PRESENTATION OF THE BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY (BCSS)
TO THE
STANDING COMMITTEE ON PUBLIC SAFETY AND NATIONAL SECURITY
REGARDING TASERS
April 4, 2008, Vancouver, BC

Presenter: John E. Gray Ph.D., BCSS Board Member

On behalf of the British Columbia Schizophrenia Society (BCSS) I want to thank the Committee chair and members for the opportunity to participate in your important work. My name is John Gray and I am a board member of BCSS and former executive director of the Saskatchewan Psychiatric Hospital in North Battleford. I've also worked for the BC Ministry of Health in Mental Health Services.

I would also like to introduce two visitors. David Halikowski, a family member, is our BCSS president and Jamie Graham who is a BCSS volunteer and award recipient. Jamie is the ex-Chief of Police for Vancouver and long-serving RCMP officer.

The BC Schizophrenia Society is made up of family members and supporters of people with schizophrenia. We provide education and support services, and advocate for more and better resources for people with serious brain disorders. We also work closely with regional health authorities and other service providers, including the police – who are often first-responders to calls involving the mentally ill.

Our Society's policy position on Tasers was clearly articulated over 8 years ago. Let me read part of a press release dated December 21, 1999.

> *The BC Schizophrenia Society urges all BC police forces to develop alternate methods to lethal force when dealing with psychotic patients following the recent shooting deaths of two people with mental illness in Vancouver and in Langley. ...The Taser Gun could be one option to lethal force.*
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> *Far too many of our relatives are dying at their own hands or the hands of the police because we do not have the necessary human and financial resources in the mental health system to ensure that people with serious mental illness receive the proper medical and community care and treatment they require.*

I want to discuss three points:

1. Why BC Schizophrenia Society is particularly interested in the Taser issue,
2. What can be done to reduce the need for Tasers and other weapon incidents with people who have a mental disorder and
3. The BC Schizophrenia Society's position on Tasers given the current controversies about them.

Before I address my three points let me say a word about police and families of people with mental illness. When things go wrong, it is the police who often receive media blame. On the other hand, our members generally have high praise for the police. They come quickly when called. They de-escalate difficult situations. They help people who are ill get the medical treatment they need. I have heard many family members say that they received better treatment from the police than from the mental health system.

1. BCSS members are particularly interested in the Taser because their sons and daughters, brothers and sisters have a brain illness that, when untreated, can lead to serious harms. Unlike other disorders such as anxiety, which rarely requires involuntary committal to hospital, about half the people who first develop schizophrenia have no insight into the fact that they are ill. Since they do not believe they are ill, naturally they may resist attempts to take them to hospital. Added to this are the bizarre delusions and hallucinations that people with psychosis are often experiencing. On top of that, for many young people there is the modern curse of street drugs. All in all, you have a potentially explosive situation where someone with a mental illness may endanger themselves or others, and possibly run the risk of needing to be forcibly restrained.

In such a situation, our Society, the BCSS, wants to ensure that non-lethal alternatives are available. But we are not the police, and we are not the experts who can best decide what these should be. Despite their challenges, Tasers seem to us to be the best alternative we have at present.

2. My second issue is this: How can situations that require forcible restraint of people with mental illness be reduced? All forms of restraint, including Tasers, carry potential danger for physical and psychological trauma.

The short answer is to provide more timely psychiatric treatment for the ill person. Almost invariably people with a treatable mental illness like schizophrenia or bi-polar who are shot by police or get into difficult situations are not getting adequate medical treatment. Psychiatric treatment is far from perfect but it does reduce psychotic symptoms, help stabilize the illness, and reduce chances that the person will be involved in fatal or damaging incidents.

Mr. Chair, you may think it a stretch to ask your committee to consider making recommendations about increasing access to psychiatric treatment to reduce the need for lethal and non-lethal force. However, we would suggest that those existing best practices which can help are too often underfunded: We would like to recommend the following:

a) Police and Mental Health System joint planning and service provision.
The police have been described as "psychiatrists in blue" The recent Vancouver Police Department report called "Lost in Transition" shows 31% of all police calls for service involve a person suffering from apparent mental disorder. That is the reason these two systems must work closely together.

