

Police and Communities at Risk: What Oversight Bodies Should Know

Kathleen Thompson, PhD Candidate, MSW, B.A. (Hons)

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Outline

1. Police and Communities at Risk

- Factors and Trends

2. What Oversight Bodies Should Know

- Policing Guidelines for Working with the Mental Health System

Police & Communities at Risk

- Interactions between people with mental illnesses (PMI) and the criminal justice system are increasing in Canada, as in many western countries
 - Related to growing disparities
 - Determinants of Health (income, education, housing, etc.)
- Anecdotally at least, the number of offenders with mental disorders entering the federal correctional system has increased significantly in recent years
 - There is a significant lack of data in this area

Police & Communities at Risk (cont.)

- The costs to police organizations of providing services to PMI are substantial and increasing
 - Vancouver Police Department Research
- Police are commonly described as “de facto mental health providers” and “the frontline extension of the mental health system”
 - The gold card to mental health care
 - Has widespread service accessibility ramifications

Factors and Trends

- Continued dehospitalization and deinstitutionalization of mental health services, including the declining number of hospital beds for people with serious mental illness
- The lack of (promised) comprehensive mental health services, including services for early detection and treatment, rehabilitation and other recovery programs
- Adelman, J. (2003). *Study in blue and grey – Police interventions with people with mental illness: A review of challenges and responses*. Vancouver, BC: Canadian Mental Health Association – BC Division.
- Schizophrenia Society of Canada (2004). *Treatment not punishment: Diverting the mentally ill from the criminal justice system*. SSC Position Paper. Toronto: SSC.
- Senate of Canada (2004). *Mental health, mental illness and addiction: Overview of policies and programs in Canada*, Report 1. Ottawa: Standing Senate Committee on Social Affairs, Science and Technology, p. 240.

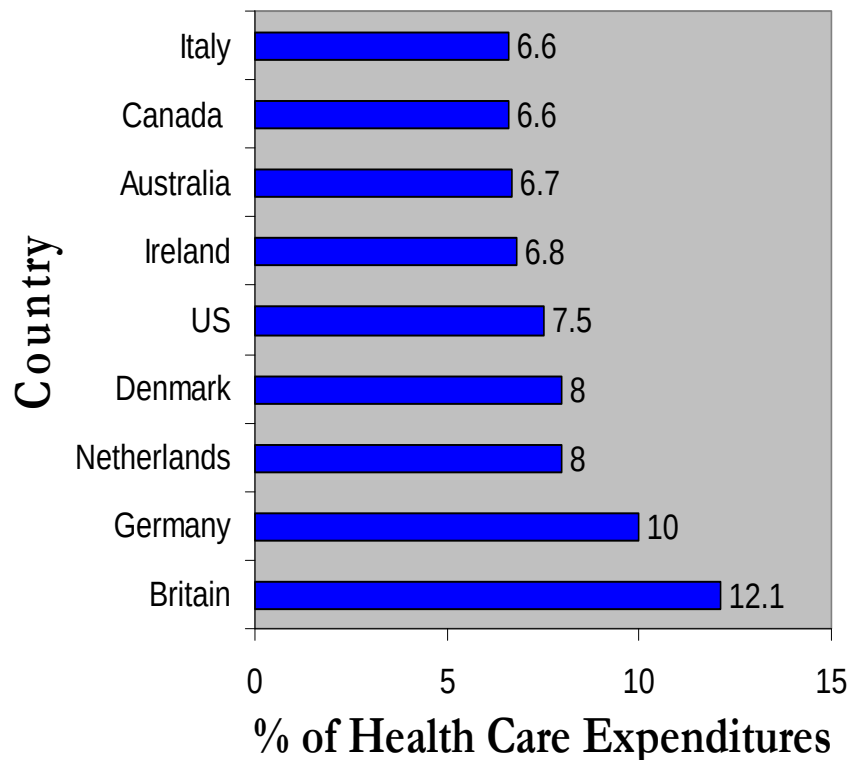
Factors and Trends (cont.)

