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Saskatoon Police Service

Honour - Spirit - Vision

DATE: January 13, 2014

TO: Chief Clive Weighill

FROM: Carla Leuschen-Mewis, Planning & Research

SUBJECT: **Police interactions with persons suffering from mental illness.**

ISSUE:

A key issue raised at the Saskatoon Police Service Public Consultation Meeting (November 25, 2013) was police interactions with persons with mental illness and/or addictions.

RECOMMENDATION:

That this report be received as information.

BACKGROUND:

Results of the SPS Public Consultation

Two main questions were posed for discussion at the Public Consultation Meeting:

- *What worries you about policing, law enforcement and public safety in Saskatoon?*
- *What action does SPS need to take on the table issue?*

The following is an excerpt from Creative Fire's SPS Public Consultation Final Report, "Key Issues" section (page 11):

Mental Health and Addictions

Recommended actions:

- 1. Enhance formal training/policy development*
- 2. Explore partnerships and other models of service delivery within the community*
- 3. Engage in HUB and creating “all agency solutions” to target high-risk populations*
- 4. Increase mental health staff on front line*
- 5. Integrate police mental health workers*

The criminalization of persons with mental illness (PMI)

In the 1980s Canadian “deinstitutionalization” policy led to PMI being released into the community where they often became involved with the criminal justice system. Although the courts did require mentally ill offenders to be assessed and treated in mental hospitals, these were quickly filled to capacity and many PMI had to be held in jails.¹ Due to the under-resourced system PMI can currently wait in correctional institutions for several months before being assigned a bed in a psychiatric facility and the proportion of PMI in and entering the corrections system (+5-10% per year) is progressively increasing².

Police interactions with PMI

A London, Ontario study referred to as the “*most rigorous Canadian investigation concerning police interactions with PMI*”³ had the following findings:⁴

- PMI have 3.1 times more interactions with police than general public (GP).

¹ Makin, K. (2010, November 16). Judges push back against hospitals turning away mentally ill offenders. *The Globe and Mail*. Retrieved November 24, 2010 from <http://www.theglobeandmail.com/news/national/ontario/judges-push-back-against-hospitals-turning-away-mentally-ill-offenders/article1801889/>

² Makin, K. (2010, November 17). Mentally ill offenders swamping prisons. *The Globe and Mail*. Retrieved November 24, 2010 from <http://www.theglobeandmail.com/news/national/ontario/mentally-ill-offenders-swamping-prisons/article1803550/>

³ <http://www.hsjcc.on.ca/Resource%20Library/Policing/Training%20Resources/Understanding%20Mental%20Illness%20-%20A%20Review%20and%20Recommendations%20for%20Police%20Education%20and%20Training%20in%20Canada%20-%202010.pdf>

⁴ Hartford, K., L. Heslop, L. Stitt & J.S. Hoch. (2005). Design of an algorithm to identify persons with mental illness in a police administrative database. *International Journal of Law and Psychiatry*. 28, 1–11.

- PMI were twice as likely to be re-involved with police than GP (79.9% vs. 38.3%), and sooner (50% were re-involved at 59 days vs. 681 days for GP).
- During the study period almost twice as many PMI were charged or arrested.
- 40% of the offences that PMI were charged for were minor, nuisance type.
- PMI were more likely to spend time in custody prior to conviction & more likely to be convicted.
- The rate of violent offenses committed by PMI was the same as the rate for the GP.
- Events that involved PMI were estimated to represent 3-9% of London Police's total annual operating budget

The prevalence of SPS interactions with PMI

It is estimated that up to 30% of emergency calls to police are made by a PMI.⁵

According to SPS 2013 calls for service data, Mental Health (10-57) and Attempted Suicide (10-65) calls accounted for **2.3%** of the total high, medium and low priority calls for service and Drunkenness (10-25) accounted for **9.6%**. Drunkenness calls for service are reported because alcohol abuse is highly co-morbid with mental illness⁶ and the 10-25 call trend may be related to the prevalence of alcohol abuse.

