



ISSUE BRIEF: Crisis Care Continuums in Local Communities

April 2023

Who we are: BC Crisis Line Network

- The BC Crisis Line Network comprises 10 local crisis centres from around BC. Crisis centres operate in Vancouver, Surrey, Richmond, Nanaimo, Prince George, Vernon, Kelowna, Trail, Cranbrook, and Williams Lake.
- Network crisis centres provide immediate access to **barrier-free and non-judgemental confidential support and follow-up through 24/7 phone lines and online services.**
- We answer **1-800-SUICIDE, 310-6789 (BC-wide mental health line), and regional distress lines** in each health authority.
- Network centres are funded through the Provincial Health Services Authority.
- Each year, crisis centres provide **2.5 million minutes of life-saving and life-changing support to British Columbians** when they need it the most.
- Crisis Centres in BC onboard **450 new crisis service responders per year**, many of whom become doctors, teachers, social workers, police officers, and other emergency and mental health professionals.

**2.5
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Recommendation to municipalities

Crisis lines are an unacknowledged but key service in municipal emergency response systems. The following brief outlines the many roles crisis lines already play in your municipalities to support people in crisis, and additional ways crisis lines and a care continuum can provide effective, timely care for residents in crisis.

We recommend your council direct, encourage, and work with city staff and your local crisis centre to maximize the coordination of crisis lines services with your municipal emergency response teams, including crisis line roles in emergency and non-emergency mental health calls to police, safety planning and resources for encampments, and disaster management teams planning responses to heat domes, floods, fires and other climate emergencies.

What is a crisis?

A crisis occurs when the level of pain and distress a person is experiencing outweighs the effectiveness of their resources and coping strategies. Anyone can go into crisis, anywhere, anytime. Crisis cannot be planned or scheduled. Crisis can be experienced by people who have psychiatric illnesses, people with mental health issues, and people who are generally healthy. **The vast majority of crisis events do not require a police response.**

Crisis Care Continuum

A crisis care continuum is a robust crisis response system designed to handle mental health, addictions, and other complex social issues, focusing **on prevention and community-led responses**. When there is a specific safety or criminal concern, crisis care continuums **can include police**, however, they **do not depend on police** to provide emergency care for people in crisis.

Crisis care continuums follow **least restrictive, least costly principles**, preserving high-cost police and hospital resources while reducing unnecessary trauma experienced by those in crisis. **In a 2021 Crisis Centre survey, 58% of respondents reported having a negative police experience during a mental health crisis.**

Phone and chat crisis intervention

Currently, BC crisis lines answer calls from the community. In a crisis care continuum, crisis lines also take mental health calls routed from 911, police non-emergency lines, and BC Ambulance. Crisis lines specialize in trauma-informed crisis de-escalation, suicide risk assessment, and safety planning that engage the caller's existing supports.

- Today, in **98% of cases, BC's crisis service responders safely de-escalate crisis calls**, saving **\$47.9 million in police attendance** at mental health calls.
- At **\$28.69 per call**, crisis centres are the least costly response to crisis; a Vancouver police mental health response costs \$465 per call, according to VPD reports.
- Where crisis care continuums are established, crisis lines de-escalate **80% of combined 911 mental health and community-based crisis calls**.



Calls de-escalated without calling 911



Policing costs prevented by de-escalation

Types of mobile crisis response teams in BC

When a crisis cannot be resolved by phone or chat, crisis lines need alternative in-person options to 911 and uniformed police response. In a crisis care continuum, crisis lines connect to mobile response teams that may include peers with lived experience of mental illness, mental health clinicians, social workers, or police.

- **Community-Led Response: Peer-Assisted Crisis Teams (PACTs):** Peer support workers with lived experience are paired with mental health professionals, embedded in a community-based organization.
- **Social-Psychiatric Response: Integrated mobile crisis response teams:** Crisis centres on Vancouver Island and the Interior currently provide public access to mobile crisis response teams made up of clinicians, social workers, and police. Integrated teams can be accessed through crisis lines, and although a police liaison

officer is part of the team, the police officer is not required on all call-outs. These teams are run by regional health authorities.

