



Race & Identity Based Data Collection Strategy

Understanding Mental Health Apprehensions in
2021

Further data findings



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Continue Taking a Phased & Iterative Approach



Continue taking a phased & iterative approach

RBDC Strategy is an **ongoing initiative** and our approach is an iterative **cycle**.

- Grounded in this approach, the Service initiated **Phase 2** of the strategy, which is unfolding in stages:
 - arrests and arrest outcomes;
 - mental health apprehensions; and
 - youth diversions.
- We continue to apply an **iterative hypothesis-driven approach** to data analysis for each police interaction under Phase 2:
 - work with the CAP, our Service members, and stakeholder contact groups to **ask questions**;
 - try to **answer as many questions** as we can;
 - lean into the conversation to **see what change is possible** when the questions don't have data to support an answer;
 - go again through this cycle until we **temporarily exhaust questions**, and ;
 - **report findings** along the way to keep the public informed on our progress.



Summary of Findings

The RBDC team pursued the following areas of work in their deeper analyses of mental health apprehensions: (1) **policing pathway analyses** (e.g., *call for service outcomes, perceived subject behaviour*); (2) **spatial and temporal analyses** (e.g., *proximity to supports and neighbourhood*); (3) **socio-demographic analyses** (e.g., *age and gender*); and (4) **frequency and type-based analyses** (e.g., *MHA type and repeat clients*).

Key Findings:

- The majority (**64%**) of mental health apprehensions were associated with persons in crisis. Further, the majority (**80%**) of mental health apprehensions followed a **reactive call for service**.
- Use of force was only used in **0.4%** of person in crisis calls for service that resulted in an enforcement action.
- **Black and Indigenous people were over-represented** (*i.e., to a greater degree than in general arrests*) in the 613 arrests following a person in crisis call for service.
- **Black youth were particularly under-represented** in the mental health apprehension outcome (**0.5x**) relative to their presence in enforcement actions.
- Toronto neighbourhoods with higher inequities in well-being indicators experienced lower rates of apprehension, relative to enforcement. Rates decreased further for Black people.

Refresh on methodology

The RBDC Strategy's analytical framework uses a **multiple benchmark approach** that supplements census benchmarks with internal policing datasets. This approach enables us to better understand disparities in reference to **the relevant population at risk of experiencing particular outcomes**.

- Using census benchmark by itself to estimate racial disparities captures **the cumulative impact of multiple systems** that contribute to disparate policing outcomes for particular groups. Upstream determinants bring individuals into greater contact with the police.
- Using enforcement actions as a benchmark allows us to isolate the impact of policing contribution to particular outcomes, take ownership, and design solutions **within the policing scope of responsibility**.

