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Canada

A Study of Police Academy Training and Education for New Police Officers Related to Working with People with Mental Illness

Prepared on behalf of

The Police/Mental Health Subcommittee of the Canadian Association of Chiefs of Police

and

The Mental Health and the Law Advisory Committee of the Mental Health Commission of Canada

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November 2008

Introduction

It is a given in contemporary policing in Canada that involvement with people with mental illnesses (PMI) is an integral part of the work of police officers, particularly but not exclusively at the level of the first responder. Indeed, there are many circumstances under which police officers encounter people with mental illnesses. These include:

- attending persons experiencing mental health crises, including apprehensions under the *Mental Health Act*;
- calls in which the public is concerned about the behaviour of a person—who may not have actually done anything wrong or illegal but is making people uncomfortable;
- situations in which the PMI has been victimized by crime or social disorder;
- incidents in which a call is received by police for any reason—a crime in progress perhaps—and it turns out that the person involved is displaying signs of a mental illness;
- incidents in which the PMI might be taken into custody for his/her own protection; and
- social contacts (those situations in which mentally ill people with little in the way of social or community support come to rely on the police or the 911 line as "friends").

Cotton (2004) commented on this phenomenon in her research related to interactions between the police and PMI:

> *When governments contemplate the deinstitutionalization and community integration of individuals with mental illnesses, a variety of community supports and services are considered essential and developed (to a greater or lesser extent). But one community agency which has been significantly affected by the downsizing of psychiatric hospitals is the police, rarely a group considered to be a community mental health service. The police have been described as de facto mental health providers… and "the frontline extension of the mental health system" …. There remains little doubt that contacts between the police and those with mental illnesses have increased significantly as more and more individuals experiencing mental illnesses are residing outside the hospital and within the community …The reasons are complex and not altogether clear. To some extent of course, the mere presence of more individuals with mental illnesses in the community will increase contact. There is also evidence that the mentally ill are at significantly increased risk of being victims of crime, given their vulnerability …The question of increased risk of violent behaviour among those with mental illnesses remains controversial*

to some extent, although it appears clear that individuals who are not properly treated and who abuse substances are indeed at increased risk. It has been noted that the arrest rate of those with mental illnesses is higher than that of others, but how much of this is attributable to an actual increase in criminal or violent behaviour and how much is attributable to the phenomenon described as "the criminalization of the mentally ill" is not clear … However, regardless of whether the contacts between the police and individuals with mental illnesses are attributable to increased violence, increased victimization or a tendency to criminalize, what is clear is that the numbers are going up.

In the years since that statement was published, the situation has become even clearer. The recent (2008) study "Lost in Translation" conducted by the Vancouver Police suggested a high percentage of their calls – over a third in some parts of their jurisdiction — involved people with mental illnesses. A detailed analysis of all police occurrence reports in 2005 in the much smaller jurisdiction of Belleville, Ontario (population approximately 45,000) revealed a much lower percentage of their calls involved PMI — only about 6% (Belleville Police Service, 2007). However, even 6% represents a significant commitment of police resources and time. Studies in London, Ontario (Handford et al, 2005) have indicated that PMI are two to three times more likely to have interactions with police than are people without a mental illness. Publications by the British Columbia branch of the Canadian Mental Health Association estimate 7-15% of police calls involve people with mental illnesses. In most cases, PMI who encounter police seem to do so more than once. In all cases, there is significant concern about ensuring the officers involved are informed and skilled in interacting with people who may be experiencing mental health issues.

While the number of interactions across Canada between police and PMI is difficult to determine given the manner in which police keep their records, the potential number of interactions is staggering based on an estimation derived from previous research. For instance, even if one accepts the lower proportion suggested by the Belleville research, which determined that on average a first responder/patrol officer will encounter about 40 PMI each year, and assuming about half of Canada's police officers are front line or first responders,

there are likely about 1.3 million such interactions each year.[1] This alone provides compelling support for ensuring that police are trained and educated in this matter at least at the basic training level.

