

**MENTAL HEALTH EDUCATION FOR THE VANCOUVER POLICE DEPARTMENT**

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MENTAL HEALTH EDUCATION FOR THE VANCOUVER POLICE DEPARTMENT

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## **DEDICATION**

To my parents, who have always supported me and encouraged me to further my education. Thank you for all your love and wisdom, my accomplishments would not have been possible without you.

## **ABSTRACT**

Police officers continuously work with individuals who struggle with mental health issues. Concerns regarding criminalization of individuals with mental illness, ineffective use of the emergency department, and inadequate mental health training for police officers are identified in the literature (Coleman & Cotton, 2014; McKenna et al., 2015). Mental health education can improve health outcomes for individuals with mental health illness and who have encounters with police. This need for further education prompted the creation of an education resource that was presented to the Vancouver Police Department in a 2-hour learning session. Data was collected using participant feedback forms and both formative and summative evaluation was used to measure success of project goals. The findings concluded that mental health educational resources can improve police officer knowledge and understanding of the mental health system, the mental health act, and risk assessments.

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## **Chapter One: Introduction**

Law enforcement officers continuously work with individuals who struggle with mental health issues. This work may be through social support, related to criminal activity, or the apprehension of an individual in order to seek out medical treatment. More than ever, deinstitutionalization of individuals with mental health issues and limited access to housing make working with the mental health population an everyday incidence for law enforcement officers (Olasoji, Maude & McCauley, 2017). In Vancouver, the Vancouver Police Department (VPD) has been the law enforcement agency and serving the community of Vancouver British Columbia (B.C.), Canada for the past 133 years (VPD, n.d.). For the past 30 years this organization has been involved in mental health partnerships with the Vancouver Coastal Health Authority as well as other various community groups to improve outcomes for people who have mental illnesses. However, there are gaps in training related to mental health disorders, communication with people in crisis, risk assessment, and how to work within the healthcare system.

### **Problem Statement**

Under Section 28 of the B.C. *Mental Health Act* (1996), police have power to involuntarily apprehend an individual for assessment by a physician if the person appears to be mentally ill and is thought to likely endanger themselves or others. At St. Paul's Hospital in Vancouver, there were 4,713 Mental Health Act apprehensions by police and 11,035 Emergency Department (ED) encounters for mental health and/or substance use in 2015 (VPD, 2016). These statistics make working with individuals experiencing mental health and substance use issues a daily occurrence for police. Concerns regarding criminalization of individuals with mental illness, ineffective use of the ED, and inadequate mental health training for police officers have

been identified (Coleman & Cotton, 2014; McKenna et al.,2015). Criminalization can lead to the incarceration of those suffering from mental health issues who instead could be receiving treatment to support their recovery. When the ED is used ineffectively, it can create longer wait times and traumatic experiences for those brought in by police against their will. Limited mental health training prevents law enforcement officers from understanding the needs of the mental health community or the skills needed to do their work effectively.

### **Rationale for Education and Project Purpose**

The VPD have many ongoing effective mental health partnerships with Vancouver Coastal Health Authority (VPD, 2016). However, none of these partnerships work to support front line officers who come in contact with individuals who have mental health issues. Members of the VPD receive yearly professional development and ongoing training for various aspects of their role. Currently, the VPD has no formal ongoing mental health education to support their members to work more effectively with those who have mental health issues.

According to the VPD strategic plan (2017), “the VPD, along with our community partners, will use an integrated and collaborative approach to address gaps in the health care system affecting people with these [mental health] challenges” (p.5). They also note “to effectively perform their duties, members need relevant training to meet legislated requirements and emerging best practices” (p. 2). The mental health education delivered in this project directly aligns with needs and goals reflected in the VPD strategic plan and will help support the organization in meeting these goals.

Drawing from personal experience, working as a nurse in the ED and as an outreach nurse in Vancouver, police officers frequently voice frustration with the mental health system and they do not always understand how to communicate with people in crisis, how to interpret

the mental health act, and how to communicate with health professionals. For example, in some circumstances police officers do not know whether they should apprehend an individual and bring them to hospital against their will or leave them in their home. One significant personal experience confirmed the need for more mental health education for front line police officers. While working as an outreach nurse in a downtown Vancouver community, this writer made a visit to a residence to meet a client with a police officer, the officer was asked to help with a concern about a man with a knife. This man had threatened another man that day and he had been holding a knife. When this man was located, the police officer started to interview him and the plan was to possibly bring him to jail. While observing this interview, the man appeared to be mentally unwell. As a Registered Psychiatric Nurse, this writer asked to assess the man and found him to be paranoid and responding to auditory hallucinations. Based on this professional assessment, the police officer decided to apprehend him and he was transported to hospital. It was later determined that the man was diagnosed with Schizophrenia and admitted to the mental health unit. This personal experience is one example where police officers are faced with challenging decisions to arrest individuals with mental health issues or apprehend and divert them to appropriate health services in a timely manner. With more education specific to mental health it is possible for front line police officers to make informed decisions.

This practice project in nursing is intended to improve health outcomes for individuals who encounter the health care system and help close the gap between nursing evidence based literature and what is seen in nursing practice. This research to practice gap is caused by the length of time it takes to conduct research, develop evidence-based knowledge, and then translate that knowledge into nursing practice (Terhaar, Crickman & Finnell, 2015). This project will bridge the gap between the current limited knowledge that VPD officers have about mental

health and the identified need for improvements in this type of education. This education can improve health outcomes for individuals who have mental health issues and who also have encounters with police. This project paper will explore the literature related to current issues surrounding mental health apprehensions to the ED, criminalization of individuals with mental illness, and need for improved mental health education for police officers. Using the ADDIE model of instructional design, this paper will also describe and evaluate how a mental health education session was implemented for police officers within the VPD.

## **Chapter Two: Review of Literature & Nursing Evidence**

The literature directly related to this topic is limited and mostly based in Australia, United Kingdom, and the United States of America. A database search was completed using CINAHL, Pub Med, Pro Quest, and EBM Reviews using a combination of keywords including: ‘mental health’, ‘psychiatry’, ‘police’, ‘law enforcement’, ‘emergency room’, and ‘emergency department’. Peer-reviewed, English-language articles related to the topic were included if published in the last 10 years. Relevant articles have been appraised, frameworks considered, gaps identified and literature categorized into 6 themes of study: police and nurse experiences, health outcomes, mental health training, professional resilience, mental health education models, and interagency collaboration. Literature has also been reviewed related to educational and instructional strategies in order to inform an evidence based educational practice project.

### **Police and Nurse Experiences**

Police officers have the responsibility to apprehend and transport individuals for involuntary mental health assessment by a physician if they have an apparent mental disorder or are deemed to be at risk to harm themselves or others (Government of B.C., 2005). During these apprehensions, police officers can be held in the ED for hours waiting for the health care system to assess the individual. This can be a major source of frustration for police officers, especially when they are taken away from other community duties and responsibilities (Bradbury, Hutchison, Hurley & Stasa, 2016). Apprehension of mentally ill individuals to the ED by police has been seen to cause congestion and long wait times which lead to agitation for patients, frustration by staff, and inability for police to return to duty in the community (Mckenna et al., 2015).

Nurses who work in the ED also express frustration and concern related to the apprehension of mentally ill individuals by police officers. One study used phenomenological analysis through semi-structured interviews with mental health nurses (Maharaj, O' Brien, Gillies & Andrew, 2013). This analysis identified that mental health nurses perceived an increase in negative outcomes for patients apprehended by police and felt these apprehensions enforced imbalanced power dynamics with patients. These perceptions can impact the relationship between police officers and the nurses who work in the ED, creating further frustration and issues with communication.

Retrospective medical record audits, in an urban ED found that 70% of apprehensions by police and ambulance were later discharged home and apprehensions were a low predictor of psychiatric admission (Derrick et al., 2015). The frustration felt by police officers after long wait times paired with this finding of individuals being discharged immediately, produces an ineffective ED environment for police officers, healthcare staff, and mental health patients.

Nurses and police report frustration with the current system for mental health apprehension by police to the ED and see a lack of communication between both disciplines (Bradbury et al., 2016). Police are asked to make decisions about apprehending those with mental health issues, these decisions are seen as improved when officers have the knowledge and understanding about available options (Coleman & Cotton, 2010).

### **Health Outcomes**

Police apprehensions are often viewed as embarrassing for patients and felt to be punitive even when officers used a gentle approach (Bradbury et al., 2016; Al-Khafaji et al., 2014). Limited data is available on how police intervention with individuals who are mentally ill impact patient outcomes. Patient outcome data has been challenging to collect due to difficulty

performing research during a mental health crisis (Bradbury et al., 2016). A rapid synthesis of evidence using the Cochrane risk-bias-tool found little evidence on ways to improve how individuals with mental health issues or the police can improve access to mental health services (Paton et al, 2016).

One study conducted by Bradbury et al. (2016) used cross-sectional, semi-structured interviews with mental health patients combined with a retrospective review of ED records. This review of patient experiences described police officers as using an overly authoritative approach but much of this depended on how individuals perceived their own behavior during the time of mental health crisis. This study also identified that a considerable number of individuals who are apprehended by police were later discharged home by a physician (Bradbury et al., 2016). Often this leaves patients waiting for hours in the ED waiting room with no transportation home.

Historically, the alternative of mental health apprehension by police and the transport of individuals to the ED is criminalization. Individuals with mental illness often do not report they have a mental illness to police officers and this can lead them to be arrested and transported to jail instead (Coleman & Cotton 2014; Livingston, 2016). Since the hospital deinstitutionalization of mental health patients, there has been increased encounters between those who have mental health issues and the criminal justice system (Ellis, 2014). Homelessness, lack of services and lower social functioning are prominent factors that contribute to the increased likelihood of these encounters. This has been noted to be a global issue with collaboration between law enforcement and health services being a key intervention in diverting mentally ill individuals away from the criminal justice system and into the health system (Ellis, 2014). This deinstitutionalization of mental health patients and the increase in encounters between police and individuals with mental

health issues can be correlated with an influx in police officers attending the ED as well as current long wait times to access mental health care.

### **Mental Health Training**

In Canada, there has been an increased number of interactions between police officers and those with mental health issues (Coleman & Cotton, 2014). It is important for police to be able to engage with the community and support health outcomes of the people they work with. A study conducted by Coleman & Cotton (2010) determined that mental health education received by Canadian police in training was basic and failed to address symptoms of mental health illnesses or communication strategies. The study suggested most officers completed 10 hours of mental health instruction during their initial training which was deemed inadequate to develop knowledge and skills that are effective, and it had limited impact on negative attitudes and stigma (Coleman & Cotton, 2010). Without a solid knowledge base, police officers are at risk to make decisions based on perceptions, negative attitudes, or assumptions about those who have mental health issues.

Lack of mental health training for police officers has been identified in numerous studies, the limitations in training include: lack in knowledge of community mental health resources; identification of mental health symptoms and how to effectively respond; and communication strategies with mentally ill individuals in crisis (Booth et al., 2017; Scantlebury et al., 2017; Bradbury et al., 2016; Lancaster, 2016; Coleman & Cotton, 2014). The evidence of appropriate mental health training procedures for police is also limited and noted to be of poor quality (Scantlebury et al., 2017). A study by Booth et al. (2017) interviewed police officers who received mental health training and found an improved knowledge base, confidence when

working with individuals in mental health crisis and reduced officer stigma towards individuals with mental illness.

In mental health education, police officers should not only learn about mental health symptoms and effective interventions but also about social and system issues (Coleman & Cotton, 2014). For police officers, education “must do more than inform its participants—it must also transform them” (Reuland & Schwarzfield, 2008, p. 2). It is important for the educator to not just focus on mental health symptoms or diagnosis as that may not retain the police officer’s attention in learning (Coleman & Cotton, 2010). Learning should be more related to problem-solving and recognizing signs of mental health symptoms. It is also beneficial for police officers to be aware of community resources and how to make referrals for mental health supports.

### **Professional Resilience**

Law enforcement officers are also exposed to acute and chronic stressors that have been associated with higher prevalence of cardiovascular disease (Ramey et al., 2016). Officers and health professionals are exposed to traumatic events that impair physical and mental health plus lead to burn out or compassion fatigue. Resilience is used to describe how these professionals adapt from the adversities of this demanding work (Martin, 2018; Sturmberg, 2018).

