

Service Delivery in the Context of Mental Illness

It appears to be fairly straightforward – our mandate is to accept complaints about the conduct of members of the RCMP in the performance of their policing duties.

However our enabling legislation - Part VII of the RCMP Act - does not define what constitutes a public complaint.

Nor does it describe the circumstances under which a public complaint can be accepted for the initiation of an investigation.

Anyone – including a non-citizen - who has a concern about an RCMP member - can make a complaint.

You don't have to be directly involved in the incident - you can make a complaint on behalf of someone else - or as a witness to an incident.

The Act also does not provide for a statute of limitations for the lodging of public complaints.

The Commission may accept complaints relative to incidents that occurred from the date that we were established - 1988.

The Act has no mechanism in place to allow the Commission the authority to assess incoming complaint information - or employ a method to refuse a complainant entry to the process.

But today is not about why I would like to see new legislation prior to my retirement.

I am here to discuss some of the challenges encountered when the public is given unfiltered and unfettered access to organizations such as civilian oversight bodies.

Our public is anyone - anywhere - in any language - who has a concern about a member of the RCMP.

There are 18,524 regular members of the RCMP plus civilian members policing from more than 750 detachments.

For those of you attending today from other countries, Canada is the second largest country in the world with nearly 10 million square kilometers of land which spans 6 time zones.

The Commission has one National Intake Office located in Surrey, British Columbia.

There – 5 people - titled complaints analysts – receive - during the course of a year thousands of communications.

In addition to Canada Post and walk-in traffic, we receive messages 24 hours a day 7 days a week via telephone, electronic mail and fax.

A member of the public calling during business hours will - generally speaking - be provided with same-day access to an experienced analyst - who will listen to that person's issues - assess what they would like to achieve and identify an appropriate process to meet their needs.

The public cannot be expected to fully understand police policy or the law. It is therefore incumbent on the staff to assist citizens in properly framing their issues.

Any allegation that has the potential to be real is referred for investigation to ensure that any wrongdoing is brought to light.

If a formal complaint is processed it will reach the RCMP for investigation on average within three calendar days.

We must accept and manage occasions when the information presented to us by individuals has no basis in reality.

As mentioned earlier while the Commission cannot technically refuse a complaint - the information must be logical and consist of a credible basis of fact relative to an actual incident.

Health Canada researchers estimate nearly one in five Canadians will suffer with a mental illness. In the province of British Columbia alone that estimate works out to be 882,000 people. In our family it is Alzheimer's.

Many people who suffer from mental health issues lack insight into their illness.

That is they have no ability to know that something is wrong and they are convinced their perceptions are real.

Allegations must not be judged on the analyst's impression of the complainant.

The complainant must be seen as more than their disability.

It is the credibility and detail of the information that must be assessed.

There can be no quick and easy judgments.

For example, we cannot discount the concerns of a person simply because they are telephoning us from a mental health treatment center.

If the committal to the facility was involuntary it is entirely possible that a police officer accomplished the apprehension and provided transportation to the facility.

Citizens with debilitating illnesses are vulnerable to misconduct and are subject to victimization again by us if they are not heard.

While it is true that complaint analysts are not trained in the recognition or treatment of mental illness - laypersons will recognize problems with the following 5 heart wrenching real life examples:

1. A transit driver is insistent the RCMP have had him under surveillance for years by placing members on his bus every day. When he drives his bus he sees cars following him all the time. He believes that RCMP members take samples of food from the trunk of his car when he goes shopping.
2. A single, female is convinced the RCMP have implanted a device in her body that causes her constant irritation. She believes they have bugged her apartment, follow her regularly and that the building manager is a secret RCMP agent whose job is to watch her. She has copied her complaint to numerous federal government agencies, politicians and police agencies as well as her union.
3. A young man alleges that the RCMP has planted an electrical device in the brains of he and his girl-friend allowing the RCMP to take over their thoughts.
4. A mother believes she has psychic powers and has been a part of a secret USA spy agency think-tank on moving objects with thoughts. The agency has targeted her with a satellite mounted energy weapon that burns her skin without leaving marks. She has complained to multiple agencies.
5. A single male age 75 years reports without explanation that the RCMP has a device in his residence that activates when he comes in and causes him to suffer massive headaches.

Commission staff do not diagnose or label persons that raise such issues, we therefore have not tracked the volumes of files created.

We have however noted some common themes.

1. There is no explanation for why they are being targeted by police or persecuted by others.
2. They are unable to accept alternate explanations.
3. Daily predictable living experiences are used to support their fixation.
4. They can sound rationale and plausible for a considerable period of time.
People with mental health issues complain to multiple agencies demanding significant resources without achieving satisfaction for themselves or service providers.

Persons presenting us with illogical information - especially if they are insistent, agitated and threatening - create stress and place heavy demands on diminishing resources -

Especially those who are persistent over periods of months and even years all the while sending us pounds of paper.

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It is important to appreciate that during periods of wellness, people who have previously provided illogical information may be able to provide a clear and concise complaint at a later date.

It is therefore essential to analyze all communications.

So what are we doing to address the real needs of these citizens?

The stigma and taboo relative to discussing mental health issues in our society is such that persons affected tiptoe or are nudged to the sidelines.

Not only is it not appropriate for our staff to inform people that their anguish could be better addressed by a doctor rather than a civilian oversight agency –

Canadian Privacy Laws dictates that before a staff member could contact a professional - the person must be in need of immediate intervention to prevent harm to themselves or another person.

What is the definition of harm?

Should the criteria be less onerous?

One of the difficulties with our Privacy Legislation is that it assumes that we are all capable of making an informed choice.

Having a disease of the brain the sufferer is not able to understand their symptoms which of course diminishes or even negates their capacity to understand the need for treatment.

In my opinion, it is critical that we balance the privacy rights of Canadians against the need to provide individuals with the help they need.

It was surely an unintended consequence to erect barriers to the exchange of information crucial to police, families, first responders and professional agencies.

It is sadly ironic that a person's privacy rights that are so closely guarded in life will in the event of a coroner's inquest be publicly exposed in the search to ensure that in future lives are not lost.

When a caller confides to us that they are experiencing episodes that have no basis in reality can we provide a service to those who have no capacity to assist themselves?

Is it possible that crisis situations could be averted?

Although we don't hesitate to call an ambulance when we see a *physically* injured person wandering in a dazed state we do not necessarily do so when there is no apparent reason for unusual behavior.

Mental illness is treatable. The longer that a person suffers the more their lives are derailed and the greater the impact on the community.

Are these missed opportunities.

Could we optimize the potential for treatment - by enabling referrals - based on the best interests of an individual - if the sharing of information is done in good faith?

I can hear the collective intake of breath at the thought of this slippery slope.

In preparation for this presentation I was ever so gently reminded that people are allowed to be eccentric.

As it turns out, police officers are cast into this role of making decisions to refer and assist people every day.

People with mental illness have repeated and frequent interaction with police owing to their lifestyle. They place inordinate demands on police resources for non-police matters.

Tragically they are often victims because they are vulnerable to the criminal element.

Without treatment people are left to manage somehow in society with behavior that they are helpless to change.

In my years working in this field I regret that I have never been part of a solution.

In my personal opinion, our unique perspective and ability to gather information positions oversight bodies well to campaign with others for changes to our Privacy Laws.

In closing - I would like to challenge those present today to be creative in ensuring that all civilian oversight agencies adopt a progressive – informed and proactive approach when providing service to persons with mental illness.

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