



Toronto Police Service

Mental Health and Addictions Strategy

2019

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MESSAGE

From the Chief of Police

I am proud to present the Toronto Police Service Mental Health and Addictions Strategy.

This Strategy demonstrates our commitment to preserving the health and safety of both members of our community and members of our Service who are experiencing mental health and/or addictions issues.

The Strategy details the specific actions we will take to ensure that we are responding effectively and compassionately to community members who appear to be experiencing mental health and/or addictions issues and how we will achieve our goal of zero deaths.

The Strategy is intended to be a living document that will evolve as we learn more about the complex issues of mental health and addictions, and how those issues impact the lives of people in the community and people in our workplace.

I'd like to express my appreciation to the many members of the community who helped us develop this Strategy, including the Toronto Police Services Board (the Board) Mental Health Sub-Committee, the Board's Mental Health External Advisory Committee, and especially the many members of the community and the Service who have experienced mental health and/or addictions issues.

Toronto Police Service Members have seen a rise in mental health related illnesses and injuries including operational stress injuries and Post Traumatic Stress Disorders. This has wide consequences to the individual, their team, the Service, their families and friends, and also to the communities that we serve. The Toronto Police Service is committed to supporting Members throughout their life and career to prevent injuries and illness before they happen, to provide support when a Member needs it, and to embrace Members back to work in a safe, respected, and meaningful way. The Toronto Police Service will continue to build capacity amongst its Members and leaders to recognize risks, to connect with each other with compassion, and to ensure that our Members have the right resources at the right time.



Mark Saunders

Chief Mark Saunders

MESSAGE

From the Chair of the Board

The Toronto Police Services Board is very proud to introduce the Toronto Police Service's Mental Health and Addictions Strategy. This Strategy, created with considerable community input, is both ground-breaking and vital to our collective safety. This Strategy is the direct result of a recommendation made by the Board's Mental Health External Advisory Committee, unanimously endorsed by the Board, and strongly supported by the Service. Indeed, the key themes identified by this Committee: Leadership and Culture, Use of Force, and Intersectionality, are interwoven throughout the Strategy.

The Strategy recognizes the significant priority the Board and Service place on responding to individuals who appear to be experiencing mental health and/or addictions issues, both in the community, and within our organization. It also creates a 'roadmap' to developing and implementing effective, comprehensive, compassionate and respectful responses to these complex issues. The Strategy is not simply a two-dimensional document, stating principles and prescribing processes. Rather, it lays a solid foundation for a wide-ranging and evolving people-focused approach, which incorporates a comprehensive system of data measurement and the clear articulation of operational outcomes. It is rooted in the goals and objectives of The Way Forward, the Board and Service's action plan for modernization, such as, "embracing partnerships to create safe communities," as we, "focus on the complex needs of a large city," and reinforces a commitment to the principles of organizational transformation with an emphasis on neighbourhood policing and connecting

people to the appropriate services in their communities.

The Strategy also places a necessary emphasis on the mental health and wellness of our Members. Our Members are routinely faced with the most difficult, intense and challenging situations and it is critical that we not only put into place the relevant programming and initiatives to effectively support workplace mental health but also, continue to encourage the cultural shifts necessary to remove stigma and inspire dialogue. After all, our Members must be healthy to serve Toronto's communities effectively.

With this Strategy, the Service and the Board acknowledge that responding to people who appear to be experiencing mental health and/or addictions issues is one of the single most important aspects of policing today. This vital Strategy builds on the expertise of our renowned training college, recognizes the remarkable day-to-day dedication of our front-line officers, and demonstrates our sincere and robust organizational commitment to both serving and protecting the people of Toronto every day. As a Board, we are committed to ensuring that this Strategy charts our way forward in the years to come.



Chair Andy Pringle

EXECUTIVE SUMMARY

The Toronto Police Service is committed to preserving and enhancing the health, human rights, dignity, and safety of members of the community and the Service who may be experiencing mental health* and/or addictions issues*. The Service recognizes that it is essential for its Members to have the training and information they need to safely, respectfully and compassionately respond to the needs of these individuals.

The Mental Health and Addictions Strategy incorporates the important concept of intersectionality*. The Service recognizes the interconnected nature of mental health, addictions, the social determinants of health*, and equity* issues. Individuals often experience both mental health and/or addictions issues and additional inequities (such as poverty or racialization) at the same time. This concept, known as intersectionality, creates unique experiences of inequity that poses added challenges at the individual, community and health systems level.

This Strategy is intended to be a dynamic and evolving plan that illustrates how, as a Service, we will effectively and compassionately respond to individuals who may be experiencing mental health and/or addictions issues and work toward our goal of zero deaths while ensuring the well-being, safety, rights and dignity of individuals and communities.