The promotion of resilience through training and education should be a part of the role professionals have who work with individuals that have mental health issues (Hurley & O’Reilly, 2017). Resilience can have a mutual relationship between health care provider and the mental health client (Hurley & O’Reilly, 2017). The significance of supportive training for resilience should be a focus as it can benefit the resilience process for both groups. Professionals risk emotional burn out when resilience is not supported (Rasmalisa et al., 2018). Organizations

should offer support systems within the work environment and increased training could improve skills and confidence.

The professional can also be involved in engaging families and communities in the development of resilience (Bennett et al., 2018). Social programs targeting resilience can promote individuals and communities to move forward when facing challenges. Acknowledging that resilience is associated with psychological, social, biological, and contextual factors can help professionals provide non-judgmental support (Martin, 2018).

### **Mental Health Education Models**

There are various known mental health education models for police officers that have been reviewed in the literature. The first model is the Crisis Intervention Team (CIT), a widely used program that supports officers to have improved coordination with the mental health system (Coleman & Cotton, 2014). This training involves 40-hours of education run by a collaborative group of mental health professionals, law enforcement officers, and people with mental health disorders. It was identified that this training had a positive effect on attitudes and knowledge of police officers towards those with mental health issues. This training model has been seen as an effective approach to improve interactions between law enforcement and those with mental health issues (Ellis, 2014). Officers felt more prepared to answer mental health calls after completing CIT training (Coleman & Cotton, 2014). This training was also associated with lower officer injury, increased referrals to mental health programs, and lower criminal justice costs. Significant changes in police officer attitudes and perception towards those with mental health issues after receiving this training has been documented (Ellis, 2014). This training was also seen to align police officer understanding more closely to that of a mental health professional when working with those who have mental health issues.

The TEMPO Model was created with stakeholder input and based on police officer needs (Coleman & Cotton, 2014). This model takes adult learning strategies into consideration and content is developed through consultation with subject matter experts. This education is considered a holistic approach and more than just teaching skills. Education about stigma and negative attitudes towards those who have mental health issues as well as strategies for ethical decision-making and social responsibility are a focus. The educators in this model are subject matter experts and have experience in working with those who have mental health issues in the criminal justice system. Understanding law enforcement culture and having qualified educators is noted to be crucial in the success and credibility of this training (Coleman & Cotton, 2014). TEMPO looks at delivering learning content through participative approaches with various teaching methods as well as regular interaction between educator and those taking the training. These authors highlight the importance of not only using knowledge tests as evaluation methods but also looking at long term outcomes which may be done by using community surveys, reviewing number of injuries during mental health encounters, and the number of arrests versus apprehensions of people with mental health issues (Coleman & Cotton, 2014).

### **Interagency and Interdisciplinary Collaboration**

Interdisciplinary and interagency collaboration can improve communication, community planning, and costs associated with length of stay in the ED and patient-care (Menefee, 2014; Korazim-Körösy, 2014; Brady, 2013). Effective collaboration is supported by communication, cooperation, respect, and leadership (Menefee, 2014). Kowal (2013) surveyed nurses and police officers on their views associated with the management of mental health patients and interdisciplinary teamwork. Disciplines disagreed on multiple questions including opinions of the relationship between each other. Police felt that the communication reports they gave to

nurses about patients on arrival were sufficient but nurses felt they were not adequate. The majority of ED nurses felt that relationships with police were good and that efforts were made to accelerate the movement of police from the ED, however, less than half of police surveyed felt the same (Kowal, 2013). These findings convey how police and nurses address needs of mental health patients through different and often opposing perspectives.

Within Canada, interdisciplinary and interagency collaborations have been increasingly supported (Haggarty, Ryan-Nicholls & Jarva, 2010). Evidence has noted these collaborations to be effective when working with people with mental illness. Healthcare professionals and law enforcement officers are held to a different set of ethical and legal guidelines (Coleman & Cotton, 2010). These differences should be considered when creating learning materials for these groups. Literature suggests that it is important to have a multidisciplinary approach when planning programs and training resources (Coleman & Cotton, 2010). These multi-disciplinary efforts include law-enforcement officers and mental health professionals.

### **Gaps**

Multiple reviews described data as limited or poor-quality relating to the lack of randomized control trials and detail in reviewed studies (Booth et al., 2017; Lancaster, 2016; Paton et al., 2016). Many studies lacked generalizability and transferability due to geographic area, population, and small sample size of research (Copeland & Henry, 2017; Bradbury et al. 2016; Al-Khafaji et al., 2014). Validity was often ensured through triangulation but may have benefited from member-checking to confirm participants agreed with themes identified, especially when using a phenomenological approach (Bradbury et al., 2016; McKenna et al., 2015). Gaps in the literature pertained to effective interdisciplinary communication and collaboration amongst police and ED nurses during mental health apprehensions. Although

multiple studies have reviewed the effectiveness of collaborative mental health response teams, the literature lacks information about how to best support police officers and ED staff during apprehensions to hospital (Lancaster, 2016; McKenna et al, 2015).

### **Strengths**

Overall, there is a wide variety of themes identified in the literature concerning issues with how mentally ill individuals are managed by police and in the emergency department. Although the data provided is mostly narrative, it conveys the importance of improvements in this area. Much of the literature also conveyed a desire for improvements in interdisciplinary communication and better patient health outcomes (Scantlebury et al., 2017; Bradbury et al., 2016; Coleman & Cotton, 2014). There have been successful educational strategies, the TEMPO model is building towards a more collaborative approach between law enforcement officers and subject matter experts (Coleman & Cotton, 2014). This education is moving towards focusing not only on skills but on attitudes and stigma that officers may hold about working with those who have mental health issues.

## **Chapter Three: Project Description**

### **Background and Target Audience**

The purpose of this project is to bridge the knowledge gap between what literature identifies police officers should know about mental health and the lack of education that they are currently receiving. To improve health outcomes for individuals with mental illness and who also have encounters with police, further mental health education is required. Without the knowledge and skills necessary to manage daily responsibilities related to mental health, it is impossible for officers to do their job to the best of their abilities. The purpose of this project is to create a mental health education resource for the VPD. This project aims to address current issues surrounding mental health apprehensions transported to the ED by promoting increased mental health education within the VPD.

The target audience for this education session is current patrol officers who work for the VPD. This audience was extended to current recruits who have recently graduated from the B.C. Justice Institute and are about to finish their training to become patrol officers. Police officers who are involved in leadership were also invited to attend this education session.

The VPD is the current law enforcement agency responsible for the safety and protection of those who reside in the city of Vancouver, B.C. The VPD identifies a mission to “partner with our community for excellence and innovation in public safety” (VPD, 2017). The 2017-2021 VPD Strategic Plan (2017) highlights the importance of professional well-being for members in order for the organization to have successful implementation of their goals. It notes the importance of professional training based on best practices. It also describes the importance of connecting with communities, specifically vulnerable populations to create positive relationships. Mental health programs are noted to be a priority. Collaborative approaches to

address gaps for this population are also noted to be of prominent significance. In 2011, the VPD developed the Crisis Intervention and De-escalation Training course aimed to support and prepare police officers for their responsibilities within the mental health community (VPD, 2016). This training course is required for all front-line police officers and focuses on de-escalation techniques as well as de-stigmatization. This training is offered at the beginning of police officer preparation at the police academy but is then only offered every 2 years as an optional online course. This training does not provide information on responsibilities under the mental health act, risk assessment, or mental health symptoms. Although all members of the VPD come into contact with individuals with mental health issues, front-line officers have the most contact and responsibilities under the B.C. *Mental Health Act* (1996).

Once the literature and target audience were reviewed, a project proposal was created and presented to faculty from the University of Lethbridge Master of Nursing program. The feedback obtained at the presentation guided a project proposal paper that outlined the plan for this project deliverable.

### **Project Goals and Objectives**

Goal: Create a mental health education resource for the VPD that aims to:

1. increase knowledge, skills and awareness about the mental health system, mental health diagnosis, communication, risk assessments, and decision-making.
2. improve quality of care and health outcomes for those who access the mental health system and improve the relationships between law enforcement and health professionals

### **Identified Stakeholders**

The primary stakeholder identified is the VPD as an organization. Improvements in time-management are crucial for law enforcement officers who have many responsibilities throughout

the community. Within this organization, patrol officers are the main individuals who have continuous contact with the mental health population. Key stakeholders within this organization include the Sergeant of the Mental Health Unit and the Sergeant of the Education and Training Unit. The Sergeant of the Mental Health Unit has been key in creating connections within the rest of the department in order for this project to be successful. He also has a strong interest in improving mental health education within the department and was the liaison with the Sergeant of the Education and Training Unit.

Other identified stakeholders are the healthcare providers who interact with police within the healthcare system. As noted in the literature review, relationships can be stressful between healthcare staff and police officers when they do not agree on the appropriateness of the apprehension or when there are frustrations related to wait times (McKenna et al., 2015).

The health authorities in which healthcare facilities reside have a strong appeal to the overall improvement in quality of care given to those who have mental health issues. These health authorities are the organizations that are responsible for the safe care of patients who attend these health facilities. Additionally, the Vancouver Coastal Health Authority currently has ongoing partnerships with the VPD related to improving the quality of mental health encounters as well as improving the relationships between healthcare and police services.

Finally, individuals who have mental health issues throughout the community are important to identify as beneficiaries from this mental health education. These individuals have interests in the relationships they hold with police officers and the mental health care they receive. As noted in review of the literature, these individuals can see mental health apprehensions and contacts with police as punishment which can lead to further stigmatization

(Coleman & Cotton, 2014). Improvements in officer education can help to improve the way that these contacts happen and work to build more positive relationships.

### **Stakeholder Engagement Strategy**

Stakeholder engagement began through requirements of the University of Lethbridge Master of Nursing program to complete a clinical placement in a leadership position. This placement was with the VPD, alongside the Sergeant of the Mental Health Unit, who was the primary leader and consultant in this organization during clinical placement. Concerns about mental health awareness within the VPD were discussed at length. Through this relationship further connections were made with various members of the VPD who have become key stakeholders in this project. For example, the Sergeant of the Education and Training Unit who was involved in making this education successful within the VPD by coordinating all the logistics for the delivery of the education session.

To create awareness, it was important to highlight the advantages of mental health education to officers as stakeholders and the population they serve (Cullen & Adams, 2012). Emphasis on the benefits of improving mental health education within the VPD were discussed in phone meetings with senior management, in addition, organizational needs and a vision for the project were clarified. It has been important to reflect on needs addressed by the stakeholders to ensure similarities in vision for the project.

A communication plan was established early in the project and regular meetings occurred to evaluate progress because it built lines of communication and organized meeting points where progress was evaluated (Terhar et al., 2015). Education will only be successful and improve outcomes if it engages organizational stakeholders, uses relevant literature, and learning strategies are effective (Coleman & Cotton, 2014).

## **Ethical Considerations**

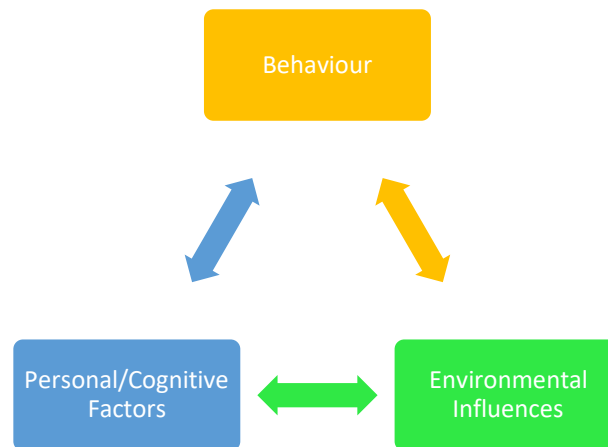
During this process, the project also required ethical screening using the A pRoject Ethics Community Consensus Initiative (ARECCI). The ARECCI guideline tool was completed (see Appendix A) as a means to consider ethical concerns for education projects (Alberta Innovates, 2010). This resource helps to identify ethical risks and what type of review is required prior to completing the screening tool. The ARECCI ethics screening tool was then completed, this project scored a zero, ascertaining a low ethical risk.

## **Theoretical Framework for Change**

When developing educational resources for professional development, best practice suggests the need to ground the resources in a theoretical change model (McKenzie, Neiger & Thackeray, 2016). Social Cognitive Theory (SCT) was determined to be the best fit for this project because of the complex and often challenging role police officers have within the mental health system. Police officers utilize personal and environmental experiences to determine the way they think and behave. SCT can be applied to the learning environment in a challenging learning setting by considering police officer motivation for mental health education and their ability to retain the content.

