Searching for Solutions

The Front Line Police Perspective on Mental Health Interventions in Simcoe County

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Executive Summary

Introduction

Georgian College's Research Analyst Program, working in partnership with the Canadian Mental Health Association, Barrie-Simcoe Branch, conducted a survey of front line police officers in February 2004 to document their experience and perspective regarding mental health interventions. It was hoped that increased understanding of the front line perspective would lead to the development of more effective working partnerships between the police and mental health providers, thereby improving outcomes for persons whose mental illness brings them into contact with the law.

Formally stated, the objectives of the study were

- To document the experience and perspective of front line officers in dealing with mentally disordered individuals,
- To identify preferred partnership arrangements between police and mental health service providers, and
- To identify mental health training and education priorities and approaches to learning consistent with the needs of front line officers.

Methodology

To address the research objectives, a census survey was conducted of the approximately 460 front line officers who are employed by Simcoe County's eleven police services. The survey, conducted in both paper and web formats, was specifically directed to officers with at least one year of solo policing experience in Simcoe County. With 224 officers responding out of an eligible base of 412, the survey achieved a 54% response rate.

Key Findings

General

- Police officers respond to many mental health incidents and believe there has been an increase in their number and in the amount of time required to deal with them.
- Police officers appear to recognize mental illness, to be knowledgeable and thoughtful about the needs of persons with mental illness, and to be keenly interested in getting them the care they need rather than charging them.

Incident Specific

- There is a profile of the typical mental health-related incident to which officers respond.
- Most mental health-related incidents to which police officers are called result in a diversion-related activity.
- Police officers have identified a number of factors that they believe contribute to the development of the incidents to which they are called.
- Police officers have identified a number of factors that from their point of view lead to unsatisfactory incident outcomes, both for them and the person with a mental illness.

Protocol Development

- Police officers have suggested or endorsed a number or arrangements that they believe could lead to more effective diversion.
- Many police officers are wary of a push for more charge diversion, believing that either it does not work or that it is not their responsibility.

Education and Training

- Police officers believe they have sufficient training and education to manage mental health incidents but at the same time are very receptive to obtaining more.

Sub Group Differences

- Some officer perceptions and experiences appear to differ by geography and years of experience.

Recommendations

The report makes a number of recommendations.

On Protocol Development

- That leaders in the hospital, mental health and police service systems establish mutually agreeable protocols and standards to improve the hand-off by police at hospital emergency departments.
- That leaders in the mental health and police service systems explore the development of formal charge diversion protocols or guidelines.
- That leaders in the hospital, mental health and police service systems establish formal liaison positions through which problem areas could be addressed as they arise.

On Resource Development

- That leaders in the hospital, mental health and social service systems explore the development of 24-hour facility, to which police could bring someone who does not require hospitalization, but needs immediate mental health assistance.

- That in conjunction with developing a 24 hour facility, leaders also explore the development of a 24-hour telephone consultation service to the police, and joint mobile crisis outreach.

On Education and Training

- That mental health providers and police authorities develop education and training strategies consistent with the feedback received from officers, confident that they are interested. At the same time they should recognize that officers see the main challenges as being within the health care system, not with their ability to effectively manage an incident.

- That whenever possible, training and education should offer the opportunity for relationship building and shared understandings between police, mental health providers and emergency room staff and physicians.

On Report Follow-up

- That this report be made available to all mental health services, all hospitals, all police services.

- That this report be made available to the Simcoe County Human Services Justice Coordination Committee, for them to use as needed to improve outcomes for persons with mental illness who come into contact with the law.

Introduction

Individuals who encounter the criminal justice system because of a serious mental illness must be given opportunities for treatment and should not be placed at risk of being criminalized because of an illness. This belief is the foundation upon which the research project was undertaken.

Searching for Solutions is the result of an informal research partnership between Georgian College's Research Analyst Program, the Canadian Mental Health Association, Barrie-Simcoe Branch, and Simcoe County's 11 police services. Conceived in September 2003 to meet the authors' research program course requirement, its goal was to document the experience and perspectives of front line police officers regarding mental health interventions. It was hoped that this increased understanding would guide the development of more effective partnerships between police and mental health services, thereby assisting persons whose mental illness takes them into contact with the law.

Better managing the interface between the justice and mental health systems has been a subject of great concern in Simcoe County as well as in other jurisdictions. The local Canadian Mental Health Association (CMHA), with their responsibility for coordinating human service and justice system strategies in Simcoe County, expressed a particular interest in learning what they could to promote the use of charge diversion strategies by the police. They were observing that charge diversion was not happening enough for individuals whose mental illness was a contributing factor in the commitment of minor offences.

Equally interested, Simcoe County's police services indicated a wish to document and better understand the issues facing their officers, especially with regard to training and education priorities, and protocol development.

Before discussing the methodology and results, we will briefly provide some context for the research project.

About Simcoe County

Geography and Population

At 4843 square kilometres Simcoe County is one of the largest counties in Ontario. It's approximately 380,000[1] residents are dispersed among 19 separate municipalities, including six urban areas around which services tend to be clustered.

Research (Ontario Health Survey, Mental Health Supplement, 1996) tells us that the prevalence rate for serious mental illness is approximately 2%. For Simcoe County, this translates into approximately 6,000 adults who at any given time are suffering from a serious mental illness. Some of them will, because of their illness, come into contact with the police.

[1] Census 2001 indicates a population of 377,050, with approximately 300,000 ages 15 and over.

Hospitals and Mental Health Services

Simcoe County has five general hospitals, each with an emergency department. The largest general hospital has an acute care psychiatric unit capable of admitting individuals under the Mental Health Act of Ontario. Simcoe County also has one provincial psychiatric hospital and nine community mental health programs.

Police Services

Simcoe County has 11 police services, four of them municipally operated, six of them Ontario Provincial Police detachments, and one a detachment of the Anishinabek Police Service. Together they deploy approximately 460 front line officers. The police services meet regularly through the forum of the Simcoe County Policing Authorities, to ensure a coordinated approach to Simcoe County policing issues.

Figure 1 shows a map of Simcoe County and the locations of the various mental health, hospital and police services.