Supplementary Contextual Findings



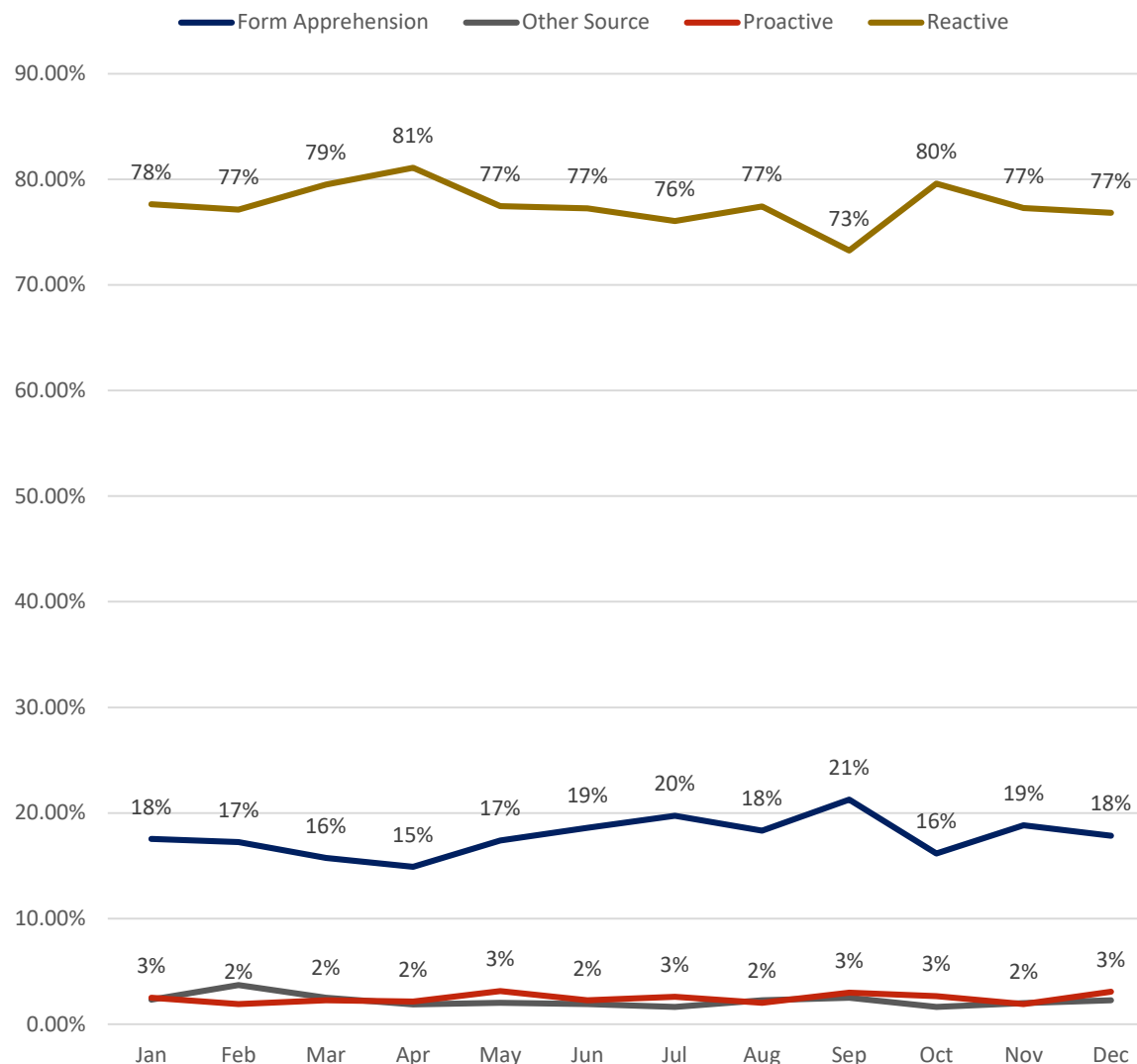
The majority of apprehensions followed a reactive event

To understand the factors that bring an officer to a mental health apprehension, we looked at the source of the initiating event.

We saw that nearly 80% of all apprehensions followed a reactive event.

- **Reactive events** refer to dispatched calls to 911 or non-emergency lines.
- **Form events** are separated as they refer to mental health apprehensions conducted at the discretion of a third-party entity (e.g., a physician or justice of the peace).
- **Proactive events** are those initiated by a police officer (e.g., vehicle and subject stops, premise checks, or compliance checks).

Officers most often effected a mental health apprehension after responding to a reactive event
e.g., 911 call (TPS Data, 2021)