According to SCT, behaviour is shaped by internal cognitive and biological factors as well as external environmental influences and social patterns (McKenzie et al., 2016). Individual behaviour also has the capability to influence the environment and the social circumstances within it (see Figure 1). Learning is influenced by observing others and seeing desirable and undesirable behaviours (McKenzie et al., 2016). The perceived expectations about the outcome of the behaviour held by an individual will determine if they carry through with it (McKenzie et

al., 2016). Behaviour is also dependent on the value or importance individuals place on the expected outcomes of the behaviour.



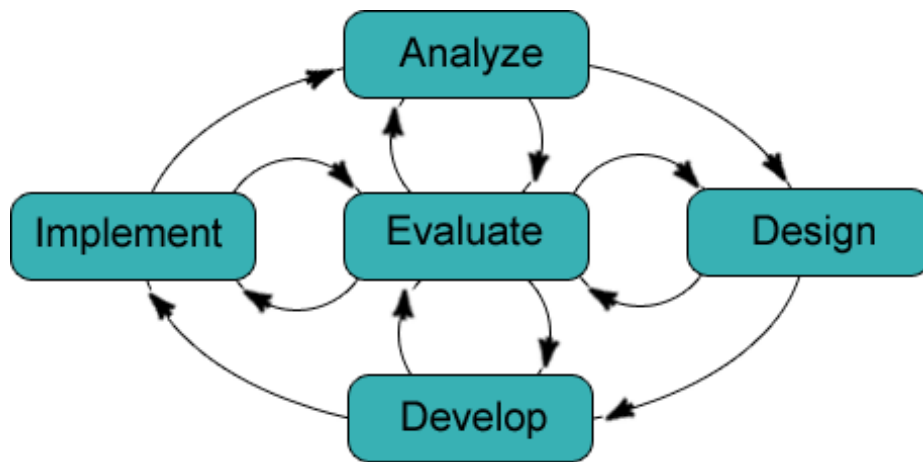
*Figure 1: Social Cognitive Theory*

In order for VPD members to communicate with people experiencing mental health issues and make informed decisions on their care, they first must have the knowledge and skills to perform these behaviours effectively. It was important to consider the current VPD expectations for working with a population with mental health issues. It was also important to reflect on the VPD expectations for yearly training and education in general. For VPD officers, they must see how the new education benefits them and their profession. Behavioural Capability is a key construct in SCT that describes how people are unable to change if they are not aware of how or why they need to make these changes in the first place (McKenzie et al., 2016). Self-efficacy is another key construct within SCT as it speaks to the confidence individuals have to carry out a new behaviour and overcoming potential barriers (McKenzie et al., 2016). If VPD officers believe they can competently use educational resource strategies and newly acquired knowledge in their day to day work, they will be more likely to engage in new behaviour. Self-efficacy can be obtained by meeting their performance goals, observing positive performance in others, receiving feedback, and coping with emotions surrounding the new behaviour

expectations (McKenzie et al., 2016). They can also observe and receive feedback from a subject matter expert who is running the training session. The impact of this educational resource can empower police officers to be role-models who can influence other officers and their perception of working with those who have mental health issues.

### **Theoretical Framework for Instructional Design**

The educational framework selected to design the VPD education resource instructional strategies is the ADDIE Model (see Figure 2). This model is used as an instructional design method to help plan education and mitigate presenting challenges (Reinbold, 2013). This model was chosen as it is learner centered and focuses on obtaining real world performance goals. The first stage is analysis and is used to identify problems; set instructional goals and objectives for educational interventions such as this project; identify target audience characteristics and assesses learner knowledge; create a timeline and identify required resources; and develop outcomes for the project (Reinbold, 2013). At this stage, a learning outline was developed using the ADDIE model (see Appendix C).



*Figure 2: ADDIE Model (Ford, n.d.)*

The design stage is where learning objectives are secured and the development of content begins (Reinbold, 2013). This stage involved continued assessment, lesson planning, and

creating appropriate learning activities and strategies (see Appendix D). Instructional and testing strategies were selected based on best practice evidence and the learning objectives were solidified.

The next stage of the ADDIE Model is development and implementation where the content is developed into a resource that is presentable to the audience (Reinbold, 2013). These stages involve creating the education resource, engaging in formative evaluation for validation, engaging stakeholders and running the pilot test which is the deliverable for this project. Details of this process will be explained in the project development section of this paper.

The final stage of this model is evaluation, which happens at each stage and there are continual opportunities for feedback and review (Reinbold, 2013). This stage involves both formative and summative evaluation methods that will be discussed later in this paper.

### **Project Development and Implementation**

As noted previously, the development of this project began with engaging the VPD stakeholders and collaborating throughout the process of educational design. Initially, two education sessions were planned but due to VPD organizational time constraints only one time was available for a two-hour education session. Based on the literature and discussions with key stakeholders, including front line patrol officers, the following learning objectives were created:

- Build on knowledge and understanding of the criteria and police responsibility for Section 28, Form 4, and Form 21 under the BC Mental Health Act
- Explore communication and decision-making strategies related to mental health and risk assessment
- Increase knowledge and understanding about the mental health system within the hospital and community

For recruitment of participants to take part in the education session, a poster was created to advertise the time, date, location, and learning objectives for the session (see Appendix B). The poster was distributed by email to VPD stakeholders in leadership. The stakeholders then requested that each Sergeant of a patrol unit have 1-2 patrol officers be available for the education session.

In order to express key content features based on learning objectives, a PowerPoint was created which allowed information to be organized and processed step by step (see Appendix E). Visual presentations can assist participants in learning new concepts while also allowing for interactive activities to be combined to engage learners (Thompson, 2012). Content was developed by using information from the Guide to the BC Mental Health Act (2005) and evidence based mental health literature. A case study was created to provide an example of a difficult mental health scenario in order to build critical thinking and adapt learning to real life situations. Case studies assess metacognition, an understanding of one's own knowledge; retention and recall (Phillips, 2012). This instructional strategy is noted to be well suited for interprofessional and group learning as it allows participants to problem-solve in a safe environment. Time was left for discussion and for officers to ask questions based on their experiences. Two handouts were created to clarify complex information and to provide officers with applicable documents that they can use in the future (see Appendix F). It may be overwhelming to see so much information on a PowerPoint in a short period of time so handouts can help officers to retain the information. One handout used an algorithm to work through suicide assessment questions. An algorithm uses a step by step approach to support decision-making and allows participants to clearly see relevant information needed for problem-solving (Phillips, 2012). The other handout was a small poster format that provided a visual

representation of key content needed for decision-making related to the Mental Health Act. Both handouts are aimed at improving the procedural knowledge of participants in order to improve task-based skills (Phillips, 2012).

Kahoot (2019) is an online application that can be used as a testing strategy in a classroom learning environment. This application allows the instructor to project visual questions to the participants in a class and for the participants to then answer questions on their cell phone or electronic device. The answers to the questions are then immediately shown anonymously to the class so participants can learn from the question and responses in real time. During this education session, Kahoot was used for each learning objective in order to provide the instructor with an awareness of the learning needs of participants and how participants were retaining educational content. Some of these questions also allowed the instructor to begin an informal discussion with participants to observe critical thinking as well as engagement in learning.

Leading up to the day of implementation, one of the stakeholders from the VPD expressed concerns about having the Vancouver Coastal Health Authority approve the educational content before it was delivered to patrol officers. There was a possibility the education session would have to be delayed in order to attain approval. Recently, there have been some changes to the partnerships between the health authority and the VPD so there was worry that this may cause further concerns between these organizations. A key VPD stakeholder was able to reach out to the director of mental health for the Vancouver Coastal Health Authority. Emails were sent to provide clarity that there was no affiliation between this Master of Nursing project and the health authority. Also, that this education session content did not aim to change policies and procedures but rather improve the quality of knowledge and skills that patrol officers have in mental health.

In the end, the Vancouver Coastal Health Authority director approved the educational resource and expressed interest in the results from this project.

On the day of implementation, 9 recruit patrol officers were in attendance and took part in the education session. Unfortunately, no patrol officers currently working attended the education session. However, there were 4 members of VPD leadership in attendance who offered valuable feedback. The session ran for the allotted two-hour time frame and there was time left for thoughtful discussion, questions, and evaluation at the end. On the day of the education session, the only issue was several training sessions going on in the building at the same time so the wireless internet stopped working near the end of the presentation. Without the internet, the Kahoot activity was not able to run for the last portion of the presentation. To adapt, the same questions were asked to the group and used to initiate discussion on the topic.

### **Evaluation Methodology**

Formative evaluation was done through multiple stages of the instructional design. First, the education resource was given to key stakeholders at the VPD. Initial feedback was requested about educational content and instructional strategies from VPD stakeholders by email. The Sergeant of the Mental Health Unit provided insights into information that patrol officers would be interested to know. Currently police officers are focused on the amount of time they wait at the hospital so they may be interested to know how they can avoid this. He also provided information on flow of content as well as sharing potential expectations of what VPD audience would be like; following this feedback improvements were made.

The education resource was then given to three subject matter experts from the field of psychiatric nursing. Two of these subject matter experts also work in the education field. Much of the feedback was positive in regard to educational content and instructional strategies. Some

provided feedback on formatting of the PowerPoint slides and the handouts to ensure clarity and understanding. Initially, summative evaluation was going to be done by doing a pre-test and a post-test method. On discussion with a colleague, changes were made based on simplicity for participants and on time constraints of the education session; using this feedback more improvements were completed.

Finally, based on the answers from the Kahoot (2019) application questions during the education session with police officers as well as the discussion that followed, direct observation was used to assess knowledge retention and adequacy of instructional content to be used for future quality improvement purposes. The Kahoot application was also used to inform engagement of participants and retention of learning content during this education session. The first question to engage the participants was, “how comfortable do you feel with mental health encounters?” When selecting between the choices of very comfortable, mostly comfortable, average, and not comfortable, 9 selected mostly comfortable and 1 selected average comfort, indicating at the start there was a moderate level of comfort with mental health encounters, but no one was “very comfortable” or “not comfortable”. Knowing learners were of a similar comfort level helped determine the types of discussion questions posed in the session.

The second question was “what are you most interested in learning more about?” This question related to the three learning objectives: risk assessment, the mental health act, and the mental health system. Six officers selected risk assessment, 3 selected the mental health act, and 2 selected the mental health system. Indicating that most officers were interested in learning more about how to perform risk assessments and less were interested in how the mental health system functions.

The next two questions related to the mental health act and were as follows: “if I apprehend an individual on a form 21, once I get to the hospital I can leave?” and “an individual is brought by form 10, what can I do to support communication with the hospital?” These questions helped identify retention of knowledge and led to further in-class discussion of police expectations under the Mental Health Act. All officers selected the appropriate answer for both questions indicating that they were retaining knowledge based on the content provided to them.

The last two questions were associated with the case study and were as follows: “what can officer X ask next to determine risk?” and “should officer X apprehend this woman under section 28?” Unfortunately, due to technological issues, these questions could not be answered through the Kahoot application. They were still asked to the participants verbally and all officers who answered selected an appropriate response. These questions also led to further thoughtful discussion about the case study and practical information for officers to consider.

Summative evaluation is done after implementation of the project and is used to measure the success of the educational resource (McKenzie et al., 2016). This evaluation collects data on the strengths and weaknesses of the educational intervention to support quality improvement. Summative evaluation was done by using a post-test paper feedback questionnaire that was given to all VPD officers and leadership in attendance once the education session was completed (see Appendix G). This feedback questionnaire used a mixed methods approach which included 6 quantitative questions by 4-point Likert scale and 2 qualitative descriptive questions. The 6 quantitative questions were created based on project goals and learning objectives for this education session. A Likert scale was selected because of its simplicity in categorizing participant responses into quantitative data. For each learning objective, 2 questions were asked to the participant; the level of understanding before the education session and the level of

understanding after the education session. An increase in knowledge demonstrates the educational outcomes for the professional development session. The 2 qualitative questions asked for feedback and examples of the strengths of this education session and how it could be improved. This mixed methods design allowed for assessment of both learning attained by participants and quality improvement of the educational resource as outlined in the ADDIE instructional design method (Branch, 2009). To ensure anonymity, participants were told not to put their names on the form. To assist with analysis of future learning needs for the VPD, participants were asked to indicate their role in the VPD (recruit, patrol officer, or other). Officers in leadership positions were asked to write their role as ‘other’.

### **Qualitative Data Collection and Analysis**

Descriptive comments were requested from participants using the feedback questionnaire, see Appendix G and Appendix H for a full summary of feedback. This feedback was arranged into the themes as seen in Table 1 and 2 below. The strengths most identified by participants were content related to the mental health act and the mental health system. Participants also commented on the instruction of education being explained in a clear and concise manner.

