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**The Institute for Strategic International Studies**

**ISIS 2014**

**Research Report**



**Improving Outcomes: Mentally Ill Persons and the System**

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## EXECUTIVE SUMMARY

In January of 2014, 15 senior police leaders from organizations across Canada convened to form the seventh cohort of the Institute for Strategic International Studies (ISIS). With mentorship and facilitation from Norm Taylor, Program Director for the Canadian Association of Chiefs of Police CACP – Institute for Strategic International Studies, ISIS 2014 set about tackling the issue of police interactions with mentally ill persons. This priority topic was identified at the 2013 Annual General Meeting the CACP as the number one emerging issue facing police services in Canada.

Growing frequency, severity, human risks, business risks, and resource levels associated with police responses and interactions with persons with mental health issues collectively represent a massive use of police resources on issues that are not solely police related. As such the CACP Board of Directors assigned this priority topic as the research theme for the ISIS 2014 cohort, leading to a six country global study (plus the World Health Organization), built upon two key questions:

1. What interactions between Persons with Mental Illness (PMI) and human services or other agencies may support a reduction in contact with the justice system; and,
2. What inter-agency interaction may support a reduction in re-contact by PMI with the justice system.

ISIS has identified through its global research the four critical elements of leadership, collaboration, education, and policy reform, as those elements most vital to enhancing the broader Canadian human services system in order that it will better meet the needs of persons experiencing mental health issues. Additionally, ISIS has identified that the policing system and its leadership, as an important partner within that human services system, has a great deal to contribute to mobilizing, advocating for and supporting those other sectors that must continue to be in leading roles on these issues.

This report highlights those aspects of our research that have led to the identification of the four critical elements and culminates in a draft resolution calling for the creation of a CACP Standing Committee for Collaboration on Mental Health Issues (CCMHI).



## SUMMARY OF ISIS 2014 RECOMMENDATIONS

### To the Board of Directors and Members of the Canadian Association of Chiefs of Police

#### Collaborate

1. Identify and implement collaborative approaches for assisting PMIs in order to ensure that front line responders are a gateway to early intervention, continuing care and assistance.
2. Champion inter-agency, multi-level collaboration to develop a continuum of care model to prevent PMIs from entering the criminal justice system.
3. Continue to collaborate with the MHCC initiatives and other mental health agencies.
4. CACP and individual Police Chiefs lobby all levels of government to prioritize funding for collaborative initiatives to reduce aggravating factors that place PMIs at elevated risk for contact with the criminal justice system.

#### Educate

5. Implement a national police mental health training strategy that is reflective of the nature and considers the volume of front line calls related to PMIs (TEMPO).
6. Participate in social awareness education in conjunction with the MHCC and by leveraging other partners and the media.
7. Partake in cross-educational opportunities with other stakeholder sectors (i.e. education, health, mental health, social services, child protection, addictions, corrections, courts and others).

#### Legislate

8. Advance legislative and policy reform to reduce PMI contact/re-contact with the criminal justice system by:
  - a. Mandating critical inter-agency information sharing.
  - b. Adopting policies that require partnerships allowing for multi-agency, culturally relevant responses to reduce compounding risk factors.
  - c. Creating common outcome measures that support sustainable multi-agency effectiveness and accountability across all disciplines.
  - d. Aligning health care service providers with the real-time needs of their partners and persons experiencing mental health issues so that they provide more timely, responsive, onsite evaluation and access to a range of care options.

#### Lead

9. Strong leadership across all sectors of the public service is the foundation of change and action; it will drive education, collaboration and legislation/policy change.
10. CACP leadership must become united in its voice and action on mental health issues.
11. CACP must become an active and vocal leader on behalf of the criminal justice community in support of the MHCC, other mental health agencies, and the Canadian Mental Health Strategy: *Changing Directions, Changing Lives*.



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## INTRODUCTION

In January 2014, 15 senior police leaders from across Canada gathered together to begin a six-month research study to examine the issue of police interactions with the mentally ill in Canada. Specifically, the Canadian Association of Chiefs of Police (CACP) issued the following challenge, “Improving Outcomes: Mentally Ill Persons and ‘the System’”. This challenge was undertaken within the framework of the Institute for Strategic International Studies (ISIS) and was the main focus of the ISIS 2014 cohort, building upon the research work and practices of previous cohorts. The CACP chose this compelling theme to drive the problem-based learning and research goals behind its global executive development experience for 2014 as police interactions with the mentally ill was voted as the number one emerging issue facing policing in Canada at the CACP 2013 Conference.

ISIS cohorts are required to develop a comprehensive research model based on the assigned theme, which examines the issue in a global context in order to determine those global practices that may inform the Canadian context. With the opportunity to conduct research anywhere in the world, ISIS 2014 divided into four teams that traveled to six countries and the World Health Organization (WHO). Each team was responsible to determine their own study site selections based on a number of criteria identified collectively and to establish their travel, diplomatic and research arrangements.

### Problem Definition

The Canadian Association of Chiefs of Police (CACP) challenged ISIS 2014 with the broad topic of, “Improving Outcomes: Mentally Ill Persons and the System”. ISIS 2014 very quickly recognized that this was not solely police issue, but one that the police often found themselves at the very core of dealing with. As such it was determined that any research that was to be conducted must be holistic in nature and must explore solutions that span beyond the realm of policing and the criminal justice system, but across all human services. Throughout various exercises, brainstorming sessions and academic acumen a central research statement was developed:

*ISIS 2014 proposes to explore, research, understand and define international practices involving interactions between human services that may support reducing contact between Persons with Mental Illness (PMI's) and the justice system. It is conducted with a view to informing policy and practice across the human services, the policing community and the justice system in the Canadian context.*

This research statement led to two central research questions:

1. What interactions between PMIs and human services or other agencies may support a reduction in contact with the justice system?
2. What inter-agency interaction may support a reduction in re-contact with the justice system by PMIs?



These questions provided the guidance to move forward in a quest for qualitative international research gleaned through an inductive approach<sup>1</sup>. As a group, ISIS 2014 identified 12 research dimensions to assist in identifying appropriate research sites, individuals to interview and interview questions to pose:

1. Definitions of Mental Illness
2. Culture, demographics and homogeneity
3. Terminology
4. Inter-agency data sharing and collaboration
5. Departmental, Ministerial and Agency leadership styles
6. Political and organizational structures
7. Accountability frameworks
8. Economics, police, courts and correction costs
9. Urban and Rural settings
10. Societal attitudes
11. Victim perspectives
12. Outcome evaluation

While ISIS 2014 has provided this written executive report, ISIS 2014 is committed to accelerating the pace of change with respect to this priority issue and as such has also taken the unprecedented step of tabling an immediate resolution on this topic to the CACP membership at the August 2014 Annual General Meeting. After initial consideration by the CACP Board of Directors, the final form of the resolution is included in the Summary of Research Results section of this report.