This Strategy is not only about our interactions with the public but also about how the Service will respond to our own Members who may be experiencing mental health and/or addictions issues.

The Strategy outlines the following eight key areas of commitment:

- **Preserving Life**
- **Leadership**
- **Cultural Competence, Equity, and Anti-racism**
- **Stigma-free Environment**
- **Continuous Learning**
- **Advocacy and Partnerships**
- **Evaluation**
- **Transparency, Accountability, Oversight, and Reporting**

For each area, the Strategy includes a set of Initial Action Items that will assist the Service in fulfilling our commitment. The Service will be evaluating the progress of the implementation of this Strategy and will work to address additional action items that follow.

Mental Health

We believe that “mental health” is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (PHAC, 2014)

* Addiction Issues

When we refer to the terms “addictions” and “addictions issues”, we are referring to a complex process where problematic patterns of substance use or behaviours can interfere with a person’s life. Addiction can be broadly defined as a condition that leads to a compulsive engagement with a stimuli, despite negative consequences which can lead to physical and/or psychological dependence. Addictions can be either substance related (such as problematic use of alcohol) or process-related, also known as behavioural addictions (such as gambling or internet addiction).

* Social Determinants of Health

Our mental health is influenced by many factors including life experiences, workplace or other environments, and the social and economic conditions that shape our lives. These social and economic conditions are called the social determinants of health and are some of the most important factors that impact on mental and physical health. In Canada, the social determinants of health include: Aboriginal status, disability, education, employment and working conditions, food insecurity, health services, gender and gender identity, housing, income and income distribution, race, sexual orientation, social exclusion, social safety net, unemployment and job security (Mikkonen and Raphael 2010). When it comes to mental health, the three social determinants that are particularly significant are freedom from discrimination and violence, social inclusion and access to economic resources (CMHA Ontario, 2008).

* Equity

It is well established that some groups (or populations) in society experience social and economic disadvantage – inequities – due to the unequal distribution of power, wealth and resources. The social determinants of health both determine and deepen inequities. Inequities contribute to poor physical and mental health, making it difficult to access the resources needed to be, get and stay healthy (Braveman & Gruskin, 2003).

* Intersectionality

People often experience mental health and/or addictions issues and additional inequities (such as poverty, racialization, or homophobia) simultaneously. Intersectionality creates unique experiences of inequity and mental health that poses added challenges at the individual, community and health systems level (CMHA Ontario, 2014).

INTRODUCTION

Responding to people who may be experiencing mental health and/or addictions issues has become a fundamental part of a police officer's job.

We believe that “mental health” is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (PHAC, 2014).

When we refer to the terms “addictions” and “addictions issues”, we are referring to a complex process where problematic patterns of substance use or behaviours can interfere with a person's life. Addiction can be broadly defined as a condition that leads to a compulsive engagement with a stimuli, despite negative consequences (European Monitoring Centre for Drugs and Drug Addiction, 2013). This can lead to physical and/or psychological dependence. Addictions can be either substance related (such as the problematic use of alcohol or cocaine) or process-related, also known as behavioural addictions (such as gambling or internet addiction).

A significant number of calls that police officers attend involves individuals whose behaviour is likely affected by mental health and/or addictions issues. Police officers are called upon to intervene, de-escalate*, ensure public safety, and connect people with the services they need. Police officers' interactions with those who appear to be experiencing a mental health and/or addictions issue are overwhelmingly as a result of calls for service from people who have safety concerns for the individual or other members of the public. In these situations, officers are obligated to attend and assess the individual to determine if the legal threshold of an apprehension under the *Mental Health Act* has been met

or if there is an opportunity for alternative engagement, including connecting the individual with appropriate community services.

Police officers should assess every encounter for the safety of the individual, as well as other members of the public. In every encounter, police officers must exercise their discretion to determine the best way to proceed, including whether or not to engage with the individual.

While it is not the role of police officers to diagnose mental health or addictions issues, it is their role to respond appropriately to the behaviours and circumstances they observe. It is essential that the Service's Members have the training and information they need to safely, respectfully, and compassionately address the needs of people who may be experiencing a mental health and/or addictions issue to meet our goal of zero deaths, ensuring their well-being, safety, rights, and dignity.