*Table 1: Qualitative Strengths*

<b>Themes: Strengths</b>	<b># of officers who identified theme</b>
Content on mental health act	8
Content on health system	7
Concise/clear presentation	7
Kahoot (instructional activity)	4
Content on mental health disorders	3
Practical/relevant information	3
Content on risk assessment	1
Case study	1

Many participants left the areas to be improved section blank or they noted that they had no suggestions. There were some suggestions related to adding photos or videos to improve

instruction related to the symptoms and clinical presentation of mental health disorders. Two officers also noted that this education should be done earlier in training of police officers either in the police academy or in recruit training.

*Table 2: Qualitative Areas to Improve*

<b>Themes: Areas to Improve</b>	<b># of officers who identified theme</b>
No suggestions	7
Videos/photos to explain symptoms of mental health disorders	2
More interaction with audience	2
Education session earlier in police training	2
More about signs of symptoms of mental health disorders	1
More on how to articulate and advocate for those with mental health issues	1

Overall, qualitative feedback identified that participants of this education session enjoyed the presentation and found value in the educational content. To improve further educational resources, videos could be added especially for new officers who may have no experience or knowledge of mental health symptoms and clinical presentations. Further interaction can also be beneficial by the use of Kahoot as an instructional strategy during more of the education delivery.

### **Quantitative Data Collection and Analysis**

Summative evaluation based on the quantitative feedback questions yielded an improvement in understanding for each learning objective. There was a total of 9 recruits and 4 officers in leadership who completed the feedback questionnaire. Unfortunately, there were no patrol officers available for the education session. Table 3 presents results for pre and post questions of each learning objective, and results are separated by participant group. Participant

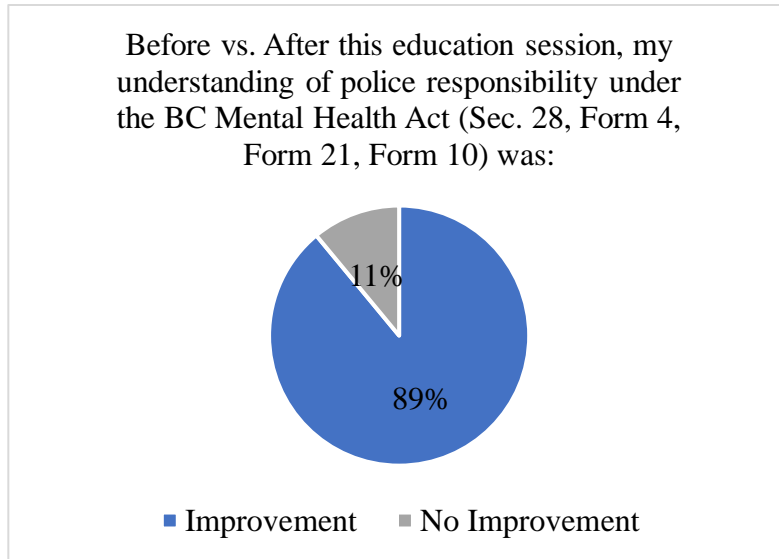
groups were separated out for further analysis because the education session was targeted at patrol officers, not necessarily officers in leadership positions.

*Table 3: Quantitative Data Collection*

	Understanding of Police Responsibility under MHA				Understanding of Decision-Making & Risk Assessment				Understanding of Mental Health System															
	Pre		Post		Pre		Post		Pre		Post													
Level of Understanding	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
# of Recruits (9 total)	0	1	7	1	0	0	1	8	0	0	9	0	0	0	3	6	0	5	4	0	0	0	4	5
# of Leadership (4 total)	0	0	1	3	0	0	0	4	0	0	2	2	0	0	0	4	0	0	2	2	0	0	0	4

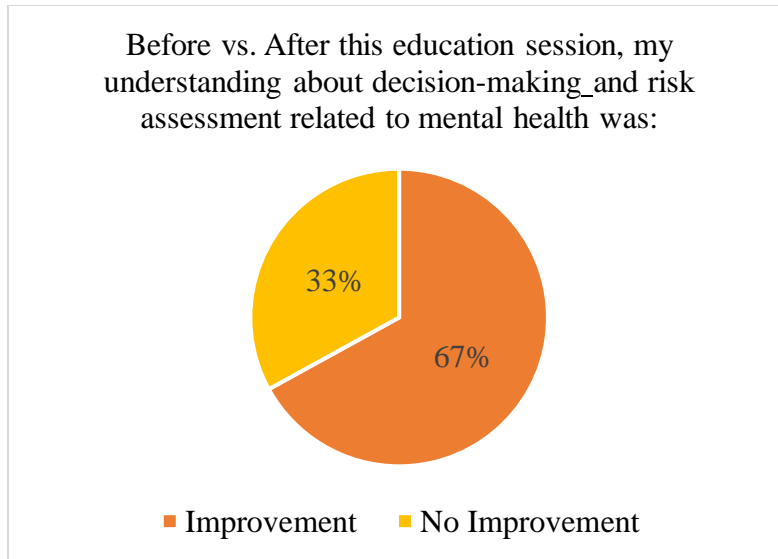
For those in leadership, there was an improvement in understanding, but some officers rated their knowledge as “good” for both pre and post questions. This may be related to added experience on the job and because those in leadership are expected to already have an understanding of some of these topics. Two officers in leadership did improve in knowledge related to the mental health system and decision making/risk assessment. One improved their understanding in responsibilities under the mental health act.

There were improvements in understanding for all 3 learning objectives for recruits. Below are the findings based on the six pre and post questions for the nine recruits who attended the education session.



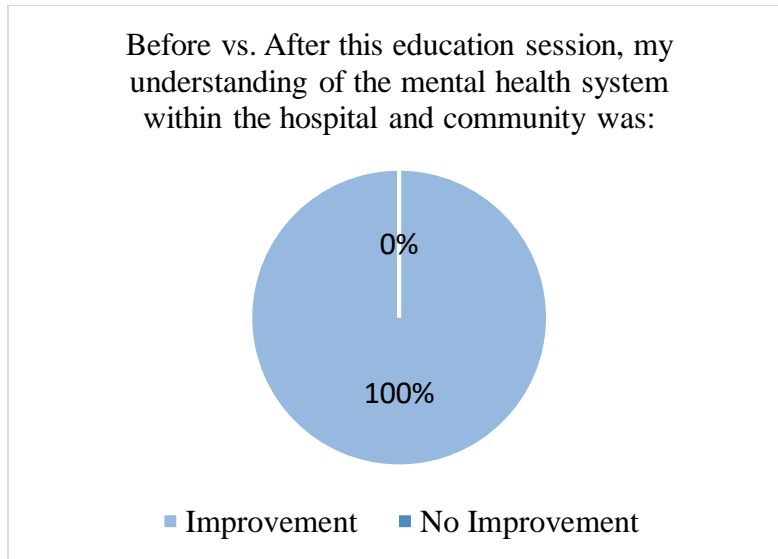
*Figure 3: Question 1 & 2*

Questions targeting the understanding of police responsibility under the BC Mental Health Act yielded results that demonstrated 7 recruits moved from “some understanding” to “good understanding”, 1 recruit moved from “limited understanding” to “some understanding” and 1 recruit stayed at “good understanding” on the Likert scale. Eighty-nine percent had an overall improvement in understanding, therefore, this learning objective was met in the education session (see Figure 3). During formative evaluation using the Kahoot (2019) application, participants were asked to select the area they were most interested in learning about during the education session. Only 3 out of 11 officers selected the Mental Health Act as an area of interest yet these participants showed a strong improvement in learning. This data also connects to the qualitative descriptive themes that indicated content related to the Mental Health Act was a strength of this education session.



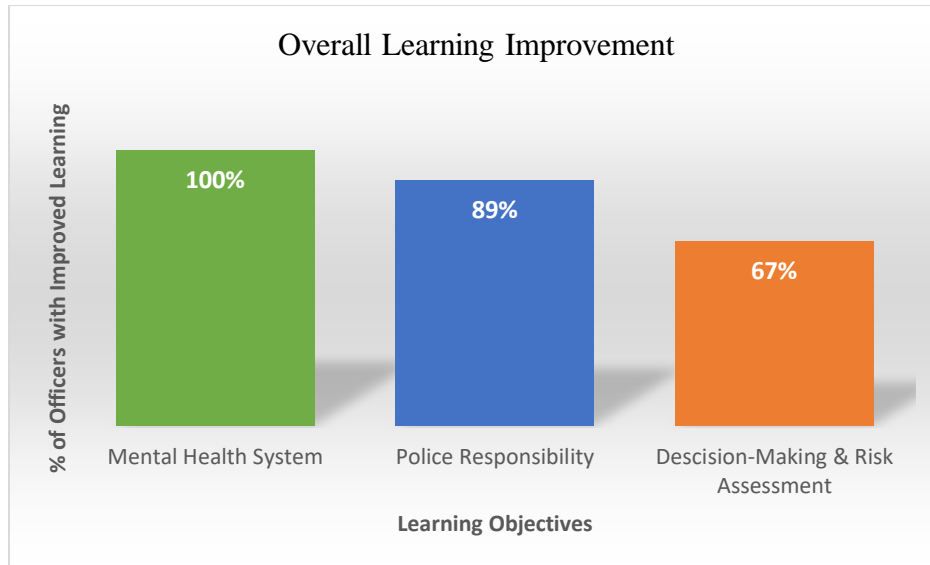
*Figure 4: Question 3 & 4*

Questions targeting understanding of decision-making and risk assessment yielded results that demonstrated that 6 recruits moved from “some understanding” to “good understanding” and 3 recruits stayed at “some understanding.” Sixty-seven percent had an overall improvement in understanding, therefore, this learning objective was met during the education session (see Figure 4). During the Kahoot (2019) application survey, participants were most interested in knowing more about content in this area. Six out of 11 officers selected this area of interest however, it was the learning objective that saw the least improvement in understanding. This may be related to the extensive breadth of the terms risk assessment and decision-making; these terms may encompass different meanings for participants who attended the education session.



*Figure 5: Question 5 & 6*

Questions targeting understanding of the mental health system yielded results that demonstrated that 4 recruits moved from “some understanding” to “good understanding”, 1 recruit moved from “limited understanding” to “some understanding” and 1 recruit moved from “limited understanding” to “good understanding.” One-hundred percent had an overall improvement in understanding, therefore, this learning objective was met during the education session (see Figure 5). Interestingly, during the Kahoot (2019) application survey asking participants about their interests, only 2 of 11 officers selected this area of educational content yet this learning objective showed the greatest improvements in understanding. This may be because participants were unsure about the value of this information or what they would be learning. At the beginning of the education session they may not have understood how it applies to them as police officers. Qualitative data confirmed this learning objective as a strength in this education session. Participants also commented on the education being practical and relevant to their work which may have added to the increased understanding in this area.



*Figure 6: Summary of Learning*

The leading improvement in understanding gained as a result of the educational intervention was seen in the learning objective “increase knowledge and understanding about the mental health system within the hospital and community (see Figure 6). Secondly, “build on knowledge and understanding of the criteria and police responsibility for Section 28, Form 4, and Form 21 under the BC Mental Health Act,” and last was “explore communication and decision-making strategies related to mental health and risk assessment.” Overall, all categories saw an improvement in learning from recruits however it is important to look at how to increase the translation of knowledge related to risk assessment in future education sessions as this was the learning objective with the lowest improvement in understanding.

The qualitative feedback about the strengths of this session being educational content on the mental health system and the Mental Health Act connect with quantitative findings that police officers improved their understanding in both of these learning areas. Both qualitative and quantitative evaluation provided evidence that this educational intervention was successful and met project goals as well as identified learning objectives.

## **Chapter Four: Reflection**

### **Project Development**

The purpose of this project was to bridge the knowledge gap between what literature identifies police officers should know about mental health and the lack of education that they are currently receiving. Using a SWOT analysis, the strengths and areas to improve for the development and implementation of this education project have been identified (see Appendix I).

One of the biggest strengths of this education session is this writer's unique perspective of experience in the mental health setting as well as knowledge of the VPD and law enforcement. This perspective allowed the content to be delivered in a practical way that could see a police outlook while also considering the current mental health system from a health perspective.

Another key strength was the collaborative partnership with the VPD stakeholders. These stakeholders held strong interests in improving mental health knowledge in current front-line police officers. This partnership began early and was reinforced by ongoing communication and teamwork between the VPD and this writer.