While some interactions result in a tragedy that garners substantial media attention, the majority of such interactions are fortunately resolved successfully. A study by Coleman and Cotton (2005) for example, indicated that in the ten year period 1992-2002 inclusive, there were "only" eleven situations across Canada in which a person with a mental illness died in an interaction with the police. However, eleven such situations is clearly eleven too many! In coroner's/medical examiner's inquests into these deaths, the most common recommendation was for improved, or more, police training with respect to how to work with persons with a mental illness.

And, indeed, training and education has been occurring. Anecdotal information suggests that there has been a dramatic increase in both at the basic level and at the level of in-service training in the last several years. But what is apparent is that there is no commonly accepted standard – no common curriculum.

This raises, of course, the question: What *do* police officers need to know? Although the answer is simplistic in that essentially police officers need to know enough to be able to do their jobs, we need to be more specific. It is reasonable to suggest that they should at least know enough about:

- the signs and symptoms of mental illness to be able to recognize a person with a mental illness when they encounter one;
- the normal police procedures that would typically disarm a person, stabilize the situation or lead to co-operation may have the opposite effect on a person who is in a mental health crisis;

[1] This figure is based on the Statistics Canada estimate that there were 64,134 police officers in Canada in 2007.

- how to make informed decisions regarding when to apprehend, when to arrest, when to divert, when to seek additional input;
- about mental illness to make some kind of assessment about how much control the individual is likely to have of his/her behavior;
- whether it is likely that the PMI is capable of understanding and responding to their directions;
- being comfortable with defusing and calming techniques
- being able to assess suicide risk;
- being familiar enough with mental health legislation to take appropriate action;
- being aware of mental health agencies and options, and who to call for consultation, and assistance;
- being aware of the stigma and bias with which most people — including both the public and the police — approach people with mental illnesses.

Indeed, most current police training/education programs in Canada likely reflect many if not all of these goals to at least some extent. This is supported by a cursory review of the content of some police training manuals such as those of the Ontario Police College, Calgary Police and Montgomery (Md) Police in the US. This review suggests that training includes:

- signs and symptoms of major mental illnesses;
- indications for the presence of substance abuse;
- effects of stress;
- assessing suicidal intent;
- behavioural management strategies;
- application of mental health law; and
- accessing services.

Notwithstanding this, the purpose of this study was to determine what *is* actually delivered at the Canadian police academies[2] with a view toward determining the strengths and gaps, and making suggestions for "best practices" at the basic training level. It is intended that this information will provide guidance for the design and delivery of more advanced in-service training.

Methods

There are 13 police academies/colleges in Canada which provide basic training/education to new police officers. Academies are either national (as in the case of the RCMP), provincial or regional (Ontario Police College, Atlantic Police Academy, Saskatchewan Police College and the Justice Institute of British Columbia)--or under the auspices of a particular police service (RNC, Halifax, Winnipeg, Brandon, Calgary, Lethbridge, and Edmonton). In Quebec, a slightly different model is effect whereby all police candidates must first obtain a college level diploma from a CEGEP[3] program before attending the provincial academy. Alberta's scheme is changing. It is anticipated that the training/education currently delivered individually by Edmonton, Calgary, and Lethbridge will be replaced in the future by training/education developed centrally by the Alberta Solicitor General. (The proposed curriculum for the module on working with people with mental illnesses is included in this survey, although at the time of writing, this module was not yet operational.) Some police services (such as Toronto Police Service and the OPP Academy) require that new candidates first attend a provincial or regional academy then participate in additional training specific to that service. In other cases — OPP and Toronto Police — the police service operates its own academy but new police officers first attend the Ontario Police College (OPC). Finally, some jurisdictions (e.g. Quebec, RNC) require specific prerequisite education before a candidate can be accepted into the police service or attend the academy.

[2] Police academy in the context of this study includes all learning institutions operated internally by police agencies and/or the provincial or federal governments on behalf of police agencies for the purpose of proving basic and in-service training to police officers and police employees.