**ISIS 2014 Team Mediterranean**

Inspector David Thorne, Royal Canadian Mounted Police  
Chief Superintendent Rick Barnum, Ontario Provincial Police  
Major Adam Battista, Canadian Forces Military Police  
Superintendent Kris Vibe, Royal Canadian Mounted Police



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<sup>1</sup> An inductive approach to research entails the researcher(s) setting out open-ended research questions, rather than testing a specific hypothesis to narrow the scope of the study. Inductive reasoning does not seek to provide absolute proof of an existing theory, but rather yields strong new evidence to support conclusions that can in turn support the formation of new theoretical frameworks.



## DOMESTIC RESEARCH PLAN

ISIS 2014 began research deliberations in January 2014 online through a dedicated facility for online learning and computer mediated conferencing. In the weeks leading up to the team's first residential workshops, team members used this on-line forum to conduct research on the assigned topics. This was conducted with a view to orienting the team to the scope of the problem in Canada and to facilitate an understanding of those agencies involved in providing solutions. Dozens of forum posts and discussions resulted in the accumulation of a database of over 60 related reports, videos, presentations, URL references and other materials, forming the foundation of ISIS 2014's view of the issues at hand. Several of the most noteworthy selections from among these domestic resources and research activities are outlined in the Selected Bibliography appendix to this report.

The first and second residential workshops saw subject matter experts from policing, corrections, mental health, civil authorities and government joining into these deliberations. ISIS 2014 conducted interactive exercises with these experts, as well as with executive and committee representatives from the CACP, in order to develop a deep and current knowledge of 'the system' and police interactions with mentally ill persons. These subject matter experts and their deliberations served to focus the scope of the research, refine the research questions and dimensions, and provide essential guidance and advice on how to approach the global research phase.

In March 2014, select members of the ISIS 2014 cohort attended and presented at a joint Mental Health Commission of Canada (MHCC) and CACP conference on mental health – a first of its kind in Canada. This Conference, held in Toronto, proved to be essential in validating the research topic, questions and dimensions of the ISIS 2014 team by not only members of the CACP but by experts in the Mental Health field and those persons with lived experience with mental illness. Highlights of the conference proceedings were shared with the full team during the second residential session in order to further inform the global research phase.



## GLOBAL RESEARCH PLAN

During the first residential workshop ISIS 2014 formed four research teams, which would be the teams that would travel abroad for the global research phase. During and between the first and second residential sessions, countries were chosen based on the research dimensions, availability of suitable interviewees, security and diplomatic considerations as well as fiscal considerations. During the second workshop, research plans were developed; interviews confirmed and logistical issues were addressed. The second workshop culminated in a presentation to an approval committee, comprised of CACP members who approved the global research phase. Upon the completion of the second residential week, ISIS 2014 teams began their travels to conduct their global studies.



### ISIS 2014 Team Europe

Superintendent Carolyn Bishop, York Regional Police  
 Inspector Todd Rollauer, Durham Regional Police  
 Superintendent Bob Gould, Waterloo Regional Police

### Team Mediterranean:

Team Mediterranean selected two destinations for their research, based on the research dimensions and the following factors:

#### *Athens, Greece:*

The debt crisis and the financial collapse has continued to impact Greece, a country once characterized as having very high levels of human services and who invested a great deal in programs for mentally ill persons. This presented an opportunity to understand how such adverse economic conditions may impact police and human services interactions with the mentally ill. Additionally, Greece has moved from mandatory institutionalization to a community care based program for the mentally ill. This shift, along with the financial crisis has led to more mentally ill persons not receiving appropriate treatment as well as increased interactions with the police.



*Zagreb, Croatia:*

Croatia is a country that was ravaged by war in the 1990’s, but can now be characterized as a burgeoning democracy. Croatia has over the last 15 years been in a position to rebuild both its infrastructure as well as its social systems and has transitioned from an oppressive regime to a democracy. Despite this transition, the scars of war still remain: co-morbidity, PTSD and other mental health issues are compounded by high unemployment and an uncertain financial future. This provided an opportunity to explore how the police and other human services address the issue of mental illness post-conflict and in the face of an unclear fiscal future.

**Team Europe:**

Team Europe selected two destinations for their research, based on the research dimensions and the following factors:

*Alkmaar/Utrecht/Maastricht/Groningen, Netherlands:*

As in Canada, the Netherlands spends a very low percentage of their GDP on mental health care, only 6.2%. Yet unlike Canada, the suicide rates are significantly lower, particularly for men. Intrigued by this, the team researched what was being done on the Mental Health care front and learned that over the past decade, the Dutch established collaborative, interdisciplinary teams and modes of service deliveries that were accessible, sustainable and individual focused. Further, the structure of the Netherlands with a national government and regional governments, held some resemblance to that of Canada, and could make transference of models or practices more viable if found to be worthwhile.

*World Health Organization (WHO), Geneva, Switzerland:*

In a first for ISIS, Team Europe travelled to Geneva, Switzerland in order to visit the WHO. As the directing and coordinating authority for health within the United Nations, the WHO is well positioned to provide insight into the scope of the mental health epidemic, which is affecting approximately 450 million people worldwide (WHO, 2010).

**ISIS 2014 Team Singapore**

Superintendent Glenn Martindale, Royal Canadian Mounted Police  
 Rae Gallivan, Director Youth Custody, Sask Ministry of Justice  
 Delphine Gossner, Chief Clinical Director, Sask Ministry of Justice  
 Superintendent Paul Beauchesne, Royal Canadian Mounted Police





**Team Singapore:**

Team Singapore opted for a single site for their selected research, based on the research dimensions and the following factors:

*Singapore:*

As a new democracy, Singapore boasts the third highest per capita income in the world, has a WHO healthcare system ranking of sixth in the world and enjoys the fourth highest life expectancy globally. The World Bank has rated Singapore as one of the best run countries in the world, scoring high points for its control of corruption, quality of regulation and government effectiveness. Singapore was chosen as an example of a whole of systems approach to tackling social issues, including mental health.