Much of the stakeholder engagement strategies were successful however, there was still an obvious lack of communication and engagement from front line officers. This was evident by zero patrol officers participating in the education session. There may be VPD organizational characteristics that are difficult to change but there were engagement strategies that could have been improved. The marketing of this education was done through a poster that was sent through email (see Appendix B). This poster was simple and mainly explained the learning objectives and logistics about the education time and place. Considering that participation in this education session was voluntary, more could have been done to engage patrol officers through this poster. More specific education session information could have been advertised that connected with the

learning needs patrol officers have. This may have engaged sergeants and patrol officers in learning gaps and increased the number of participants who attended the education session.

Although health authorities were considered to be stakeholders in project planning, there was no direct engagement during the development of this project. The Vancouver Coastal Health Authority has a direct connection to the VPD in mental health partnerships. It would have been beneficial to contact the health authority early on to determine if there were any current plans for mental health education. There may also have been opportunities to build a partnership with the health authority for this education session that may have increased the resources that were available to this project.

The feedback questionnaire used a Likert scale for the 6 quantitative questions asked to participants who attended the education session. This scale described understanding by using four descriptors of ‘no understanding’, ‘limited understanding’, ‘some understanding’, and ‘good understanding.’ On reflection of the data analysis, it is difficult for participants to describe differences between the level of ‘some understanding’ and ‘limited understanding.’ These two descriptive words could have been further differentiated to provide more clarity and accuracy for participants using this rating scale.

The learning objective that showed the least improvement in understanding for participants of the education session was related to risk assessment and decision-making. In reconsideration, this learning objective was very broad in comparison to the educational content provided to participants on this topic. Risk assessment and decision-making can encompass a variety of aspects in law enforcement not only related to mental health. The focus of the educational content provided to participants mainly addressed suicide risk assessments and

decision-making related to mental health apprehensions. For future education, this learning objective and subsequent feedback question should be more specific to ensure accurate results.

### **Project Sustainability**

To promote project sustainability, it will be important to continue to build on the current partnerships that have been formed within the VPD. An important aspect of this will also be building a relationship with stakeholders in the Vancouver Coastal Health Authority. It is clear now that for organizations this size it is impossible to create change from the ground up alone. For organizations like this, leadership is at the forefront of changes that impact front line personnel. Top-down organizational structures coordinate approaches in a centralized manner that allows for improved performance, enhanced resources, and accountability from staff (Ogunlayi & Britton, 2017). Utilizing the benefits from this approach can support organizational leaders in initial planning and logistical needs for change. That being said, for the large-scale change that is needed to improve mental health education within the VPD, it is important to continue to engage front line staff from the bottom-up (Ogunlayi & Britton, 2017). Empowering front-line police officers to achieve change can be reinforced by engaging staff in education that is collaborative as well as practical for their learning needs.

### **Major Lessons Learned**

The Canadian Association of Schools of Nursing (CASN, 2015) uses a framework to organize the principles of graduate education in nursing. The first domain speaks to in-depth knowledge through “integration of a breadth and depth of knowledge across the domains of research, practice, communication and collaboration, professional autonomy, and leadership (p.10).” Through my graduate nursing education, I can confidently say that I am a different nurse and person then when I started this program. My ability to think about my nursing practice is

much more reflective and comprehensive than when I began this journey two years ago. My graduate education has offered me the ability to further my knowledge and understanding about my specific practice area of mental health and addictions.

Another domain outlined by CASN (2015), is research, methodologies, critical inquiry and evidence through “the ability to use a systematic approach to gather evidence, plan, implement and evaluate solutions to nursing practice problems (p.12).” My capacity to find and critically appraise evidence-based information has improved during my time in the program. When I was in my undergraduate studies, I found it difficult to apply research in a meaningful way to my nursing practice. Now, research is part of my life and I have the knowledge and skills to disseminate evidence through my nursing practice and to the nursing students that I teach. Through this process of growth, I was able to find more information on the gaps in mental health nursing as well as the education available for law enforcement officers. This information all lead me down the path of creating a successful final practice project.

I have never seen myself as a person who was an obvious leader in my personal or professional life. Through this experience I have found that this couldn't be further from the truth. One of the CASN (2015) graduate nursing education domains is leadership through “the ability to implement safety and quality improvement initiatives using effective communication (scholarly writing, speaking, and group interaction) skills (p.17).” I have been able to think about the health care system as whole and reflect on the importance of interdisciplinary collaboration when it comes to creating change. During this process, I was able to successfully work with a large organization that has a broad scope of responsibilities within the community. My ability to engage stakeholders in supporting this mental health initiative has filled me with a genuine sense of pride and accomplishment. These accomplishments have spread to my work as a nursing

educator. I feel much stronger in my ability to create lesson plans and utilize educational strategies in order to create a better learning environment for my students.

Moving forward, I believe I have the ability to promote change in my practice setting and continue partnerships with the stakeholders I have been working with. I hope to continue building on education for everyone who works in community settings with people who require mental health support. There is such a need for this type of education and law enforcement is really only the first step. I have truly enjoyed creating this educational resource and I hope to have more opportunities to continue working within my community.

### **Implications for Nursing Education**

This project has emphasized the current gaps in mental health education for those who work in law enforcement. The literature as well as observations from clinical practice have clearly identified the need for improved mental health education for police officers. The education session in this project resulted in overall improvements in understanding of mental health based on learning objectives that were highlighted in the education session. Furthermore, based on descriptive feedback from officers who participated in the education session, there is a need and desire for more education like this. VPD officers in leadership positions who attended the session also stressed the need for this type of mental health education in various parts of the organization including the police academy, patrol officers, field trainer education, and for new sergeant training. As noted previously, law enforcement officers are only the first step in increasing mental health knowledge and awareness for those employed to support individuals with mental health issues. Many community members including paramedics and fire fighters also lack knowledge in mental health decision-making. Future education projects can work to support improving mental health education in all aspects of community care.

## **Conclusion**

There are major findings that police officers lack mental health training that can negatively impact care providers, individuals with mental health issues, and communities. Studies maintain that police have inadequate training in mental health but are often the first line of contact for individuals who are mentally ill. In Vancouver, this type of education is needed and can impact the resilience of police officers, the organization, and the community. This project has emphasized the need for increased mental health education to support change within the VPD. The creation of this mental health education resource supports professional resilience and can improve the outcomes of those living with a mental illness. Moving forward, this project can continue to improve understanding about mental health for VPD officers in order to better prepare them for the mental health encounters they face.

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## APPENDIX A: ARECCI Ethical Considerations

*ARECCI Screening Tool Results Link:*

<http://www.aihealthsolutions.ca/arecci/screening/437184/f918552c2c11b162861e8ede8a174b58>

*ARECCI Ethics Guideline Tool:*

Mental Health Education for the Vancouver Police Department

### 1. HOW WILL THE KNOWLEDGE GAINED IN THE PROJECT BE USEFUL?

#### **Describe what you hope to find out or to improve by doing this project:**

A practice project can support improved patient outcomes and help close the gap between evidence based literature and what is seen in practice. This gap is related to the length of time between evidence based knowledge obtained through research and the translation of that knowledge into practice (Terhaar, Crickman & Finnell, 2015). The proposed solution is to create a mental health education resource for the VPD. The purpose of this practice project will be to explore current issues surrounding mental health apprehensions to the ED by promoting increased mental health education within the VPD.

Goal: Create a mental health education resource for the VPD that aims to:

- 1) increase knowledge, skills and awareness about the mental health system, mental health diagnosis, communication, risk assessments, and decision-making.
- 2) improve quality of life and health outcomes for those who access the mental health system and improve the relationships between law enforcement and health professionals

#### **Describe who will benefit from this project and how they will benefit. When thinking about benefits, consider patients, clients, providers, families, employees, service providers and the organization:**

Police officers will benefit through improved skills in communication and assessment of mentally ill people. They will also have better knowledge of the mental health system to help them navigate through issues that arise.

Clients being those who have mental health issues commonly have interaction with police officers. Police officers will have Improvements in knowledge, skills, and confidence can help support better relationships and outcomes for those who interact with the police.

Healthcare service providers can also benefit as they commonly interact with police officers who bring in those who have mental health issues. Relationships can improve when police officers know more about the barriers that health professionals have when bringing people into the emergency department.

The Vancouver Police Department, Providence Health Care, and Vancouver Coastal Health will benefit from the improved relationships. All providers can have improved resilience and less provider burn out.

#### **Describe to whom you will communicate the results and how you will do that:**

To create awareness, it will be important to highlight the advantages of these changes to officers as stakeholders and the population they serve. Emphasis on the benefits of improving

mental health education with the VPD has been explained through phone meetings with senior management. Organizational stakeholders will be interested in evidence that supports cost savings, safe client care, improved staff resilience and reduced readmissions to ED (Menefee, 2014). During future meetings, it will be important to reflect on needs addressed by the stakeholders to ensure similarities in vision for the project. As the project is implemented it will be important to be continuously communicating with stakeholders (Terhar et al., 2015). This plan will build lines of communication and organize meeting points where progress can be evaluated. Once the education has been completed, all stakeholders who participated in the education resource will be informed of the results through email. This will need to be supported by organizational leaders.

**Describe how you will communicate negative findings or if you discover behavior or actions that adversely affect people or your organization:**

Findings will be analyzed and reviewed for quality improvement and necessary changes will be made to improve this mental health education resource in collaboration with key stakeholders.

**2. HOW WILL THE DESCRIBED METHOD OR APPROACH IN THE PROJECT GENERATE THE DESIRED KNOWLEDGE?**

**Describe your approach, method or strategy and how it will result in the desired knowledge:**

Social Cognitive Theory (SCT) understands that behaviour is shaped by internal cognitive and biological factors as well as external environmental influences and social patterns (McKenzie, Neiger & Thackeray, 2016). Our behaviour also has the capability to influence the environment and the social circumstances within it. For the VPD, it will be important to consider the current expectations about working with a population who has mental health issues. It will also be important to consider their expectations about yearly training and education in general. For VPD officers, they must see how the education benefits them and their profession. In order for VPD members to communicate with those with mental health issues and make decisions on their care, they first must have the knowledge and skills to perform these behaviours effectively. When developing content, it will be important to collaborate with stakeholders about current needs. It will also be necessary to consult other subject matter experts for further exploration into current issues in mental health. Content should be developed that meets needs, expectations, expectancies of police officers and that will result in improved self-efficacy.

**Describe your plan for data collection and analysis:**

The plan for data collection is to do a pre-test and post-test of mental health knowledge. Before the education is provided, police officers will do a brief knowledge test that will be anonymous and likely using a phone app called 'Kahoot'. After the training is provided they will do another test using the same method. These test results will be compared to see how knowledge improved related to mental health for police officers.

The police officers will be provided with questions to give written feedback. This feedback will be related to how they felt about the learning materials and if they were effective.

This will be done by paper survey and it will not include names. Themes can then be analyzed in order to improved educational resource.

### 3. HOW WILL YOU ENSURE THAT THE PARTICIPANT (OR DATA) SELECTION PROCESS IN THE PROJECT IS FAIR AND APPROPRIATE?

#### **Describe who your participants will be or the data elements that you will be using:**

Participants will be a variety of Vancouver Police department members who are engaged in a mental health training initiative.

#### **Describe how you will recruit potential participants or how you will obtain the data elements from existing documents:**

Participants will be recruited by the sergeant of the training and education division of the Vancouver Police Department. A range of officers will be invited to participate including recruits, sergeants, and those who specialize in education for the VPD. The participation of members taking part in this education is voluntary.

Continual collaboration with the sergeant through email and via phone will be important in order to support recruitment of participants for this education resource.

#### **Identify who you will be excluding or what data you will exclude and why this is appropriate for your project:**

No data or participants will be specifically excluded. Those who have mental health issues will not be directly involved in this project.

### 4. HOW WILL YOU MAXIMIZE BENEFITS AND MINIMIZE OR MITIGATE THE ETHICAL RISKS IN THE PROJECT?

#### **Describe the benefits to participants and to your organization:**

Police will benefit through improved skills in communication and assessment of mentally ill people. They will also have better knowledge of the mental health system to help them navigate through issues that arise.

Clients being those who have mental health issues commonly have interaction with police officers. Police officers will have Improvements in knowledge, skills, and confidence can help support better relationships and outcomes for those who interact with the police.

Healthcare service providers can also benefit as they commonly interact with police officers who bring in those who have mental health issues. Relationships can improve when police officers know more about the barriers that health professionals have when bringing people into the emergency department.

The Vancouver Police Department, Providence Health Care, and Vancouver Coastal Health will benefit from the improved relationships. All providers can have improved resilience and less provider burn out.