As shown in Table and Figure 1, SPS calls related to mental illness have increased since 2007. Attempted Suicide (10-65) calls increased by 875 calls from 2007 (93) to 2013 (968) and Drunkenness (10-25) calls increased by 1801 calls in 2013 (5368) compared to 2007 (3567). The number of Mental Health (10-57) calls has remained more stable but has also increased since 2007.

⁵ Coleman, T., and Cotton, D. (2010). Reducing Risk and Improving Outcomes of Police Interactions with People with Mental Illness. *Journal of Police Crisis Negotiations*, 10, 39-57.

⁶ Grinman, M., Chiu, S., Redelmeier, D., Levinson, W., Kiss, A., Tolomiczenko, G., Cowan, L., Hwang, S. (2010). Drug problems among homeless individuals in Toronto, Canada: prevalence, drugs of choice, and relation to health status. *BMC Public Health*, 10, 94-120.

Table 1. SPS Calls for Service related to mental illness.

Calls For Service (10-code)	2007	2008	2009	2010	2011	2012	2013
25-DRUNKENNESS	3567	4472	4480	4911	5485	4825	5368
57-MENTAL HEALTH	296	314	378	501	398	382	335
65-ATTEMPTED SUICIDE	93	437	450	576	622	888	968
Total	3956	5223	5308	5988	6505	6095	6671

*Data as of Jan 6, 2014.

Figure 1. SPS Calls for Service related to mental illness based on Table 1.

