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Centre for Addiction and Mental Health

THE EMPOWERMENT COUNCIL
A Voice for the Clients of the
Centre for Addiction and
Mental Health

April 8, 2016

The Honourable Yasir Naqvi, MPP
Minister of Community Safety and Correctional Services (MCSCS)
18th Floor, George Drew Building
25 Grosvenor Street
Toronto ON M7A 1Y6

Dear Minister,

Thank you for the opportunity to provide comment on the *Strategy for a Safer Ontario*. The Centre for Addiction and Mental Health (CAMH) and the Empowerment Council at CAMH strongly support the Province's proposal to develop effective, sustainable and community based policing.

CAMH is Canada's largest mental health and addictions academic health science centres. We combine clinical care, research, education, system building and public policy to transform the lives of people affected by mental illness or addiction. The Empowerment Council is an organization that is composed of, and represents, people with current or past mental health or addiction issues. The Empowerment Council conducts systemic advocacy on behalf of this community.

CAMH and the Empowerment Council appreciate that serving vulnerable individuals will be a priority within this Strategy and that you are committed to providing the right response at the right time by the right personnel. Given that working with vulnerable individuals is our main interest and area of expertise our submission will focus on this area of the *Strategy.*

Reducing police interactions with people in crisis

CAMH and the Empowerment Council recognize that police have a very difficult task when facing persons experiencing a mental health or emotional crisis. We know that the majority of these encounters are resolved without incident. Unfortunately, when more complicated situations arise, the results can be tragic. Encounters with police can also lead to further and ongoing involvement with the criminal justice system or forensic mental health system instead of diversion to social services, health care, and other services that can provide for the social determinants of health (such as housing, food and income.)

CAMH and the Empowerment Council believe that police have an important role to play within an integrated social system to avoid tragedy and prevent the criminalization of mental health

and life problems. We support your proposal to develop collaborative police-community safety and well-being plans that will help connect vulnerable citizens to needed resources. We believe that these plans will help reduce the number of police interactions with people in crisis if their development and implementation incorporates government investments in mental health care, affordable housing with flexible supports, and a liveable income.

Evidence supports our contention that in addition to more choice and availability of mental health services being required, other aspects of a person's life must be addressed to reduce the number of people in crisis in our society. Unfortunately, solutions often fail because of Ministry silos. CAMH and the Empowerment Council recommend an inter-ministerial initiative to address mental health and emotional well-being. It is more cost effective in human and economic terms to provide affordable housing with flexible supports than it is to detain someone in a hospital or correctional institution.

Improving police interactions with people in crisis

When people experiencing a mental health or emotional crisis do interact with police, we need to ensure positive outcomes for the person, the police and the community. Therefore, CAMH and the Empowerment Council recommend that the *Strategy for a Safer Ontario* include a multifaceted approach to serving vulnerable individuals. This approach should include the following:

1. **A positive mental health culture**
   Organizational culture has an impact on employees and the people that they serve. Police organizations that support members' mental health and actively respond to prejudice and discrimination create a respectful work environment that sets the stage for how officers interact with community members in crisis. The majority of individuals with mental health and addiction problems are survivors of trauma. Police are vulnerable to both first hand and vicarious trauma. No one benefits if police officers do not receive the support and understanding they are expected to provide to the public.

   The OPP's recently released mental health strategy, *Our People, Our Communities*, is a good general framework that supports the OPP's commitment to health and public safety through improved outcomes for officers and community members with mental health problems. The strategy is being championed by the organization's leaders, which is essential, and is guided by a community advisory committee. The community advisory committee includes people with lived experience as recommended by the Mental Health Commission of Canada in their Contemporary Police Guidelines for working with the Mental Health System 2015. To ensure that the advisory committee has value and impact, it is vital that committee members with lived experience who are representing their community be connected to and accountable to their peer group, such as a consumer/survivor initiative. Accountability to the broader peer group is necessary to build trust and bridge the gap between police and people with lived experience.

   CAMH and the Empowerment Council recommend that the *Strategy* include direction to all police organizations across Ontario to, at a minimum, develop a comprehensive mental health strategy such as *Our People, Our Communities.* Other police services that

have gone further in instituting positive mental health cultures should be highlighted for their peers as positive examples to which to aspire.