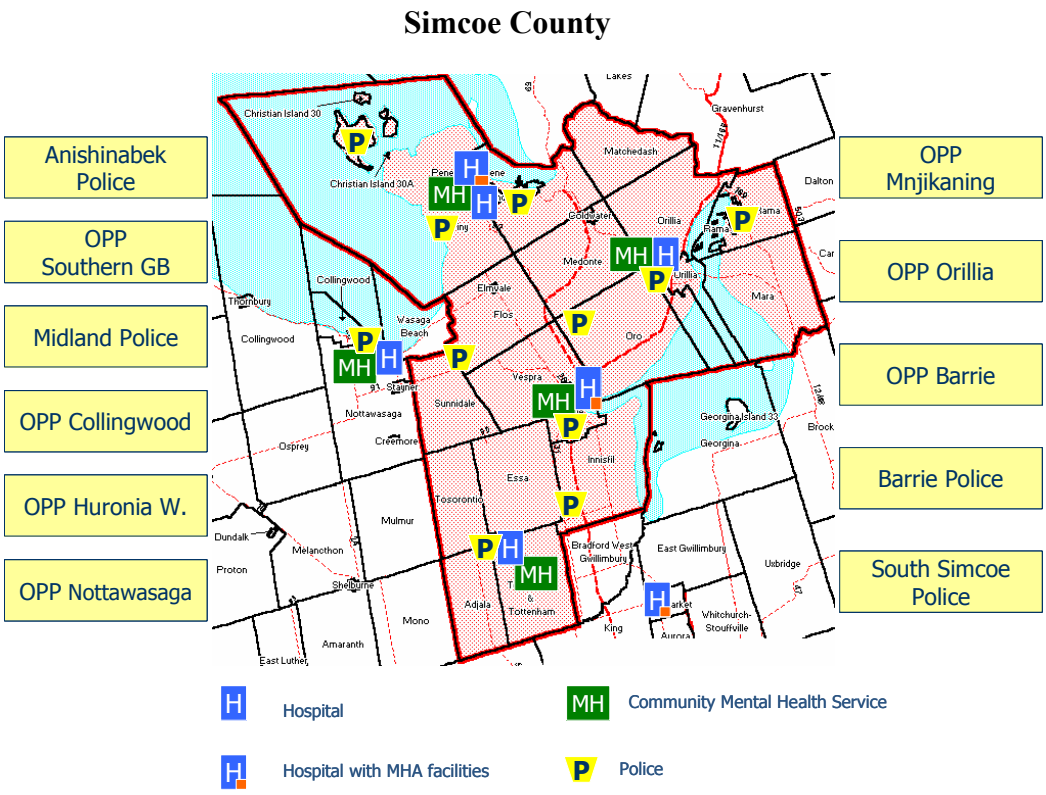

Figure 1: Map of Simcoe County

Literature Review

A review of the literature on police response to persons with a mental illness tells us that interest in this subject goes well beyond Simcoe County. Material reviewed included the following:

- Simcoe York District Health Council documentation (to establish local and provincial context)
- Literature review and issue summary from the perspective of a United States researcher on the subject
- Three studies related to police / mental health partnerships models
- Two studies where police officers were surveyed as to their experiences and perceptions
- The recent London Ontario study on trends and issues in police encounters with mentally ill individuals

Simcoe York District Health Council

The District Health Council's most recent planning document on this subject (Simcoe York District Health Council, 2001) makes anecdotal reference to what police have said they want. This includes more training and education on how to manage mental health crisis calls, a 24 hour point of access for assistance, a mental health worker to accompany them on mental health-related crisis calls, shorter waits in emergency departments, and assurance that the mental health system will follow up on people who are discharged back to the community from the emergency department. They also said that they want to do more up-front diversion rather than seeing the person go unnecessarily through the legal system.

American Perspective

The subject has been one of concern for some time in the United States. Teplin (2000) makes reference to seminal work by Egon Bittner, whose 1967 study found that police officers reluctantly made psychiatric referrals and initiated them only when the individual was causing or might cause serious trouble. Teplin also discusses the historical tendency to criminalize mental issues and underlines the importance of the police officer's role in initial decision-making. She makes a number of policy recommendations, including the need for more community services, greater system integration, treatment for mentally ill persons while they are awaiting trial, and more adequate training for officers.

Documented Benefits of Diversion

Riordan (2000), in his evaluation of a successful model for diversion, documents its many benefits: early decision making, prompt access to mental health assistance, early help for non-urgent cases, more efficient provision of treatment, and the fostering of good relationships between police and mental health providers.

Another study by Steadman (2000) explored three different response models, which concluded that each of them produced a desirable low arrest rate, that "collaboration works", and that the actual model is secondary. The three models included:

- Police-based specialized mental health response
- Police-based specialized police response
- Mental health-based mental health specialized response

Importance of Effective Working Relationships

Wolff (1998) underlines the importance of police and mental health services negotiating effective working relationships. The article looks at the development of contrasting models between the two systems: law enforcement and mental health. Wolff also identified specific issues that contribute to the collaboration challenge: assessment deficiencies, absence of integrated client databases, and lack of incentives for cooperation.

Past Front-line Officer Surveys

The literature review uncovered two studies where police officers were directly surveyed. First, Drew (1999), in a survey of 200 randomly selected front-line New Zealand police officers, documents the perceived frequency of mental health-related incidents, the amount of time taken up with them, the reasons for police involvement, and the outcomes of the incidents. The study found that officers were frustrated at the lack of resources, that they valued learning by experience over formal education, and that they would like more accountability from and communication with mental health service providers.

Panzarella and Alicia (1997) surveyed 365 New York City police officers who were part of a special unit mandated to deal with mentally disturbed persons. Many methodological challenges were noted in this study: the low response rate where only 90 surveys were returned (25%), the self-selected all male sample, and the reliance on self-reported incidents (with no case review to corroborate perceptions). The study noted a difference between effective tactics (maintain dialogue and have proper equipment) and ineffective tactics (too many nonessential personnel and too many civilians on the scene) when dealing with mentally ill persons.

The London Ontario Study

The recent London Ontario Police Services (Heslop et al. 2003), with its retrospective review of police files, provides data on the number of individuals with mental health disorders encountered by the police, the frequency of contact, the nature of any charges and the trends over a four-year period. The report documented an increasing number of individuals, and increasing contacts due to mental illness. It also documented the “days to re-occurrence” for mentally ill individuals. It documented the actual number of charges, and, therefore, the trends in charges. It found that nuisance charges were actually increasing. In the nature of charges and dispositions, there were no obvious trends. The report estimated officer time and cost associated with mental health-related interventions, and made special note of an increase in court time.

