

Health Policy Part Two: Written Testimony

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Mr. David Wilks, M.P for Kootenay-Columbia, BC and Member of the Standing Committee on Justice and Member of the Standing Committee on Health

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Dear Mr. David Wilks,

We are grateful for the opportunity to bring our concerns of issue of Taser use on mentally ill individuals to you, Mr. Wilks and your committee. We specifically chose, you, Mr. Wilks and your committee to consider our written testimony and our concerns due to your reputable contributions as the current Member of the Standing Committee on Justice, and the Member Standing Committee on Health, as well as your occupational history as a Royal Canadian Mounted Police officer for 20 years. With your close involvement in these sectors as well your passion for Justice and Health make you and your committee a perfect match to help address the current issue of Taser usage and law enforcement; specifically Taser usage on those who are mentally ill. Before we begin, we would like to thank you and your committee for taking the time to review our concerns of Taser usage, as well as taking the time to reflect upon and

consider implementing changes that will positively influence this policy as well as the well-being of mentally ill individuals.

We are working in collaboration with the Canadian Mental Health Association (CMHA) advocating for these changes on behalf of all mentally ill individuals who have the right to be treated with dignity and respect. We feel the use of Tasers are over-used in this population and are not humane ways to detain a person in a mental health crisis.

Currently, the Canadian justice system is not taking into account the effects that Tasers have on mentally ill individuals. There are no specific guidelines for alternate steps that law enforcement should take instead of Taser usage when dealing with those with severe mental illness. For example, the justice system is often treating psychiatric issues, as criminal issues and there are numerous issues in the use of Tasers with the mentally ill.

We have four major concerns that deeply concern us and due to the statistical outcomes, need to be addressed. Firstly, mental health users have “a high level of involvement with police” (O'Brien, McKenna, Thom, Diesfeld, & Simpson, 2010, p. 1), as well as being 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). Secondly, many police services, coroners and researchers are suggesting “Taser-associated deaths may be related to a condition referred to as ‘excited delirium’” (Canadian Mental Health Association, 2014, para. 4). Studies show this state of excited delirium becomes an extreme state of physiological arousal and places individuals at greater risk of death (CMHA, 2014). 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). Thirdly, many mentally ill individuals depend on their medications, such as antipsychotics, to manage their illness. It is vital to take this into consideration because

individuals taking antipsychotic medications and/or alcohol can react fatally with Tasers. This can happen as the device increases the risk of ventricular fibrillation development and death can occur (Laima, et al., 2014).

Mandatory comprehensive training needs to be implemented to educate law enforcement to recognize and know the appropriate interventions, when encountering people who suffer from mental illness. This not only helps law enforcement in gaining the skills needed for handling mental health emergencies, it provides the mentally ill population with care that is more appropriate for their mental health needs. The B.C. Canadian Mental Health Association (2012) found that one-third of all calls for the Vancouver Police involve an individual with mental illness, making it even more crucial that specialized education be implemented in law enforcement. We believe that with proper and extensive education provided to police officers regarding how to better understand and interact with mentally ill individuals, the use of Tasers will become much more limited. Understandably there will be times when the use of a Taser is may seem like the only option left or available; but our aim here is to decrease the use. We hope that it will also decrease the ‘violent’ stigma that is attached to individuals with mental illness, and allow them to maintain their dignity and remain unharmed majority of the time when dealing with law enforcement.

Although there are already Crisis Intervention Teams (CIT) available for mental health emergencies, there needs to be more. They have been beneficial in de-escalating mental health crises but CIT’s are not found in all communities within BC (RCMP, 2014). CIT’s are trained to respond to mental health crises and are crucial in the reduction of Taser use on the mentally ill. In addition, they 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 (CMHA, 2014).

For these reasons, we hope you and your committee will look into the rules and regulations on Taser usage as the consequences of them are fatal and targeting a vulnerable population. Some of the solutions that have been brought forward include comprehensive training to educate law enforcement to recognize and appropriately handle people who suffer from mental illness; and the development and implementation of a quick response or crisis intervention team specific for mental illness in the community. Thank you again for taking the time to listen to the presenting concerns and for your consideration in implementing a policy change.

Sincerely,

Anjoli Moore, Kristina Day, Rebecca Stipkala, and Sash Yunick

Student Psychiatric Nurses

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