**ISIS 2014 Team Scandinavia**

Superintendent Bryan Martin, Ontario Provincial Police  
 Inspector Mitch Yuzdepski, Saskatoon Police  
 Inspector Chris Rheaume, Ottawa Police  
 Inspector Mike Serr, Vancouver Police

**Team Scandinavia:**

Team Scandanavia selected two destinations for their research, based on the research dimensions and the following factors:

*Oslo, Norway:*

Norway is a country still reeling from the deplorable attacks perpetrated by Anders Breivik on 22 July 2011, which resulted in the death of 77 people and sparked a national debate with respect to the diagnosis and treatment of persons with mental illness.

*Copenhagen, Denmark:*

A country characterized by community based practice, early education and integration, Denmark offered Team Europe an opportunity to research and observe the Police, Social Services, Psychiatry (PSP) program which was implemented in 2009. This integrated and collaborative approach, mandated by legislation is a foundation for the Denmark belief in collaborative justice.



## ISIS 2014 GLOBAL FINDINGS: FOUR VITAL ELEMENTS OF SUCCESS

### Consolidation of Domestic and Global Research

Upon completion of the global research phase, ISIS 2014 gathered for the third residential phase to discuss the experiences and research outcomes. The culmination of five months of discussions, interviews and research surrounding interactions with mentally ill persons revealed four vital elements of success that were prevalent in the global research and that could be applied to the Canadian context – and are to a large extent already prevalent in Canada. These vital elements of success have become the foundation of the ISIS 2014 recommendations to the CACP and are as follows:

1. Collaboration
2. Education
3. Policy Reform
4. Leadership

These vital elements emerged clearly through the global research and their presence contributed to strong systems capable of reducing interactions with mentally ill persons, just as their lack or deficiency contributed to systems that were overwhelmed or incapable of dealing with this pressing issue. Each of these four elements of success is presented and discussed below with supporting observations, examples and quotes from each study team.

Additionally, ISIS 2014 offers discussion of the implications for Canada, ending each discussion with the team's element-specific recommendations. The recommendations are summarized in the final section of the report, and a consolidated list of all eleven ISIS 2014 recommendations is provided on page 3 of this report.



## COLLABORATION

Integrative systems and collaborative approaches are essential to the assurance of appropriate and timely response and care with respect to meeting the needs and addressing the often-compounding risk factors that confront persons with mental illness. Responding to the needs of persons with mental illness is not primarily a policing issue, however, it is one that police find themselves involved in with growing frequency. Through collaboration, police can limit their involvement to their most appropriate roles while other contributing parts of the human services system can more effectively fulfill theirs.

### Greece

Greece continues to reel from the collapse of their monetary system and is facing unprecedented cuts in expenditures to human and social services. Increasing civil disorder and unrest has aggravated this. The situation in Greece demonstrates how fragile a once stable system can become when faced with a crisis situation. For many centuries the Greeks relied on the familial system to deal with mental health issues. The impact of the economic crisis has shattered this familial system and has left many families who would normally care for their mentally ill family members either unable or unwilling to do so. Compounding this issue is a lack of collaboration amongst government ministries and other agencies to address the issue in an integrated manner. The lack of collaboration has led to an increased level of frustration at the practitioner level, which ultimately results in a lack of adequate care to those who require it. Dr. Athanasios Douzenis, Associate Professor of Forensic Psychiatry, Attikon University related to Team Mediterranean that although there are discussions that occur at the highest levels with respect to collaboration, practitioners in the Criminal Justice System, the Health System and other services are rarely empowered, encouraged or resourced to collaborate in order to improve care for those with mental illness.



### Croatia

As a country rebuilding from a period of conflict, Croatia has moved from an oppressive regime to a modern progressive democracy with a significant focus on social services. This new system is characterized by a large degree of collaboration and responsibility sharing at all levels of government. Ksenija Bauer, the advisor to the Ombudswoman related, “There must be a balance between the rights of the individual and the protection of society when dealing with the mentally ill”, and this collaborative approach ensures that this philosophy is respected.





## Netherlands

Building on the American model of Assertive Community Treatment (ACT) Teams (Test and Stein, 1978), the GGZ Netherlands (Dutch Association of Mental Health and Addiction Care) and its member organizations added a flexible aspect, creating Flexible Assertive Community Treatment (FACT) teams. These teams bring together Social Workers, Psychiatrists, Psychiatric Nurses, Addiction Counselors, Case Workers, Clinical Psychologists and Peer Support Workers (Persons with lived experience) to address not only the 20% of “hardcore” Mental Health and/or Addiction clients as an ACT Team would, but to be able to administer to the remaining 80% of “stable” clients as well. This flexibility results in a continuum of care should the client feel better or worse, or their life circumstances change (loss of home, a significant relationship, limiting physical injury or ailment, incarceration, etc.). The FACT Teams meet weekly to review the status of their clients and in turn the FACT team leader meets with the local Police Community Officer to discuss any information relevant to community safety.



Other collaborations such as having a Psychiatrist on board an ambulance (Psycholans), building communities for those living with dementia (Dementia Village), Forensic Assertive Community Treatment teams for incarcerated persons and those who have been previously incarcerated, are evidence of the commitment to collaboration.

## Singapore

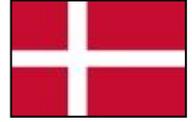
Singapore arguably has the highest level of senior government administrator collaboration seen by any of the ISIS 2014 teams. This is largely attributed to the public service recruitment and talent management plan in place. The top 1,000 elite public servants are highly developed and are rigorously assessed annually against global performance indicators (national GDP, WHO health indices) in order to remain in the elite class. These elite public servants are paid much higher than the average so there is significant reward to staying in the category. Success for these elite administrators can only be achieved through collaboration to achieve outcomes. As well, elite public servants deemed “succession ready” would not receive subsequent promotions within the same ministry. They will be moved to a new area of government. This builds not only their knowledge base, but also their network of relationships that can be drawn on to continue to perform at a very high level.





## Denmark

Collaboration was not only a mantra that the Danes preached to our ISIS researchers as critical to any success but in fact it was legislated in law. With the creation of the Police, Social Services and Psychiatry Program some ten years ago in the Copenhagen suburb of Fredriksberg, all involved credited its success to collaboration. In the PSP program the police were instrumental in bringing the other partners to the table to develop a program, which allowed for the sharing of information to ensure the individual and his or her needs remain always at the center of any interventions and supports provided.