**Describe the ethical risks for participants and for your organization. Explain how you will minimize (decrease the number) and mitigate them (decrease the severity of those risks that remain):**

Participants will have time to discuss issues they have in their work currently. Participants are not vulnerable and will not be asked to disclose personal information. Those who have mental health issues will not be directly involved in this project.

**Justify the remaining risks:**

Risks are limited, they are justified as training/education will support positive improvements for police officers and the work that they do.

## **5. HOW WILL THE RIGHTS OF INDIVIDUALS, COMMUNITIES AND POPULATIONS BE RESPECTED IN THE PROJECT?**

**Describe how you will ensure privacy when collecting data:**

During educational content delivery, members may voice concerns or examples of issues they have had in practice. It will be important to inform members who attend the education that all information will remain confidential and that it will not be provided to the organization as a form of professional evaluation. Any information discussed will not be documented with identifying names or information. Any documentation from the education sessions will be anonymous.

**Describe how you will maintain confidentiality when using the data or when communicating the results:**

The data will only be the results of the pre-test and post-tests, no personal data will be used. Results will be communicated to the Vancouver Police Department with no connection to the participants who provided answers to the test questions.

**Describe how you will retain, store, secure and destroy the data:**

Summative evaluation is done after implementation of the project and is used to measure the success of the educational resource (McKenzie et al., 2016). This evaluation collects data on the strengths and weaknesses of the project to support quality improvement. The summative assessment will be done through a pre-test and post-test. These tests will assess the knowledge about mental health before the education takes place and then again after. These tests will be done anonymously and likely by using a phone or computer application to collect the data. An increase in knowledge will support the value of this educational resource. Further, a paper based assessment for feedback will be circulated to attending officers. This feedback will be more related to education strategies used and how they felt taking the education overall. This feedback assessment will also be anonymous.

Once paper data has been collated and save on a computer file, these paper copies will be destroyed confidentially. Media data will be stored in secure file but no names or identifying data will be attached to the information.

## 6. WILL INFORMED CONSENT BE NEEDED IN THE PROJECT?

### **Describe how you will inform participants about the ethical risks of the project:**

Participants will be exposed to low ethical risks by participating in this education. They will be informed that they do not have to express any personal information during this training.

### **Describe what type of consent process you will use for your project. If expressed consent is needed, how will you obtain that?**

Implied consent will be used as participants are volunteering to come for the education.

### **Describe how you will minimize and mitigate the risk that people will feel pressured into participating:**

Participants will be made aware to education/training is voluntary and that pre-post-test/participation in training and has no relation to their position in their work. Existing VPD organizational strategies will be used to recruit volunteers.

# MENTAL HEALTH TRAINING SESSION FOR VANCOUVER POLICE

## Learning Objectives

- Build on knowledge and understanding of the criteria for Section 28, Form 4, and Form 21 under the BC Mental Health Act
- Increase knowledge and understanding about the mental health system within the hospital and community
- Improve on effective communication and decision-making strategies during mental health calls



Date: June 28, 2019

Time: 0900-1100

Location: 2010 Glenn Dr.,  
Vancouver

Presented by: Elysia Hartley,  
RPN, BSPN

*a University of Lethbridge  
Masters of Nursing Project*

## APPENDIX C: ADDIE Learning Outline

### Analyze

- Instructional Goals

Create a mental health education resource for the VPD that aims to:

1. increase knowledge, skills and awareness about the mental health system, mental health diagnosis, communication, risk assessments, and decision-making.
  2. improve quality of life and health outcomes for those who access the mental health system and improve the relationships between law enforcement and health professionals
- Target Audience Characteristics
    - The target audience is Vancouver Police Department patrol officers and recruits
    - All have graduated high school and may have some post-secondary education. They have passed reading comprehension and math exams in order to be accepted to the police academy. They have all finished law enforcement training at the Justice Institute of British Columbia.
    - Patrol officers may be familiar with mental health calls and may have learned about mental health through experience. They have received limited training about mental health. The officers in the room may have a varying level of experience, from beginner to senior officers.
    - Recruits may have limited knowledge about mental health unless they have personal experience. They have not yet been to mental health calls with the police department and have limited training.
  - Required Resources
    - Officers will be asked to bring their cell phones (usually VPD officers have work cell phones) in order to take part in testing strategies as well as the pre and post knowledge test. They will also need to download the Kahoot app (this should be explained beforehand through email or in the advertisement to not take up instructional time)
    - Laptop and projector will be required to present PowerPoint presentation that holds educational content
    - A room will need to be booked at one of the police stations (the station most accessible for patrol officers coming to the training session)
    - If evaluation feedback is done by hand, will need to have sufficient paper copies of questions and pens
    - Educational content, lesson plan, testing strategies and ?case study.

### Design

- Learning Objectives

1. Build on knowledge and understanding of the criteria for Section 28, Form 4, and Form 21 under the BC Mental Health Act
  - Section 28 criteria will be broken down and explained, what is the police role when apprehending or transporting people under the mental health act, what is their responsibility when arriving to hospital
  - Review and explanation of Form 21, Form 4, and Form 10. Review the police role what is the responsibility when arriving to hospital.

2. Increase knowledge and understanding about the mental health system within the hospital and community
    - Explain how health systems functions, what is done when a patient comes to hospital for mental health reasons, how does the community follow up and support people, emphasize the importance of the police role and understanding of limitations when it comes to mental health risk assessment
  3. Explore communication and decision-making strategies related to mental health and risk assessment
    - Review communication techniques to support officers during interactions with individuals who have mental health issues, discuss risk assessment for suicide and follow up questions they can ask when talking to a person about suicide, explore decision making strategies and how to support people even if they are not apprehended under mental health act
- Instructional Strategies
    - PowerPoint
      - Express key content features and step by step information
    - Case Study
      - Provides examples of scenarios to explore to build critical thinking and adapt learning to real life situations
    - Videos
      - ? will need to search for videos that can enhance learning
    - Discussion
      - Leave time for discussion about officer's experiences and address some gaps in knowledge and/or answer questions about 'grey areas' of mental health act criteria.
  - Testing Strategies
    - Kahoot!
      - App that can be used throughout training session, can be used for pre and post testing as well as check-ins during session to ensure understanding of content
    - Discussion
      - Learners will be encouraged to discuss work experiences and apply content to their past experiences. This will provide insight into the learners understanding of the content

#### Develop

- Learning Resources
  - Lesson Plan
  - PowerPoint
    - Videos
    - Discussion Questions
    - Case Study
- Validation
  - Stakeholder (sergeant of training division and sergeant of mental health unit) to review content and instructional strategies and provide feedback

- Other subject matter experts (teaching and psychiatric nursing colleagues) will review training content and provide feedback
- Feedback from police officers who participate in training

#### Implement

- A pilot Test
  - This project is a test that will provide insights and feedback into further mental health education for the VPD. Feedback will be requested through written format.
- Preparation
  - Complete lesson plan
  - Incorporate validation strategies/feedback
  - Training session schedule reviewed by key stakeholders
- Participant Engagement
  - Create advertisement for training session with same format as usual VPD course postings
  - Create poster advertisement for training session
  - Have course posting circulated to VPD staff through email

#### Evaluate

- Formative Evaluation
  - Stakeholder (sergeant of training division and sergeant of mental health unit) to review content and instructional strategies and provide feedback
  - Other subject matter experts (teaching and psychiatric nursing colleagues) will review training content and provide feedback
- Summative Evaluation
  - Perception
    - measures degree of participant satisfaction.
  - Learning
    - measures acquisition of knowledge and skills.
  - Performance
    - measures transfer of newly acquired knowledge and skills to an actual work environment

## APPENDIX D: Lesson Plan

- Introduction
  - About me, masters project
  - Review of course objectives
  - what to be expected from 2-hour session
- Pre-Test
  - Kahoot Questions
  - Participants answer
- Mental Health Act
  - What are VPD roles and expectations
    - Section 28
    - Form 4
    - Form 21
    - Form 10
  - Discussion about scenarios and “grey” areas of mental health act criteria
  - Kahoot! Questions
  - Group Discussion
- Communication and Decision Making
  - Basic communication techniques
  - Suicide and safety risk assessment
  - How to incorporate knowledge into decision making
  - Case Study
  - Kahoot! Questions
  - Group Discussion
- Health System
  - What happens when patients arrive at hospital
  - Where mental health decisions come from and how are they made
  - What is happening behind the scenes, what police may not see
  - Importance of police role in health system
  - Kahoot! Questions
  - Group Discussion
- Conclusion
  - Wrap up and review of content
- Post-Test
  - Feedback Questionnaire
  - Participants answer
  - Hand written feedback questions
  - Anonymous
- END
  - Thanks for time and participation

## APPENDIX E: Education PowerPoint Presentation

# MENTAL HEALTH EDUCATION SESSION

A Masters of Nursing Project  
Elysia Hartley, MN(c), BSPN, RPN

Slide 1:

## WHY AM I DOING THIS?

- Mental health encounters are a daily occurrence for patrol officers
- Voiced frustration by front line police officers
- Limited education related to mental health
- Literature suggests concerns about
  - criminalization
  - inadequate training
  - ineffective use of the emergency department
- Improved training can promote professional resilience

Slide 2:



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Mental Health Act	Build on knowledge and understanding of the criteria and police responsibility for Section 28, Form 4, and Form 21 under the BC Mental Health Act
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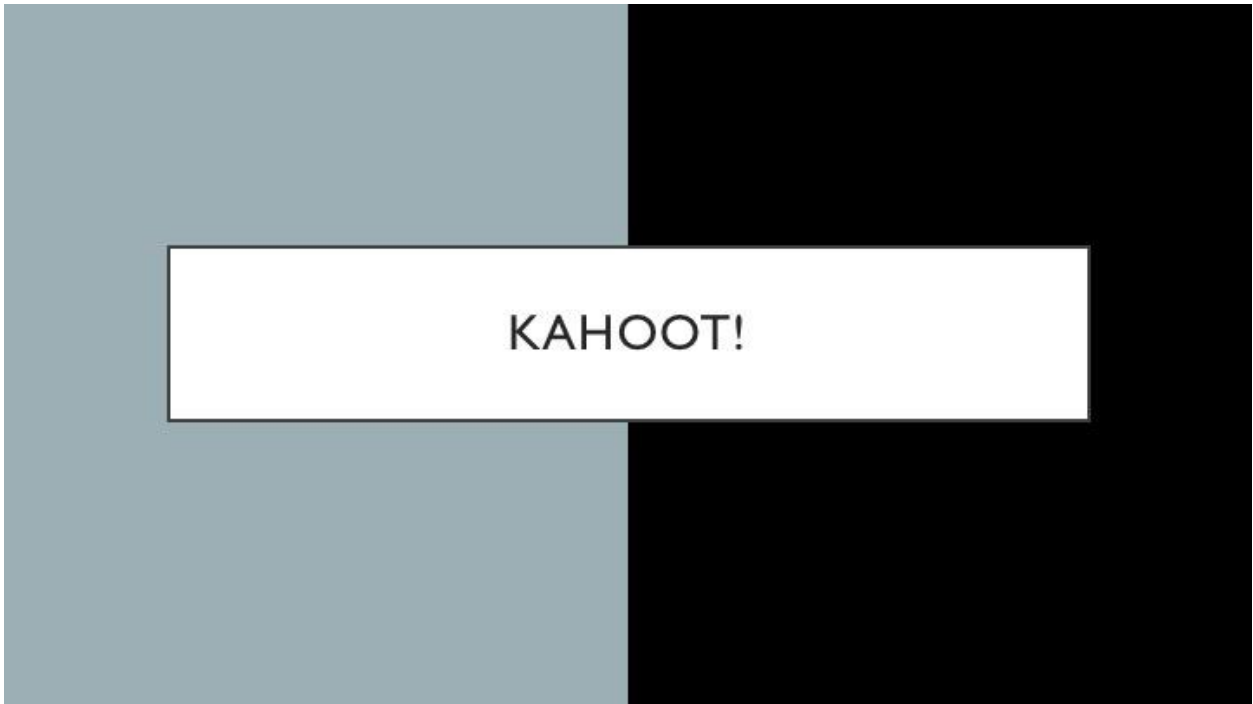
Decision Making	Explore communication and decision-making strategies related to mental health and risk assessment
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Health System	Increase knowledge and understanding about the mental health system within the hospital and community
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Slide 3:



Slide 4:

## POLICE ROLE AND EXPECTATIONS UNDER MENTAL HEALTH ACT

- Authority to apprehend a person with an apparent mental disorder and transport them to a physician for an examination
- Assisting in the apprehension and transportation of a person under a Medical Certificate issued by a physician
- Apprehending and transporting a person on a warrant for examination issued by a judge
- Apprehending and returning patients to a designated facility
- Custody at the designated facility
- Assisting hospital staff to keep the peace

Slide 5:

- “mental health certificate”
- “certified”
- Determined by a physician
- Police can apprehend for transportation and admission

FORM 4

Slide 6:

## FORM 21

- From extended leave "recall" or return to hospital 'AWOL'
- Person may or may not be certified still
- Warrant only brings them to hospital

Slide 7:

## FORM 10

- Issued by a judge or justice of the peace
- Often based on information from family, friends, members of community
- Police are authorized to apprehend and transport the person for examination by a physician at the nearest hospital
- Ideally, police should talk to applicant of warrant to obtain information

Slide 8:

The logo for Kahoot! is a white horizontal rectangle with a thin black border, containing the word "KAHOOT!" in a bold, black, sans-serif font. The background behind the rectangle is split vertically into a light blue-grey color on the left and a solid black color on the right.

