



# P Police A And C Crisis T Team

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# What is PACT?

- ◆ A joint initiative between Alberta Health Services Edmonton Area and Edmonton Police Service - launched in 2004
- ◆ Currently there are 4 teams consisting of a police constable & a mental health professional
- ◆ Works in conjunction with the 24/7 Mental Health Crisis Response Team (CRT)

# Why the need for PACT?

- ◆ From a Police perspective...
  - Repeat (mental health) calls for service
  - Limited access to / knowledge of mental health supports & services

# Why the need for PACT? (cont'd)

- ◆ From a mental health perspective...
  - Police receiving repeat calls regarding mental health clients
  - CRT calls requiring police assistance

# Related Statistics

- ◆ In 2010 PACT consulted on over 2000 mental health crisis calls, over 800 of those were mobile assessments in the community
- ◆ PACT completed 135 form 10 apprehensions to hospital with 95-100% admission rate, compared to approximately 35% when apprehended by patrol
- ◆ PACT arranged and assisted with 38 form 1 apprehensions by bringing a psychiatrist into the community to assess and apprehend subjects in a psychotic state

# What does PACT do?

- ◆ Provide prevention and early intervention to individuals over the age of 18 years who are experiencing a mental health crisis
  - Crises are identified through both CRT and the Edmonton Police Service – including all branches of EPS such as Professional Standards, Missing Persons, Threat Assessment Unit, etc.



# Sharing of Information

- ◆ Due to FOI/PP and the Health and Information Act, CRT staff cannot readily share records with police.
  - \*Immediate risk must be present for this to be possible, and even then only pertinent information can be shared\*

# The Memorandum of Understanding

- ◆ A legal agreement between Alberta Health and EPS that allows the freedom to share information between the EPS PACT Constable and the Mental Health Professional
- ◆ EPS Constable can then share with other members as long as it is pertinent to the treatment of the client



# GOALS

- ◆ Assisting individuals in achieving mental health stability in the community as opposed to hospitalization
- ◆ Alleviating pressures on emergency services by connecting clients in the mental health system as appropriate
- ◆ Providing education/consultation to patrol members to better equip them in dealing with mental health clients

# Special Considerations

- ◆ Every case is different and must be treated as such
- ◆ Use validation
- ◆ Do not challenge
- ◆ Realize that their reality may not match your reality
- ◆ Ask questions

# Case Study





**QUESTIONS???**