### ISIS 2014 Recommendations on Collaboration

1. Identify and implement collaborative approaches for assisting PMIs in order to ensure that front line responders are a gateway to early intervention, continuing care and assistance.
2. Champion inter-agency, multi-level collaboration to develop a continuum of care model to prevent PMIs from entering the criminal justice system.
3. Continue to collaborate with the MHCC initiatives and other mental health agencies.
4. CACP and individual Police Chiefs to lobby all levels of government to prioritize funding for collaborative initiatives to reduce aggravating factors that place PMIs at elevated risk for contact with the criminal justice system.



## EDUCATION

Internal and external education strategies are required in order to ensure an informed and consistent approach to dealing with persons with mental illness both from an organizational and individual perspective. Internally, education is the foundation of any professional body. ISIS 2014 noted in their global research that those countries that had successful programs to deal with persons with mental illness were characterized by strong and ongoing education curriculum on the topic. ISIS 2014 also observed that police contribution to public education and awareness helped to reduce stigmatization, promote changing attitudes in the general public and increase the likelihood of access to appropriate services for persons and families experiencing mental health issues.

### Croatia

Croatia has taken an integrative approach to educating their police officers. Their national police academy and police university are co-located, which allows for theoretical education reinforced by practical training. The police university runs a 30-hour forensic psychology course, which is then augmented by the national academy with a placement of police recruits in a mental institution to work alongside mental health practitioners and persons with mental illness. Additionally, the national academy trains other practitioners including mental health workers alongside its police recruits. This cross training allows practitioners to share knowledge and build networks, which serves to breakdown organizational barriers.



### Netherlands

The Netherlands has moved the reporting of issues like homelessness, hoarding, elderly persons unable to care for themselves, or persons acting out in an antisocial but not violent manner, from being reported to the police, to instead being reported to a Municipal triage office (Meldpunt Overlast & Zorg) for nuisance and care issues. This office has limited access to each of the databases for Housing, Social Services, the Police and the FACT Teams to help to identify which of the services already has dealings with a particular person or address and determine which services are applicable in each case. Matters can be reported on-line, in person or by telephone to the Municipality or in person to a Community Police Officer (who engages the Meldpunt Overlast & Zorg). Through a comprehensive media campaign and education of the public, the Police are increasingly freed up to attend to more emergent calls and enforcement.





## Singapore

The Home Team Academy is the national training institute for various organizations including the Singapore Police Force, the Singapore Civil Defence Force and the Singapore Prison Service. Although the individual training schools maintain their training focus on their respective duties, the Home Team Academy seeks to harness aspects of training and knowledge from each agency and to share this across all the departments within the Home Team. It aims to develop new knowledge and skills that may cut across all agencies and also develops training programs with an inter-agency or multi-agency focus. Under the leadership of the Institute of Mental Health, specialized mental health training is provided to officers relative to dealing with vulnerable members of society, victims of crime as well as provides officer orientation to members of the police and prison services to ensure they are prepared to respond appropriately to interactions with PMIs. Externally, the Institute of Mental Health is the leader in Mental Health promotion and operates ongoing campaigns such as “Burst the Silence”, designed to de-stigmatize youth mental health problems, encourage youth to take the first step to seek help for mental health issues, and empower those with existing mental health conditions to step forth to share their stories.



## Norway

In Oslo, programs were currently underway wherein Psychiatrists were involved in the training of first responders (police, ambulance and emergency room nurses) on techniques to deal with and handle those suffering from mental health issues.



## Denmark

The Danish Police Academy has a full time psychologist on staff that runs a program teaching their recruits how to deal with people suffering from mental health issues. The program focuses on attitudes, prejudices and knowledge of those suffering from mental illness, and actual scenario based training plays an instrumental role in the recruits’ training. Danish Police psychologist Louise Arnfelt stated that the vast majority of calls, that Danish police officers report responding to, involve a mental health issue.



### ISIS 2014 Recommendations on Education

5. Implement a national police mental health training strategy that is reflective of the nature and considers the volume of front line calls related to PMIs (TEMPO).
6. Participate in social awareness education in conjunction with the MHCC and by leveraging other partners and the media.
7. Partake in cross-educational opportunities with other stakeholder sectors (i.e. education, health, mental health, social services, child protection, addictions, corrections, courts and others).



## POLICY REFORM

Often, adequate systems require both sufficient will and appropriate mechanisms to revise policy and reform legislation. ISIS 2014 observed that countries whose human services have both the willingness and ability to confront restrictive and divisive policies collectively, and when required to change legislation to better reflect the realities of the current society, are those best able to address the needs of persons with mental illness.

### Greece

Recently in Greece there has been a realization that policy reform and change doesn't have to be led by central Government. During Team Mediterranean's numerous research interviews, it was gleaned that the government is overwhelmed with financial crisis and as a result the Ombudsman investigators relayed that, "The subject of Mental Health is not on the radar of the Ministry of Justice and the Ministry of Health. They do not see it as their issue to deal with." This has necessitated other agencies to step up and take on that role and there has been an emergence of ad hoc committees and Non-Governmental Organizations who are trying to champion policy reform.



### Croatie

Croatia has rebuilt their human services system with an emphasis on providing for the needy in their society. They have designed policies that result in legislated information sharing from ministry to ministry and agency to agency. As mentioned earlier, there is a balance to be struck between those that require human services and the protection of society when it comes to the sharing of and release of personal information. Laws exist in Croatia that require professional human services workers and psychiatrists/psychologists to share information with police when they suspect that persons with mental illness may harm themselves or others.



### Netherlands

FACT teams and the Municipalities (which deal with the nuisance and care inquiries) have had to establish ways of sharing information, with the Police and vice versa, that is relevant to facilitating optimum outcomes while protecting an individual's privacy rights. This has been achieved through annually reviewed Memoranda of Understanding or Covenants between the individual agencies. The biggest shift in information sharing has been in the mindset and interpretation of the laws, as expressed by Hans Slipjen, Utrecht Police, "We have moved from: *No we will not share unless...* to *Yes we will share unless...*", reversing the onus to helping the individual rather than protecting the system.





