SCHIZOPHRENIA SOCIETY OF ONTARIO
A REASON TO HOPE

Interactions between Police and Individuals with Mental Illnesses - Review Submission from the Schizophrenia Society of Ontario

March 10, 2014

The Schizophrenia Society of Ontario (SSO) appreciates this opportunity to provide input to support the independent review of the use of lethal force by the Toronto Police Service (TPS).

SSO is a non-profit charitable organization dedicated to making a positive difference in the lives of people, families and communities affected by schizophrenia and psychotic illnesses. We are the largest organization representing people affected by schizophrenia and psychosis in Ontario. Since our inception in 1979, the SSO has established our expertise in the realm of serious mental illnesses through counseling and system navigation support to individuals and families affected by psychotic illnesses, public education, professional training, research, designated youth programs and public policy analysis and development.

SSO has prioritized issues regarding criminalization of mental illnesses. Through our Justice and Mental Health Program (JAMH) we often hear about the challenges that individuals and their families encounter when dealing with both the mental health and the criminal justice systems. We further have opportunity to interact with and provide educational presentations for police officers across the province, including TPS. Through this work, SSO has heard shared concerned from individuals and families with mental illnesses and police forces regarding lack of timely access to quality mental health services and supports, difficulties navigating the system, inadequacy of available social supports, and lack of coordinated response to issues of criminalization.

As such, SSO welcomes the opportunity to share our expertise in this area to support development of comprehensive and collaborative processes for better interactions between police and individuals with mental illnesses.[*]

Discussion

People with mental illnesses come in contact with the law at increased and disproportionate rates and in recent decades the number of interactions between people with mental illnesses and police increased significantly.[1] For example, a 2011 TPS report found that in that year officers apprehended

[*] For the purposes of this submission, we use the term "individuals with mental illnesses". It must be noted that this term is not mutually exclusive of the TPS terminology of "emotionally disturbed person" and is used to apply to individuals who have a formal mental health diagnosis and those who may experience symptoms of a mental illness, with or without a formal diagnosis.

8,688 individuals under the Mental Health Act, accounting for an 11% increase over one year and an almost 14% increase over two years.[2] Often, majority of these interactions are minor in nature and are resolved in a peaceful manner. However, over the last few years, there have been a number of cases which resulted in fatalities and garnered wide-scale public attention and criticism towards police responses to individuals with mental illnesses.

It is important to note that mental illness is not a police problem per se and that it is the responsibility of the mental heath sector to attend to the needs of this population. However, police are often called to respond to situations involving, and associated with, individuals with mental illnesses thus making it a police issue. Within the context of police interactions with this population it is important to recognize that the relationship between mental illnesses and criminal involvement is complex but often underlines a failure of the health system to intervene effectively by providing timely and needed mental health services and supports. People with mental illnesses often come into contact with the law due to their increased visibility in the community resulting from exhibiting nuisance or "strange" behaviors; negative stereotypes and misperceptions about their risk of violence[3], and crimes which are directly or indirectly related to their mental illnesses and lack of treatments and supports.[4] In addition, police are often the first responders for situations involving people experiencing a mental health crisis[5] and have powers, and responsibilities prescribed in the Mental Health Act to apprehend and transport these individuals to the hospital. While this is a complex issue with no easy solution, it is clear that neither the police nor the mental health sector can effectively manage these issues in the community without the help from the other.[6]

In order to ensure that police interactions with individuals with mental illnesses are positive and continue to be resolved in a peaceful manner for all involved, including the individual with the illness, their family, by-standers and community members, and the officers themselves, SSO would like to make the following recommendations:

1. Expand and enhance de-escalation training for police officers:

De-escalation is an internationally recognized best practice used to resolve difficult and potentially dangerous situations and effectively respond to mental health crises. As a form of non-violent crisis intervention, de-escalation uses verbal and non-verbal communication techniques to resolve conflict. This intervention is applicable across different situations and settings and is used regularly in healthcare and social services.

For police, there has been a greater emphasis on de-escalation training over the last few years and many police forces across the province implement aspects of de-escalation training within their training programs. However, SSO has heard from police, community members, and individuals and families with mental illnesses that this training is not an ongoing component of police professional

development and de-escalation techniques are not continuously applied and assessed within the context of police work.