[3] CEGEP refers to *Collège d'enseignement général et professionnel*, meaning "College of General and Vocational Education". Generally, this is equivalent to a community college

For the purposes of this study, questionnaires were distributed to the following colleges/academies:

- Royal Newfoundland Constabulary
- Atlantic Police Academy-PEI
- Halifax Regional Police
- École Nationale de Québec
- John Abbot CEGEP (as a representative of the CEGEP system in Quebec)
- Ontario Police College (OPC)
- Ontario Provincial Police
- Toronto Police Service
- Winnipeg Police Service
- Brandon Police Service
- Saskatchewan Police College
- RCMP Academy
- Calgary Police Service
- Alberta-Solicitor General
- Lethbridge Police
- Edmonton Police Service
- Justice Institute of British Columbia (JIBC).

Each academy/college was asked to respond to a series of questions about:

- the number of hours of training/education related specifically to working with PMI;
- the nature and content of such training/education, and the topics covered;
- the teaching modalities employed and types of personnel involved; and
- other courses, modules and parts of the curriculum in which the topic of interacting with PMI may be addressed.

Once the initial responses were obtained, follow up interviews were conducted to obtain additional information and clarification as necessary.

Responses were obtained from all the academies/colleges listed. However, the Toronto Police Service and the OPP Academy reported that, as noted, their basic training occurs at OPC and thus they do not provide additional basic training/education in this area to their own new officers.

Results

1. **<u>Do Canadian police academies generally provide training specific to working with people with mental illness?</u>**

The answer to this question was a resounding YES. *All* new police officers in Canada currently receive at least minimal training in this area. All training programs indicated that training in this area is currently an integral part of their basic training.

2. **<u>How much training/education are new police officers receiving?</u>**

New police officers typically receive information related to working with people with mental illnesses through two channels. First, there might be curriculum specifically addressing the topic — or second, there may be reference to working with people with mental illnesses in the context of other courses, such as in "use-of-force" training.

As noted above, all basic training programs studied include a component specifically related to working with PMI. The number of hours, however, varies dramatically, from only one hour (Lethbridge) to 24 hours (Edmonton).

- Four programs provide five hours or less: Lethbridge (1); Brandon (3), RCMP (4), JIBC (5).
- OPC provides 7 hours and Calgary provides 7.5 hours.
- RNC, Halifax, Winnipeg, and Saskatchewan, deliver between 10 and 20 hours.
- Edmonton and the Atlantic Police Academy provide over 20 hours.

However, in addition, most academies also include information about people with mental illnesses in a variety of other courses or modules. Most commonly, respondents indicated that this information is included in:

- use-of-force (6 programs);
- training related to conducted energy weapons (4);
- tactical communications (3);
- law, provincial statutes and bylaws (3);
- firearms (2); and
- officer safety (2).

Respondents cited the following police academy courses that include information related to mental health issues.

- Sociology
- Crisis resolution
- Civilian diversity
- In-custody deaths
- Statement admissibility
- Interviewing and interrogation
- Forensic interviewing
- Managing the police function
- Community policing
- Criminal justice system
- Excited delirium
- Incident management
- Care and handing of prisoners
- Suicide interventions
- Control tactics
- Call simulation
- Verbal judo

- Legal studies
- Traffic-violator behaviour

Training programs are of course configured differently from one organization to another, and what is included in one course in one academy might not be included elsewhere in another program at another academy. Thus, the best estimate of total training related to mental illness might be obtained by summing the number of hours spent on the topic both directly and indirectly through other courses. This approach suggests that the total number of hours varies from 5 to 30.

However, it is also worth noting that a simple tally of the number of hours involved does not necessarily accurately represent the amount of training that a new officer receives. This is particularly the case in academies in which training deviates from the typical academic format that is used in most cases. The number of hours provided in Quebec for example is variable and difficult to determine. L'École Nationale expects that this type of education is provided in the CEGEP programs. It logically corresponds with a number of the required competencies including interaction with distinctive clienteles, adapting the principles and basic techniques of communication to the context, and working in partnership with different community resources.[4] However, there are no competencies that specifically address interactions with PMI.

