Tasers No More: A policy brief to reduce the use of Tasers on mentally ill individuals

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OVERVIEW

Currently, the Canadian Mental Health Association of Ontario (CMHA) has brought forward issues within the justice and mental health system which is governed by the Criminal Code of Canada. This involves police, prosecutors, courts, correctional agencies, and parole boards. "Federal, provincial, territorial, and municipal agencies and organizations all play a part, but no agency or jurisdiction has control or ownership of the entire system" (CMHA, 2014, para. 1). When 911 is called police have a duty to respond and assist in the crisis; during these police interactions, criminal and noncriminal situations can take place, such as the use of Tasers. For these reasons, interventions are needed and changes in policies are necessary to reduce the issues within the justice and mental health system. In summary, our current justice system is turning incidents that should be treated as psychiatric issues into criminal issues that do not take into account the needs of the mentally ill.

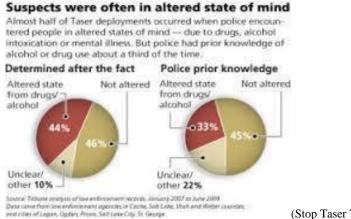
THE ISSUES TO BE ADDRESSED BY THE POLICY CHANGE AND THE RATIONALES FOR THE POLICY OPTIONS THAT ARE BEING ADVOCATED FOR

Police use Tasers to temporarily incapacitate a violent or combative person during an arrest, but they are not intended to replace firearms; they are only another option of force to be used if needed (CMC, 2009). There are numerous issues in the use of Tasers with the mentally ill which include:

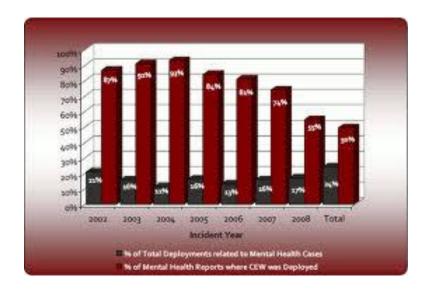
 "Mental health service users have a high level of involvement with police" (O'Brien, McKenna, Thom, Diesfeld, & Simpson, 2010, p. 1).

- People with mental illness are more likely to be subjected to the use of Tasers
 than those whose involvement with law enforcement is a result of criminal
 activity (O'Brien et al., 2010).
- Many police services, coroners and researchers are suggesting "Taser-associated deaths may be related to a condition referred to as 'excited delirium' (CMHA, 2014, para. 4). It has been hypothesized that "excited delirium generates an extreme state of physiological arousal that places individuals at greater risk of death" (CMHA, 2014, para. 4); the symptoms associated with excited delirium present in a similar way to some of the behavioural symptoms exhibited by individuals experiencing a mental health crisis (CMHA, 2014).
- A vast amount of mentally ill people rely on medications to manage their illness, and much of these medications are antipsychotics. "The antipsychotic drug group has the following adverse reactions, as hypotension, tachycardia, changes in ECG, hypertension" (Laima, Fomin, Jasulaitis, Andriuškevičiūtė, Chmieliauskas, Sabaliauskas, & Sergejevas, 2014, p. 76). It is crucial to take this into consideration because individuals taking antipsychotic medications and/or alcohol can have fatal reactions with Tasers, as the device increases the risk of ventricular fibrillation development and even death (Laima, et al., 2014).

For these reasons, it is crucial for law enforcement to be adequately trained to recognize psychiatric illness.



(Stop Taser Torture, 2009)



Deployments refer to the action of using a Taser, and CEW is an abbreviation for conductive energy weapon. (Government of Canada, 2010)

POLICY OPTIONS AND RECOMMENDATIONS FOCUSED ON HOW TO RESPOND TO THE ISSUE

Comprehensive training needs to be implemented to educate law enforcement to recognize and appropriately handle people who suffer from mental illness. This will allow law enforcers to become more prepared when they come in contact with those who are mentally ill. Additionally, law enforcement should have the knowledge and skills to be able to successfully

approach situations involving individuals with mental illness in a dignified and appropriate manner. In the past, there have been interactions between police and mentally ill individuals which have resulted in negative outcomes, including the death of the individual suffering from mental illness. (Coleman & Cotton, 2010) A frequent recommendation from society is that police officers be provided with the education and training regarding mental illness so they can interact appropriately with mentally ill individuals (Coleman & Cotton, 2010). Considering that one-third of all calls for the Vancouver Police involve an individual with mental illness, this should without a doubt be something that is implemented into the training of law enforcement (CMHA B.C Division, 2012). The Mental Health Commission of Canada also undertook a series of projects through its Mental Health and the Law Advisory Committee. The goal of these projects is to better identify ways to increase positive outcomes for interactions between police officers and individuals with mental illness (Coleman & Cotton 2010). Currently in British Columbia there is the Police Intervention in Mental Illness Crisis (PIIMIC) which is an online source of information regarding mental illness, legislation and related matters (Coleman & Cotton, 2010). Unfortunately it is not offered as a mandatory course, though it clearly should be.

A second policy option includes a quick response or crisis intervention team specific for mental illness in the community. This is important as it is crucial to have a quick response team who are trained specifically for dealing with mental illness emergencies. Crisis Intervention Team's (CIT) are found in some but not all communities in BC. CIT is a community based working partnership program between emergency services and mental health services that provide appropriate care, intervention and support to those in an emotionally disturbed or mental health crisis (RCMP, 2014). The CIT is made up of nurses, paramedics, social workers, police, and addictions counselors to help bridge the gap for services and ensure anyone with mental

health issues suffering from a crisis in the community receive the care and services they need as quickly as possible (RCMP. 2014). Car 87 is a quick response team with the Vancouver Police Department (VPD), and consists of a uniform RCMP officer or a VPD constable paired with a registered psychiatric nurse or registered nurse specializing in mental health (RCMP, 2014). Furthermore, Car 87 provides on-site intervention and assessments of people suffering from psychiatric problems; the police officer and nurse work together as a team managing, assessing and deciding what the most appropriate intervention is (Vancouver Police Department. n.d.). These quick response teams that are trained to respond to mental health crises are crucial in the reduction of Taser use on the mentally ill. These teams are an important policy to implement as Taser use has been shown to be an unsuccessful solution and can cause further damage to those with mental illness.

It should be brought to the attention of the government of Canada that inappropriate interventions and the use of Tasers are being used on individuals with mental illness. There are strategies and other interventions that can work much more effectively, while keeping their dignity intact. Tasers are clearly not the best option for individuals with mental illness. Policy changes are needed to implement proper psychiatric treatment and prevent criminalization amongst people with mental illness. Implementing a mandatory course for law enforcement to take that is incorporated into their regular training would allow these professionals to truly understand, recognize, and respond more appropriately to this already oppressed population.

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