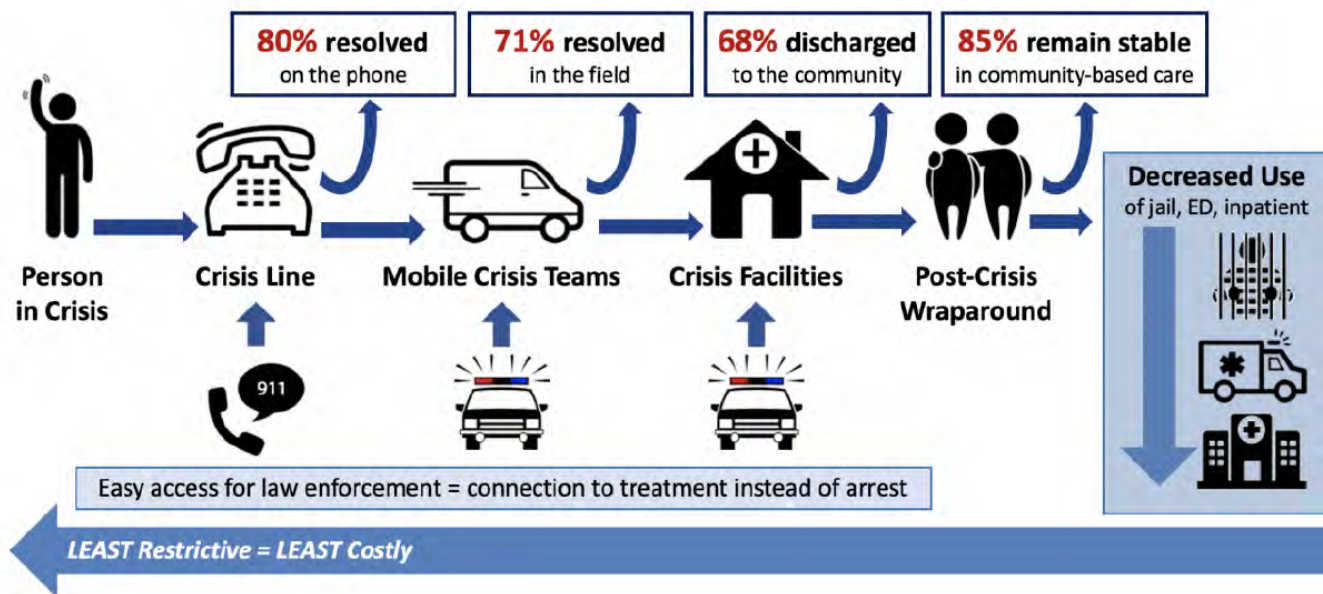
- **Police-involved response: CAR co-response teams:** A plainclothes, armed police officer paired with a psychiatric nurse. These teams dispatch directly from a police detachment or psychiatric assessment centre. They often work with the **small minority of individuals** with mental illness who have repeated contact with police and a known history of violence.
- **PACTs and mobile crisis response teams resolve 71% of their call-outs in the field.** Non-police involved crisis response teams require police back up in **less than 1% of calls handled.**

Community-based crisis stabilization

Short-term crisis stabilization care provides a person in crisis a safe place to sleep, re-organize their lives, and connect with community-based resources.

- Currently, in BC, police are only authorized to transport people in a mental health crisis to hospital. Police are required to stay with the individual in crisis until they can be assessed for admission. **In the majority of cases, individuals brought to hospital by police do not meet the criteria for hospital admission.**
- Community-based crisis stabilization beds or facilities provide appropriate options for police attending to a call with a mental health or crisis component, preventing the “**revolving door**” of individuals in crisis from coming to hospital for assessment only to be turned away with no resolution to their crisis.
- Where crisis care continuums have been established, **68% of people discharged from crisis stabilization facilities are discharged to community, and 85% remain stable in community-based care.**

Figure 1: Outcomes of a high-functioning crisis services continuum, with data drawn from the Arizona Complete Health service area.



Wraparound crisis follow-up and care

Crisis lines ensure no one is alone in a crisis, no matter where they are in the crisis care continuum. We offer:

- **Outreach calls** for people concerned about the health and safety of a loved one or neighbour.

- **Follow-up calls** to callers to ensure referrals go smoothly and the crisis is resolved.
- **Crisis management** for chronic, acute mental health clients when mental health teams are unavailable.
- Response to callers using **bridge phones** intended to prevent suicide deaths from jumping.
- Response to callers in **climate-based emergencies** (wildfires, floods, heat domes)
- **On-demand suicide risk assessment and safety planning** for friends, teachers, parents, doctors or service providers when someone discloses suicidal ideation or behaviour.
- **Post-discharge follow-up** of after a suicide attempt or other mental health concern; crisis lines are a standard 24/7 care referral from hospital emergency or psychiatric wards.

Recommendations for community-based mental health crisis response

Crisis lines are an unacknowledged but key service in municipal emergency response systems, which means we are not **engaged strategically by municipalities and police to minimize unnecessary intervention.**

We recommend your council direct, encourage, and work with city staff and your local crisis centre to:

- Determine criteria for mental health calls received by your police detachment that can be referred to your local crisis line for de-escalation, suicide risk assessment, and collaborative safety planning.
- Build protocols to co-manage 911 calls from crisis centres to fully prepare police for a successful intervention on calls where a suicide is imminent or in progress, and engage crisis centres in follow-up support to ensure the person at risk is successful in connecting to mental health care options.
- Ensure robust pathways are in place for residents in your community to access alternatives to police-based mental health responses.

Crisis lines are active in handling crisis calls related to heat domes, floods, fires and other climate emergencies, support callers who are homeless, living in encampments, and seeking shelter, and are intimately involved in helping folks in crisis access substance abuse support.

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