In summary, the literature review tells us that the police encounter with mentally ill individuals is a subject of considerable concern here and around the world. There are many documented benefits to early diversion to the mental health system, and there are models of collaboration that work

The literature review confirms the significance of this issue and supports the following research objectives that were established for the project.

Research Objectives

- To document the experience and perspective of front line officers in dealing with mentally disordered individuals
- To identify preferred partnership arrangements between police and mental health service providers
- To identify mental health training and education priorities and approaches to learning consistent with the needs of front line officers

Methodology

The survey objectives and questions were established in consultation with the Canadian Mental Health Association's Human Services Justice System Coordinator. The questionnaire was pre-tested with police officers before being finalized.

The sample frame chosen for the project was the approximately 460 front-line officers employed by the eleven Simcoe County police services. Within this group, the specific population to be surveyed was all officers with at least one year solo front-line experience in Simcoe County. As the population in question is relatively small, a census approach was taken.

All officers were invited to participate in either a paper or web version of the survey. The choice of web versus paper was made by each police service. The Barrie Police Service chose the paper method, and the researchers conducted an on-site visit with each of their four main platoons at shift change to deliver and explain the survey. Officers completed the survey after the researchers left, placing them in individual sealed envelopes for later collection.

All OPP services, plus the Midland and South Simcoe police services chose to use the web method. Researchers provided a web-link to each of the designated contact officers, who provided it to the officers.

The Anishinabek Police service used both the paper and web version.

The surveys were completed between February 18 and March 7, 2004.

Final Sample Size and Return Rate

Of the potential 460 potential respondents:

- 12 of the paper survey candidates were screened out ahead of time because the did not meet the "one year solo experience in Simcoe County" criteria
- Another 37 were screened out of the returned surveys, not having met the criteria

This left an eligible base of 411 officers and a total of 224 surveys were screened in for a return rate of 54%.

Of the 224 surveys that were screened in, 9 of them were rejected as too incomplete for inclusion. This left the final of number of 215 responses for analysis.

Analysis of the Results

The quantitative portion of the survey was cleaned and analyzed using SPSS (Statistical Program for the Social Sciences).

The results of the eight open-ended questions were coded manually for themes and the results described in the narrative section of the report. It was observed that the themes corresponded strongly to the quantitative results.

Limitations

One limitation of this study is that the profile of a typical incident was based on a retrospective view of the situation by police officers. While we believe it offers a useful snapshot, it may be significantly different from the result of a formal independent case file review. For example, the time-related data can only be treated as approximate and not a definitive conclusion. Also, while we asked officers to describe their most recent incident, we cannot be assured that all officers chose to describe their most recent incident and not their most memorable one.

Also the survey asked officers to recollect incidents during a selective time, the month of February. This could limit the ability to generalize to other time periods. For example, a summer incident could involve different factors than a winter one.

Another question that might be asked is "what about the 46% of officers that failed to respond to the survey? Are they any different than the ones that did respond? In response, we would say that it is unlikely. Of the 54% of officers that responded we had good representation from all age groups, all levels of experience and all parts of the county, both urban and rural. We can therefore place a high level of confidence in these results as accurately reflecting the views and experiences of Simcoe County police officers.

It should also be noted that there were some response differences depending on which of the survey methods were used. The on-site paper version offered the researcher more control over the survey distribution process and thus this version achieved a higher response rate than with the web. On the other hand, the web version elicited a richer response to the open ended questions.

Findings

Who Responded

We heard from a total of 215 active duty front line officers, all of who had at least one year solo experience as a police officer.

- Approximately 55% of them had worked in Simcoe County for the last five years
- Most were male (83%)
- Most were police constables (80%) with the rest being primarily staff sergeants
- 51% of officers having more than 10 years experience
  - 25% had one to five years policing experience
  - 24% had six to ten years
  - 14% had eleven to fourteen years
  - 37% had more than fifteen years
- Age was also widely distributed
  - 13% were under the age of 29
  - 51% between 30 to 39
  - 29% between 40 and 49
  - 7% over 50

Finally, we heard from officers in each of the eleven police service in Simcoe County, as shown in Figure 2.

Police Service	Total Front Line[2]	Response Rate
Anishinabek Police Service	4	100.0%
Midland Police Service	20	83%
OPP Barrie	38	35%
OPP Collingwood	47	55%
OPP Huronia	58	44%
OPP Southern Georgian Bay	58	43%
OPP Mnjikaning	12	75%
OPP Nottawasaga	32	79%
OPP Orillia	42	58%
South Simcoe Police Service	65	33%
Barrie Police Service	84	76%
Total	460	54%

Figure 2: Police Service Response Rates

[2] This is the total number of front line officers not the total number of *eligible* officers. The response rate has been calculated from the known eligible base of 412.

Police Experience with Mental Health Incidents

Number of Incidents in the Last Month

Simcoe County police officers are regularly responding to mental health incidents. Approximately 85% of them had responded to at least one call in the last month, and over 40% had responded to three or more calls.

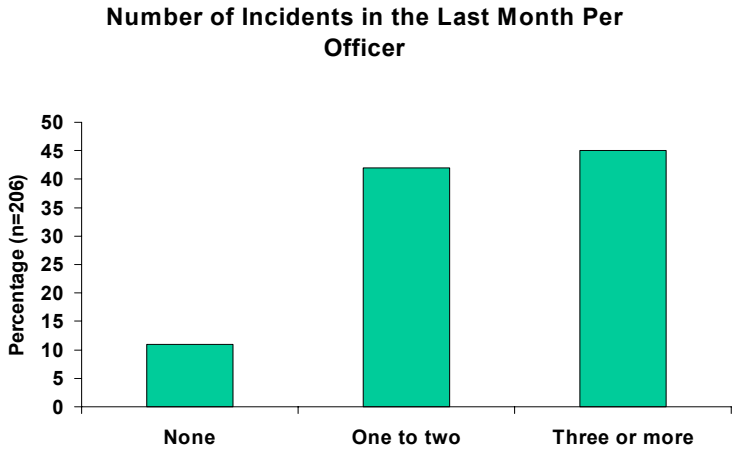

Figure 3: Number of Incidents in the Last Month

Perceived Trends

We also asked officers with more than five years experience in Simcoe County, what trends they perceived over the last five years. Most thought that the number of calls and the time spent per call had increased.

