

BEYOND TASERS: OPTIONS THROUGH DIALOGUE AND UNDERSTANDING

September 15, 2008 - The Canadian Mental Health Association (CMHA), Ontario is concerned about the use of tasers and their potential impact on people with mental illness. Intended as a less than lethal use of force weapon for police to use to subdue or restrain an individual, tasers are being used in other circumstances. Moreover, a number of police services, coroners and researchers have been attributing taser-associated deaths to the experience of “excited delirium”; a condition which has been debated and is not clearly understood by the medical and mental health community. Of the current 22 taser related deaths, five have been linked to the condition of “excited delirium.”

Research indicates that there are certain at-risk populations on whom taser use should be reconsidered. For example, the interim report of British Columbia’s office of the Police Complaints Commissioner reports that the risk factors for death by taser include drug-induced toxic states (cocaine, alcohol and etc) and “acute psychiatric decompensation.” Further, critics have argued that research on tasers is biased and lacks rigorous analysis. For these reasons, CMHA, Ontario supports the recommendations made by the Commission for Public Complaints against the RCMP in June 2008 that the use of tasers be restricted to experienced officers and medical attention be immediately available once a person has been tasered.

There are other options which are evidenced to be effective for interactions between police and persons experiencing a mental health crisis; and these options are being successfully implemented in Ontario. For example, evidence suggests that identifying a specific set of police officers to receive training and respond to a mental health crisis is beneficial. Also, mobile crisis response teams have been shown to be effective in working with persons who are experiencing a mental health crisis and coming into contact with the law. In these mobile crisis response teams, police officers and mental health workers work together and use de-escalation techniques in mental health crisis situations. This suggestion aligns with those from the Canadian Association of Chiefs of Police (C.A.C.P) to develop effective and compassionate crisis response measures.

At this time, CMHA, Ontario encourages police and mental health agencies to collaborate to find effective solutions for their community with respect to interventions with persons experiencing a mental health crisis. This work is already being done in some communities across Ontario; however, a number of communities have yet to commit to this form of intervention. Through effective teamwork and dialogue, mobile crisis intervention teams can be developed to meet the needs of both the police force and individuals in our communities.



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