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Presentation to the
Standing Senate Committee on Social Affairs, Science and
Technology

***BILL S-208 – Establishment of a Canadian Commission
on Mental Health and Justice***

Remarks By: Dr. Terry Coleman, Member - CACP Human
Resources Committee

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Members of this committee, the Canadian Association of Chiefs of Police would like to express our sincere appreciation to speak here today and contribute to this important discussion. By way of introduction, my name is Dr. Terry Coleman. I am representing the Canadian Association of Chiefs of Police as a member of the CACP Human Resource Committee and as past co-chair of the sub-committee with respect to Police/Mental Health. I have worked in policing for 38 years, was the Chief of Police in Moose Jaw and am a former Deputy Minister of Corrections, Public Safety and Policing for the government of Saskatchewan. I currently work as a public safety consultant primarily related to policing, mental health and policing as well as mental health and corrections. In these capacities, I also work closely with the Mental Health Commission.

Senator Cowen, in introducing this bill, made reference to a number of statements and statistics, including those by our past president, Chief Constable Jim Chu and the 20,000 calls for service experienced by the Toronto Police Service last year. Our current president, Chief Clive Weighill, very much regrets that he is unable to appear in front of you today, however, he would state the following:

“CACP members and the public at large strongly feel that those suffering such illness most often need the health system rather than the justice system. This issue is on the mind of every police leader in Canada.”

Mental illness represents one of the top 5 concerns of police agencies throughout Canada. We cannot understate the significance of this issue to policing, but more importantly, to the communities we serve. Police have defacto become 24/7 front-line responders to what we would refer to as a mental health crisis occurring in our communities. The new reality of policing in Canada is not addressing crime, it is addressing apparent deficiencies in, for example, our health and social services – symptoms of greater social issues. Typically, only 20% of police calls for service actually relate to crime. By far the majority of remaining calls for service have roots in social issues including mental illness and substance abuse and addiction

A recent study by one RCMP detachment in BC found 8 people with mental health needs were responsible for a staggering 1,500 calls to police in four years.

While many like to state that crime rates in this country are going down, police calls for service continue to increase and police

interactions with persons with mental illness represent a significant component of these calls.

In recognizing the dire need to address the issue of mental health and policing, the CACP partnered with the MHCC to deliver two key national conferences on this issue.

First, in March of 2014, 350 delegates representing criminal justice and mental health leaders, researchers, and people with lived experience of mental illness met under the theme of: *Moving from Crisis to Creating Fundamental Change: Improving Interactions between Police & Persons with Mental Illness*. They discussed what works, what could be improved, promising practices and sought to find innovative ways to answer the question: How can we make these interactions safe for the person with mental illness, the police officer, and the communities in which we all live? It highlighted the growing list of promising practices including crisis intervention teams – police and mental health workers forming a joint response most often in larger urban centres, as well as The HUB approach which brings a wide-range of community services – police, health, social services, education to act as early interveners when a person may be headed towards risk.

The conference resulted in recommendations towards a new national framework for police training and education for consideration

by Canada's police services and the release of the "TEMPO" report - a blueprint for a comprehensive training and education curriculum, which has been referred to within this committee and which is co-authored by myself and Dr. Dorothy Cotton. This was endorsed by the CACP and MHCC in August of last year.

Last month, the CACP and MHCC jointly sponsored a 2nd successful conference under the theme of Mental Readiness - Strategies for Psychological Health and Safety in Police Organizations recognizing that before we can best serve others, we must also look after our own. A key outcome was a call to all police services and police governance authorities across Canada to ensure that a clear and coherent mental wellness strategy is in place for all personnel.

The CACP highly commends the introduction of this bill and the recognition of the often undesirable impact when mental health and justice systems mix. It is a complex issue indeed. Should the role of the Mental Health Commission of Canada be expanded? Or should there be a newly formed Canadian Commission on Mental Health and Justice? We recognize and applaud the fact that the MHCC came into being as a result of this Committee's efforts. With a 10 year mandate expiring in 2017, the CACP believes that the MHCC needs a permanent and expanded mandate to more clearly include the intersection of mental

health and the criminal justice system. The MHCC should not be left with an uncertain future. This future should also include a mandate to be a catalyst for the necessary research. Something that is badly lacking in Canada.

A strategic approach is necessary to make meaningful change. a whole systems approach is also necessary to support the required resources and funding for our front-line mental health partners to improve the outcomes for all parties to police interactions with persons with a mental health problem; not least of which are those with 'lived experience' of mental health problems.

We need to move from a point of crisis to preventing a crisis in the first place; that is, collectively collaborating and solving the problem instead of repeatedly trying to address the symptoms.

We thank each of you for raising this important issue and I look forward to responding to your questions.

Thank-you!