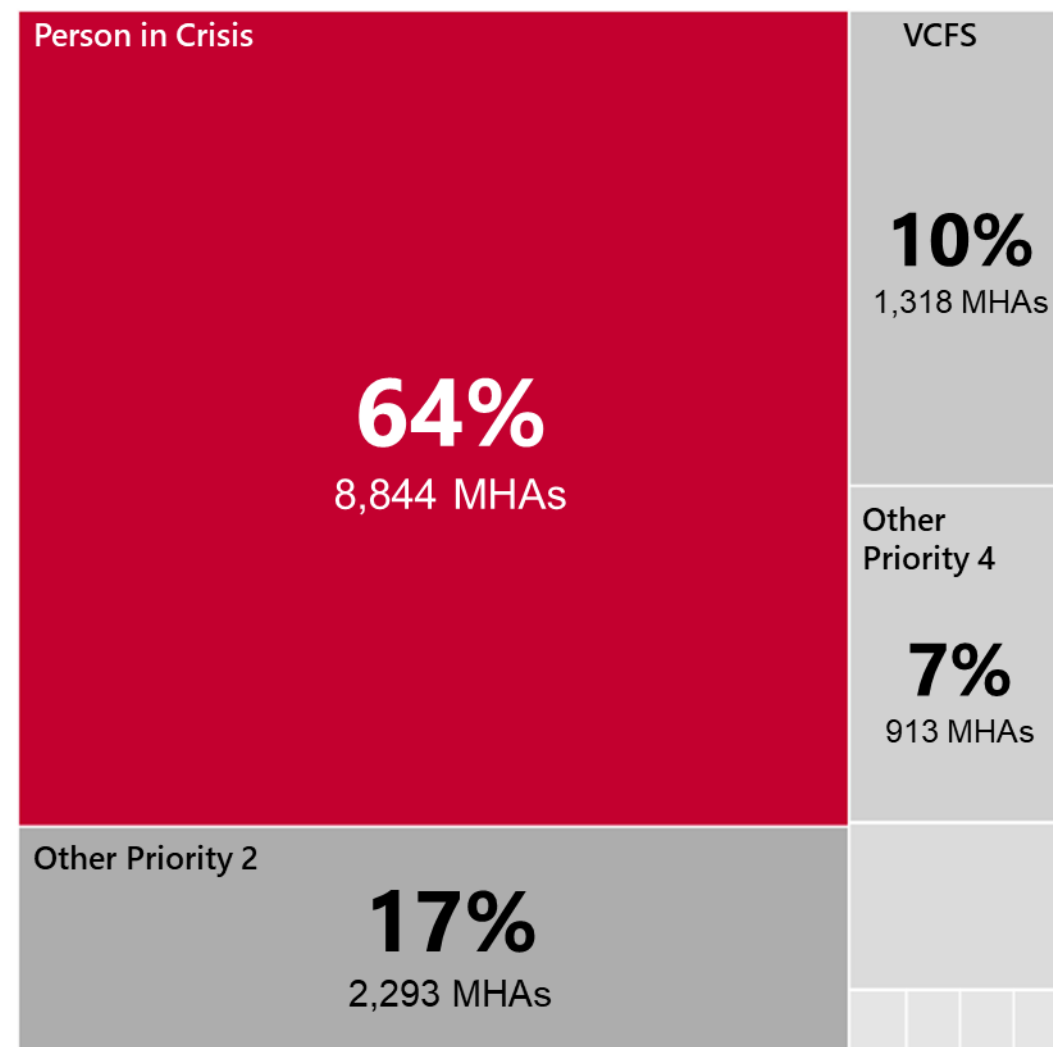
*Other source are miscellaneous events, such as those generated from an alarm or a person attending a TPS division directly.

The majority of apprehensions were associated with a person in crisis call for service

Of the 14,273 mental health apprehensions, we were able to collect call for service data on 13,796 of them (96.7%). We found that the majority of mental health apprehensions followed a person in crisis call for service.

- **Persons in Crisis** refers to events such as overdoses, attempts at suicide, threatening suicide, or emotionally troubled persons.
- **Other Priority 2** events refer to events that require immediate police assistance where the potential for danger and/or injury is imminent (e.g., domestic assault or 'see ambulance' events).
- **Violent Calls for Service (VCFS)** generally refer to calls involving weapons (e.g., a person with a knife, a stabbing, or 'assault just occurred').
- **Other Priority 4** events refer to instances where police attendance is required but imminent danger or injury is not a factor.