## Singapore

The Attorney General’s Chambers has a mandate to enhance the rule of law and constitutional government in Singapore by providing sound legal advice and assistance in developing a fair and responsive legal system furthering good public administration and protecting the interests of the State and the people. The government regularly reviews laws and initiates reforms to ensure that the legal system remains relevant and that access to justice is fair and efficient. The Public Service Division also updated its Service Principles of “Courtesy, Accessibility, Responsiveness, Effectiveness” (CARE) in 2012 to include people-centricity, mutual courtesy and respect, and shared responsibility for public good. These principles are intended to guide public agencies in the delivery of services to the people. Many engagement channels are available for the public to share views and contribute ideas. These include REACH, ministry websites and Facebook pages, public forums, dialogue sessions, focus group discussions and surveys. Government agencies use public engagement strategies best suited to their stakeholders and to the topics being considered. Some considerations include the nature of the issue, timeline, resources available, and the target audience. The volume of public feedback received by the government has grown significantly over the years. For instance, REACH has seen a three-fold increase in the feedback it has received over the past five years. In the first 11 months of 2012, this figure has already reached 64,000. This reflects the public’s desire for greater engagement with government on matters of public policy. In a 2011 survey conducted by the former Ministry of Information, Communications and the Arts, 75% of respondents felt that the government should always consult the public and consider their views when crafting policies.



## Norway

The Norwegian government had just enacted new legislation that dictates that police, health and social services will collaborate and share information when dealing with individuals suffering from mental illness and appear to have regular contact with the police. These individuals were identified as “nuisance individuals’ and as such are those deemed likely to commit or participate in minor crimes. The aim of this new law was the hope that services would come together to assist these individuals.



## Denmark

Based on the success of the initial PSP program in Fredricksberg, the Danish government legislated the PSP project be mandatory throughout the country in each of the existing police regions. The Danish government in 2009 enacted new legislation, which allowed the police, social services and psychiatry to share information to help socially vulnerable persons.





### **ISIS 2014 Recommendations on Policy Reform**

8. Advance legislative and policy reform to reduce PMI contact/re-contact with the criminal justice system by:
  - a. Mandating critical inter-agency information sharing.
  - b. Adopting policies that require partnerships allowing for multi-agency, culturally relevant responses to reduce compounding risk factors.
  - c. Creating common outcome measures that support sustainable multi-agency effectiveness and accountability across all disciplines.
  - d. Better aligning health care service providers with the real-time needs of their partners and persons experiencing mental health issues so that they provide more timely, responsive, onsite evaluation and access to a range of care options.



## LEADERSHIP

Strong leadership is the foundation of change and action; it will drive education, collaboration and policy change. ISIS 2014 found that countries that had cohesive and strong leadership have designed and implemented new approaches that are interactive, effective, efficient and accountable. It is only through dedicated, passionate leadership that self-serving silos were broken down, which in turn led to fully integrated systems with a clear focus on the needs of the individuals and society.

### Greece

Greece can be characterized as a country searching for leadership on this particular issue. Mental Health was once clearly a Ministry of Health and family issue, but since the economic collapse, this is no longer the case, with notable consequences resulting.



### Croatia

As a country that is continually striving to balance individual right with the good of society, Croatia can shift leadership responsibility on various issues to the Ministry most appropriate to societal needs. Recently, Croatia has shifted leadership responsibility on issues surrounding the mentally ill from the Ministry of Health to the Ministry of Justice. Croatia had traditionally viewed the care of the mentally ill as a health issue firmly entrenched in the Ministry of Health, but was faced with growing recognition that the care of the mentally ill is also a tactical issue. In order to best coordinate a holistic and societal response, it has been determined that the Ministry of Justice is best positioned to lead this larger issue.



### Netherlands

The leadership demonstrated in the successful models of the Netherlands was driven from the ground up, as increasing Mental Health problems in the cities and towns demanded solutions. These solutions have been adopted and encouraged by the government, exponentially expanding services across the country in the 2012 - 2017 *The National Agreement on the Future of Mental Health Care*. In his King's Day speech to the country in May 2014, King Willem-Alexander of the Netherlands continued to encourage this ground-up type of leadership, saying, "The welfare state of the 20th century is gone. In its place a 'participation society' is emerging, in which people must take responsibility for their own future and create their own social and financial safety nets, with less help from the national government... [People] want to make their own choices, to arrange their own lives, and take care of each other" (The Independent, Thursday 29 May 2014).





## Singapore

As was stated earlier, Singapore arguably has the highest level of senior government administrator collaboration seen by any of the ISIS 2014 teams. This collaborative model was found to be so successful in Singapore because all agencies clearly understand their role and responsibility and accept it. The second factor that drives the success of this model is The Institute of Mental Health (IMH). It is the single point of contact for all issues related to Mental Health. IMH is the psychiatric care institution in Singapore and offers a multidisciplinary and comprehensive range of psychiatric, rehabilitative and counseling services and is trusted for its expertise in clinical services (including forensic services), research and education. Every agency visited by Team Singapore confirmed that the IMH is the lead agency relative to Mental Health and was grateful to have that expertise inform their role in the collaborative model.



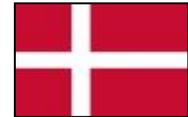
## Norway

The Norwegian Police made a point that they looked to countries such as Canada for leadership and innovations in areas such as mental illness.



## Denmark

Police leadership was critical in the initial formation of the PSP program. Chief Superintendent Michael Rasmussen recognized the need to bring social services and health care to the table to develop a collaborative program, which focused on the needs of the individual to get the care they needed. In this example, active and vocal police influence was critical in the initial stages of bringing key players together.



### ISIS 2014 Recommendations on Leadership

9. Strong leadership across all sectors of the public service is the foundation of change and action; it will drive education, collaboration and legislation/policy change.
10. CACP leadership must become united in its voice and action on mental health issues.
11. CACP must become an active and vocal leader on behalf of the criminal justice community in support of the MHCC, other mental health agencies, and the Canadian Mental Health Strategy: *Changing Directions, Changing Lives*.



## SUMMARY OF RESEARCH RESULTS

Throughout the domestic research and global studies, the members of ISIS 2014 recognized that persons experiencing mental health issues are not solely a policing matter. In a perfect world, such individuals would receive the care and supports they need and continue to live stable lives as they head back to recovery, and never come upon the radar of the police. However, the domestic research has demonstrated that many persons suffering from mental illness seem to travel a too-frequent journey into compounding risk factors, and many ultimately end up in some form of crisis that requires the intervention of police; far too often such interventions result in tragedy for the individual, trauma for police members, and discredit to the profession. The Canadian policing and health communities, as well as other stakeholders, need to know that heightened action must be taken to reduce and remedy these tragic situations.