- The inadequacy of income support programs that create significant additional stress on people living with a serious mental illness – in some cases, leading to the committal of minor crimes
- The limitations of existing legal mechanisms to force treatment
- Social factors such as poverty, lack of safe housing, social stigma and isolation

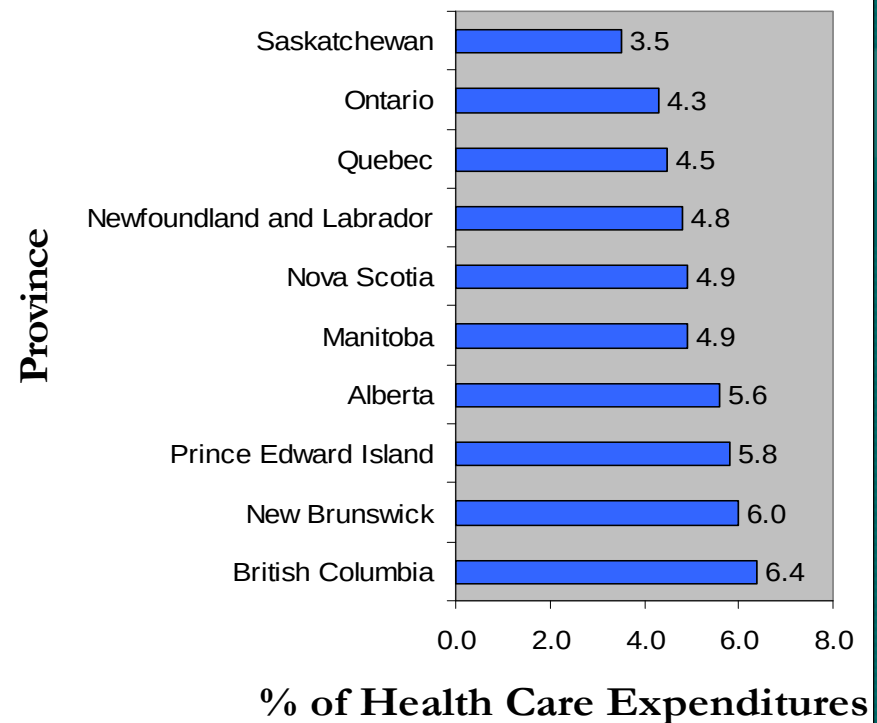
Factors and Trends (cont.)

2003/2004 Mental Health Care Expenditures

2003/2004 - by Country



2003/2004 - by Province



Source: Jacobs, Yim, Ohinmaa, Eng, Dewa, Bland, Block and Slomp (2008). Expenditures on Mental Health and Addictions for Canadian Provinces in 2003/2004. *Canadian Journal of Psychiatry*, 53(5), 306-313.

Factors and Trends (cont.)

- Increased emphasis on human rights and freedoms
- Changes in mental health laws
- Increased societal concern for public safety
- Source: Cotton, D. and Coleman, T. (2006). *Contemporary Policing Guidelines for Working with the Mental Health System*. Prepared by the Police/Mental Health Subcommittee of the Canadian Association of Chiefs of Police (CACCP) Human Resources Committee.

<http://www.cacp.ca>

www.PMHL.CA

Interactions with Police and PMI

- In addition to crisis intervention, Police interact with PMI in a variety of circumstances:
 - Apprehensions and other powers of police under mental health acts
 - Arrests in which the accused appears to be mentally ill
 - Minor disturbances in which a person appears to be mentally ill

Interactions with Police and PMI (cont.)

- Situations in which a PMI is the victim of crime
 - Likely greater than current limited data suggests
- Situations in which a PMI threatens others
- Circumstances in which the public or families of PMI ask for help
 - But police are usually ill equipped to address

Interactions with Police and PMI (cont.)

- Non-criminal or non-offence situations in which the police become aware that that someone who has a mental illness appears to be at risk or in need of assistance
- Suicide interventions

Interactions with Police and PMI (cont.)

- Situations in which a PMI provokes a reaction from police to harm or to kill them
 - “Suicide by cop”
- Circumstances in which police become instrumental social support contacts for PMI (practical assistance and support to people in need)

Policing Guidelines for Working with the Mental Health System

Central Tenant

- “Each police organization should foster a culture in which mental illness is viewed as a medical disability not a moral failure and in which PMI are treated with the same degree of respect as other members of society”
 - It is incumbent on police leaders to set an appropriate tone by modeling non-derogatory language and ensuring mental-health positions are staffed carefully and sensitively
 - Both of these speak to removing the stigma of mental illness
 - This is a primary goal of the Mental Health Commission of Canada

The Principles...