The Service, with input from the community, has developed training for officers to ensure we are promoting thoughtful engagement with community members. As an example, the Service has created training scenarios, which include events such as a shopkeeper flagging down an officer to complain that youths in front of the shopkeeper's store are “all thieves from that building across the street” and that they are trespassing. Officers are made aware that the shopkeeper's comments are overheard by the youth, as well as bystanders. Community members who assisted in the development of this training advised that the failure to challenge the bias on behalf of the shopkeeper might be perceived as officers being in agreement with the biased position. It was also suggested that it would be useful/helpful/positive to engage the youths in a non-confrontational

manner, to let them know what has occurred, and to inform them that they are not doing anything wrong; this provision of information would also be witnessed by bystanders. Officers are also trained to recognize that some individuals may not wish to engage with officers, which, at times is true during interactions with many individuals, including those experiencing mental health and/or addictions issues.

The Service recognizes the impact of equity issues on mental health. Persons with mental health and/or addictions issues often experience additional social and economic inequities such as poverty and racialization simultaneously. This Strategy incorporates the important concept of intersectionality which can be defined as the intersectional oppression that arises out of the combination of various oppressions which, together, produce something unique and distinct from any one form of discrimination standing alone. The Service recognizes that intersectionality creates unique experiences of inequity that poses added challenges at the individual, community and systems level.

The Service is committed to learning from past interactions, and takes into account the views, expectations, and contributions of the community in determining our response to similar situations in the future. Our response includes an ongoing commitment to expanding our Mobile Crisis Intervention Teams (MCIT) and supporting the strength of the community and the health care system to respond to individuals experiencing mental health and/or addictions issues. MCITs are collaborative partnerships between participating Toronto area hospitals and the Toronto Police Service. Our program partners a mental health nurse and a specially trained police officer to respond to situations involving individuals experiencing a mental health and/or addictions-related crisis.

The Service has a long history of working with community partners and this continued in the development of this Strategy. We sought participation from members of the community with lived experience for guidance on how to most appropriately interact with people who may be experiencing mental health and/or addictions issues in ways that communicate compassion with a commitment to offer assistance. In addition, individuals who provide care and support to people experiencing mental health and/or addictions issues provided us with input regarding a range of topics, including best practices and appropriate language.

This Mental Health and Addictions Strategy has been informed by input from the Toronto Police Services Board's (the Board's) Mental Health Sub-Committee, the Board's Mental Health External Advisory Committee, Toronto Police Service Members, Coroners' Inquest recommendations, and reports such as "Police Encounters with People in Crisis" prepared by the Honourable Frank Iacobucci.

While the Service is responsible for implementing the Strategy, the ongoing monitoring of the Strategy will be lead by the Board and its new Mental Health and Addictions Advisory Panel.

Our Commitment to Preserving Life

The Toronto Police Service is committed to preserving the lives and well-being of people who may be experiencing mental health and/or addictions issues, while working towards the goal of zero deaths and ensuring the well-being, safety, rights, and dignity of individuals and communities. Responding to calls involving persons who may be experiencing mental health and/or addictions issues is a regular and central aspect of policing in Toronto. In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate* and safely resolve the situation. The ability to respond to these calls in a manner that preserves life and minimizes harm is a vital skill for all police officers.

Officers will continue to receive regular training on improving interactions with persons who may be experiencing mental health and/or addictions issues. This training includes de-escalation techniques, bias-free policing, risk-assessment, community referrals, mental health and addictions awareness and harm-reduction* principles. Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019). Training will also continue to include awareness of the support available through Mobile Crisis Intervention Teams (MCITs).

The priority and value of de-escalation will be reinforced by our training, procedures, supervision, and awards program. Formal and informal debriefing sessions will provide police officers with feedback on how effectively they are dealing with situations involving people who may be experiencing mental health and/or addictions issues, suggestions for improvement, identifying best practices, and situations with commendable conduct. The actions of police officers in such interactions will also be included in their annual performance evaluations.

* De-escalation

Verbal and non-verbal strategies intended to reduce the intensity of a conflict or crisis encountered by the police, with the intent of gaining compliance without the application of force, or if force is necessary, reducing the amount of force required (Ontario Police College).

* Harm Reduction

Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019)

Action Items

Training and procedures will continue to be reviewed and refined to emphasize that de-escalation is a top priority.

The Service will create a process to capture the number of times police officers attempted de-escalation prior to the display or use of Conducted Energy Weapons.

Police officers will continue to receive de-escalation training at the Toronto Police College on a regular basis, including both classroom and scenario-based training. Police officers are assessed by our trainers with respect to their competence in de-escalation and a failure to show competence in de-escalation will result in the police officer being unable to perform front-line duties until they have successfully passed the training.

The Service will explore the viability of collecting and reporting aggregate information on supervisor assessments of Members following an interaction with a person who may be experiencing mental health and/or addictions issues.

The Service's hiring processes will continue to prioritize recruits with the capacity and the potential to respond with empathy, respect, and compassion to people who may be experiencing mental health and/or addictions issues.