ISIS 2014 identified four cross-organizational vital elements that defined the more successful societies when it comes to meeting the needs of their citizens with mental health issues: collaboration, education, policy reform and leadership. They are also the elements that are clearly deficient in the most ineffective national systems.

ISIS 2014 also uncovered ample evidence in Canada that these four elements are not only available but are already being applied to great effect in many places and in many promising programs. However, there is much we can build upon, with a view to achieving a more consistent and generalized commitment to meeting the needs of persons and families who experience mental health issues. The research reaffirms that policing must recognize that there are other parts of the system with more central roles to play in meeting the needs of persons experiencing mental health issues. However, if policing and criminal justice fail to align influences, talents and energies in direct support of those efforts by others, this will inevitably cause the police and the criminal justice system to inherit an increasingly greater and inappropriate share of this responsibility, along with its associated unsustainable resource demands, and its tragic human costs for citizens and police members alike.



## SUMMARY DISCUSSION OF ISIS 2014 RECOMMENDATIONS

1. **Collaboration:** Integrative systems and collaborative approaches are essential to the assurance of appropriate and timely response and care with respect to meeting the needs and addressing the often-compounding risk factors that confront persons with mental illness. Through collaboration, police can limit their involvement to their most appropriate roles, while other contributing parts of the human services system can more effectively fulfill theirs.
2. **Education:** Internal and external education strategies are required in order to ensure an informed and consistent approach to dealing with persons with mental illness both from an organizational and individual perspective. Internally, education is the foundation of any professional body. Externally, police contribution to public education and awareness will help to reduce stigmatization, promote changing attitudes in the general public and increase the likelihood of access to appropriate services for persons and families experiencing mental health issues.
3. **Policy Reform:** Adequate systems require both sufficient will and appropriate mechanisms to revise policy and reform legislation. ISIS 2014 observed that countries whose human services have both the willingness and ability to confront restrictive and divisive policies collectively, and when required to change legislation to better reflect the realities of the current society, are best able to address the needs of persons with mental illness.
4. **Leadership:** Strong leadership is the foundation of change and action; it will drive education, collaboration and policy change. ISIS 2014 found that countries that had cohesive and strong leadership have designed and implemented new approaches that are interactive, effective, efficient and accountable. It is only through dedicated, passionate leadership that self-serving silos were broken down, which in turn led to fully integrated systems with a clear focus on the needs of the individuals and society.

### THE ISIS 2014 RESOLUTION TO THE MEMBERSHIP OF THE CACP

#### RESOLUTION #04-204

**THEREFORE BE IT RESOLVED** that the Canadian Association of Chiefs of Police commits its support to the Canadian Mental Health Strategy (“the Strategy”) and urges its members across Canada to actively engage with their local partners in health, mental health, education and social services to accelerate the advancement and adoption of proven and promising practices in collaborative, multi-sector, risk-driven strategies designed to improve outcomes for persons experiencing mental health issues while also enhancing community safety, member safety and well-being, and the operational efficiency of the policing, corrections and criminal justice systems.

**Note:**

**For the full text of the Resolution, including Commentary, Media Lines and proposed Action Plan, please see Appendix C to this report.**



## APPENDIX A - ISIS 2014 INTERVIEW LOG

### Team Mediterranean

Athens, Greece:

1. Dr. Athanasios Douzenis, Associate Professor of Forensic Psychiatry, Attikon University. 07 April 2014
2. Dr. Ilias Koromilas, President of the Greek Criminologists. 08 April 2014
3. Mrs. Aimilia Panagou & Mr Eftichios Fitrakis, Ombudsman of Greece Senior Investigators. 10 April 2014
4. Dr. Vassiliki Psarra, Psychiatrist, 3rd Psychiatric Department, Psychiatric Hospital of Attaki. 11 April 2014 (AM)
5. Mr. Tomoras, Head of Special audit committee of the protection of the rights of persons with mental disorders. 11 April 2014 (PM)

Zagreb, Croatia:

6. Interview with Franjo Podhraški, Criminologist and Head of Division for Public Safety. 14 Apr 2014 (AM)
7. Interview with Prof. Mirjana Grubišić Ilić and Ms Sanja Mirtl, Croatian Police Academy. 14 April 2014 (PM)
8. Interview with advisor to Croatian Ombudswoman, Ksenija Bauer. 15 April 2014 (AM)
9. Interview with Martina Baric, social pedagogue, Renata Soher, director of Prison Hospital Mrs Valentina Marcinko and psychiatrist Mrs Ema Nicea Gruber. 15 April 2014 (PM)
10. Interview with Mrs. Louise LaRocque, the Canadian Ambassador in Croatia. 16 April 2014 (AM)
11. Interview with Kristijan Grdan, The Coordinator of the Human Rights Section of the Association for Social Affirmation of People with Psychosocial Disabilities and Ms. Mirta Kuharic, representative of the Justice Ministry. 16 April 2014 (PM)

### Team Europe

Noord, Holland:

1. Rene Keet, Director, Department of Community Mental Health. 22 April 2014

Alkmaar, Netherlands:

2. Linda Vriesman, Netherlands Police, Community Police Officer. 22 April 2014
3. Micheal Bahler, Advisor, Department of Community Mental Health. 22 April 2014
4. Safety House in Utrecht, the Netherlands. 22 April 2014
5. Dr. Remmers van Veldhuizen – Psychiatrist, Senior Advisor, Chairman of the Centre for Certification ACT and FACT. 24 April 2014

WHO Geneva, Switzerland:

6. Dr. Alex Butchart – Prevention of Violence Coordinator, World Health Organization. 29 April 2014



## Team Scandinavia :

Oslo, Norway:

1. Norwegian Council for Mental Health. 07 May 2014
2. Kristin Bugge Lysa - Police Attorney, Siri Weisaeth - Deputy Police Attorney, Ellen Hagemo - Specialist in Forensic Psychiatry, Randi Rosenqvist - Specialist in Forensic Psychiatry 08 May 2014
3. Line Alvestrand Simensen - Police Superintendent, Guro Krokann - Police Attorney. 08 May 2014
4. Marianne Teigland - Specialist in Forensic Psychiatry. 08 May 2014

Copenhagen, Denmark

5. Hans Okkels Birk - former head of Danish Ministry for Health, lecturer, Anne Okkels Birk - former head of Danish Prison System, lecturer. 10 May 2014
6. Michael Rasmussen - Director National Police College. 12 May 2014
7. PSP Program working group meeting at City Hall, Fredericksburg, Copenhagen. 13 May 2014
8. Dr. Matt Muijen, Program Manager Mental Health and Neuro-degenerative Disorders, WHO/Europe 13 May 2014