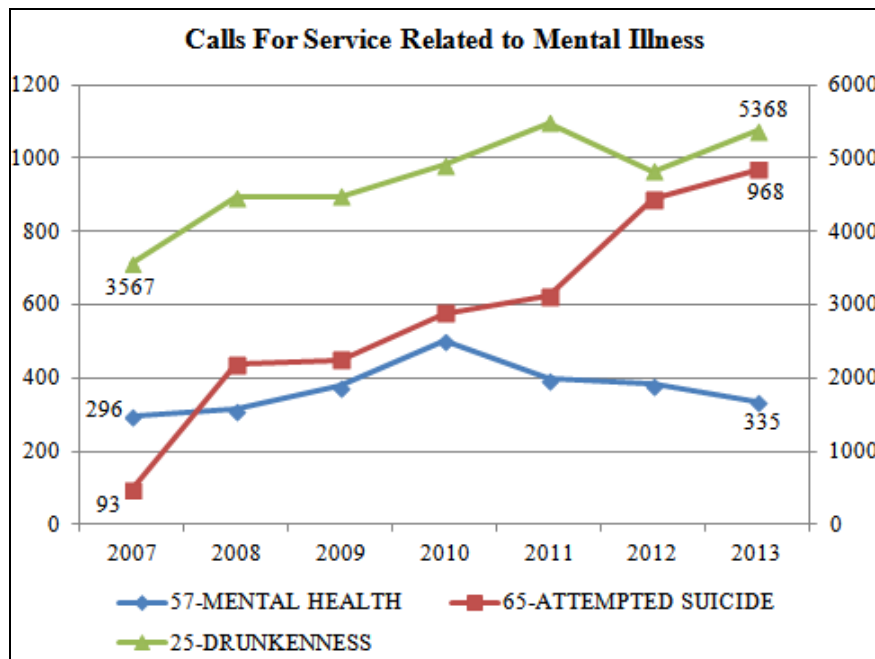


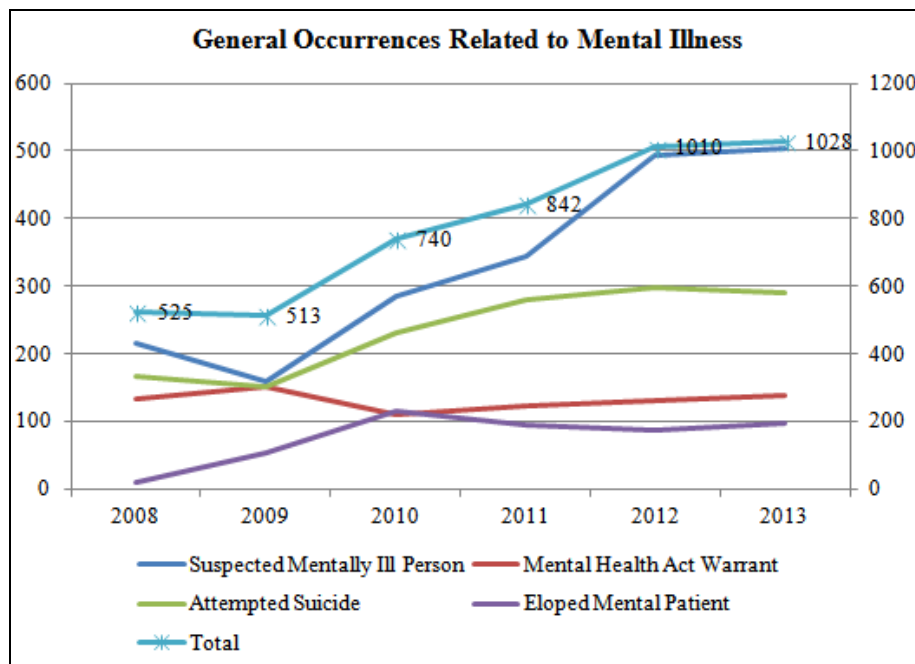
Table 2 shows that general occurrences (GO) related to mental illness have increased since 2008. According to Figure 2 the total GOs related to mental illness increased by 516 from 2008 to 2013. The largest increase was “SICK PERSON-SUSP MENTAL ILL” (+288 from 2008 to 2013), followed by “ATTEMPTED SUICIDE” (+125 from 2008 to 2013).

Table 2. SPS General Occurrences related to mental illness.

General Occurrences*	2008	2009	2010	2011	2012	2013
8560-001 SICK PERSON-SUSP MENTAL ILL	215	159	284	345	494	503
7300-005 MENTAL HEALTH ACT WARRANT	134	151	109	123	130	137
8550-001 ATTEMPTED SUICIDE	166	150	232	279	299	291
8610-001 ELOPED MENTAL PATIENT	10	53	115	95	87	97
Total	534	534	766	864	1029	1050

*Data as of Jan 6, 2014.

Figure 2. SPS General Occurrences related to mental illness based on Table 2.



Canadian Police training for interacting with PMI

Although the prevalence of Police PMI interactions demonstrates the importance of effective and efficient relevant police training there is currently no standardized Canadian Police training program for dealing specifically with PMI. While research has shown that

this type of specialized police training does improve the overall outcome of policing⁷, the majority of existing training programs lack consistency and have not been reliably evaluated.⁸ An empirical evaluation of an integrated mental health crisis service in Nova Scotia found that joint response initiatives resulted in increased PMI engagement in mental health services as well as decreased per call time expenditures for Police.⁹

In a push for the development of a “*nationwide education and training curriculum aimed at improving interactions between police and people with mental disorders*” the Mental Health Commission of Canada is developing an updated review of the existing Police/PMI training programs. The Commission is expected to release this report along with recommendations at a joint conference between the Canadian Association of Chiefs of Police (CACP) and the Mental Health Commission of Canada in March 2014.¹⁰

⁷ Cotton, D., and Coleman, T. (2010). Canadian police agencies and their interactions with persons with a mental illness: a systems approach. *Police Practice and Research*, 11, 301-314.

⁸<http://www.hsjcc.on.ca/Resource%20Library/Policing/Training%20Resources/Understanding%20Mental%20Illness%20-%20A%20Review%20and%20Recommendations%20for%20Police%20Education%20and%20Training%20in%20Canada%20-%202010.pdf>

⁹ Kisely, S. et al., 2010. A Controlled Before and After Evaluation of a Mobile Crisis Partnership between Mental Health and Police Services in Nova Scotia.

<http://cat.inist.fr/?aModele=afficheN&cpsidt=23320526>

¹⁰<http://www.vancouver.sun.com/news/escalation+training+police+deal+with+mentally/9344183/story.html>