1. Each police organization should have one or more identified personnel who are responsible for issues related to people in the community with mental illnesses.
2. Each police organization should identify and develop a relationship with a primary contact person within the local mental health system.

The Principles... (cont.)

3. Each police organization should have an identified contact person in the emergency services department of any and all hospitals with which they do regular business.

The Principles...(cont.)

4. Each police organization should ensure that their first responders/patrol staff have an appropriate basic level of knowledge and skill in order to deal with PMI.

- Understanding and identification of mental illnesses (recognition not diagnosis)
- How to communicate with PMI; how to defuse and thus remove the necessity for any use of force
- This is VERY important and possibly underutilized
- Assessing (suicide) risk and dangerousness
- Issues related to stigma
- The role of the family with PMI
- How to access mental health services
- The Mental Health Act
- Issues related to the use of force with PMI when absolutely necessary

The Principles... (cont.)

5. Each police organization should have a clearly defined policy and procedure by which personnel can access mental health expertise on a case-by-case basis.
6. Ensure that police officers and those working in victim services, answering calls and dispatching officers, have sufficient knowledge and understanding of mental illnesses
 - Can ask necessary questions and recognize signs that mental illness may be a factor

The Principles...(cont.)

7. Each police service should have available a directory or other print material that provides descriptive and contact information for mental health agencies in the area for both employees as well as PMI and their families.
8. Each police organization should participate in a regional liaison committee which is comprised of members of the mental health system and members of the criminal justice system.

The Principles... (cont.)

9. Each police organization should establish a data collection system that reflects the nature, quantity and outcome of interactions with PMI.
10. Each police organization should have a central location where general information about mental illness, local resources and legislation can be stored and easily accessed when needed.

2006 Saskatchewan Case

Docket: Q.B.J. No. 13/2005

- A Saskatoon man suffering from untreated paranoid schizophrenia was convicted of second degree murder in January, 2006
 - He stabbed his mother to death in 2004 in her apartment
 - Was found criminally responsible
 - not exempt under s. 16 of the *Criminal Code*

2006 Saskatchewan Case

Docket: Q.B.J. No. 13/2005 (cont.)

- His sister argues that her brother was let down by a mental health / justice system that allowed him to refuse treatment
- This case prompted the formation of the Saskatchewan Justice / Mental Health Steering Committee

Justice / Mental Health Steering Committee

- The membership includes representatives from the legal, health care, corrections, social services and community-based sectors
- The committee was established in the spring of 2005 as a joint initiative of the Schizophrenia Society of Saskatchewan and the Canadian Mental Health Association – Saskatchewan Division

Justice / Mental Health Steering Committee (cont.)

- Goals of the EPI Steering Committee are to:
 - Explore the means, methods and models for establishing more humane ways of supporting the recovery of people with mental illnesses who (may) come into contact with the corrections and justice systems
 - Divert people with mental illness into treatment and away from the corrections and justice systems
 - Reduce and minimize the negative impact on people with mental illness of interactions with the corrections and justice systems

Interactions between PMI and the Justice System

Pre-booking

- police forces team up with mental health crisis teams
- have access to in-hospital services in a way that avoids long waiting periods in an emergency room

No-Plea

- an individual is charged but not required to enter a plea
- the individual is directed to mental health and other community services
- for relatively minor offences; not an option for more serious offences
- Toronto's Mental Health Court comes closest to this type of diversion effort

Plea-based

- the accused must first plead guilty (accept responsibility) for criminal actions, after being found fit to stand trial and criminally responsible
- Mental health courts in the United States and Saint John, New Brunswick follow this model

Suggested sources of more information

- Consensus project:
<http://consensusproject.org/>
- Mental Health Commission of Canada:
<http://www.mentalhealthcommission.ca/mhcc.html>
- Jurkanin, T.J., Hoover, L. T. & Sergevnin, V.A. (Eds). 2007. *Improving Police Response to Persons with Mental Illness: A Progressive Approach*. Charles C. Thomas. Springfield, IL

Thank You

With the advent of the Canadian Mental Health Commission, mental illness is at last truly coming “out of the shadows”.

Nowhere is the opportunity to demonstrate this shift in attitude greater than in the work that police do with people living with mental illnesses. Police have unique powers and responsibilities in regard to people with mental illnesses. All Canadians need you to be role models as you carry out your responsibilities.

Dr. D. Cotton – Canadian Association of Chiefs of Police –
Police/Mental Health Liaison Committee