Mental health apprehension by call for service type (TPS Data, 2021)



Policing pathway analyses

- Difference in outcomes following person in crisis calls for service:
 - *Call for service outcome (e.g., arrest or apprehension)*
 - *Perceived subject behavior*

In our last engagement cycle we were asked a series of questions relating to decision making along the policing pathway.

Finding:

Differences by race remained after taking calls for service group into account

Types of calls for service may influence mental health apprehensions, and this could have different effects on different race groups.

We saw that disproportionalities persisted across calls for service categories, without significant fluctuation.

- White People had notable over-representations across categories, excluding violent calls for service.
- Black People were consistently under-represented across categories.

Disproportionalities in mental health apprehensions remained consistent across top call for service categories (TPS Data, 2021)

<i>% of Total MHAs</i>	64%	17%	10%	7%	2%
	Persons in Crisis	Other Priority 2	Other Priority 4	Violent Calls for Service	All Other
Black	0.7	0.7	0.8	0.8	0.6
East/Southeast Asian	1.2	1.1	1.0	1.3	0.8
Indigenous	1.0	0.7	1.0	1.1	1.2
Latino	0.7	0.9	0.9	0.9	0.5
Middle Eastern	1.1	1.0	0.9	1.3	0.9
South Asian	1.2	0.9	1.1	1.1	0.6
White	1.3	1.3	1.3	1.1	1.2

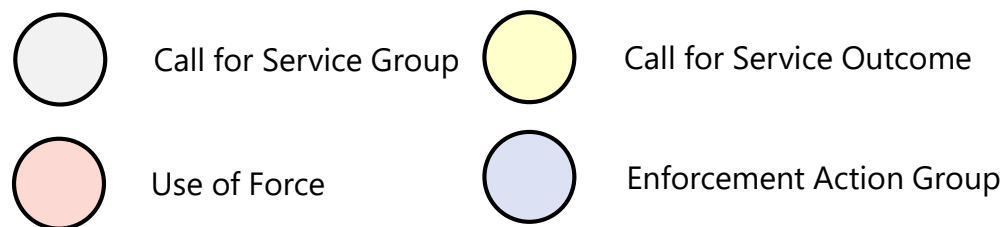
We looked at differences in outcomes following person in crisis events

The tree diagram reports on call for service outcomes at the event level (i.e., containing one or more subjects) to understand outcomes along the call for service pathway. The percentage represents the proportion of the parent node.

Of all person in crisis calls for service resulting in an enforcement action (13,845), only **4%** (608) of events led to one or more arrests (613).

Further, of those enforcement actions, only **0.4%** resulted in the use of force. This shows significantly lower uses of force when compared to the general rate of **~1.2%**.