To strengthen the effectiveness and applicability of de-escalation, SSO recommends the following changes to the current delivery and utilization of this training:

- Officially recognize de-escalation training and technique as a key component of police work and an effective strategy to preserve and protect life and ensure public safety within TPS policies and procedures;
- Expand the frequency and duration of de-escalation training at the Ontario Police College, Toronto Police College and within In Service Training Program (ISTP);
- Fully include individuals and families living with mental illnesses in development and delivery of de-escalation training at the Ontario Police College, Toronto Police College and within ISTP;
- Utilize police officers with expertise in crisis intervention and prior experience responding to individuals with mental illnesses to develop and deliver training, alongside local mental health professionals and those living with mental illnesses;
- Use variety of training modalities, including participatory strategies (i.e. scenario simulation, role playing);
- Adapt training curriculum to respond to diverse police experience (e.g. new officers versus Emergency Task Force versus dispatch personnel versus Sergeants, etc.);
- Include individual and platoon debriefing into training and practice, particularly after every occurrence involving an individual with a mental illness/experiencing a mental health crisis, not just when it's a matter of serious injury or use of force. This will ensure continued learning and skill development, with an added benefit of mitigating the negative impact that these interactions may have on the officers' mental health as well.

2. Expand the use and availability of the Mobile Crisis Intervention Teams (MCIT):

MCIT are another effective model of non-violent conflict resolution for situations involving individuals with mental illnesses. Use of MCIT has been shown to effectively de-escalate crisis, avoid unnecessary arrest, decrease emergency department (ED) visits,[7] foster better partnerships between police and the mental health sector, and enhance effectiveness of police officers in interacting with individuals with mental illnesses.[8]

The Toronto MCIT program consists of a mobile response to individuals in crisis using a specially trained police officer and a mental health nurse from the partner hospital. The MCIT is used as a secondary response after officers from a Primary Response Unit assess safety of the situation and

suitability for a MCIT to respond. Once called, the team can provide crisis response and/or apprehend the individual under the Mental Health Act and transport them to a psychiatric facility; or arrange for community support, thus diverting the individual out of the criminal justice system.

To enhance the effectiveness of the Toronto MCIT program and decrease unnecessary costs to the TPS in terms of officers' time and availability, SSO proposes the following recommendations:

- Designate and allow Toronto MCIT to serve as first-responders, similar to other police jurisdictions across the province;
- Expand MCIT program to every TPS division across the city;
- Expand MCIT program to operate 24 hours a day, 7 days a week;
- Develop and implement common protocols for MCIT, including common assessment and "hand-off" protocols between MCIT and local hospital ERs and/or community organizations.

3. Prioritize "Zero Harm" approach:

It is clear that neither police nor the community prefer use of lethal force in any police interactions, but especially in those involving already vulnerable groups such as individuals with mental illnesses. At the same time, current TPS polices and protocols allow officers to use force to respond to situations that officers determine to be dangerous and threatening to public safety. As such, TPS officers are equipped with firearms and depending on the officer's rank and station, other weapons, including conducted energy weapons (CEWs), baton rounds, pepper spray, etc. While availability of weapons may increase officers' confidence and ability for self-defense and allow for greater options in responding to potentially dangerous situations, the ease of availability of weapons may consequently decrease utilization of non-violent techniques such as de-escalation, use of MCIT, etc.

For these reasons, SSO proposes the following recommendations:

- Designate "zero harm" as the goal for all police interactions within TPS policies, procedures and protocols;
- Do not expand CEWs to front-line officers in Toronto, considering lack of independent scientific and medical reviews of safety of these weapons and proven lethal consequences of deployment of CEWs;
- Expand the current system of rewards and incentives to acknowledge officers who effectively resolve crisis situations without the use of force and set this conduct as the standard for all police practice.

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4. Foster Greater Partnerships with Community Organizations:

As noted previously, response to individuals with mental illnesses and those who experience mental health crises is most effective when mental health, social services and police forces work together. This requires proactive outreach, partnership building, cooperation and coordination between these respective sectors. At the same time, these systems often operate in silos and deny shared responsibility for responding to individuals with mental illnesses who have contact with the law. The onus and responsibility is frequently placed on police to attend to the individuals' needs, help connect them to the appropriate mental health services, and resolve any conflicts in community settings in a peaceful manner, all within the context of a deficient mental health system. Clearly, this is an unreasonable expectation.

The SSO therefore recommends the following recommendations for the TPS, mental health sector and social services:

- Facilitate and implement cross-sector training opportunities between police, mental health organizations and social service agencies to enhance greater understanding of roles and responsibilities;
- Establish partnerships and shared protocols and/or Memorandums of Understanding between TPS and local community agencies, delineating roles, responsibilities and processes for working together and sharing information to respond to individuals with mental illnesses in the community;
- Promote and facilitate greater utilization of pre-diversion programs as an alternative to hospital EDs or jail;
- Enhance knowledge among TPS officers about local mental health and social service resources and invite representatives from these organizations to present on their services and referral procedures on an ongoing basis;
- Develop toolkits/resource sheets for police officers with information about local resources to provide to individuals with mental illnesses and their families.

Thank you for considering this submission. For more information on SSO's recommendations, please contact:

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