## Team Singapore:

1. Dr. Kenneth Koh, Sr Consultant & Dr Hern Yee Goh, Consultant & Chief; Department of General & Forensic Psychiatry, Institute of Mental Health 08 May 2014
2. Yak Shu Heng Maxmillian, Superintendent Institution A3, Dr Cloin Teo Seng Minh, Sr Assistant Director Medical Services & Chief Medical Officer & A/Prof Munidasa Winslow, Executive Director & Sr. Consultant Psychiatrist; Singapore Prison Service 09 May 2014
3. Lee Chee Chiew, Deputy Assistant Commissioner (INTERPOL), Mohd Ilkhan Bin Mohd Ayoob Khan, Assistant Superintendent, Marcey Ong Ying Lan, Superintendent & Jessica Ang Wan Theng, Deputy Superintendent; Singapore Police Force 12 May 2014
4. Ms. Bee Kuang Poh, Assistant Director, Dr Melvinder Singh, Principal Clinical Psychologist, Dr Janice Tan, Senior Clinical Psychologist, Ms Bernadette Alexander, Chief Probation Officer, Ms Jennifer Boon Pei Teoh, Sr Principal Forensic Psychologist; Ministry of Social & Family Development 12 May 2014
5. Wong Kok Weng, Senior State Counsel, Deputy Public Prosecutor; Attorney General's Chambers 12 May 2014
6. Dr. Kenneth Paul Tan, Vice Dean Academic Affairs, Lee Kuan Yew School of Public Policy 14 May 2014



## APPENDIX B

### ISIS 2014 SELECTED BIBLIOGRAPHY

From among the 60-plus documents and multi-media resources accumulated in the ISIS 2014 global research database, and many other site-specific references that were accessed and studied by the individual teams, the following selections are highlighted here for their important contributions to the research project and its outcomes.

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- Roberts, G. & Grimes, K. (2011). Return on investment: Mental health promotion and mental illness prevention. Canadian Policy Network at the University of Western Ontario.
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## APPENDIX C

RESOLUTION #04 – 2014

### IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS EXPERIENCING MENTAL HEALTH ISSUES

#### CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE CANADIAN MENTAL HEALTH STRATEGY

Submitted by the Members of ISIS 2014 – Norman E. Taylor, Program Director

**WHEREAS** at its 2013 Annual General Meeting the CACP identified that the growing frequency, severity, human risks, business risks, and resource levels associated with police responses and interactions with persons with mental health issues collectively represent the number one emerging issue facing police services in Canada, and;

**WHEREAS** the CACP Board of Directors assigned this priority topic as the 2014 research theme for the Institute for Strategic International Studies, leading to a global study built upon two key questions:

1. What interactions between Persons with Mental Illness (PMI) and human services or other agencies may support a reduction in contact with the justice system, and
2. What inter-agency interaction may support a reduction in re-contact by PMI with the justice system, and;

**WHEREAS** ISIS 2014 has identified the four critical elements of leadership, collaboration, education, and policy reform as those most vital to advancing the aims of the Canadian Mental Health Strategy – a comprehensive strategy with the full potential to be consistent with the best global practices, but only if it achieves its intended scope and sustainability, and;

**WHEREAS** there exists a growing body of evidence that the policing system has much to contribute to those other sectors that must continue to be in leading roles on these issues, and can play important roles together with those others in deploying collaborative crisis response models, mobilizing multi- sector risk-driven intervention models, collaborating on counter- recidivism strategies for offenders with mental health issues, and advancing efforts to reduce stigmatization and improve general awareness, and;



**WHEREAS** the Canadian Association of Chiefs of Police has no dedicated standing committee with specific and ongoing responsibility for carriage of this priority issue and advocacy for these promising practices.

**THEREFORE BE IT RESOLVED** that the Canadian Association of Chiefs of Police commits its support to the Canadian Mental Health Strategy (“the Strategy”) and urges its members across Canada to actively engage with their local partners in health, mental health, education and social services to accelerate the advancement and adoption of proven and promising practices in collaborative, multi-sector, risk-driven strategies designed to improve outcomes for persons experiencing mental health issues while also enhancing community safety, member safety and well-being, and the operational efficiency of the policing, corrections and criminal justice systems.



RESOLUTION #04 – 2014

**IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS  
EXPERIENCING MENTAL HEALTH ISSUES**

**CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE  
CANADIAN MENTAL HEALTH STRATEGY**

**COMMENTARY**

Throughout their domestic research and global studies, the members of ISIS 2014 recognized that persons experiencing mental health issues are not solely a policing matter. We in policing know that in a perfect world, such individuals would receive the care and supports they need and continue to live stable lives as they head back to recovery, and never come upon our radar. However, we also know that a great many seem to travel a too-frequent journey into compounding risk factors, and many ultimately end up in some form of crisis that requires our involvement, far too often resulting in tragedy for the individual, trauma for our members, and discredit for our profession.

ISIS 2014 conducted field studies in six countries, and included two visits to the World Health Organization in their efforts to ‘deconstruct’ that journey, guided by their principal research questions and a consistent set of research dimensions designed to examine multiple social, legislative and structural factors that could better inform a Canadian context.

Upon their return from the field, the ISIS sub-teams quickly identified four vital elements: collaboration, education, policy reform and leadership. It is these elements (explained in greater detail in the ISIS 2014 research report) that defined the more successful societies when it comes to meeting the needs of their citizens with mental health issues. They are also the elements that are clearly deficient in the most ineffective national systems.

ISIS 2014 also uncovered ample evidence in Canada that these four elements are not only available but are already being applied to great effect in many places and many promising programs. There is much we can build upon, but we must build upon these still selective applications, with a view to achieving a more consistent and generalized commitment to meeting the needs of persons and families who experience mental health issues, thus lessening the likelihood, frequency and severity of unnecessary contacts and re-contacts with the police and the criminal justice system.

The Canadian Mental Health Strategy (2012) – *Changing Directions, Changing Lives* (<http://strategy.mentalhealthcommission.ca>) – was developed by the Mental Health Commission of Canada after extensive research and national consultations involving multiple service sectors and persons and families with lived experience. The strategy represents a comprehensive blueprint, worthy of the best performing nations identified in the ISIS 2014 research, for improving the overall care and support to persons experiencing mental health issues, their families, workplaces and communities. But, the ISIS research also identified that as it



stands, attention to this strategy will likely remain highly fragmented and subject to considerable systemic resistance as it challenges the compartmentalized practices and policies established over many years across multiple human service sectors and differing jurisdictional responsibilities.