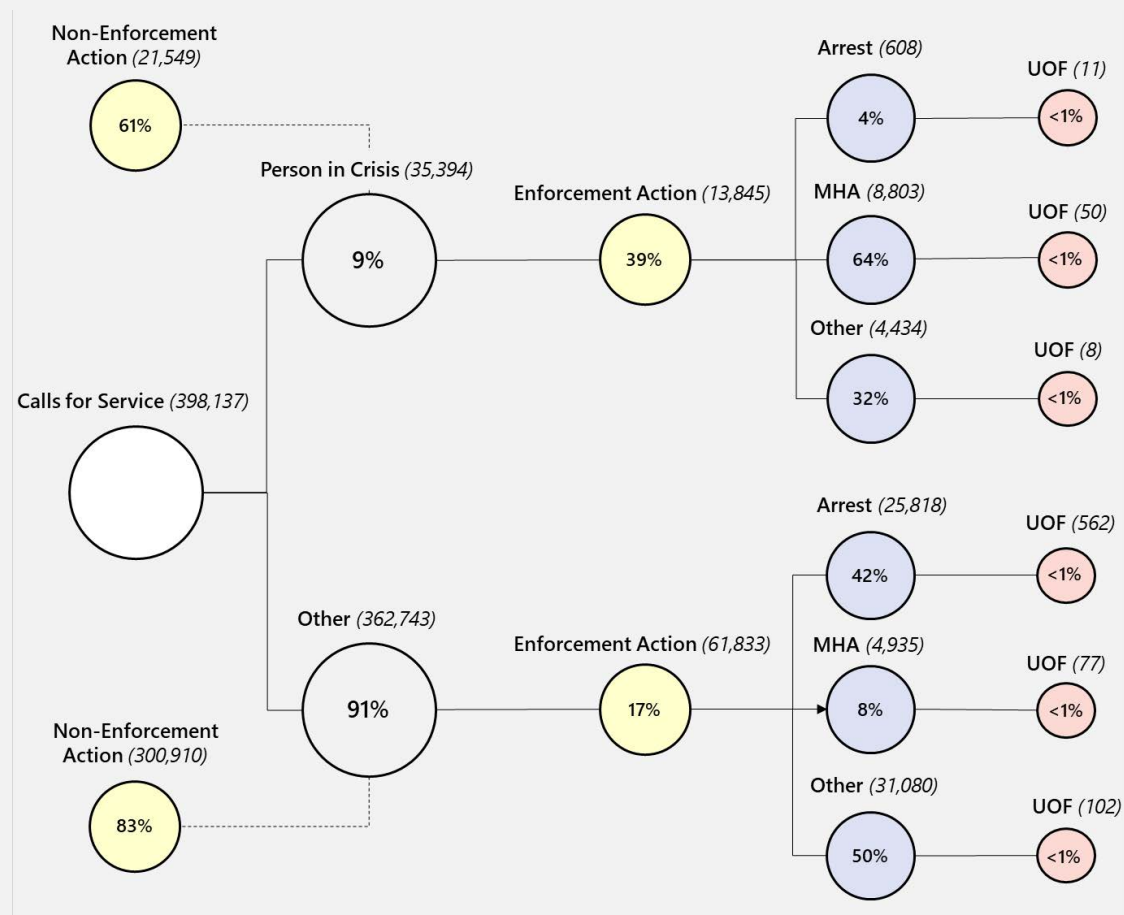
Legend:



Call for Service to Enforcement Pathway (TPS Data, 2021)

Hypotheses Explored:

- Is there bias across race groups in the decision to arrest or apprehend persons in crisis?
- Do biases across race groups in the decision to apprehend vary by other call for service types?



"Other" calls for service refer to all call types that were not persons in crisis (e.g., break and enter or person with a knife). "Other" enforcement actions refer to all action types that were not arrests or apprehensions (e.g., cautions or deceased persons).

Finding:

There were differences by race in arrests following a person in crisis event

There were 613 arrests of 553 subjects which followed a person in crisis call for service. Of these, Black and Indigenous people were over-represented in relation to their presence in enforcement actions.

Of these arrests, the top primary offences were found to be:

- Warrant or compliance related (41%)
 - *E.g., officers respond to a form 2 apprehension and discover that the subject has two outstanding warrants.*
- Assault related (21%)
 - *E.g., officers respond to a person in crisis call, the subject is defiant and punches an officer during the interaction.*
- Mischief, theft, or threatening related (13%)
 - *E.g., when responding to a person in crisis call, a witness indicates that the subject broke their car window and mirror.*

Black and Indigenous people had an over-representation in arrest when involved in person in crisis calls (*TPS Data, 2021*)

	Disp.	Total Arrests	Unique Offenders
Black	1.3	125	116
East/Southeast Asian	0.8	41	40
Indigenous	1.9	27	23
Latino	1.1	13	13
Middle Eastern	0.7	22	20
South Asian	1.0	42	38
White	1.0	315	277
Unknown/Legacy		29	26

Spatial and temporal analyses

- Difference in mental health apprehensions after considering:
 - *Time of day, day of week*
 - *Proximity to supports*
 - *Neighbourhood and division*