The RCMP Academy also provides a slightly different approach in that it employs an integrated, problem-based learning (PBL) methodology in the design of the curriculum for the Cadet Training Program. In the PBL curriculum, cadets learn by solving problems through research and information gathering, and group problem-solving exercises supplemented by lecture and/or demonstration performance, as appropriate. Case studies provide learning opportunities in which cadets can integrate the knowledge and skills necessary to manage real police situations in a manner consistent with the directions and priorities of the RCMP. Rather

[4] This is not an exhaustive list of the relevant competencies but rather provides a sample of the areas in which the subject of mental illness may be covered

than being instructed on a particular content area, cadets learn to apply all content areas related to a particular type of incident or situation. Thus, while there are four hours of specific content related to mental illness in the training, there are many other hours integrated into the scenarios. For example, cadets must work their way through a case involving a suicidal client in essentially "real time."

As is the case in Quebec, there are no specific competencies identified by the RCMP Academy that are specific to mental illness. There are however a number of competencies that may well reflect knowledge and skills in this area—for example:

- responding sensitively to, and working in partnership with, diverse citizens and communities;
- demonstrating an understanding of, and sensitivity, to differences in handling diverse situations and/or interacting with people; and
- using a calm, reasonable, supportive approach to demonstrate sensitivity to the psychological state of victim.[5]

3. **<u>What techniques are used to teach the material described above?</u>**

   Of the 14 institutions that responded and provide basic training,

- thirteen use a lecture format (one is completely online);
- six employ role plays;
- eight use simulations;
- four incorporate online material;
- two have people with mental illnesses involved in the training;
- eight have presentations by mental health professionals;
- five have presentations by mental health organizations such as the Schizophrenia Society, the Canadian Mental Health Association or local mental health agencies; and
- five utilize videos or films.

[5] Similarly, this is not an exhaustive list of the areas in curriculum in which mental illness may be addressed

4. **<u>For how many years have police services been including this subject matter in their basic training?</u>**

It is apparent from the study that a number of police academies have been offering some training in this area since the late 1970s but in other cases training was initiated as recently as 2005. Specifically,

- five services offered such training prior to 1990;
- three began training in the 1990s; and
- five have been training in this area since 2000 or later.

(The centralized Alberta Solicitor General program is not yet operational and as noted earlier will likely replace other Alberta-based training).

5. **<u>What specifically is included in the content of this coursework?</u>**

Given that the amount of time specifically devoted to this topic varies from one to 24 hours and total training varies from five to 30 hours, it can reasonably be concluded that there is a substantial variation in content. Since course outlines were not provided by all academies, each was asked to identify whether the topics mentioned earlier in this paper as key components of training were addressed in their training.

Respondents were provided with a list of topics and asked whether they provided

(a) thorough or detailed coverage of the topic,

(b) some limited coverage, or

(c) the topic is not addressed at all.

Results indicate how many academies address each of the following areas (11 academies provided enough information to be included in this part of the analysis).

- the stigma of mental illness
  a. 7

b. 4

- recognizing the signs and symptoms of mental illness
  a. 8
  b. 3

- understanding major psychiatric disorders such as schizophrenia, bipolar disorder, Alzheimer’s disease
  a. 7
  b. 4

- verbal communication strategies for interacting with people with mental illnesses
  a. 11

- mental illness and dangerousness
  a. 8
  b. 2
  c. 1

- dealing with aggression in people with mental illness
  a. 9
  b. 1
  c. 1

- interacting with people who are hallucinating or delusional
  a. 8
  b. 2
  c. 1

- effective relationships with the mental health system
  a. 5
  b. 3
  c. 3

- effective relationships with the emergency room (as relates to people with mental illnesses)
  a. 4
  b. 4
  c. 2

- suicide interventions
  a. 10
  c. 1

- apprehensions under a mental health act
  a. 8
  b. 2
  c. 1

- use-of-force and alternatives with people with mental illnesses
  a. 8
  b. 3

- mental health law
  a. 8
  b. 2
  c. 1

- mental disorder provisions under the Criminal Code (e.g. NCR, fitness etc)
  a. 6
  b. 4
  c. 1

- special police programs and services for people with mental illnesses
  a.4
  b. 7

- victim precipitated homicide (AKA suicide by cop)
  a.8
  b.2
  c. 1

- working with families of people with mental illnesses
  a. 3
  b. 6
  c. 1

- excited delirium
  a. 9
  b. 2

- incident management when a person with a mental illness is involved
  a. 5
  b. 3
  c. 3

