

**BRIEFING NOTE****FINANCE AND ADMINISTRATIVE SERVICES  
MEETING WITH MPPs****Police Services & Mental Health****March 2, 2012****Issue:**

The deinstitutionalization of services that support people with mental illness without a corresponding investment in the community has greatly impacted police services. Local police services have become increasingly involved with individuals with mental illness. Police are not the proper agency to deal with this issue. Additionally, this contact adds millions of dollars in costs to the local police budget on an annual basis.

**Key Messages:**

- Ministry of Health and Long Term Care support is required to create an effective Crisis Response model that will ensure there is a de-emphasized role for police and emphasis on patient-centered care in our community.
- Persons with mental health issues need easier access to earlier care so that their illness does not progress to the point where they will come into contact with police.
- The hospital practice of having mental health patients wait with police for medical screening before psychiatric assessment causes long waits and greatly increases police call time. Police are legislated through the Mental Health Act to remain with the patient until “after receipt” of the person at the place of examination. The nature of the hospital emergency room causes the time of this “receipt” to be prioritized based on medical need, resulting in long wait times.
- A study from 2001 indicated that a range of 5.1% to 8.3% of the total London Police Service budget was spent on events involving those individuals identified as having “definite or probable serious mental illness.” Applying these same percentages to our 2011 budget, the cost ranges from \$4.2 Million to \$6.9 Million. These numbers do not reflect that the average call time for these types of calls has greatly increased since 2001 (37% increase in call time from 2005 to 2009).

**Background:**

The deinstitutionalization of mental health care has not been supported by corresponding support services in the community. Early access for care is confusing and difficult to access. When the mental illness reaches a crisis point, there is no effective Crisis Response option. The hospital emergency department and the police are the only 24/7 operation. The police are imbedded into the legislation of the Mental Health Act and are used as the primary apprehension tool. This legislation directs police to take the apprehended person to a Schedule One facility, which is a busy trauma Emergency Room. This results in a significant wait time for police as the person with the mental health issue will be triaged at the same level as someone arriving with unknown abdominal pain. If a mentally ill person is charged with a criminal offence and released into the community pending trial, it is unlikely that that person will receive care for their illness even if they manage to make their way to a service provider. For example one local service provider will not provide service to a mentally ill person while they have outstanding criminal charges. In this case, their illness continues untreated. If an individual is admitted to an acute care mental health bed and has a concurrent addiction, or uses or abuses a substance that they are addicted to during that stay, they will likely be discharged. If an individual is addicted and is a candidate for a residential treatment program, they must arrive for the treatment with none of the substance they are addicted to in their system or they will not be admitted. They are forced back out into the public, untreated. The high cost of policing is an ongoing issue and there is a large financial cost for police

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involvement with the mentally ill. The results of a current study will soon be available and will provide a cost estimate of police involvement with the mentally ill. The \$4.2 Million to \$6.9 Million amount listed above is a very conservative estimate. Police will always have to respond to calls when people need help but when it is identified that care is what is needed the police need to step back. Individuals with mental health issues need to be supported, but police intervention is not the answer. The police are not trained to provide this care. It is the health system and the health system is not providing adequate care for those persons with mental illness.