Sixty eight percent (68%) thought the number of calls had increased and eighty one (81%) thought the time spent per call had increased.

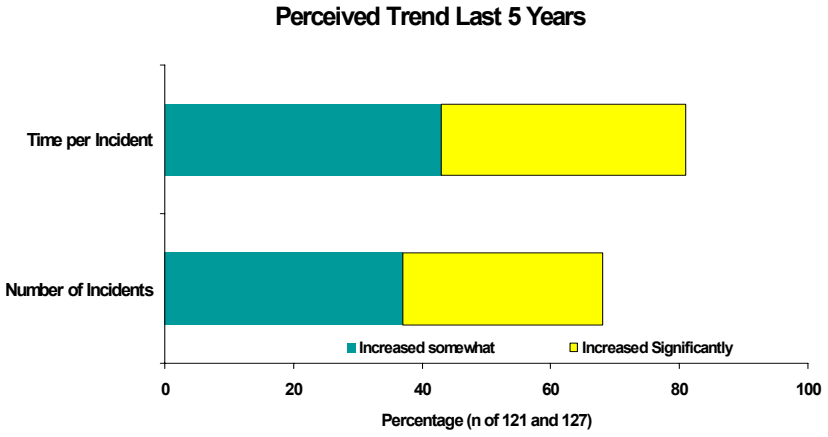

Figure 4: Perceived Trends

About the Most Recent Incident

The survey asked officers several questions about their most recent mental health incident. The intent was to obtain a snapshot of typical situations.

From what we heard from police, the following would be a typical scenario:

- Police are called in the afternoon or evening to a private residence where they encounter someone who is suicidal or causing a disturbance.
- Half the time they know the person and they know that the person has a mental illness.
- They spend about an hour at the scene.
- The most common outcome: an apprehension under the Mental Health Act or a voluntary trip to the hospital.
- The person is frequently thought to be off his or her psychiatric medication.
- Alcohol and street drugs are sometimes involved, and weapons occasionally.
- There is sometimes the added factor of the person having a developmental disability.
- If the intervention has resulted in a Mental Health Act apprehension, the officer spends about 2 ½ hours at the local hospital emergency department. The incident is followed by an hour of paper work or other follow-up activities.
- Charges are not usually laid.

What they said…

"It's a recurring situation with a suicidal female. Mild threats of suicide by means of overdose, cutting her wrists or jumping off an overpass. In every case she accompanies police to the hospital following a Mental Health Ac apprehension. A month later it happens all over again"

"18 year old female with a history of suicide attempts, and diagnosed with several personality disorders, was threatening suicide by taking pills. She had a plan to kill herself and would have without police involvement."

"Man, off medication, was experiencing delusions. Ran from residence to another residence and locked himself in the bathroom."

Figures 5 through 10 on the following page offer details about the most recent incident.

