has been extremely helpful—despite only launching on Jan. 13, 2020.

She also highlighted the portance of collabora-

"Although we are a partnership, we have a different lens of what we do,"

workers the program officers and

through an extensive collaborative training period
This allowed both par

The program also looks build long-term solu-

which is not always an ideal situation.

Not only do these hospital trips make the caller wait for hours to receive help, it also adds to the is-

cers responded to 6, nental health issues 1 ear—about 18 calls a c With the MCRRT, cr eth, it are not let of hallway medicine.
According to Heyer, of resnonded to 6,500

strategies and crisis ers bringing their etise to the situation.

stigma increase" and allow callers to feel comfortable to speak with both crisis

both crisis

ers an

Dr. Kamkar also noted e program could "reduce

with each other and explore the two different skill sets they bring together.

Fasulo explained it as an exchange of skills—po-

hospital by MCRRT since Jan. 13, 2020 launch:

Source: Mobile Crisis Rapid Response Team (MCRRT)

HEALTH-RELATED

CALLS

A DAY CALLS

forstar graphic

MENTAL

lice offering safety tips and strategies and crisis workexper-"When we clients are gravitating to us. We've go out on the road, the

"You work with an officer for 12 hours; you communicate about different strategies. When I'm not working with these offithose things that we talked about, "said Fasulo. maybe they will go out happy to have this interaction people; people have said that they are been able to build that rapport with Andelica Fasulo, Crisis worker

Dr. Katy Kamkar, a clinical psychologist at the Centre for Addiction and Mental Health (CAMH), echoed that message.

"Working as a team with diverse experience, it can "We're trying to be pro-active and prevent future calls," said Heyer. "We're trying to get a leg-up on this situation."

On the front lines, Fasu-has seen positive com-

hoe.
"Works.
iverse exper.
definitely add inc.
"then everybody
"then everybody nuch a
care ay

lo has seen positive community feedback.

"When we go out on the road, the clients are gravitating to us. We've been able to build that rapport with people; people have said that they are happy to have this interaction," she

Peel isn't the first re-m to launch an MCCRT

Since launching last month, the MCRRT pro-gram has been able to di-vert 70 per cent of calls from hospital, according to Multiple cities have had this program in place for many years.

> — and an upgrade on Hamilton's Crisis Outreach and Support Team (COAST), a two-decade partnership The Peel model based on the Hamilton ject — the first in Ont between police and St Jo-seph's Healthcare.
> "The Hamilton pro-Ontari

gram was the gold stan-dard," said Heyer. "It took them 17 years to do what we were able to do in five." The COAST program

The COAST program was a second-tier response, where officers would call for assistance after attending the scene and assessing a call as a mental health crisis. The MCCRT sends both a men-

tal health professional and officer to the initial call. According to Hamilton

police, since starting their MCCRT program in 2013, they've seen their apprehension rates drop from 66 per cent to 25 per cent.

"The findings (from cities have been wanting to implement the program, said Dr. Kamkar. Currently the program these programs) have been positive such as that oth program

is operating in two of five police divisions. Heyer hopes it eventually be exp y the program in two of Peel's

throughout the region.
"The officers have been amazing; they have been unbelievably supportive. It's been a long time coming," she said.

STORY BEHIND THE STORY: When Peel Regional Police announced they were launching a Mobile Crisis Rapid Response Team, we wanted to know what it entailed, what had prompted it, and what they hoped to achieve.

WE D AT MATTER TO <u>G</u> DEEPER O N THE ISSUES





NEW TEAM PAIRS PEEL POLICE AND CRISIS WORKERS

RAPID RESPONSE UNIT WILL RESPOND TO MENTAL HEALTH EMERGENCIES /P18