

Mobile Crisis Rapid Response Team (MCRRT)-Hamilton Branch

A Collaborative Approach towards Learning, Unlearning, and
Transforming in Varying Times.



MCRRT Evolution: Past, Present, and Future



- Zachary Antidormi (1994-1997). The tragic killing of a Hamilton toddler became a catalyst for change in how mental health care is delivered in Hamilton. This case initiated a unique relationship between the city's police service and its experts in mental health care
- Crisis Outreach And Support Team (COAST) Hamilton (1997). Provides services to people experiencing a crisis related to mental health and addictions. A unique partnership between mental health professionals from St. Joseph's Healthcare Hamilton and CIT trained police officers from Hamilton Police Service. COAST crisis line is available 24/7. Mobile services include in-person support and mental health risk assessments
- In the last two decades, community agencies have joined the COAST network to ensure the proper care is provided in the most timely manner

MCRRT Purpose and Rationale:



- An established partnership between Hamilton Police Services and St. Joseph's Healthcare Hamilton in 2014 to improve 911 crisis responses
- Small multidisciplinary teams consist of a Uniformed Officer and a Mental Health Worker (Social Worker, Occupational Therapist, or Nurse by designation) who respond to emergent 911 calls involving acute mental health or distress calls
- Teams work on 12-hour shift rotations 20/24 hours a day. MCRRT aims to reduce the number of individuals with mental illness unnecessarily brought to the ED, diverting them instead to the appropriate community resources, urgent services, or crisis beds. It also diverts individuals from the criminal justice system by providing safe, timely, efficient mental health and crisis management support
- A first responder model has now evolved into national and international initiatives

The MCRRT Outlook: Health Is a Community Responsibility Requiring an 'All-In' Community Approach

- Seeks to increase community health networking and liaise to create new pathways to enhance private and public wellness
- The first response model emphasizes mixed crisis response and management methods during crisis contact
- The focus is on alleviating the presenting crisis AND identifying the more significant social determinants of health generating the emergency
- Strives to increase reach and response within diverse populations and communities
- Increasing knowledge mobilization and global recognition of mental health as HEALTH-Not just a mere component
- To promote social responsibility, create an opportunity to prevent harm to oneself and others and mitigate or address vulnerabilities that can cause permanent impairment or mortality. And increase public and private health and wellness nationwide



Working Together to Enhance Community Wellness and Response



- In 2021 MCRRT Hamilton responded to 2,986 “Person(s) in Crisis” and 1,376 non-mental health related calls
- Average decrease in apprehensions by 55% to Historical police apprehension rate.
- Historical uniform officer apprehension rate 75.4 percent
- MCRRT apprehension rates through the use of the co-response model 12 percent
- Promoting awareness of the social determinants of health that affect care practices and approaches
- Building private and public rapports to create new pathways and access points
- Reduce reliance on the judicial and healthcare systems. Navigating clients towards the appropriate continued care avenues to improve the health, safety, and quality of life for all citizens
- MCRRT puts the right people in the right place at the right time

MCRRT Strengths, Barriers, and Challenges



- Building competency within differing social systems
- Crisis Intervention Training (CIT) became a mandate with HPS in (2005) since then offered 4x yearly and often prioritized to front line police units who have direct and recurrent contact with MHclients and vulnerable persons in the community
- Building familiarity and relationships with persons in crisis—deflecting from unnecessary systems overuse and tailoring best practices and approaches to the specific clinical presentation, problem and needs
- Organizational and Institutional Silos: consent and confidentiality
- Legislation and Lawful Restrictions: grounds warranting apprehensions—
- Criminal Vs MH which comes first and why?
- Increasing determinants of health and decreasing community resources and allocations: increased crisis calls, complex and concurrent crises, organizational caps and waitlists

MCRRT Highlights and Continuing Developments



- COAST non-police response model
- Regional Research
- Community Research and Professional Development Partnerships: Laurier University VR Research
- McMaster Children's Hospital/University: Pediatric Resident MH placement
- Rapid Intervention Support Team
- MCRRT teams expansion 2022/2023
- MCRRT in the news:
- [Hamilton Police Secure \\$8.2 Million for Mental Health Community Partnerships](#)
- [Hamilton police partnering with community agencies for new intervention team | TheSpec.com](#)
- [Hamilton police use virtual reality to improve response to people in mental health crises | CBC News](#)
- [Crisis response teams achieve 70% reduction in people taken into custody under Mental Health Act | CBC Radio](#)
- Hamilton Police Services: Social Navigator Program

The Balancing Act: Between Principles and Action



- Clients right to make choices and self determination versus upholding the right of society to impose limitations on the self-determination of individuals, when such limitations protect individuals from self-harm and from harming others
- Working in partnership with police perceived as conflicting towards social fairness, equitable distribution of resources, reduced barriers and expanded choice for all persons

-Advocate not adversary between client and police positioning

- Balancing individual needs, rights and freedoms with collective interests in the service of humanity

Social workers strive for impartiality. It is the responsibility of social workers to establish the tenor of their professional relationship. An essential element of integrity in professional practice is ethical accountability

-Balancing ethics in unison with relevant provincial/territorial standards and guidelines

- Social workers demonstrate respect for the trust and confidence placed in them by clients, communities and professionals by protecting the privacy of client information and respecting the client's right to control when or whether this information will be shared with third parties

-MHA apprehensions-capacity and Consent.-PHPA and risk

- Social workers contribute to the ongoing development of the profession ,serving humanity, participating in the development of current and future social workers and the development of new professional knowledge

-Deconstructing social typecasts that divide versus unify

Closing Remarks



- We will continue to learn and unlearn with every interaction
- We will continue to use and adapt creative methodologies to move us towards forward thinking
- We continue to change and diversify with the changing needs of society through mentorship and shared knowledges. If we cannot relate to the person how can we relate to the cause?
- We need to demonstrate how to generate the social action we desire
- We work within subjective systems that require us to work innovatively between fluctuating structural arrangements. **Building Castles in the Sandbox**
- The 3 Cs of MCRRT life: We make the **choice**, to take the **chance**, to create opportunity for private and public **change**



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