The Service will explore ways that an officer's competency in the use of de-escalation techniques can be meaningfully incorporated into their annual Performance Appraisals.

The Board's Mental Health Excellence Award will continue to recognize police officers for their ability to de-escalate and interact effectively with people who may be experiencing mental health and/or addictions issues. Awareness of the awards system will continue to be promoted both internally and externally, and community members will be encouraged to make nominations.

The Service will continue to review its existing de-escalation training for Communication Operators.

The Service will explore ways of capturing referrals to community agencies, beginning with MCIT referrals.

The Service will continue to look at opportunities to expand the MCIT program.

The Service will continue to train Members to respond to opioid-related emergencies, including administering naloxone.

Internally, the Service will continue to promote and make resources available and easily accessible to Service Members who require support for mental health and/or addictions issues, including suicide prevention resources, workplace accommodation services and psychological support.

Our Commitment to Leadership

The Service recognizes the complexity of responding to individuals who may be experiencing mental health and/or addictions issues and the role that police have been given within the justice, health care and human services systems. Police officers are often called upon when existing systems have not adequately met an individual's needs. The Service will continue to identify these gaps and work collaboratively across sectors to address them.

The Service is committed to providing progressive, institutional leadership in matters of policing, mental health, addictions and intersectionality. We will strive for continuous self-improvement, evaluation, innovation, and fostering a stigma-free environment externally for members of the public and internally for Members of the Service.

The Command Team and all Senior Officers are responsible for ensuring that Members under their supervision continuously uphold the Service's goals surrounding interactions with individuals who may be experiencing mental health and/or addictions issues. As such, the Service is committed to incorporating the implementation of this Strategy into their decisions and actions.



Action Items

The Service's Command Team will ensure that the Action Items in this Strategy are undertaken and that progress on these Action Items are publicly reported on an annual basis.

The Service's Senior Management Team will receive an information session explaining why and how the Strategy was developed, and the ways they can support this Strategy. Information sessions will continue to be held on an annual basis to support ongoing implementation of the Strategy and its Action Items.

The Service will produce an annual analytical assessment of individuals who have been apprehended multiple times under the Mental Health Act. This will result in a strategic report for resource planning and enhanced service delivery by the Service and key partner agencies.

The Service is committed to involving the community, including the Board's Mental Health and Addictions Advisory Panel, to inform and review our training and procedures related to interactions with individuals who may be experiencing mental health and/or addictions issues.

The Service will ensure that internal procedures are reviewed regularly to ensure that they are consistent with the language and principles contained in this Strategy.

The Service will develop a mental health and addictions awareness training module for Senior Officers.

The Service will review this Strategy on an ongoing basis, examining best practices in jurisdictions across Canada and around the world, incorporating recommendations from Coroners' Inquests, and involving the community, particularly emphasizing those with lived experience.

The Service will ensure that Staff Sergeants, Sergeants, and Communications Supervisors monitor and assess the effectiveness of Members under their supervision in responding to people who appear to be experiencing mental health and/or addictions issues, by utilizing established systems such as reviewing written reports and In Car Camera footage.

Our Commitment to Equity/Anti-Racism

The Service is committed to fostering a bias-free workplace and ensuring bias-free service delivery while respecting and upholding the rights and freedoms of all individuals and communities. We will ensure that in all interactions, and in the exercise of our discretion, that we are not influenced by prejudice or stereotype. We will work towards the elimination of stereotypes, prejudice and discrimination and the stigmatization of people who may be experiencing mental health and/or addictions issues.

We recognize that our response to individuals who may be experiencing mental health and/or addictions issues should consider the interconnected nature of mental health and the social determinants of health. The social determinants of health can be defined as the social and economic conditions that shape a person's life and are some of the most important factors that impact an individual's mental health (Mikkonen and Raphael, 2010).

The Service acknowledges that social categorizations can create barriers due to prejudice and discrimination which can lead to conscious and unconscious bias within the Service and in the delivery of police services. Some of these may include:

- Race
- Colour
- Ancestry
- Religion
- Place of Origin
- Ethnic Identity
- Aboriginal Identity and Status
- Citizenship
- Gender and Gender Identity
- Sexual Orientation
- Age
- Marital Status
- Family Status

- Disability
- Education
- Employment
- Income and Income Distribution
- Receipt of Public Assistance
- Housing

Reconciliation with Indigenous* Communities

We acknowledge the unique position that Indigenous peoples hold in Toronto as the original peoples of this land and recognize the devastating and multi-generational impact colonization has had on these communities. As a Service, we are committed to playing our role in the important process of reconciliation and building partnerships based on trust, respect and mutual understanding.

