

### Improving Police Hospital Transitions: Place of Examination and timely access to care under the Mental Health Act

---

#### Preamble:

Currently, section 18 of the *Mental Health Act* directs police who have apprehended a person in crisis to deliver that person for an examination by a physician to a **place of examination** and “where practicable the place shall be a psychiatric facility or other health facility”.

It is critical for the health sector to understand the importance for police to deliver apprehended individuals to an ‘other health facility’ for the safety of the person in crisis and the officer. Outside of the Greater Toronto Area and the city of Ottawa (excluding corrections and forensic units), there are approximately 46 Schedule 1 psychiatric facilities spread across Ontario – largely in the West and Central regions in Ontario. There are only two Schedule 1 psychiatric facilities in Northwestern Ontario, and five in Northeastern Ontario to serve a population of approximately 800,000 people across 807,000 square kilometers, including over one hundred Indigenous communities.

It is imperative to consider access and expanded options related to the ‘other health facility’ to ensure timely access to urgent healthcare when a person is apprehended under the *Mental Health Act*. In certain places in Ontario, the nearest designated facility could be up to 8 hours away with limited methods of transport available. The expectation for police to bypass other health facilities capable of performing the examination increases the serious risk of adverse outcomes for those living in rural, remote and/or fly-in communities.

There is a significant opportunity as the health sector continues to grow and innovate with the development of urgent care centres for mental health and addictions, physician supported withdrawal management centres, and tools for withdrawal management in emergency departments, as well as technical developments such as, but not limited to, the Ontario Telemedicine Network. Ensuring there is clear understanding among police and the health sector that place of examination is not limited to a Schedule 1 psychiatric facility, and that expanding the definition of “other health facility” to include additional certified locations will serve to provide better quality service for persons in crisis, reduce risk for the police and health sector, and increase community capacity to respond to mental health crises in their own geographical area.

**WHEREAS** the divestment of Ontario Hospitals and subsequent ongoing changes to hospital designations is not information generally known to police, or readily available information to access during an acute mental health crisis emergency response call, and

**WHEREAS** geographical considerations may require police to attend an “other health facility” where the geographical distance to a psychiatric facility would put the apprehended individual at risk due to many factors, included but not limited to:

- An officer’s inability to provide a medical assessment and diagnosis beyond the test for apprehension set out in section 17 of the *Mental Health Act*,
- The absence of necessary life saving resources and equipment in a police vehicle;
- The delay of critical treatment to an individual,
- The absence of an integrated Mobile Crisis Response Team or community-based solution, and

- The prolonged criminalization and stigmatization of individuals suffering a mental health crisis, and

**WHEREAS** under Section 17 of the *Mental Health Act*, a police officer may apprehend an individual if the officer has reasonable to believe 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, and

that the person is acting in a disorderly manner and is a threat or at risk of causing harm to themselves or others for the purpose of compelling examination by a physician in relation to mental health, and

**WHEREAS** under Section 18 of the *Mental Health Act*, the examination shall be conducted by a physician forthwith after receipt of the person at the place of examination, and

**WHEREAS** under Section 18 of the *Mental Health Act*, where practicable the place of examination shall be a psychiatric facility or other health facility, and

**WHEREAS** OACP Resolution (2022-02) focused solely on section 17 of the *Mental Health Act* and psychiatric facility references, and

**WHEREAS**, Section 18 of the *Mental Health Act*, provides for “other health facilities” which would include alternate destinations other than psychiatric facilities that have access to a physician to conduct the examination in-person, virtual, or consulting physician examination, and

**WHEREAS** there are a variety of inter-facility health transportation options for an urgent health crisis – which includes a mental health crisis requiring in-patient care – to transfer persons in crisis from an ‘other health facility’ to a specialized facility, such as a psychiatric facility, and

**WHEREAS** regardless of the place of examination, the *Mental Health Act* legislates that the examination by the physician and the transfer of custody take place forthwith, and

**WHEREAS** police in Ontario have been the primary partner responsible for coordinating and implementing the recommendations of the *Improving Police Hospital Transitions: A framework and toolkit for Ontario (2015-2019)* to establish a transfer of care protocol standard of under thirty (30) minutes to improve outcomes for persons in crisis, and

**WHEREAS** an environmental scan of police services across Ontario showed a variance in methodology for data collection, and the average wait time at hospital with an

apprehended individual is between 2 and 8 hours depending on the geographical location, and

**THEREFORE BE IT RESOLVED THAT** the OACP calls upon the Government of Ontario to undertake action to clarify the definition of “other health facility” under the *Mental Health Act* to include nursing stations (i.e., in remote fly-in communities), all hospital emergency departments, withdrawal management centres, and urgent care/crisis centres for mental health and addictions that have access to an onsite or consulting physician to conduct the examination either in-person or virtually, and

**BE IT FURTHER RESOLVED THAT** the OACP calls upon the Government of Ontario to adequately fund these “other health facilities”, including mandated collaboration with Federally funded health facilities such as nursing stations that must coordinate with provincial government funded hospitals to arrange in-patient care, to ensure access to a physician, forthwith, to conduct the examination under Section 18 of the *Mental Health Act*, be it in-person, in a consulting capacity, and/or virtually, and

**BE IT FURTHER RESOLVED THAT** the OACP calls upon the Government of Ontario to provide communication and guidance, be it regulatory or non-regulatory, that “other health facility” includes the options listed above, and that this communication and guidance be presented to the respective health oversight bodies, hospital associations, regulatory colleges, and provincial government authorities for implementation to support accessible, safe, and equitable access to healthcare for persons in crisis who are apprehended under the *Mental Health Act*, and

**BE IT FURTHER RESOLVED THAT** the OACP calls upon the Government of Ontario to ensure that all health facilities with a physician to complete the examination as set out in Section 18 of the *Mental Health Act*, are funded for adequate security services that are trained to support persons in crisis, and are available 24/7 to support the transfer of custody, forthwith, to the other health facility per Section 33 (1) of the *Mental Health Act*, and

**BE IT FURTHER RESOLVED THAT** the OACP calls upon the Government of Ontario to extend the necessary patient transfer resources and Life and Limb policies to provide persons experiencing such acute mental health crisis as to require police apprehension per Section 17 of the *Mental Health Act*, equitable inter-facility patient transfer that reflects the acuity of the situation, and

**BE IT FURTHER RESOLVED THAT** the OACP calls upon the Government of Ontario to support a police-hospital transition task force, led by police and hospitals with additional stakeholder engagement, including Indigenous representation, and which endorses an updated *Improving Police Hospital Transitions: A Framework for Ontario (2019)*, operationalizing these resolutions.