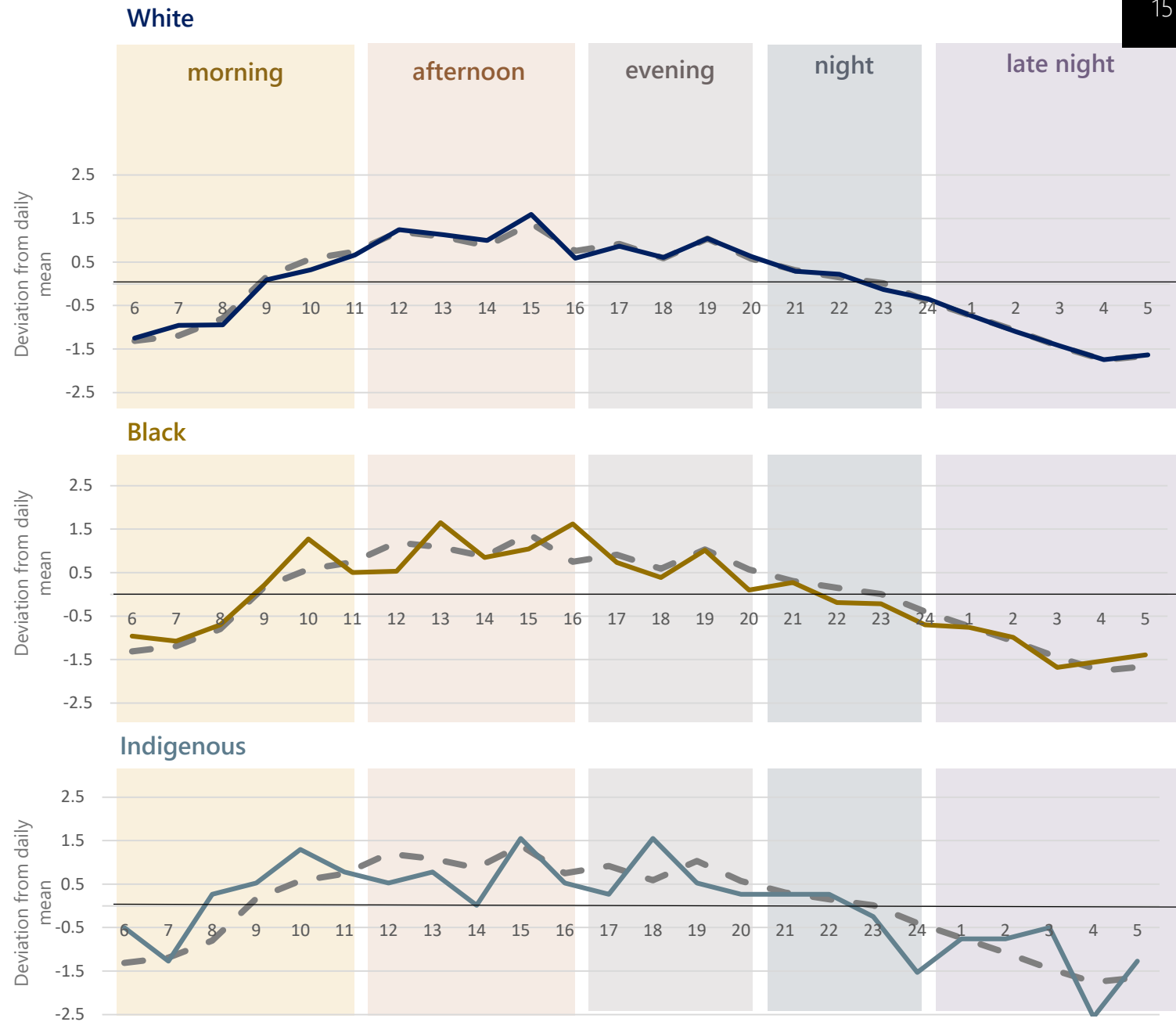
In our last engagement cycle we were asked a series of questions relating to time and space.

Finding:

There was no notable variation by time apprehended and race

Rationale: Evaluating temporal trends in apprehension by perceived race helps us evaluate unique differences from the total population.