Vancouver's Car 87 provides an example of joint service provision. This 30-year program provides an unmarked police car staffed by an experienced police officer and a psychiatric nurse. Together they attend mental health emergency calls. Frequently they are able to persuade the ill person to receive help voluntarily. But if they cannot, the police can take the person for medical assessment under the authority of the BC Mental Health Act.

b.) Police training about mental illness is recognized by all as a means of defusing tense situations. The BC Schizophrenia Society makes regular presentations to police. Our program is very effective. Police have made huge strides in training, as shown in the "Transition" report. But ongoing effort are needed.

c) Other resources include access to websites and listserves devoted to professional mental health and police liaison issues. Even something like this lowly little card for police (copy shown) — which gives police defusing tips and sections of the Mental Health Act can be helpful

d) Appropriate use of the BC Mental Health Act. The Mental Health Act exists to help those whose illness is so severe that they will not accept voluntary treatment. When the Act is ignored, people who are severely ill are abandoned to their suffering, and to the victimization that is all too common on our streets. Some police officers just give up, because when they finally get an ill person into hospital under the Mental Health Act, the doctors let them go, often because of shortage of beds. What happens? They deteriorate even further, and the chances of a dangerous confontration increase further.

e) Remember, many dangerous situations happen because a person with a treatable mental illness is not receiving treatment. Sometimes a person has a history of being treated successfully. Then they go off their medication. How can they be persuaded to stay on? There is a law in BC and now most other provinces that allows for Community Treatment Orders (in BC this is called "extended leave".) This means putting conditions on the person -- like continuing to see your doctor and taking your psychiatric medication. While this is not a panacea, evidence is that such community treatment orders reduce crime, violent incidents, and rehospitalization.

As the Vancouver *Transitions* police report made clear, the most important contribution to reducing confrontation and improving the lives of people with severe mental illness is to strengthen the mental health system. This will move their care away from being the responsibility of the police, courts and jail system back to the health care system, where it belongs.

I hope the Committee can take some of these ideas and stress the importance of service improvement in the prevention of untoward incidents with people who have treatable mental illness.

3. Let me finish by asking if anything has changed since our policy statement in 1999 regarding Tasers.

Probably the two most relevant issues that have arisen since 1999 are the rise of street drugs – especially crystal meth – and concerns about death associated with Tasers. These drugs have made people more likely to be restrained, with the untoward consequences that can result.

Concerning the deaths apparently associated with Tasers some experts say they cannot find a direct physiological link between the two and also that deaths have always occurred when restraint has been used no matter what the form. If there is an elevated risk we would still choose the Taser over a gun.

I have seen people volunteer to be Tasered, without apparent ill effects. I have never seen anyone volunteer to be shot by a gun.

Assuming that there is an elevated chance of death with a Taser especially in excited delirium, that still does not argue that bullets are better. In fact the death rate from bullets is significantly higher than from Tasers.

On the vexing issue of "Taser creep", we are not in a position to provide you with recommendations. Suffice it to say that in addition to saving lives, when it comes to getting people to a hospital because they have an illness that is likely to harm themselves or others, if force must be used it must be the most appropriate to the situation. If talk fails, Tasers may be a much better option that a physical fight or a baton, both of which can result in injuries to the person and staff.

While we know that Tasers cannot always replace bullets our recommendation is that Tasers not be banned or restricted to the point of impotence. We continue to want to avoid situations like the one in Saanich in 2004 where there was no Taser available but one coming to the scene in a supervisor's car. A 33-year-old hard working man who had had a psychotic reaction following a work accident went off his anti-psychotic medication. He was about to attack police who shot him to death. The Taser may not have prevented this but if it had the wife would not have had to say

"*All he needed was his medication and our lives would have been normal again, but they gave him bullets and left me a widow with a three year old daughter to bring up*".

Thank you Mr. Chair and Committee members.

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