A positive mental health culture within police organizations is also influenced by the broader policy landscape. CAMH and the Empowerment Council commend the Ontario government on the recently introduced legislation that would make it easier for first responders to access supports.

2. **De-escalation as the default response**
De-escalation through communication and negotiation is increasingly recognized and taught as the *preferred* response when police interact with people in crisis. It should be the *first* or *default* response in these interactions. We would also submit that de-escalation should be the first response in all police interactions with people in the community as it may not always be clear if someone is experiencing a mental health or emotional crisis. CAMH and the Empowerment Council understand that in 2015 the Office of the Ombudsman recommended that MCSCS develop a regulation requiring police to use de-escalation techniques in all conflict situations before use of force options (where safety considerations permit). We support this recommendation and propose its inclusion in the *Strategy.* We also recommend that in situations where an individual is clearly experiencing a mental health or emotional crisis that police be required to use de-escalation techniques *instead of* use of force options (where safety considerations permit). We understand that this approach is generally supported in policy, but it cannot be emphasized strongly enough, both for the sake of police practice and public confidence.

3. **Standardized, effective de-escalation training**
Police education and training must reflect the requirement to use de-escalation as the default response in all situations. While various police services have revamped their training on communication and negotiation with people in crisis, the content and frequency of de-escalation training is inconsistent across the province's 54 police services. Therefore, CAMH and the Empowerment Council recommend that the *Strategy* include a plan to standardize police de-escalation training Ontario.

Training should be practical, scenario-based, and created and provided by mental health experts such as people with lived experience of mental health issues. Approximately 14 years ago every patrol officer in Toronto received training from people with lived experience on how to interact with, and de-escalate, people in crisis. In the following eight years there occurred only one death of an Emotionally Disturbed Person in an encounter with the Toronto Police Service. Stigma literature demonstrates that there is no better means to address social stereotypes of groups (such as beliefs that could escalate fears) than meeting individuals from the group in question. That is why it is important that people with lived experience of mental health issues deliver various types of training, including de-escalation. You can forget training, but you cannot unmeet a person. However, it is important to emphasize that those who are representing the community of people with mental health issues be connected to and accountable to their peer group. People with lived experience who provide police education and training also need to have an understanding of diversity principles so

they do not overemphasize the commonalities of their community's experiences at the expense of negating individual differences.

It is also imperative that de-escalation training actually translate into practice. The Empowerment Council (and its forerunner, the Queen Street Patients' Council) has participated in many inquests involving police encounters with people in crisis. Many recommendations regarding training have been made, and many have been followed, yet we are still seeing situations that end in tragedy. Therefore, CAMH and the Empowerment Council recommend that the *Strategy* call for independent, academic, community and police-involved evaluation on how training is being used in actual interactions. Available recorded data would be particularly useful as a source to get beyond the current reliance on training evaluation through self-report measures.

Additionally, recent work by Dr. Judith Andersen at the University of Toronto has shown that the level of police officers' physiological stress can impact how they actually react to challenging situations in the field. Dr. Andersen is working with Peel Regional Police on a pilot project that teaches officers evidence-based methods of physiological stress control in conjunction with scenario-based de-escalation and use of force training with the goal of assisting officers to make better decisions in the moment. CAMH and the Empowerment Council recommend that MCSCS keep abreast of Dr. Andersen's work, and related research, and consider including these methods in standardized training once their positive impact on police in-the-moment decision making is demonstrated.

Finally, for police officers to have the opportunity to de-escalate in practice, they must have *time* – either taken or created. This message must be clear and consistent across every level of policing to ensure that there is no disconnect between the official message and the pressures officers actually feel to move on to the next call.

4. **Revised CEW (and other less lethal weapons) policies and practices**

Alternate use of force options, such as Conducted Energy Weapons (CEWs) theoretically give police a less lethal option when they are in an aggressive situation. The challenge is that they enable police to by-pass non-violent techniques to calm or subdue a person who is experiencing a mental health or emotional crisis. In fact, CEWs are typically used in situations that would actually warrant de-escalation as evidenced by research showing that CEWs are used disproportionately against people in crisis. Therefore, CAMH and the Empowerment Council reinforce that the *Strategy* include a regulation that de-escalation be the default response in all conflict situations. CEWs (and other less lethal weapons) should be employed only as an alternate to lethal force.