It is difficult to draw conclusions from these data as they are subjective and the number of academies/colleges is too small to warrant any statistical analyses. Notwithstanding the demands for a wide range of training and education in total for new police officers and consequent time demands on the basic training curriculum, it appears that police academies (and thus police services) have very different ideas about what is adequate or extensive coverage for addressing police and their interactions with PMI. For instance, some police academies that include many hours of police/mental health training indicated they had only limited coverage of a given topic — while others who had very few hours indicated extensive coverage of many topics. Surprisingly, one academy which provides among the fewest hours of training in total indicated that it covered all of these topics in some detail!

However, even taking these limitations into consideration, these data do provide us with some useful information. They tell us which topics are generally recognized by academies as essential. For example, virtually all programs address verbal strategies, dealing with aggression and suicide. Most also cover the basics of symptomology such as excited delirium, mental health law, dangerousness and use-of-force options. However, the data also indicate that in some cases, there is limited coverage and thus understanding of the issues as it is simply not possible to cover these topics in the times reported.

Discussion

At present, according to this study all police academies in Canada that provide basic police officer training deliver at least a minimal introduction to issues related to working with people with mental illnesses. Including content related to people with mental illnesses in the basic training curriculum, regardless of the length and content, helps to send a clear message to officers in training that this is indeed an integral and important part of police work. While today this may seem obvious, anecdotally as recently as the early 2000s there remained significant debate about whether working with people with mental illnesses (PMI) was even appropriately considered as part of a police officer's role. It appears that question has likely been put to rest.

However, most officers will have had fewer than 10 hours of training/education while at police academy for their basic training, and many of those who began their careers before 2000 will not have had this training at all while they were at the police academy. While some academies have been including such training in their curriculum since 1974, fewer than half were doing so even ten years ago.

As noted, the number of hours of training that are provided is variable. In some cases, the inclusion is brief, lasting only a few hours or even less. While that might be a sufficient period of time to begin to sensitize new officers to the fact that some of the people they interact with might have a mental illness, it is likely insufficient to teach the specific skills necessary to be effective, nor sufficient to address the essential issues of stigma, bias and personal attitudes.

How many hours is enough? There is no empirically based answer to that question. There is no research that indicates whether additional training/education leads to better outcomes in this area and indeed it would be naïve to suggest that there is such a direct link between hours of training and specific skills. However, police academies do have an obligation to provide essential knowledge and skills, so the question becomes: how long would it take to adequately cover the essential areas — and what are the essential areas?

It is informative to look at the "industry standard" of training for programs such as mental health Crisis Intervention Teams.[6] These programs are typically 40 hours in duration, and produce what are considered "specialized" officers with expertise in mental health related issues. It has been argued that if a police service or detachment does not have specially designated and trained officers available as a resource, then ALL officers need a higher level of training in this area. While it appears unrealistic to expect an academy to provide a full 40 hours at the basic introductory level, it does mean that academies might also need to take into

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[6] The CIT model, often called the Memphis model, involves a police service having a complement of highly trained "specialist" officers who act as a resource to other officers, attend many mental health-related calls, and liaise with the mental health system.

consideration the geographical areas in which their officers will eventually police when considering the appropriate amount of training. For example, it means that services such as the RCMP and OPP, which provide policing to many smaller and remote areas with little in the way of community resources, might have to provide more training than perhaps Edmonton where dedicated mental health teams and specialized services are available. Many services rely on provincial or regional academies and thus the specific training may not be entirely adequate for local purposes. The situation in British Columbia exemplifies that.

If the data in the recent "Lost in Transition" study are relied on, one might surmise that the Vancouver Police spend more time with people with mental illnesses than would some other police in BC or elsewhere. Thus, for example, Vancouver Police might need to supplement the basic JIBC training, even at the new officer level.

