London Police Service

Impact & Management

of

Police / Persons with Mental Illness Engagement

Presented to:
Community Safety and Crime Prevention Advisory Committee
February 28th, 2013

Acting Superintendent Bill Chantler
London Police Service

Police Led Response to Persons with Mental Illness

- Police Led Response – Evolution, Issues, Impact
- Police Role – Safety / Criminality / MHA Apprehension
- LPS Strategy to Manage Police / PMI Engagement
- A Better Response - London Community Strategy for Acute Mental Health Crisis Response
- Apprehension under Section 17 of the MHA

Deeds not Words

Police Led Response to Persons with Mental Illness

(Evolution)

- Police / PMI engagement issues began to surface in 1999 / 2000 with the Ministry of Health move to de-institutionalize mental health patients.
- Moved persons with serious mental illness from hospitals and placed them in the community without needed supports in place.
- Assigned mental health services and programs to community mental health service providers – resulted in uncoordinated, ineffective, and inefficient mental health care and services
- Community expectation of Police evolved to Police as the first option / response to person in mental health crisis or ongoing mental health issues.

Deeds not Words

Police Led Response to Persons with Mental Illness

(Issues)

- Mental Health is a Health Care Issue, it is NOT a Justice / Criminal / Policing issue
- Police are not mental health workers or health care providers. Police are not trained, experienced or skilled in mental health assessment, psychiatry, or therapeutic mental health crisis intervention.
- When Police are the first / only response option to Persons in Mental Health Crisis or ongoing Mental Illness we have limited options; criminal arrest OR apprehension under the MHA. This is an inappropriate response in the vast majority of mental health crisis situations.

Deeds not Words

Police Led Response to Persons with Mental Illness

(Issues)

- Police led response to a person with mental illness is not therapeutic and is simply the wrong response. PMI's needs are not met, health care services and programs to address mental illness are not effectively provided.
- Results in recurring police / PMI contact and engagement
- Police led response to PMI perpetuates stigma that PMI are violent and dangerous and must be dealt with by police.
- Results in massive costs to Police and hospital emergency departments

Deeds not Words

Police Led Response to Persons with Mental Illness

(Impact)

- 2012 LPS responded to 1,743 Mental Health Act calls
- Average time spent on a MHA call = 3.34 hours
- 2 officers per call = 6.68 hours of resources
- 1,743 x 6.68 hours = 11,643 hours
- 2080 hours = 1 FTE police officer (hours worked in 1 year)
- Mental Health Act Calls (MHA Only) – used resources equivalent to 5.56 police officers
- Routinely approximately 20% of frontline deployed LPS resources in a 24 hour period are tied up on MHA calls

Deeds not Words

Police Led Response to Persons with Mental Illness

(Impact)

- MHA call statistics are only 1 factor in the overall impact of police / PMI engagement.
- Donner Study (Lisa Heslop – LPS Family Consultants and Victim Services Unit) looked at all LPS engagement with PMIs including criminal & non-criminal engagement in addition to MHA specific calls.

Deeds not Words

Police Led Response to Persons with Mental Illness

(Impact)

- Donner study found that PMIs are disproportionately / inappropriately:
  - In more contact and more frequent contact with police than the general public
  - Identified as being violent
  - Arrested & charged criminally and held in custody more frequently & longer than non-PMI criminally charged persons

Police Led Response to Persons with Mental Illness

(Impact on LPS)

Donner study (overall LPS /PMI engagement) found;

- In 2011 the LPS spent an estimated

$12,480,446 in resources responding to calls for service involving a PMI

- Unmitigated this cost will rise to an estimated

$16,000,000 by 2016.

- Resources costs which impact LPS ability to provide other police services to the community (increased calls for service response times, limit resources to staff programs & projects, limit availability for proactive enforcement such as traffic enforcement)

Role of Police in Mental Health

- Safety (violence & self harm)
- Criminality
- Apprehension Under Section 17 of the MHA

LPS Strategy to Manage Police / PMI Engagement

- *Ensure we fulfill our role as Police in mental health crisis response (training for LPS members)*
- *De-emphasize police response / involvement in mental health crisis response. (M.R.T.)*
- *De-escalate police overall engagement with PMI (Community Strategy for Response to PMI)*
- *Ensure persons experiencing acute mental health crisis or ongoing mental illness receive an appropriate response and assistance to overcome an acute mental health crisis or address ongoing mental illness.*

London Community Strategy for Response to Persons with Mental Illness

- Community Working Group – LPS / CMHA / WOTCH / Mission Services / LHSC
- Mental Health Crisis Response Model
  - **Mental Health Crisis Call Line**
  - **Mobile Response Team**
  - **24 to 72 hours mental health safe beds**
  - **Mental Health Crisis Center**

Mobile Response Team

- Operated by CMHA
- 24/7/365 coverage
- 5 teams of 2 (10 F.T.E.)
- 15 minute response time (unless tied up on another referral call)
- Purpose is to provide frontline response by professional mental health workers. MRT is called to the scene of a Police MHA call and are responsible for mental health crisis assessment and intervention as well as mental health services referrals.
- MRT have appropriate and sufficient training to take over mental health calls from LPS where it is safe to do so.
- Alleviate the necessity for apprehension by police, reducing the time police are required to spend on MH Callas and the volume of MH patients in LHSC E.D.