We also recommend that MCSCS reconsider allowing Chiefs of Police to arm their front-line officers with CEWs until further research is conducted. Evidence suggests that CEWs can contribute to psychological trauma, serious injury and death in vulnerable populations, including people with mental health problems and illnesses and those under the influence of alcohol or drugs. The physical and mental health effects of these devices on people experiencing mental health or emotional crisis need to be better understood before their use is expanded.

CAMH and the Empowerment Council recommend that MCSCS increase the threshold for CEW use. In Ontario, the threshold for CEW use is low compared to elsewhere in Canada and the 'imminent need for control of subject' may lead to overuse when police encounter someone who is experiencing a mental health or emotional crisis.

In Toronto the recent introduction of "sock" projectiles can raise similar concerns. However unlike CEWs, these can be used at a sufficient distance that they *might* actually be used as an alternative to lethal force in situations where a weapon is involved. As mentioned, time is critical to resolving situations of crisis peacefully. Other alternatives to lethal force that allow for the creation of time to resolve an incident are vital, such as methods of containing a person. Shields can be used to contain a person, as recommended by the Empowerment Council at inquests. (For an example see the UK footage in CBC documentary Hold Your Fire.) These physical alternatives to lethal force are all intended as means of creating opportunities for de-escalation and CAMH and Empowerment Council recommend that MCSCS explore these alternatives.

5. **Better access to Mobile Crisis Intervention Teams**

Mobile crisis intervention teams (MCITs) are typically staffed by specially trained police officers and mental health professionals who respond to calls involving people in crisis. They are an important resource that provides assessment, support, and referrals to community services. Unfortunately, these teams are not universally available across Ontario and where they are offered, their hours are often limited. CAMH and the Empowerment Council recommend that the *Strategy* include plans to make MCITs more readily available in communities across the province.

We also recommend that the *Strategy* recognize the different models of mobile crisis intervention teams. In most communities, MCITs arrive after the police primary response team have responded and determined that there is no risk of harm. The Mental Health Commission of Canada points out that this policy is rooted in stigma and discrimination and that MCITs are actually best suited to be the first responders on scene when people are in crisis due to their skill at diffusing these potentially volatile situations. Hamilton's COAST program is a successful example of this MCIT model that MCSCS should look at expanding.

Some models of crisis teams can be accessed directly by people in crisis and their families and do not involve contact with the police. The *Strategy* should encourage communities across the province to determine which MCIT models best meet their needs and ensure that these teams are available at all times. Hospitals, community mental health services and other community resources are key partners for police to work with to implement these teams.

In some communities there are community based crisis teams that need better publicizing within police services and communities so that everyone is aware of the crisis resources that are available to them. Police officers need to be encouraged in supervision to use them.

6. **Diversion opportunities**

The proposed collaborative police-community safety and well-being plans have the potential to reduce interactions between police and people in crisis by connecting people with mental health problems and illnesses to supports before a crisis occurs. These plans need to be empowering of people with lived experience and centred on self-identified needs. Evidence indicates that care plans are more effective when based on what the person says they need rather than on what a service provider considers them to need.

Partnerships between police and the community can also be beneficial for providing diversion opportunities when crises do happen. When police are able to refer people in crisis to community mental health and addictions services, crisis services, withdrawal management programs and peer supports it reduces their chances of further and ongoing involvement with the criminal justice system. In some places such services exist but police do not use them. Training and supervision of officers needs to include, and model, the use of services such as pre-charge diversion or community based crisis beds.

CAMH and the Empowerment Council recommend that the *Strategy* encourage police departments across the province to develop referral partnerships with local community resources. Police-community safety and well-being plans could lay the foundation for these formal partnerships. Formal transfer of care protocols should also be developed between police and hospitals for individuals apprehended under the Mental Health Act. The Provincial Human Services and Justice Coordinating Committee's Police Hospital Transition Initiative will help local police and hospitals develop effective protocols to ensure everyone's needs are met.

Minister, thank you again for the opportunity to provide input into the *Strategy for a Safer Ontario*. CAMH and the Empowerment Council believe that this strategy can help lay the foundation for safer communities and improve interactions between police and people experiencing a mental health or emotional crisis. We believe that our recommendations will assist you in achieving these goals and we would be happy to meet with you to discuss our ideas in more detail.

Sincerely,

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