About the Most Recent Incident

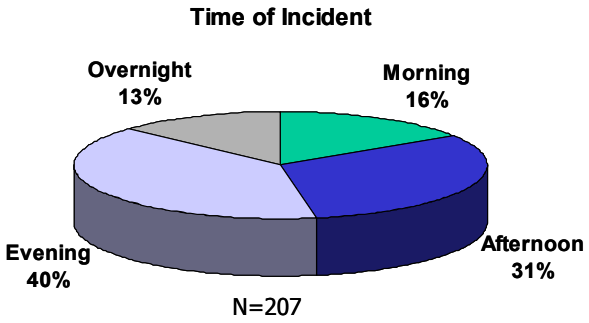

Figure 5: Time of Incident

Private Space	Public
72%	28%

Indoors	Outdoors
74%	26%

Figure 6: Location of Incident

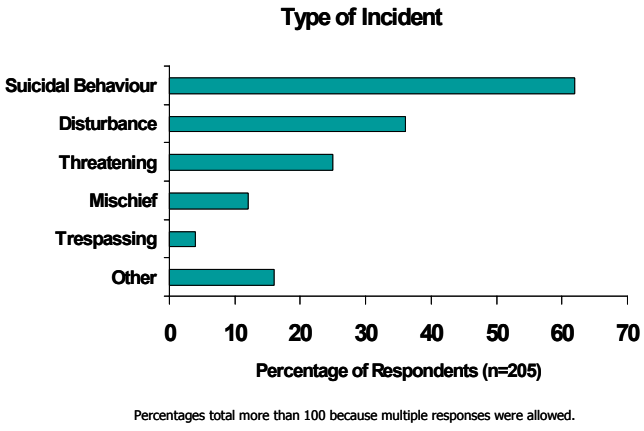

Figure 7: Type of Incident

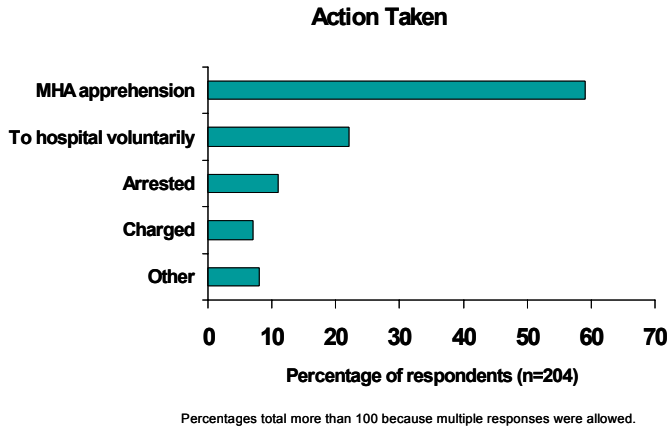

Figure 8: Action Taken

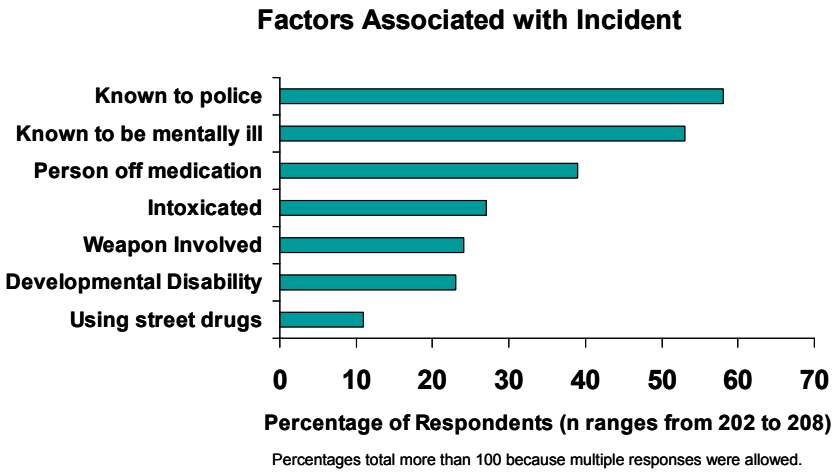

Figure 9: Associated Factors

Estimated Time Spent

At the scene - 1 hour
(n=182)

In transport - ½ hour
(n=131)

At the hospital –2 ½ hours
(n=131)

Other - 1 1/2 hours
(n=148)

Figure 10: Time Spent

What might have prevented the incident?

We asked officers the question: **If there were one thing that would have prevented the incident, what would it be?** They gave us lots of opinions.

By far the strongest theme to emerge was the officer perception that if the person had stayed on their psychiatric medication, the incident might have been prevented. This was followed closely by opinions that more supervision from the mental health system and earlier interventions would have helped. Listed in order of the strength, the things officers believe could have prevented the incident:

- Staying on psychiatric medication
- More supervision and monitoring
- Earlier mental health intervention
- Better previous response at the hospital
- Availability of more mental health resources
- Improved communication
- Abstinence from alcohol

What they said…

"Person was not taking his medication or taking it improperly. Self-administration of drugs to alleviate psychiatric conditions is not reliable."

"Proper treatment and monitoring."

"Better initial care at the hospital with proper follow-up …."

"Having a support network that family members or friends could call when there are problems."

What might have improved the outcome?

We also asked the question: **If there were one thing that would have improved the outcome of this incident, what would it be?**

The most common response: **Police officers wished things had happened differently at the hospital.** They would like to have seen decisions made more quickly. They wished that doctors had placed more confidence in their observations and judgement. They also wished that help was initiated for the person after the assessment process was completed.

When hospitalization was not necessary, they wished that other mental health assistance had been arranged. They felt that they had done their job by bringing an ill person to the hospital, but that hospital and mental health system was not working effectively. Officers also recognized the reality that more and possibly different mental health resources are required . The other items on their list of what would have helped:

- More mental health resources, including…
  - Better local hospital capacity
  - Alternatives to hospital
  - Mobile crisis
  - Children's services
- Information / communication
- Family involvement and support

What they said…

"Less time spent waiting in the emergency ward. The doctor did not get to see the subject close to the state that the officers did. This is unfortunate because doctors will many times decide that a subject is calm and not a danger and completely ignore the information provided by the officer."

"If accused was actually helped. Was released without any further consultation. Victim did not benefit from police involvement."

"Better access to mental health employee phone numbers."

"Contact person to attend scene to enable officers to do something other than arrest the person."

"More resources for parents."

General Perspectives on Managing Mental Health Incidents

We asked officers to indicate their level of agreement with a number of statements intended to reflect their self-rated knowledge and confidence in addressing mental health issues. As indicated in Figure 11 police officers believe they understand their responsibilities under the Mental Health Act and are generally confident they have sufficient knowledge to manage mental health incidents. They have less belief, however, in their ability to work with the hospitals and mental health system to get help for someone who needs it.

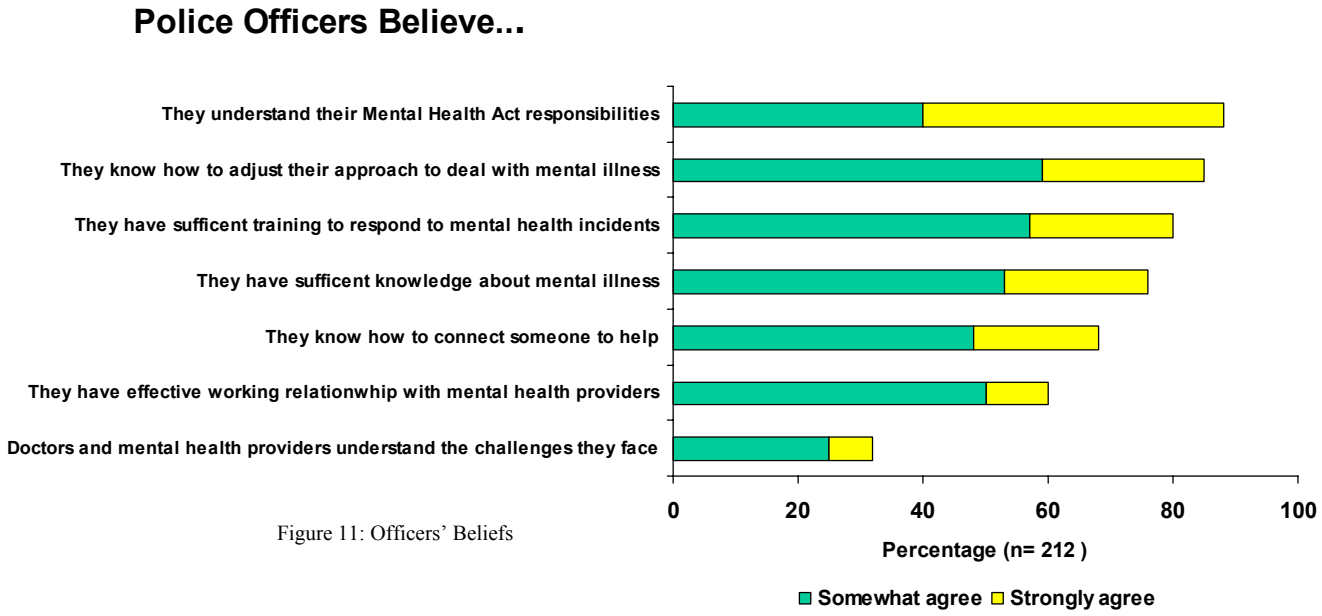

Figure 11: Officers' Beliefs

Preferred Protocols and Partnership Arrangements

One of the open-ended questions of greatest interest to the Canadian Mental Health Association, which has a mandate to encourage the use of charge diversion options, was "**What resources or arrangements are needed to encourage officers to exercise diversion options for a mentally disordered suspect?"** Officers had lots to say on this one. The strongest themes centred on their desire for 24-hour response capability. They would like to see either an improved ability to get help for someone when they bring them to the hospital or an alternate 24-hour non-hospital facility. They also made a number of suggestions regarding protocols and relationship building.