MHA Apprehension
Section 17 MHA

- Role of Police – Section 17 MHA
- Section 17 is directed to Police only.
- The purpose of Section 17 is to compel a person to get the health care they require (a person apprehended by police is an involuntary patient NOT a prisoner)

"....the police officer may take the person in custody to an appropriate place for examination by a physician"

The police authority to apprehend under Section 17 is permissive not directive . Apprehension should be a **last resort**.

MHA Apprehensions

- When required, apprehension of a person under Section 17 of the MHA is the responsibility of the police.
- Protocols for LPD / LHSC ED handover are being developed. Protocol will ensure LPS clear ED within maximum 30 - 60 minutes.

Thank you!

LONDON POLICE SERVICE
YEAR TO DATE CRIME STATISTICS
Period Ending December 31, 2012

	Current Month	YTD	Previous Year		% Change	
			Month	YTD	Month	YTD
Homicide	1	7	2	8	-50%	-13%
Attempted Murder	0	9	0	2		350%
Sexual Assault	19	235	18	231	6%	2%
Assault	155	2068	189	2258	-18%	-8%
Abduction	5	48	6	65	-17%	-26%
Robbery	17	255	19	311	-11%	-18%
B & E	206	2524	222	2899	-7%	-13%
Theft - Auto	68	859	49	892	39%	-4%
Theft	502	8409	641	8375	-22%	0%
Possession - Stolen	18	182	23	220	-22%	-17%
Fraud	76	1000	66	1179	15%	-15%
Counterfeit	2	83	4	77	-50%	8%
Prostitution	1	79	11	117	-91%	-32%
Gaming & Betting	0	0	0	0		
Weapons	21	264	21	236	0%	12%
Criminal Code Other	733	9438	735	9199	0%	3%
TOTAL	1824	25460	2006	26069	-9%	-2%

LONDON POLICE SERV.
YEAR TO DATE TRAFFIC RELATED STATISTICS
Period Ending December 31, 2012

	Current Month	YTD	Previous Year		% Change	
			Month	YTD	Month	YTD
Impaired	21	268	26	266	-19%	1%
Hit and Run	130	1432	142	1638	-8%	-13%
Dangerous Operation	3	48	0	41		17%
Careless	61	592	54	504	13%	17%
Suspended/Prohibited	122	1572	140	1754	-13%	-10%
Roadside Suspensions	5	46	3	61	67%	-25%
Total Collisions	828	9454	971	10139	-15%	-7%

PERSONS CHARGED
Period Ending December 31, 2012

	Current Month	YTD	Previous Year		% Change	
			Month	YTD	Month	YTD
Provincial Statutes	3449	47696	2645	47023	30%	1%
By-law	109	2286	97	2083	12%	10%

PERSONS CHARGED
Period Ending December 31, 2012

	Total		Adult Male		Adult Female		Y.O. Male		Y.O. Female	
	Current YTD	Prev. YTD	Curr. YTD	Prev. YTD	Curr. YTD	Prev. YTD	Curr. YTD	Prev. YTD	Curr. YTD	Prev. YTD
Controlled Drugs & Substances	636	588	469	426	123	120	37	33	7	9
Other Federal Statutes	8792	8963	5995	6110	2075	1995	506	614	216	244

MEMORANDUM

TO: Community Safety and Crime Prevention Committee

COPY:

FROM: Matt Reid

DATE: February 22, 2013

RE: London Road Safety Strategy Steering Committee

A Survey has been piloted to get quantifiable data from drivers. It was tested with City of London employees and had almost 500 responses. The advice and responses have been taken into account to amend the questions and the new survey will be launched on the City of London website very shortly. We would appreciate the committee promoting this survey so an email with a link will be sent shortly. The committee will also be conducting in person surveys at the Western Fair Market on March 23 from 8-3 PM.

We have received data from the City of London and Middlesex County on the causes of their crashes, we will be getting data from the hospitals, which have data on the most severe injuries and will be comparing the data.

Going forward, the committee will be focusing on crashes that result in Injury and Fatal injuries, rather than all accidents (fender benders etc) as this is our focus for resources and strategy.

We are on schedule as of now to have recommendations and data going to council by the end of June of this year.

We set a goal of reducing Injury and Fatal crashes by 10% over the next 5 years (from about 1500 to 1350 crashes each year). This will be particularly difficult as the population increases over this time and trying to reverse this trajectory.

We are currently doing an environmental scan of programs to combat various Emphasis areas such as the effectiveness of Ride programs to combat Alcohol involved crashes.

I will keep you apprised of information going forward. Our next meeting is scheduled for May 2, 2013.