KAHOOT!

Slide 9:

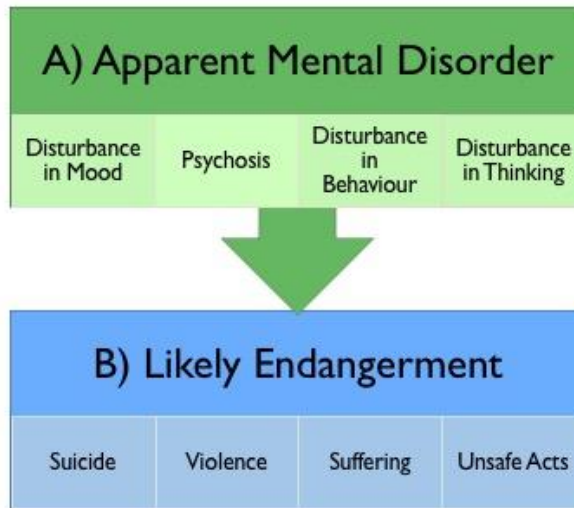
A black circle with a white border, containing the text "SECTION 28" in white, bold, sans-serif font.

SECTION  
28

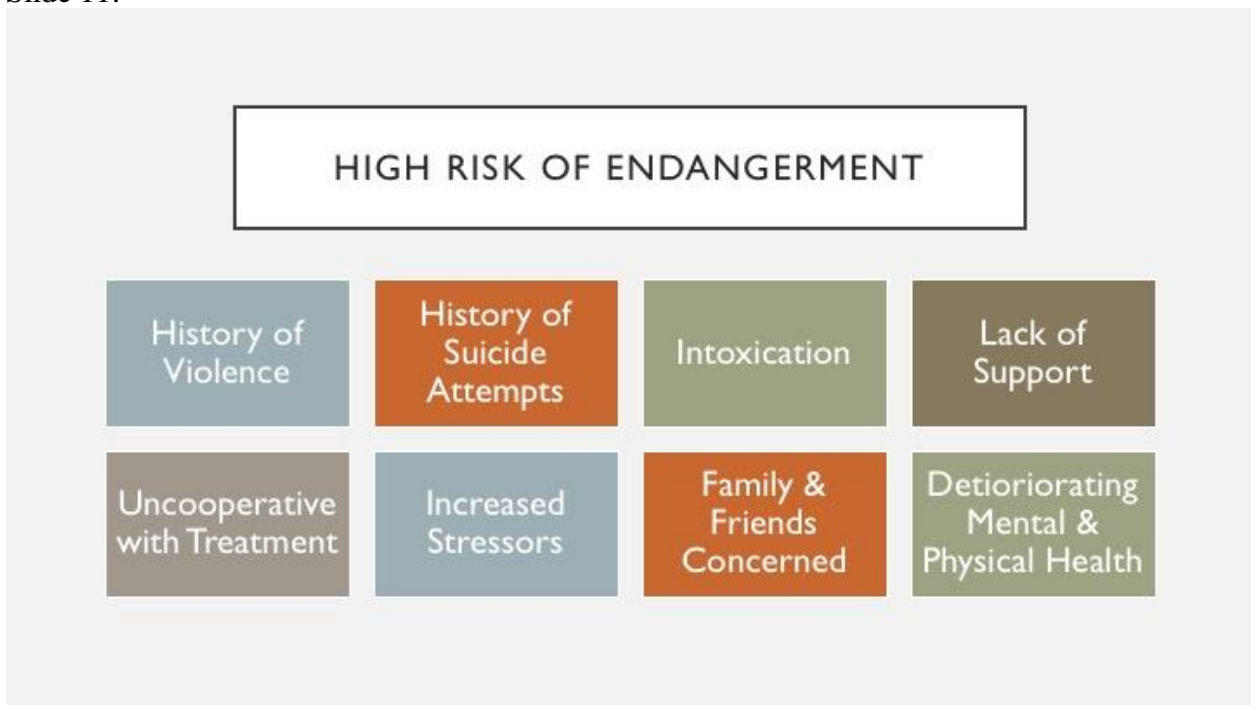
- police "may apprehend and immediately take a person to a physician for examination if satisfied from personal observations, or information received, that the person:
- a) is acting in a manner likely to endanger that person's own safety or the safety of others, and
- b) is apparently a person with a mental disorder."

Slide 10:

SECTION 28



Slide 11:



Slide 12:

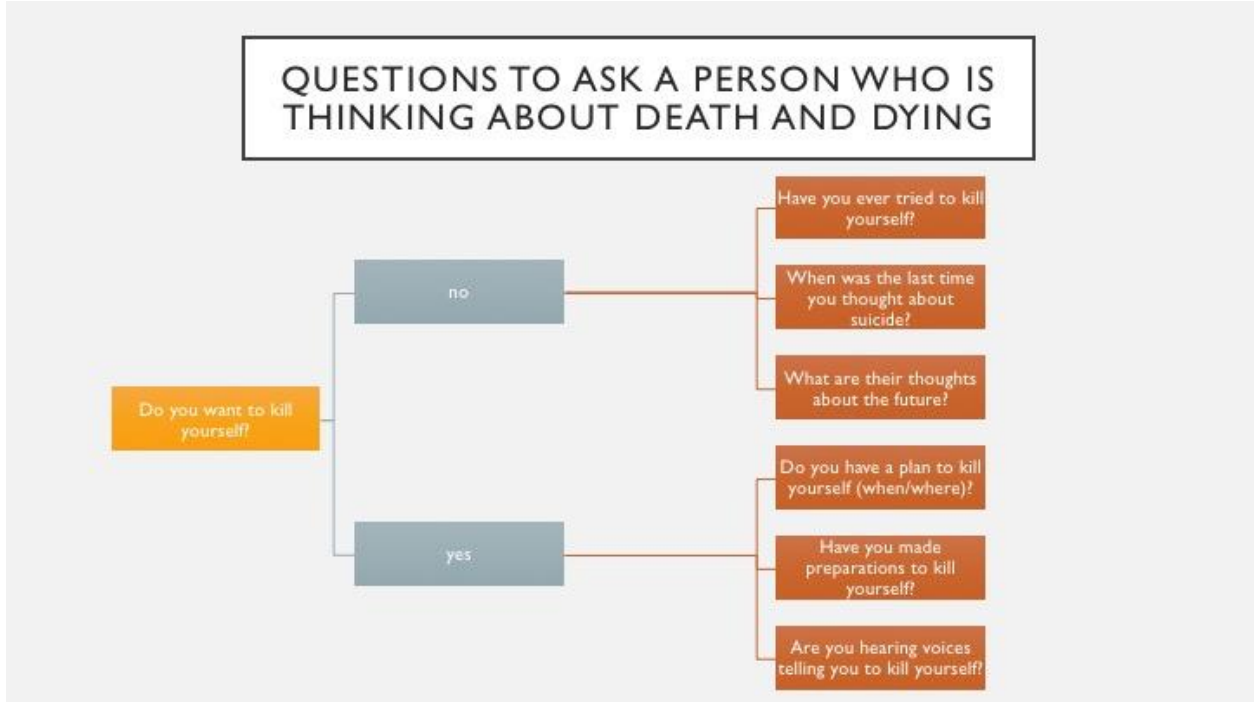
# ASKING ABOUT SUICIDE

How do I ask about suicide?

What is the difference between suicidal thoughts and thoughts about death?

What can my follow up questions be?

Slide 13:



Slide 14:

## DECISION MAKING

---

Should I bring this person  
to hospital?

---

Are there any alternatives  
to the hospital?

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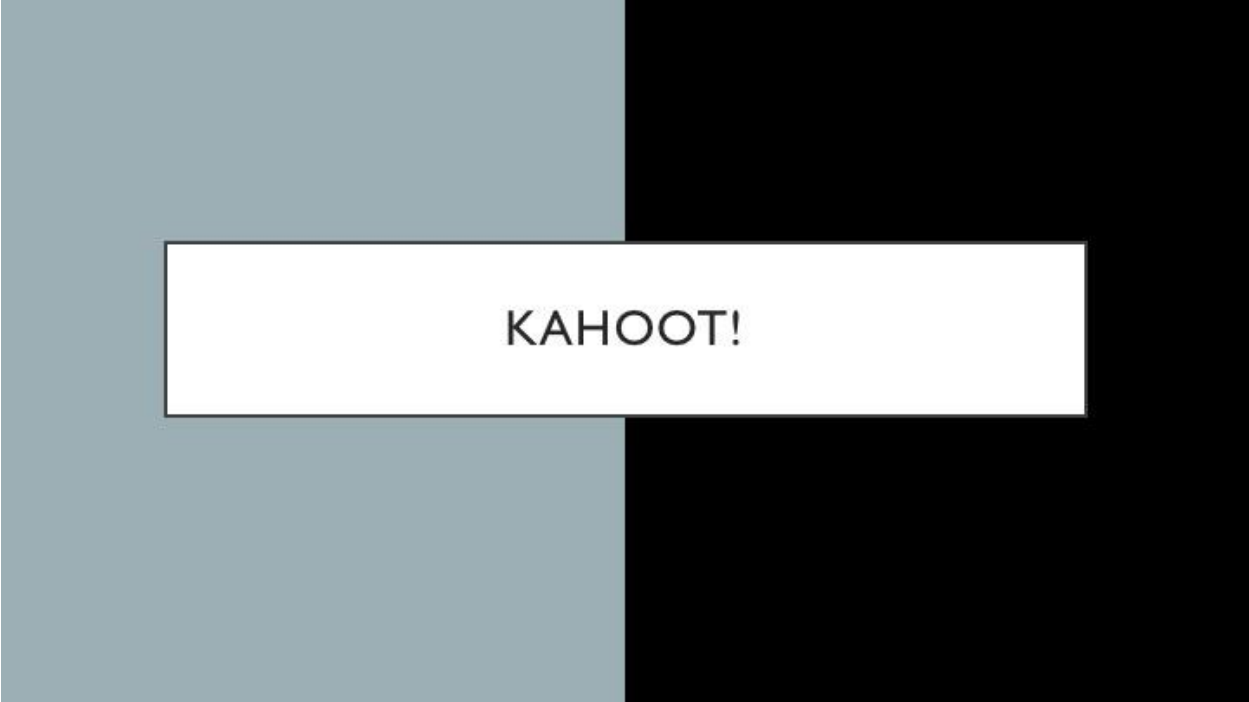
What if I am not sure?

Slide 15:

## CASE STUDY

- Officer X receives a 911 dispatch from a woman reporting domestic abuse from her boyfriend. Woman is known on PRIME for other calls related to domestic abuse. On arrival the woman is distressed and during the interaction with officers she says "I want to die, I want to die". She is a user of crystal meth and reports a history of Bipolar Disorder.

Slide 16:



Slide 17:



Slide 18:

## USING MENTAL HEALTH LANGUAGE

Paranoia

Hearing Voices

Thoughts of Suicide

Rapid Speech

Disorganized Thoughts or Behaviour

Hostile/Irritable

Slide 19:

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Slide 20:

THANK YOU!