Through the high profile and the combined local, federal-provincial-territorial, and collective national influence afforded to police leaders, the CACP and its members have the opportunity to contribute significantly to the acceleration of the Canadian Mental Health Strategy. Evidence shows that police leaders, within their legitimate role as champions of community safety and well-being, can be among the most highly effective influencers at every level for mobilizing their human services partners and related policy makers into collaborative working models whose reach extends well beyond the traditional scope of policing responsibility and resources.

The ISIS 2014 research reaffirms that policing must always recognize that there are other parts of the system with more central roles to play in meeting the needs of persons experiencing mental health issues. However, if we in policing and criminal justice fail to align our influence, our talents and our energies in direct support of those efforts by others, we will inevitably inherit an increasingly greater and inappropriate share of this responsibility, along with its associated unsustainable resource demands, and its potentially tragic human costs for citizens and our members alike.

Through the formation of a Standing Committee for Collaboration on Mental Health Issues (CCMHI), the CACP will signal the level of urgency its membership attaches to the impact of mental illness on policing and justice operations and serve notice of its strong commitment to supporting the aims and outcomes of the Canadian Mental Health Strategy.

Moreover, through the collaborative nature of the proposed CCMHI, the CACP can continue to work toward improved clarity about the most appropriate roles for policing resources and other parts of the human services system within the continuum of prevention, care, response and recovery for persons experiencing mental health issues.

To bring the necessary perspectives and abilities to bear on the development of solutions, the proposed CCMHI will include membership from the CACP, from other agencies and sector associations representing the health, mental health, social services, education, and justice systems, and persons with lived experience and their advocates.



RESOLUTION #04 – 2014

**IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS  
EXPERIENCING MENTAL HEALTH ISSUES**

**CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE  
CANADIAN MENTAL HEALTH STRATEGY**

**MEDIA LINES**

- The number of calls to police departments directly related to mental health incidents continues to rise towards epidemic proportions. The fact that the worlds of mental health and policing frequently intersect must be addressed.
- The reality is that people with mental illness are more likely to be the victims of crime rather than the perpetrators, and the vast majority of people who have mental illness will not come into contact with the police.
- Those that do should always be assured that police officers will approach them with compassion and understanding and that the police will successfully resolve the majority of these contacts with cooperation and without using force. The CACP continues to pursue a number of important initiatives in this regard.
- Our members also recognize that the mental health of their own employees is as important as their physical health, and the policing community continues to take the necessary steps to create mentally healthy workplaces.
- The CACP and its members believe strongly that there needs to be more effective and better-aligned support for people with mental illness in our community. Too often, the police have no choice but to criminally charge people who need the health or social services system and not the justice system.
- Recently, the CACP's Institute for Strategic International Studies (ISIS 2014) completed a global research and executive learning program, conducting field studies to examine practices and policies in 6 diverse countries, including visits to the World Health Organization. ISIS identified four critical elements to success in reducing contacts and re-contacts with the justice system for persons experiencing mental health issues. The four elements they identified are: collaboration; education; policy reform; and, leadership.



- Reflecting the urgency of their research findings, ISIS has brought forward this Resolution to the members of the CACP for immediate action. The resolution calls for the formation of a Committee for Collaboration on Mental Health Issues (CCMHI) as the 21<sup>st</sup> Standing Committee of the CACP, to include membership from the CACP, from other agencies and sector associations representing the health, mental health, social services, education, and justice systems, and persons with lived experience and their advocates.
- Among the immediate goals of this cross-sector committee will be the identification of the most promising practices currently being employed in selective jurisdictions, and the development of supports to advance and advocate for their broader application across Canada.
- In addition, the committee will seek to identify ways that all sectors can take steps, some steps appropriate to their respective roles and responsibilities, and others collaboratively wherever possible, to accelerate the advancement of the Canadian Mental Health Strategy in the interests of improving the entire continuum of care for persons, families, schools and workplaces experiencing mental health issues.



RESOLUTION #04 – 2014

**IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS EXPERIENCING  
MENTAL HEALTH ISSUES**

**CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE CANADIAN  
MENTAL HEALTH STRATEGY**

**ACTION PLAN**

The Board of Directors of the Canadian Association of Chiefs of Police to consider:

1. Establishing a CACP Standing Committee or Sub-Committee - the Committee for Collaboration on Mental Health Issues (CCMHI) - with active membership to extend outside of the policing community to include professionals and policy-makers from mental health and other human service sectors, and persons with lived experience and their advocates.
2. Directing the CCMHI and the CACP Executive towards the engagement of senior stakeholders and policy makers at all levels of government, and practitioners across all relevant human service sectors, toward resolving barriers and crafting new solutions in support of the Strategy, with due regard to the appropriate roles and investments of all relevant sectors.
3. Directing the CCMHI (in partnership with other CACP Committees such as the Law Amendments Committee) towards working with policy-makers to identify and propose changes to legislative and policy frameworks that might impede responsible collaboration (including information sharing) for the purposes of meeting the needs of persons experiencing mental health issues and other compounding risks.
4. The identification and appointment of a senior CACP member to serve as Chair (or as the Policing Co-Chair) to lead the formation of the CCMHI and the selection of appropriately qualified and geographically representative members from the multiple sectors and stakeholders to be involved.
5. Development and dissemination of a public statement by the President of the CACP, announcing the formation and leadership of the CCMHI, the general commitment of the association to the issues, and other matters in line with the recommendations put forward in this resolution, by October 31, 2014.
6. Convening of the first meeting of the CCMHI before year-end 2014.
7. The development of a Committee / Sub-Committee charter and strategic plan for consideration by the CACP Board of Directors and other stakeholder groups, commensurate with the recommendations put forward in this resolution, in time for the Spring 2015 meeting of the CACP Board.



8. All selected members to form the committee to be requested to arrive at the first meeting with a preliminary inventory of steps being taken in support of the Canadian Mental Health Strategy and promising practices being deployed within their sector and/or in collaboration with others (e.g. Crisis response models, Hub Models, TEMPO and other training, Housing and other solutions to composite risk factors).
9. The completion of a first-year report on the status and early achievements of the CCMHI to be presented at the CACP Annual General Meeting in August 2015.