* Indigenous Populations

Indigenous populations are communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group (World Health Organization, 2019). The Canadian Constitution recognizes three groups of Indigenous peoples: First Nations, Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (Federal Government of Canada, 2017).

Action Items

The Service will research training on how the race, cultural identity, and/or other identities of an individual may influence a police officer's decisions and actions with regards to use of force.

The Service will continue to improve and enhance the formal training police officers receive in relation to bias, both conscious and unconscious, and how to address the issue as it relates to its effects on judgement and decision-making.

The Service will continue to ensure that training provides police officers with strategies to offset and challenge implicit bias.

The Board's Anti-Racism Advisory Panel (ARAP) and the City of Toronto's Anti-Black Racism Action Plan will inform future training for Service Members.

Our Commitment to a Stigma-Free Environment

Wellness is an important priority across the organization. The Service is committed to fostering a culture that promotes positive mental health and well-being within the Service. We will work to increase our understanding of the complex nature of mental health and/or addictions issues and their intersections with equity issues and the social determinants of health.

The Service recognizes that stigma is a negative stereotype that often plagues the lives of individuals living with mental health and/or addictions issues. Our programs and training will focus on eliminating the stigma, prejudice and discrimination associated with mental health and/or addictions issues.

We are committed to providing support to our Members who may be facing mental health and/or addictions issues and recognize that this will ultimately improve our service delivery to the community. The Service acknowledges that the culture of our organization has a powerful and significant impact on our Members' actions in the community. We will continue to create a stigma-free environment in which all people, whether Service or community members, are treated with respect, dignity and compassion.

The Service will continue to survey Members about issues relating to mental health and wellness.

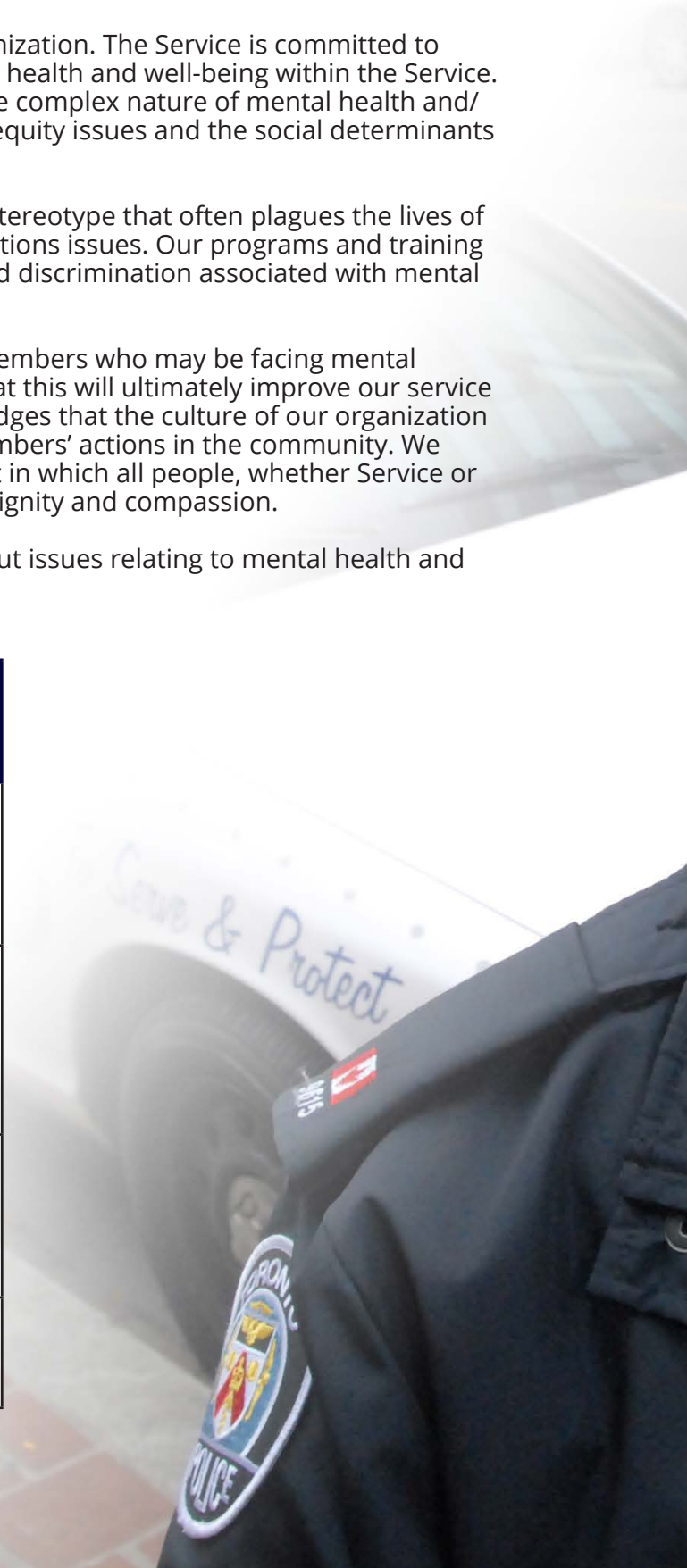
Action Items

The Service will enhance the internal wellness program by including a focus on the mental health and well-being of Service Members and their families.