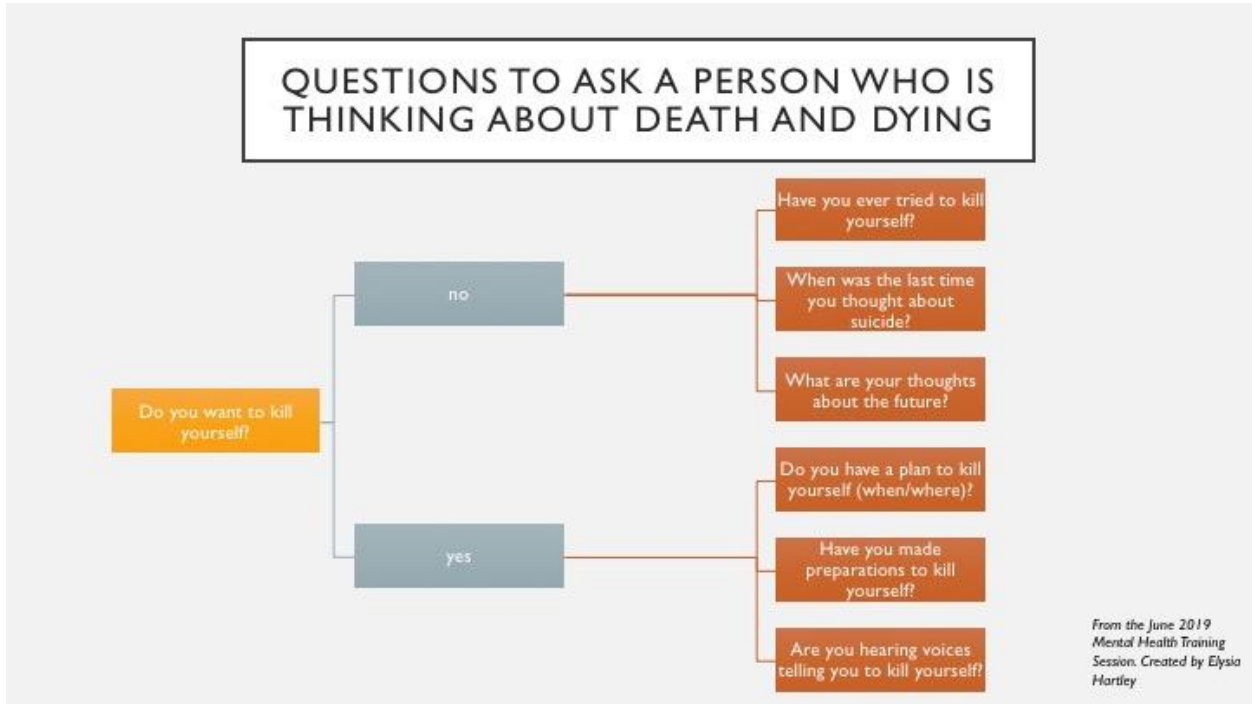
Feedback is  
greatly  
appreciated

Please fill out a  
questionnaire and  
put it in the  
basket

Do not put your  
name, feedback is  
anonymous!

Slide 21:

**APPENDIX F: Education Handouts**



## BC MENTAL HEALTH ACT - SECTION 28



Individual should meet at least 1 of criteria A and 1 of criteria B in order to apprehend. Can use collateral information.

**A) *Serious impairment of the person's ability: a) to react appropriately to the person's environment, or b) to associate with others.***

- Disturbed Mood:** Manic (rapid pressured speech; elated mood; extremely energetic); deeply depressed (sad, crying, distressed, hopeless); flat mood (fixed expression, no emotions, lack of enjoyment); severe anxiety (fear, panic); sustained and unjustified suspiciousness; frequent irritability, anger, aggressiveness; often withdrawn and feeling isolated or alienated.
- Psychosis:** Poor contact with reality; not reacting appropriately to surroundings or to others; generally irrational, bizarre behaviour; hallucinations; delusions, paranoia (unjustified fear & suspicion); belief in possessing special powers.
- Disturbed Behaviour:** (well outside normal range): disrupted workplace/social relationships; poor coping; out of synch with daily routines; bizarre appearance, speech; or behaviour, eg obsessive/compulsive habits, uncontrolled impulses, inappropriate laughter; neglected hygiene.
- Disturbed Thinking:** Irrational or disordered thought & speech; disorganized, poor concentration, easily and severely distracted; confused about people, time, place; incoherent; lacking in judgement, insight, or problem-solving ability.

**B) *Behaviour likely to endanger the person's own safety or the safety of others***

- Suicide:** Apparent or actual attempt at suicide or serious self-harm; strong impulses with previous attempts, or with plan. Recent attempts.
- Violence:** Unprovoked threats of violence to self or others. Causing or inviting unprovoked serious injury or damage to self or others. Habitual uncontrolled risks to physical safety or well-being of self/others. Desire to seek revenge against "enemies."
- Suffering:** Gross self-neglect with high vulnerability to injury, infection, starvation, abuse, crime.
- Unsafe Acts:** due to: command hallucinations (feels compelled by dangerous/harmful voices or by visions) or due to delusional beliefs such as paranoia - "enemies," or grandiosity - "special powers."

## BC MENTAL HEALTH ACT - SECTION 28

### ENDANGERMENT RISK INCREASED BY:

#### COMPLICATIONS

- Psychiatric symptoms coupled with drug/alcohol intoxication or chronic usage; or with treatment failure; or lack of support/care (eg. no friends, relatives or caregivers available); or help available but unwilling/unable to cooperate; severe stresses/alienation in daily life.

#### HISTORY

- untreated mental disorder with increasing symptoms; episodes of high-risk or violent behaviour or disabling symptoms; strong pattern of deteriorating mental/physical health; previous mental crisis; family/friends increasingly concerned re safety.

**Attending at hospital:** With s28 apprehension, police need to attend at hospital until a doctor admits the subject &/or signs a medical certificate of committal, and police should continue to attend if subject is unruly, until medical staff can take over custody safely.

#### If situation does not meet criteria for police apprehension

a) Advise family & friends about alternative intervention via judicial warrant, which has broader criteria than endangerment (it aims to prevent substantial mental or physical deterioration, or protecting the person or others): anyone can apply for such a warrant to a judge or justice of the peace. See forms & notes in the official Guide to the Act (form 9).

b) Phone subject's doctor or caseworker.

c) Refer the subject to Mental Health Center, outreach, advocacy, support groups, or after-hours emergency mental health services.

#### Access & Assessment Centre

604-675-3000 (0730-2300hrs/7)

#### Mental Health Support Line

604-310-6789 (24/7)

#### Vancouver Coastal Distress Line

604-872-3311 (24/7)

#### Crisis Centre

1-800-SUICIDE (24/7)

#### ACCESS Central

1-866-658-1221 detox services (24/7)

Further information can be found in the BC Guide to the Mental Health Act, available online

*From the June 2019 Mental Health Training Session by Elysia Hartley  
Adapted from BC Guide to the Mental Health Act, 2005*



**7. What were the strengths of this education session?**

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**8. In what ways could this education session be improved?**

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## APPENDIX H: Qualitative Data from Feedback Questionnaire

### What were the strengths of this education session?

“specific mental health act form info”

“section 28 criteria and descriptions on what to look out for (risk management)”

“good flow/easy to follow along with”

“to the point/directed towards what we need to know vs ‘fluff’ you won’t remember”

“learning more of what happens after the person is taken to hospital and why they might not be certified”

“learning other signs of an apparent mental disorder”

“I liked the interactiveness of the app and questions”

“explained the process well and easy to understand”

“explained healthcare side of things, helps and displaying better patience”

“learning about the hospital side of things (ie. Nurse/doctor roles and authorities)”

“explaining the difference in forms and what’s happening behind the scenes”

“mental health categories (psychosis, etc.)”

“education on the different impairments”

information and process of mental health forms”

“it was good to be advised of the limitations of what the hospital can do/how long they can hold a person ie. Until they are no longer certified”

“good presentation, relevant information”

“very down to earth and made things easy for everyone to understand”

“excellent job clarifying for 4, 10, 21”

“kahoot surveys were a fun and interactive way of keeping us involved anonymously”

“presenter had a strong understanding of the content. Effective delivery and good use of kahoot to ask questions and get everyone involved”

“discussed some misconceptions of mental health system”

“have years of experience in policing but there were several valuable learning points”

“presented in concise, digestible portions”

“use of case study – beneficial”

“pace of info delivery appropriate”

“information was presented in clear manner”

“good coverage of what police will face and the articulation of provisions of the mental health act”

“kahoot a good addition for interaction”

“using the presenter’s knowledge to bridge gaps between police expectations in relation to what occurs post section 28 apprehension and specifically what happens at the hospital”

“knowledge and use of the form 9 and 10 to problem solve situations that don’t necessarily fall under section 28”

**In what ways could this education session be improved?**

“I think it would be beneficial at the justice institute and for all police officers”

“more about signs of specific mental disorders and how police can effectively communicate with those people”

“nothing I enjoyed this presentation”

“more interaction”

“need a quick 5 min washroom break part way through”

“no suggestions”

“more on proper articulation and advocacy of patients-this may be an area members are struggling with. Articulation is a concern in other area as report writing”

“videos visually representing apparent mental disorder may be useful so students can actually see the manifestation”

“videos/photos to help define mental disorder”

“text from audience to ask questions to encourage more questions”

“move presentation earlier in recruit training”

## APPENDIX I: Reflective SWOT Analysis



**Strengths:** The strength of this education starts with the fact that patrol officers receive limited mental health training and have a limited knowledge base related to the mental health system. This session was created and delivered by a subject matter expert who works in acute and community mental health settings. I also work in partnership with the police already so I have a unique perspective that allows me to prioritize what education may be important to police officers. The content was practical and specific to the needs of patrol officers working in Vancouver and using the BC Mental Health Act. The trial of the education also allowed stakeholders to see the interest in these training sessions and current gaps in knowledge. The usage of technology and the Kahoot! game was generally successful and those who attended enjoyed this part of the education session.

**Weaknesses:** The most difficult part of this training is the availability of patrol officers to take time away from regular duties. I had hoped that I would have at least 20 patrol officers attend this session but unfortunately the Friday before the long weekend and the schedule for this education made that difficult. Although I had buy-in from my main stakeholders, it was more difficult to reach out to all officers for them to have desire to come to this training. I had a group of 13 people, 9 of those were patrol recruits and 5 were those in leadership positions. Moving forward it will likely continue to be an issue for patrol officers to attend training unless that training is mandatory or works better with their schedule. There was also one issue with the WIFI in the class and I was unable to use Kahoot! for the last question. Instead, we spoke about the question as a group and it ended up being okay.

**Opportunities:** The feedback I received after this session was very positive and those in leadership noted how much this education is necessary for their members. They showed interest

in me coming back for future recruit training and making this education available for those who are moving into leadership positions. There was also interest in this type of education being implemented at the Justice Institute, where all municipal law enforcement officers receive training.

**Threats:** Threats for further implementation would be future time restraints and availability of police officers. The concerns related to the current partnership with the health authority may also impact how future education is created. I did voice my availability to partner with the health authority on future education.

**APPENDIX J: Logic Model**

<b>Situation &amp; Goals</b>	<b>Inputs</b>	<b>Activities &amp; Audience</b>	<b>Outputs &amp; Deliverables</b>	<b>Short Term Outcomes</b>	<b>Medium &amp; Long-Term Impacts</b>
<p>Increase knowledge, skills and awareness about the mental health system, mental health diagnosis, communication, risk assessments, and decision-making</p>	<p>Time spent creating an educational resource and time officers spend outside of normal duties to complete education</p> <p>Funding required if officers need shifts covered to participate in education</p> <p>Use of technology: apps, computers, projectors, etc.</p> <p>Stakeholders: VPD training unit, VPD mental health unit, VPD leaders, VPD members, health authority, health professionals</p>	<p>Discussion with VPD training department and leaders about needs and knowledge gaps</p> <p>Create educational resource based on evidence based strategies as well as input from VPD</p> <p>Implement educational resource/training to VPD members</p> <p>Primary Audience: front-line VPD officers</p> <p>Secondary: VPD leadership</p>	<p>Education session to train VPD officers on risk assessment, decision-making, and mental health symptoms</p> <p>Education that provides information about the mental health system</p> <p>Education that provides information about police responsibility under the BC Mental Health Act</p> <p>Education that supports the knowledge gap of VPD officers working with those who have mental health issues</p>	<p>Increased knowledge about mental health and how to determine risks associated with suicide and mental health disorders</p> <p>Increase knowledge and understanding about the mental health system within the hospital and community and how police officers can navigate it</p> <p>Build on knowledge and understanding of the criteria and police responsibility for Section 28, Form 4, and Form 21 under the BC Mental Health Act</p>	<p>Medium Term: Improved relationships between VPD officers and the healthcare system</p> <p>Long Term: Improve quality of care and health outcomes for those who access the mental health system and come in contact with police officers.</p>