

BC Crisis Line Network Mental Health Crisis Care Continuum

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About the BC Crisis Line Network.

The BC Crisis Line Network, comprised of 10 local crisis centres from around BC, answer calls to 1-800-SUICIDE, 310-6789 Mental Health, and regional distress lines. We collectively have 515 years experience providing crisis line services in BC communities

We provide lifesaving crisis de-escalation services, suicide risk assessment, and strengths-based collaborative safety planning and follow-up to vulnerable British Columbians across the province.



Services we provide.

1

CRISIS DE-ESCALATION

We provide 24/7 low-barrier phone and chat access to emotional and crisis support, focused on de-escalating emergency situations for vulnerable British Columbians

2

SUICIDE RISK ASSESSMENT

We assess suicidal risk with every caller and work collaboratively with callers to identify reasons to live, and safe support networks..

3

SAFETY PLANNING

We work collaboratively with callers to provide safety planning and follow up with vulnerable British Columbians

4

DISASTER SUPPORT

We provide information, emotional support, and collaborative safety / recovery planning to people impacted by climate emergencies or other disaster.

5

THIRD PARTY SUPPORT

We contact loved ones, neighbours, employees and others on behalf of someone who calls us with concerns about safety or suicide risk.

6

FOLLOW UP SUPPORT

We provide follow up calls with callers who would like additional support to ensure they stay safe and get connected to resources.



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Saving & changing lives.

- Answered over 250,000 calls in 2022.
- Provided 2.5 million minutes of life-saving and life-changing support
- Handled 30,771 calls where suicide was the primary or contributing factor
- 81.5% of callers showed an improvement in their capacity to cope after contact with a Crisis Line Responder

Resolve 98% of calls through de-escalation, with NO need for an in-person intervention

Saved British Columbian taxpayers approximately \$10.4 million in hospital and urgent mental health response and \$47,891,000 in police attendance* significantly reducing stress on police and hospital services during a pandemic by diverting:

- 16,251 interventions by in-person Crisis Response Teams
- 50,901 emergency Mental Health Worker engagements
- 102,992 police call-outs relating to mental health, family conflict/violence, and suicide risk

*Saved police interventions identified by calls with primary issue relating to mental health and/or suicide multiplied by 81.5% of calls whereby the caller states/infers contact with the crisis line increased coping multiplied by \$465/police contact identified within Vancouver Police Department's "Our Community in Need" report.

Mind the gap

Unmet need

- During the pandemic, call volume increased by 40%, and we anticipate further increases.
- On average, Crisis Centres across BC answer about 50% to 60% of the call we receive.

Meeting the Need

Crisis Line Enhancement Project
Moving all BC crisis lines into a single call centre to improve flow of calls.
(to be completed June 2023)

Workforce Stabilization
Using remote technology to open opportunities for new crisis line responders in all BC communities.