Improved Response at the Hospital

Police officers believe it is a reasonable and appropriate diversion option to bring someone who has a mental illness to the local hospital. They would, however, like to see quicker access to assessment, more confidence placed in their observations and judgement, and help to be initiated for the person in need. If the person does not need admission, they would like to see someone at the hospital organize follow-up mental health care. They

note the desirability of having a mental health worker available at the emergency department. They also note that some hospitals do not have secure facilities.

An Alternative to the Hospital

Officers recognize that many individuals need to be in secure setting, but not necessarily hospital. They strongly indicated an interest in an alternative– a place where they could take someone 24 hours a day and have them either stay there or have help organized for them.

Improved Hand-off / Follow-up from the Mental Health System

This theme is linked to the one above. Police officers would like to see quicker follow-up, more program options, and access to mental health personnel after hours. And they want to be made aware of these options.

Clear Protocols for Diversion and Consultation

Several officers mentioned the desirability of a formal protocol with clear criteria and the availability of consultation. Some of them cited the Youth Criminal Justice Act diversion protocol as an example. One officer mentioned the desirability of a 24-hour consultation resource, similar to the one police use with the Children's Aid Society for complicated cases. Other protocol suggestions: having a person's mental history available to dispatchers when the officers are on route to a call, and region to region tracking methods.

Liaison Structures and Activities

Some officers made specific suggestions around the importance of building better relationships with doctors and mental health professionals. They suggested such things as joint training, designated liaison police officers, and upper level management in each system having a formal structure to address the issues together.

Charge Diversion Wariness

It should be noted that there is considerable wariness of diversion. Many officers made the point that they were doing it (diverting) already, but that it doesn't work because of the lack of follow-up with by the mental health system. Others suggested that charging someone is often the only way of getting them the help they need. Still others, a small minority, expressed their belief that it was not their job to be exercising diversion options – this was up to the courts or medical / mental health professionals.

What they said…

"I strongly feel it is not up to the police to exercise diversion options. That should be up trained medical and mental illness persons."

"If the person can't receive treatment promptly, charges may be the only short term way to exercise control over them for their safety and the safety of the public."

"Diversion must offer some kind of solution instead of smoke and mirrors."

Rating of Possible Mental Health Working Arrangements

In addition to the open-ended questions, we asked their opinions on specific working arrangements that have been found to be helpful in other jurisdictions. Figure 9 indicates their responses, which are consistent with their answers to the open-ended question. They are most favourable toward having the 24-hour mental health worker availability at the hospital and the ability to contact someone by phone on a 24 basis. They are also interested in a joint mobile crisis team with the mental health system. Having a specialized internal police team is of some interest, but ranks last out of the choices given.

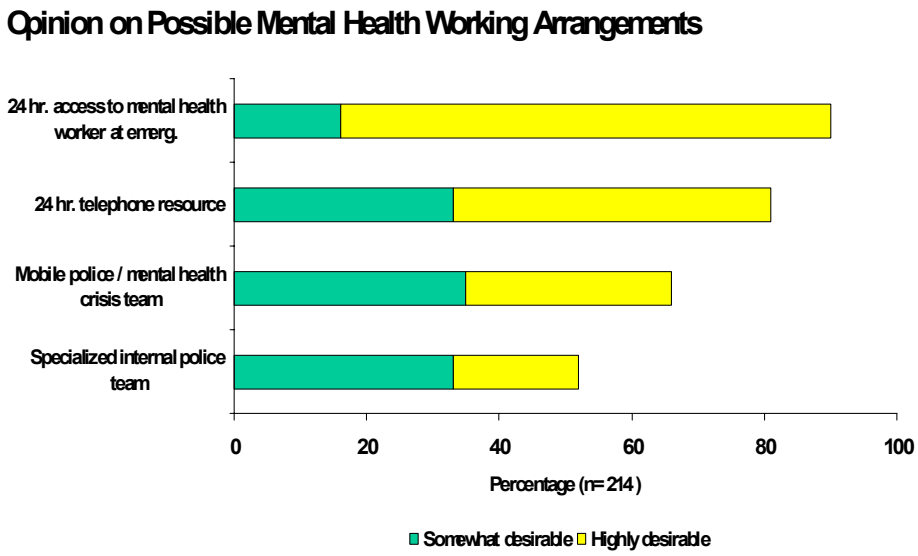

Figure 12: Opinions on working arrangements

Education and Training

We asked officers to rate various education and training topics. As shown in the figure 13, police are clearly interested in more education and training. They highly endorse the topics of de-escalation strategies and of information on mental health resources, mental disorders and community treatment orders. Also valued, but not quite as strongly, review of the Mental Health Act, information on substance abuse and stress management for police officers.