The Service will continue to implement the Road to Mental Readiness program as a mandatory training program for all Service Members and will track the number of Members trained.

The Service will continue to include Member and community input in the development and review of training as it contributes to a stigma-free environment.

The Service will publish the results of a Member wellness survey.



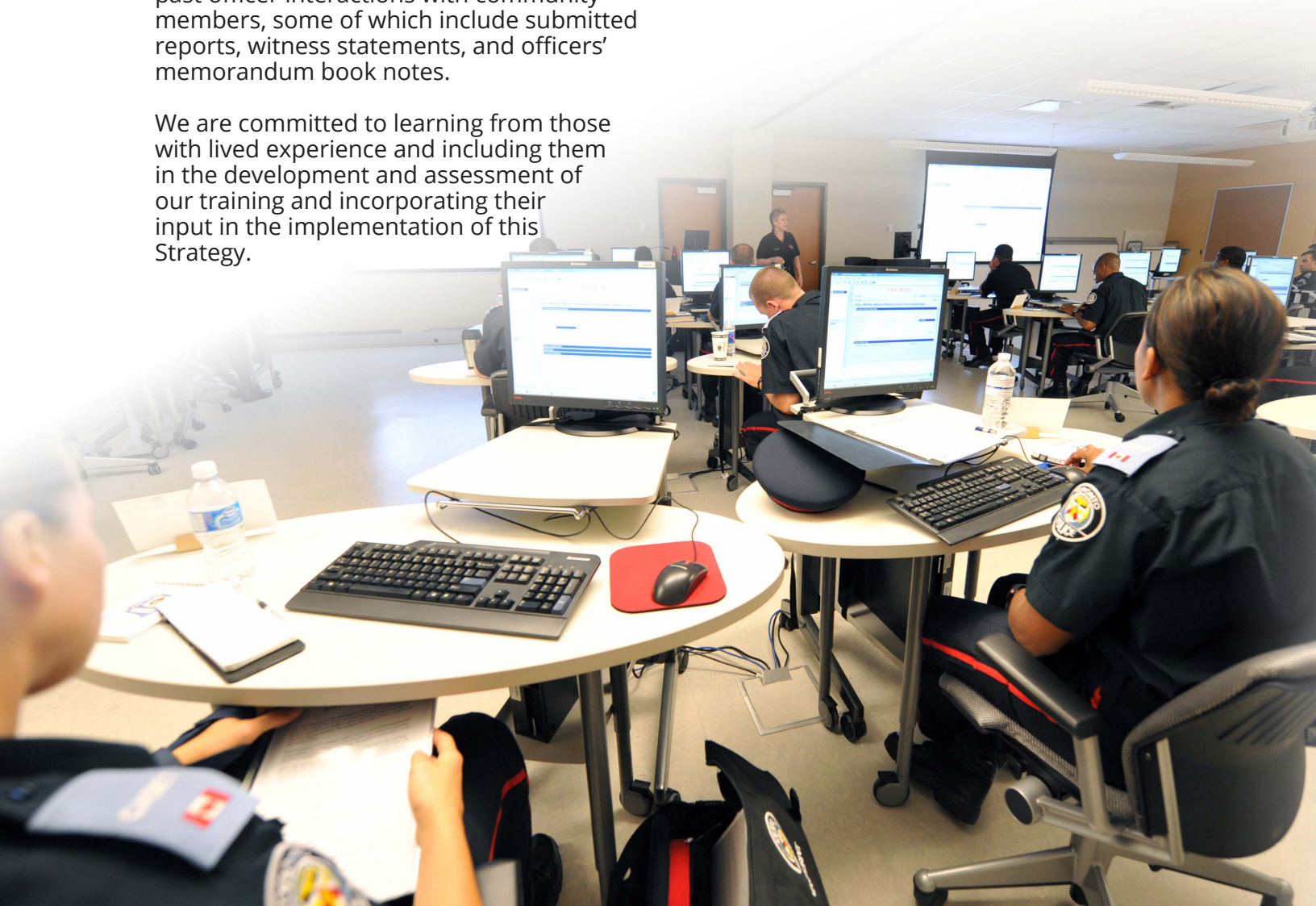


Our Commitment to Continuous Learning

The Service is committed to expanding the skill-sets of our Members to allow us to respond effectively and compassionately within an environment of changing community expectations and new developments in our understanding of mental health and/or addictions issues. We will continue to examine our assumptions, values, methods and practices. The Service will explore debriefing sessions to identify key issues, highlight best practices, and make recommendations for improvement going forward.