Access to alternatives to police mental health response

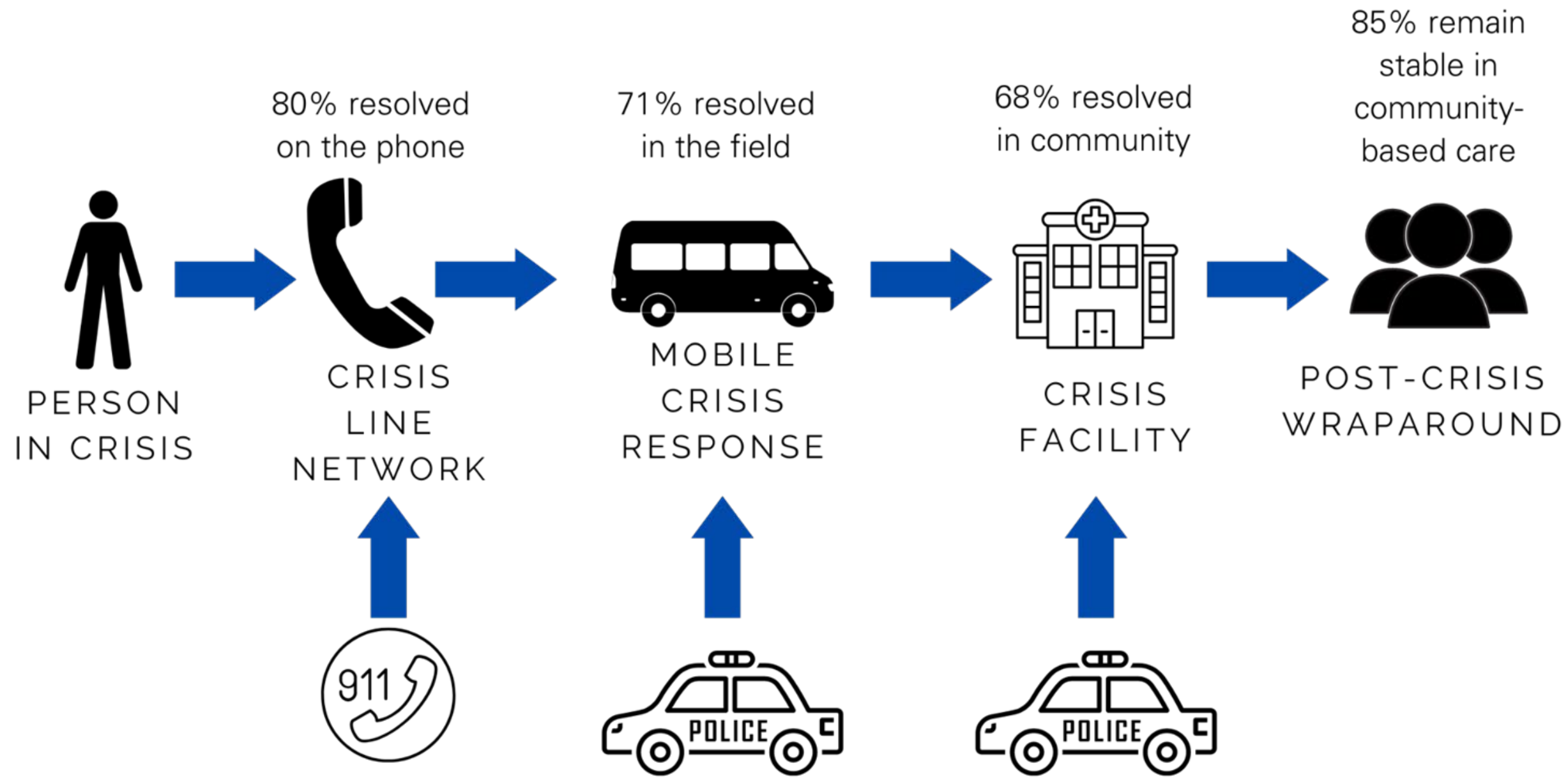
- **CAR co-response:** A plainclothes, armed police officer paired with a psychiatric nurse. These teams dispatch directly from a police detachment or psychiatric assessment centre. They often work with the **small minority of individuals** with mental illness who have repeated contact with police and a known history of violence.
- **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.
- **Peer-Assisted Crisis Teams (PACTs):** Peer support workers with lived experience are paired with mental health professionals, embedded in a community-based organization.



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Mental Health Crisis Response System **least restrictive, least costly approach**



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least restrictive, least costly approach

Outcomes of a high-functioning crisis services continuum, with data drawn from the Arizona Complete Health service area.
Balfour, M.E., et al. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors.

Survey of municipal leaders: crisis care in your community

In communities under 40,000 residents:

- 90% of local leaders **strongly agreed or agreed** with routing 911 calls through crisis lines
- **Number one ranked model** of in-person care was mental health professionals with police backup if necessary
- 58% of local leaders ranked police-only crisis response as their **least preferred** option
- 80% **strongly agreed or agreed** with creation of 24/7 crisis respite facilities in their community

23 rural communities responded **YES** to the question
“Would your community be a good place for a crisis volunteer hub?”

Provincial Action: Sample Motion

Building on the Province's approach to ensuring access to mental health crisis care for all British Columbians, Council formally expresses to the Province and partners an interest and intention to explicitly explore a mental health crisis care continuum that could divert people in crisis from unnecessary police and psychiatric intervention, by:

- i. First, routing crisis calls and wellness checks through crisis lines in order to de-escalate and resolve the crisis;
- ii. Second, dispatching a non-police mobile crisis response team if needed; and,
- iii. Third, providing crisis respite facilities – non-hospital settings where a person in crisis can get rest and help from peer support workers and mental health professionals.

Vancouver Result: Council request for 100 psychiatric nurses to pair with police officers was shifted by Vancouver Coastal Health to a multidisciplinary mobile crisis team, including 10 psychiatric nurses paired with police officers, 44 non-police crisis team positions, and 10 indigenous support positions



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Local Action: Use crisis lines strategically

Crisis lines are an **unacknowledged** zero barrier pathway to municipal police and emergency response systems, so we are **not engaged strategically**.

We recommend councils direct and encourage city staff and police 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.
- Document robust pathways for residents in your community to access alternatives to police-based mental health responses.
- Coordinate disaster response strategies with crisis lines, who receive calls from residents facing evacuation and dealing with the consequences of disaster
- Coordinate homelessness and encampment strategies with crisis lines, who receive calls from unhomed individuals in crisis or seeking resources to deal with mental health crisis, substance use, and housing.



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