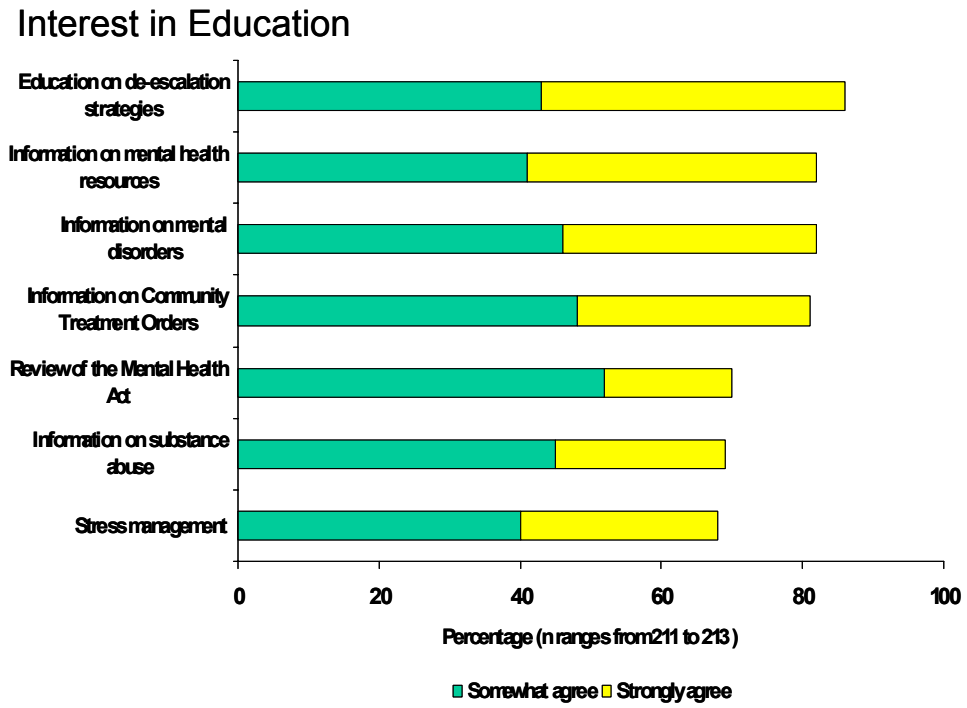

Figure 13: Interest in education topics

We also asked officers for additional topic suggestions. Responses groupings included the following:

- Understanding the hospital assessment process and how to expedite admissions
- Managing volatile behaviour
- Training and education directed toward hospital emergency department staff

We asked the officers to rate different delivery methods of the educational and training material, and then invited additional thoughts with an open-ended question. As indicated in Figure 14, they are interested in educational videos and are agreeable to event days and to on-site in-services. They were not sure about "ride-alongs" by a mental health worker.

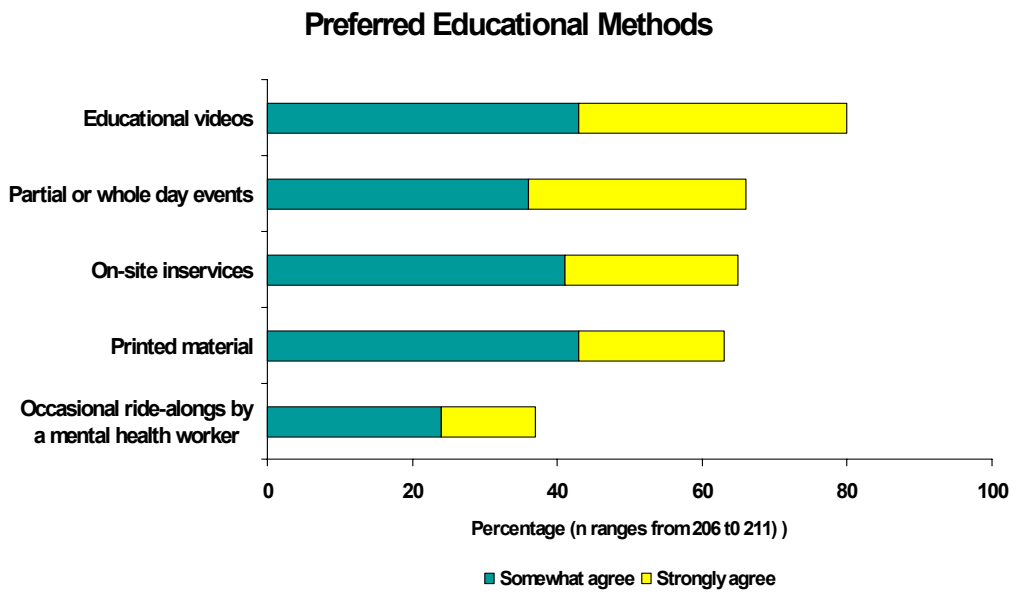

Figure 14: Preferred educational methods

Other education delivery suggestions included:

- Incorporate mental health training into the annual police block training
- Case-by-case consultation (i.e. have a mental health professional with whom the officer can review actions at the time of the incident)
- Scenario-based training
- Joint training sessions with doctors

What they said…

"Provide information in a fast, simple and easy to understand way."

Subgroup Analysis

Two subgroup analyses were performed: one based on years of experience and one based on geography. One might reasonably expect different survey responses with each of these groups. For example, more seasoned officers might have different thoughts on training priorities than less seasoned ones, or hospital waiting time experiences might vary depending on which hospital the officers normally bring people to in a crisis.

To simplify the analysis categories were collapsed. For years of experience, the original four categories were collapsed into two: officers with experience of 10 years or less and officers with more than ten years experience. Similarly, the 11 police services were grouped into two geographic areas: Barrie area services (Barrie Police Service and Barrie OPP) and non-Barrie police services. The rationale for this breakdown is that the Barrie area police services primarily deal with a large hospital in an urban centre, which has formal scheduled psychiatric services, including an inpatient psychiatric unit. All other police services would normally be interfacing with one of the other smaller hospitals, none of which has scheduled psychiatric services.

The following sections indicate where there were significant differences between these subgroups. Differences have been noted only where the p value was less than .05[3].

Significant Differences by Years of Experience

N = 101to 103 for officers with 10 years or less experience

N = 107 to 112 for officers with more than10 years experience

- Less experienced officers were more likely to endorse the notion of an internal police mental health team
- Less experienced officers, in recalling their most recent experience, were more likely to make an observation that the person appeared to be off of their psychiatric medication.

Significant Differences by Geography

N = 62 for Barrie Police Service and Barrie OPP

N= 153 for non-Barrie area police services

- For non-Barrie area police, the most recent intervention was more likely to result in a Mental Health Act apprehension, than it was for Barrie area police.
- For Barrie area police, the most recent intervention was more likely to result in the person going to the hospital voluntarily.
- Barrie area officers believe more strongly that they have sufficient training to respond effectively to mental health incidents.

[3] At a p (probability) of .05, there is only a 5% likelihood that difference is due to chance.

- Barrie area officers believe more strongly they have sufficient knowledge about mental illness to respond effectively.

- Barrie area officers believe more strongly that they have an effective working relationship with mental health service providers.