The Service recognizes the value of learning from past experiences as part of a process of continuous improvement in both individual and corporate performance. We currently rely, in part, on established systems to learn from past officer interactions with community members, some of which include submitted reports, witness statements, and officers' memorandum book notes.

We are committed to learning from those with lived experience and including them in the development and assessment of our training and incorporating their input in the implementation of this Strategy.



Action Items

The Service will work toward developing a process and procedure for officer debriefing sessions after interactions with individuals who may have been experiencing mental health and/or addictions issues.

The Service will ensure that information obtained from an officer debriefing session is forwarded to Toronto Police College staff, and other units as appropriate, should the information potentially inform future training, highlight gaps in procedure or policy, or demonstrate best practices.

The Service will continue to explore best practices across Canada and around the world for training involving interactions with individuals who may be experiencing mental health and/or addictions issues, adapting and customizing approaches where necessary and/or appropriate for use in Toronto.

The Service will ensure that community members with lived experience of mental health and/or addictions issues, as well as subject matter experts, continue to play a pivotal role in the development and review of training.

The Service will ensure that training scenarios continue to emphasize the importance of assessing and reassessing situations in all interactions, including those that involve individuals who may be experiencing mental health and/or addictions issues.

The Service will ensure that training continues to be refined and delivered to members of Communications Services regarding how to extract detailed information about people's behaviour, including the use of appropriate language when describing a person's behaviour.

The Service will ensure that members of Communications Services continue to receive training to recognize the impact of language on an officer's response to a situation and how it may affect the outcome of an interaction.

The Service will track the number of Communications Services Members who receive training specifically for responding to individuals who may be experiencing mental health and/or addictions issues.

The Service will explore ways to learn from our interactions with individuals who may be experiencing mental health and/or addictions issues through the analysis of data collected (e.g. information gleaned from satisfaction surveys after police interactions).

Our Commitment to Advocacy & Partnership

The Service recognizes the importance of working collaboratively across sectors, with all levels of government, and directly involving people with lived experience of mental health and/or addictions issues. We will continue to work collaboratively and support our partners, including advocacy groups, community agencies and mental health and addictions service providers, and organizations for persons with lived experience to address the complex needs of the individuals we serve.

The Service recently conducted an environmental scan with our hospital partners to identify best practices in Police-Emergency Department transfers to identify efficient and effective processes that facilitate patient transfers that reduce police wait-times and decrease stigma and other negative impacts on the patient.

The Service will work to incorporate harm reduction principles into our responses and interactions with individuals who may be experiencing mental health and/or addictions issues. Harm reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019).

The Service recognizes the importance for service users to have safe and unimpeded access to Safe Consumption and Treatment Sites, also known as Supervised Injection Sites and Overdose Prevention Sites. Officers are instructed to take a measured approach, accompanied by a strong emphasis on discretion involving illegal drug possession in interactions with service users at these locations.

Action Items

The Service will continue to partner with key stakeholders to advocate for increased funding and the expansion of programs that serve people who are experiencing mental health and/or addictions issues, including the Mobile Crisis Intervention Teams (MCIT) program, community-based crisis services, affordable housing and peer-led organizations operated by and for persons with mental health and/or addictions histories.

The Service will look for new and innovative opportunities for collaborative partnerships that will support people who are experiencing mental health and/or addictions issues access the information, supports, and resources they require.

The Service will review the MCIT model with our hospital and other health care partners to guide program development and quality improvements processes.

The Service will continue to work with our hospital partners to ensure timely transfers of care in Emergency Departments for individuals who have been apprehended under the *Mental Health Act*.

The Service will continue to provide its Members with access to information on local resources available to provide support and assistance to members of the community who may be experiencing mental health and/or addictions issues, such as the Community Access Portal.

The Service will track the number of calls due to overdose-related emergencies.

Our Commitment to Evaluation

The Service is committed to exploring methods to achieve more comprehensive data collection, evaluation, analysis and reporting on police interactions with individuals who may be experiencing mental health and/or addictions issues.

Currently, the Service's ability to collect extensive data on interactions is limited by existing systems and processes, as some of the data we know is required for a thorough evaluation (e.g. race-based data collection, de-escalation techniques used, etc.) is not currently readily available.