While content is of course important, so is the method of transferring knowledge. With the exception of one course (not yet in operation), all training reported includes a large lecture component. In a few instances, all the teaching is delivered in a lecture format. This is of course not ideal, as adult learning principles would suggest that skills are not best taught or assessed through this medium. Training at most academies includes some role play or simulation — but at five academies, this is not the case. It is also apparent that few academies (only four) are making use of online resources. Similarly, only five academies make use of films or videos to supplement training. Again, given the wealth of resources available, this is unfortunate. At the opposite extreme is the RCMP Academy which includes relatively little formal lecture material in this area but relies heavily on problem based learning (PBL) and the use of "real time" scenarios.

However, probably the most glaring gap in training and education nationally is that only two academies involve a person in delivery of their training who actually has a mental illness. The research literature indicates that exposure to a person with a mental illness is probably the most powerful tool available for changing attitudes toward mental illness. While it is beyond

the scope of this study to examine this in detail, it is also worth noting that the exclusion of the very people who are recipients of the police interactions being taught is contrary to both contemporary policing models and current mental health treatment models. Inclusion of people with mental illnesses in the training delivery not only provides a rich education to the police officers but also sends a message to those individuals and agencies in the community who work with people with mental illnesses that police are actively involved in this area and working from a community integration model.

Not surprisingly, many academies also do not include either mental health agencies or mental health professionals in their training (five of 14 have presentations by mental health agencies; eight of 14 include mental health professionals). The issue of including mental health agencies is complex. If one accepts the contention that one of the purposes of training in this area is to improve coordination and cooperation between police agencies and mental health systems, then it is essential that new officers have a chance to interact with mental health professionals and see them in a constructive light. (For many police officers, their only "real life' exposure to a mental health professional will be in the context of a pre-employment psychological screening — hardly a context that engenders positive feelings. Otherwise, they, like the public, may associate mental health professionals with white coats, butterfly nets and couches — obviously a grossly inaccurate picture.)

From a positive perspective, there seems to be consensus with respect to the most important areas that need to be covered in training. As noted earlier, most programs address verbal strategies, suicidal ideation and issues related to signs and symptoms. However not all programs cover these areas. If one accepts the tenet that being able to recognize when a person has a mental illness is important if not essential, then it is concerning that some programs do not address symptoms, introduce the major diagnostic categories or talk about how to interact with a person experiencing psychotic symptoms.

"Best" Practices/Emerging Trends

Unfortunately, there is not yet any empirically supportable way to define a "best practice" or determine what methods of instruction are most effective in the context of police and their interaction with PMI. But the information gleaned in the present study does highlight some processes which at least have the potential of leading the way. These include:

Edmonton Police Service

Edmonton appears to provide the most hours of training/education, which is a 24 hour course. It is also linked and includes presentations by their police service's mental health joint response teams to develop familiarity with those services.

Royal Newfoundland Constabulary (RNC)

The RNC provides 16 hours of direct basic training and includes not only lectures and role plays, but also includes presentations by PMI, mental health professionals and mental health organizations. In addition, their program is linked with the Police Studies Program at Memorial University where students will have completed a total of four psychology courses (including forensic psychology and abnormal psychology). In addition, further along in their training, cadets complete ASIST[7] suicide intervention training (2 days), one day related to fetal alcohol spectrum disorders and 2 days of a seminar entitled "Changing Minds." Recently, new officers have also completed the online training module offered by the Canadian Police Knowledge Network.[8] It may be that the RNC is currently setting the standard in this area.

Atlantic Police Academy (APA)

In addition to providing a generally comprehensive curriculum of 18 hours which includes a variety of formats including lecture, role plays, and extensive use of various media, this program includes both people with mental illnesses and mental health professionals. There is

[7] ASIST is the acronym for Applied Suicide Intervention SkillsTraining, a well developed and widely used approach to teaching skills related to working with suicidal people.

[8] This is a 2 hour course developed by the Dalhousie University Department of Psychiatry and entitled "Recognition of Emotionally Disturbed Persons"

also a unique empathy lab component which requires the officers to spend time in the community at a social service agency and thus interact with people with mental illnesses in a "real world" situation.

Ontario Police College (OPC)

OPC has developed probably the most comprehensive written material on working with PMI ("Not just another call…"), which provides officers with a ready resource both while at the academy and later in their work.