- Barrie area officers believe more strongly that they understand the extent of their responsibilities under the Mental Health Act.

- Non-Barrie area officers spend more time on incident follow-up than do Barrie area officers (1.7 vs. 1 hr.)

Conclusions

Over 200 of Simcoe County's front line police officers have provided clear messages about their experience with mentally ill individuals and have offered thoughtful input on how outcomes might be improved. From what we have heard, we would draw the following conclusions:

General Observations

1) **Police officers respond to many mental health incidents and believe there has been an increase in their number and in the amount of time required to deal with them.**

   Interestingly, the perception of increased incidents and time devoted to them is consistent with the recent trend analysis conducted by the London Police Service.

2) **Police officers appear to recognize mental illness, to be knowledgeable and thoughtful about the needs of persons with mental illness, and to be keenly interested in getting them the care they need rather than charging them.**

   The incident descriptions provided by officers, their reflections on the issues and their suggestions for improvement all point to them having a high level of awareness, interest and experience.

Learnings from the descriptions of the "most recent" incident

3) **Most incidents to which police officers are called result in a diversion-related activity.**

   One purpose of the survey was to explore what needs to be put in place to promote charge diversion strategies among the police. While rich information was obtained on how that could be done, it must be recognized that police officers are already doing a great deal of diversion work, though not always with the outcomes they would like to see.

4) **Police officers have identified a number of factors that they believe contribute to the development of the incidents to which they are called.**

   Officers believe that many incidents could be avoided through greater medication compliance, more support and supervision in the community, earlier intervention and greater availability of resources – both community and institutional - for persons with a mental illness.

5) **Police officers have identified a number of factors that from their point of view lead to unsatisfactory incident outcomes, both for them and the person with a mental illness.**

They are particularly frustrated with their "hand-off" experience at the hospital and with the overall challenge of getting someone in need connected to mental health services. They believe they have done their job by bringing the person to help and feel that the hospital and mental health system is not responding effectively.

6) **There is a profile of the typical incident to which officers respond.**

Officers frequently know the person and know that they have a mental illness. Calls are most frequently in the afternoon and evening and most commonly involve suicidal behaviour. The calls most frequently result in a visit to the hospital emergency department, much of the time under the Mental Health Act.

Protocol Development

7) **Police officers have suggested or endorsed a number or arrangements that they believe could lead to more effective diversion.**

Officers would like to see the hospital emergency departments offer a more effective diversion response. They would like to see a 24-hour alternative to the hospital where they could bring someone who does not require hospitalization. They like the idea of a 24-hour telephone resource and are interested in exploring joint mobile crisis work with the mental health system. Some have also indicated a wish for more formal charge diversion guidelines, and offer examples from other systems.

8) **Many police officers are wary of a push for more charge diversion, believing that either it does not work or that it is not their responsibility.**

Officers make a strong case for skepticism, citing much evidence of difficulty getting help for someone when they have tried to divert.

Education and Training

9) **Police officers believe they have sufficient training and education to manage mental health incidents but at the same time are very receptive to obtaining more.**

Officers have endorsed a number of topic areas, have offered additional topic suggestions and have given their opinions on the most desirable delivery format.

Subgroup Differences

10) **Some officer perceptions and experiences appear to differ by geography and years of experience.**

For example, less experienced officers made more observations of medication non-compliance issues and more frequently endorsed the notion of an internal specialized mental health team. Also, Barrie area officers had a lower percentage of their most recent incidents resulting in Mental Health Act apprehensions and a higher percentage of voluntary visits to the hospital. The Barrie area officers also expressed greater confidence in the adequacy of their mental health knowledge and training and indicate a more positive view of their relationship with their local mental health providers.

Recommendations

While it will be the responsibility of those in charge of police, mental health and hospital services to review the contents of this report and develop recommendations, we offer the following ones as a starting point for discussion.

On Protocol Development

1) **We recommend that leaders in the hospital, mental health and police service systems establish mutually agreeable protocols and standards to improve the hand-off by police at hospital emergency departments.**

   The hospital emergency room experience is a major source of frustration for police officers. They feel that they are fulfilling their responsibilities by bringing a mentally ill person to the hospital but then often feel that they are not listened to and that they wait far longer than they should have to for a decision or disposition to be made.

2) **We recommend that leaders in the mental health and police service systems explore the development of formal charge diversion protocols or guidelines.**

   This would assist with decision making and would generally improve the hand-off to the mental health and hospital system. It might we worthwhile to look a the diversion protocols being used under the new Youth Criminal Justice Act, or the one the police use when dealing with complicated Children's Aid Society cases.

3) **We recommend that leaders in the hospital, mental health and police service systems establish formal liaison positions through which problem areas could be addressed as they arise.**

   Police indicate a strong interest in working more effectively with hospitals and mental health providers, and have made specific suggestions on developing formal partnership strategies. These suggestions should be further explored.

On Resource Development

4) **We recommend that leaders in the hospital, mental health and social service systems explore the development of 24-hour facility, to which police could bring someone who does not require hospitalization but needs immediate mental health assistance.**

   Police officers have made a compelling case for a 24 hour alternative to hospital. They recognize that some people do not need the security and treatment capacity of a hospital, but do need some place of safety and where resolution of their problems can be initiated.

5) **We recommend that, in conjunction with developing a 24-hour facility, leaders in the mental health system explore the development of a 24-hour telephone consultation service to the police, and joint mobile crisis outreach.**

On Education and Training

6) **We recommend that mental health providers and police authorities develop education and training strategies consistent with the feedback received from officers, confident that front line officers are interested.**

   At the same time those planning training and education activities should recognize that officers see the main challenge as being within the health care system, not with their ability to effectively manage an incident.

7) **We recommend that, whenever possible, training and education should offer the opportunity for relationship building and shared understandings between police, mental health providers and emergency room staff and physicians.**

On Report Follow-up

8) **We recommend that this report be made available to all mental health services, all hospitals, and all police services.**

   Police officers have provided rich information on their experiences intervening with mental health situations; the more their story is heard, the more potential for addressing the problem areas they have identified.

9) **We recommend that this report be made available to the Simcoe County Human Services Justice Coordination Committee, for them to use as needed to improve outcomes for persons with mental illness who come into contact with the law.**

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