The Service will consider including the use of independent experts and community partners in the analysis, interpretation, and discussion of the implications of the data collected. We will also continue to identify the current system, legal and process limitations for comprehensive data collection and evaluation and work to overcome these limitations.

The Service understands that in order to ensure a successful implementation of this Strategy, regular and meaningful evaluation must be a key component. Only through comprehensive data collection and thorough evaluation can we adequately understand, learn from, and work to continually improve police interactions with individuals who may be experiencing mental health and/or addictions issues. In addition, data collection and timely reporting will facilitate accountability and transparency in relation to our interactions with these populations.

Action Items

A specific outline of measures that will be included in the Annual Report on this Strategy is provided in the Appendix.

The Service will explore and implement all feasible methods of data collection (both qualitative and quantitative) in relation to police interactions with people who appear to be experiencing mental health and/or addictions issues, to allow for more comprehensive evaluation and public reporting.

The Service will explore the development of metrics and the collection of data to facilitate evaluation and reporting on the interconnected nature of mental health and/or addictions issues and other social categorizations in interactions with police.

The Service will explore means for collecting additional information (e.g. race-based data collection, de-escalation techniques used, etc.) to allow for more detailed reporting and analysis of police interactions with people who appear to be experiencing mental health and/or addictions issues, where a *Mental Health Act* apprehension was made.

The Service will continue to review best practices from other jurisdictions across Canada and around the world to inform the ongoing improvement of training.



A red and white Toronto streetcar is visible on the left side of the page, partially obscured by a large, semi-transparent white graphic element. The streetcar is moving along a city street with a crosswalk visible in the foreground.

Our Commitment to Transparency, Accountability, and Reporting

The Service is committed to the principles of transparency and accountability within the Service and through the implementation of this Strategy. We will deliver an annual report publicly to the Toronto Police Services Board as well as to the Board's Mental Health and Addictions Advisory Panel.

The annual report will share our progress as we implement this Strategy and will provide detailed information on the status of the Action Items, identify any new Action Items, and include a summary of data collected to evaluate the Service's performance in each of our commitment areas.

Action Items

The Service will collect information/ data and prepare an annual report on this Strategy that allows for the timely assessment of Service Members' interactions with people who may be experiencing mental health and/or addictions issues, including the use of de-escalation, use of force, and the use of cultural competence and an equity approach. This report will be a public document and will include the information outlined in the Appendix.

APPENDIX – Annual Report on the Toronto Police Service’s Mental Health and Addictions Strategy

As noted previously, our commitment to preserving the health, well-being and rights of individuals with mental health and/or addictions issues will ultimately be judged by our actions.

To allow the public to assess our commitment, this Annual Report by the Service will provide information on the status of all Action Items identified in this Strategy. It will also identify any new Action Items that are required to address evolving issues. In addition, this Annual Report will include data related to police interactions with people who may be experiencing mental health and/or addictions issues as follows:

Preserving Life

We will develop a means for collecting data on the use of de-escalation during encounters with people who may be experiencing mental health and/or addiction issues, regardless of whether force was used during the encounter, particularly during *Mental Health Act* apprehensions.

We will also report on the use of de-escalation during incidents involving Conducted Energy Weapons.

We will report on the number of Members who have been recognized under the Board’s Awards Program for their ability to engage compassionately and respectfully, and effectively respond to people who may be experiencing mental health and/or addictions issues.

We will report on the number of Communications Services Members who received training specific to responding to people who may be experiencing mental health and/or addictions issues.

We will report on the use of the Mobile Crisis Intervention Team (MCIT) program and explore the feasibility of collecting more detailed information on MCIT interactions with people who may be experiencing mental health and/or addictions issues.

We will report on the number of Service Members trained in the administering of naloxone.

Leadership

We will measure the perceptions of Members about the Service’s commitment to ensuring their health and safety and the health and safety of the public who appear to be experiencing mental health and/or addictions issues.

Stigma-Free Environment

We will assess Member awareness and perceptions of the Service’s internal wellness program, including its accessibility, availability and adequacy.

We will measure the perception of Members about the degree to which the Service has created an environment that is supportive, understanding, and free of prejudice and discrimination.

Continuous Learning

We will measure Service Members' perceptions of the training they received to help them effectively interact with people who appear to be experiencing mental health and/or addictions issues.

Advocacy and Partnerships

We will continue to survey our community partner agencies to evaluate the working relationship between the agencies and the Toronto Police Service and identify areas for improvement.

We will work with our community partner agencies to develop a means for surveying individuals who may be experiencing mental health and/or addictions issues, and any caregivers (e.g. family members, support workers, etc.) to determine their feedback on their interactions with police.



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