Justice Institute of British Columbia (JIBC)

PIIMIC [9]through the JIBC website is a comprehensive on-line source of information about mental illness, legislation and related matters.

Alberta

It is also worth noting the substantial work completed by the Office of the Alberta Solicitor General, which includes an outstanding online course. However, it is not yet operational and as of yet is not part of any basic police officer level training.

Future directions

The information above largely describes the situation as it is currently. This inevitably leads to the question of where things should be going. There are many ideas that emerge from the data and they are presented here for discussion purposes.

- Police academies may want to strive for the type of comprehensive training that is currently offered by the RNC and the Atlantic Police Academy which includes not only 16-18 hours of direct basic training related to working with people with mental illnesses, but also includes a variety of learning mediums, direct contact with both people with mental illnesses and mental health professionals.

[9] PIIMIC stands for **P**olice **I**ntervention **I**n Mental **I**llness **C**risis

- The CACP Human Resources Committee, through its subcommittee Canadian Association of Police Educators (CAPE), may want to consider working with police academies to develop or encourage a common core curriculum including reading lists, and online materials to make use of some of the many outstanding resources that have been developed and avoid duplication of efforts.

- There is general acceptance that information related to mental illness is best covered when it is integrated in multiple training courses, seminars or modules. These hours could be distributed between focused sessions dealing exclusively with mental illness, or incorporated into other course work (e.g. use-of-force, provincial statutes) as well as being the subject of problem-based learning experiences (PBL).

- It also seems appropriate that the curriculum should, at a minimum, address the range of topics described earlier in this paper, since virtually all of these topics are either tacitly endorsed by the majority of academies or have been identified in Coroner's/Medical Examiner's reports as being relevant.

- Police agencies or police academies which rely on external prerequisite training outside their academy — such as is the situation in Quebec — may want to ensure that training related to working with PMI is specifically identified in external course content and identified as a specific competence to avoid the possibility of inconsistency from one program to another.

- Similarly, academies which take a more competency based and problem focused approach such as the RCMP Academy may want to develop goals and competencies which specifically identify issues related to working with people with mental illness to ensure that all the primary goals related to this client group are indeed covered.

- All training programs should ideally include presentations by, and interactions with, people who are actually living with a mental illness and their families as well as presentations by mental health professionals.

- Individual police services may want to pay special attention to the degree and nature of training provided by their respective academies so that it can be supplemented as necessary by their police service (e.g. police officers who are trained provincially regionally or nationally will not have learned about local resources or interagency agreements) Police services which rely on centralized training as (opposed to in-house training) should be well acquainted with the nature and extent of the relevant academy's training in this area so that appropriate additional training can be provided locally once academy training is complete.

- Individual police services may also want to review the training of their current complement of officers bearing in mind the year in which their respective academy began this training and ensure that officers who did not receive academy level training have indeed received training specific to this area since that time.

- Consideration might be given to providing additional specialized training to officers before being posted to remote areas . Police services in which a significant percentage of officers are posted to remote areas may want to increase the number of hours provided at the basic training level in order to accommodate this.

A final thought…

This review only addresses training and education which occurs at the academy/college level. Obviously, learning only starts there and the issue of what ongoing education and learning occurs as the officer advances is equally important. Ideally, a police service's curriculum related to understanding mental illness will take into account both the training and education that the new officer receives at the academy, and the training opportunities that arise once s/he is "on

the road." This report does not address in-service training directly,[10] but does acknowledge that it is an equally important part of the learning process, and that academy learning needs to be developed bearing in mind the nature and extent of future learning opportunities. Indeed, it can be argued that few new officers come into policing with the expectation of dealing extensively with people with mental illnesses, and that over-exposure to the topic might actually have a negative rather than positive effect on new officers. In an ideal world, basic training would be linked directly to ongoing in-service education, which might provide junior officers with the skills they need in this area at a time when they are most likely to appreciate them.

For further information or inquiries about this survey, the authors may be contacted at info@pmhl.ca

We extend sincere appreciation to the staff at each police academy and police college who took the time to respond—more than once—to our inquiries about the nature and extent of the training/education they deliver in this area.

[10] Issues related to in-service and advanced patrol training related to PMI will be the subject of a future report.

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