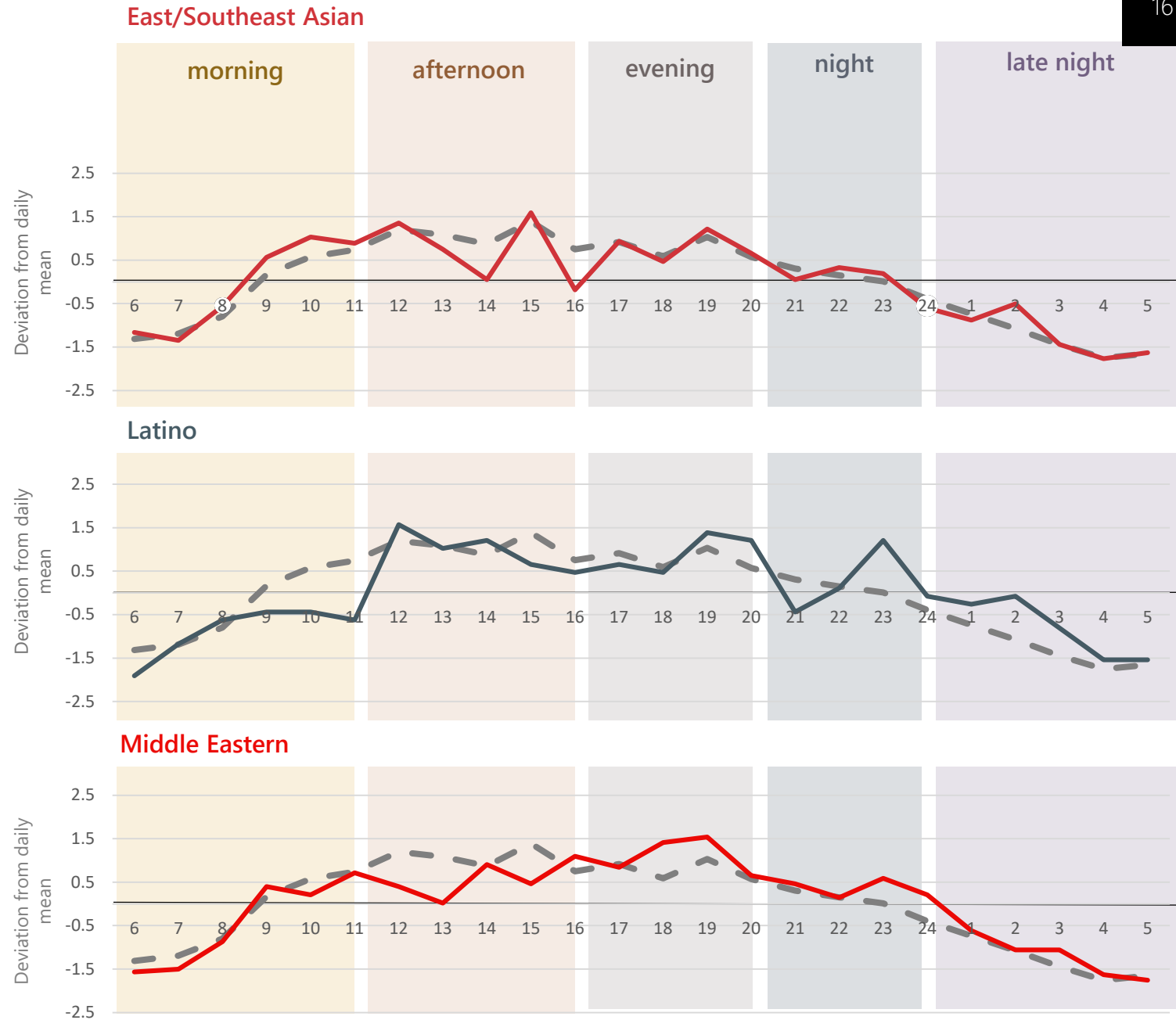
The average deviation from the mean remained consistent for each race group.



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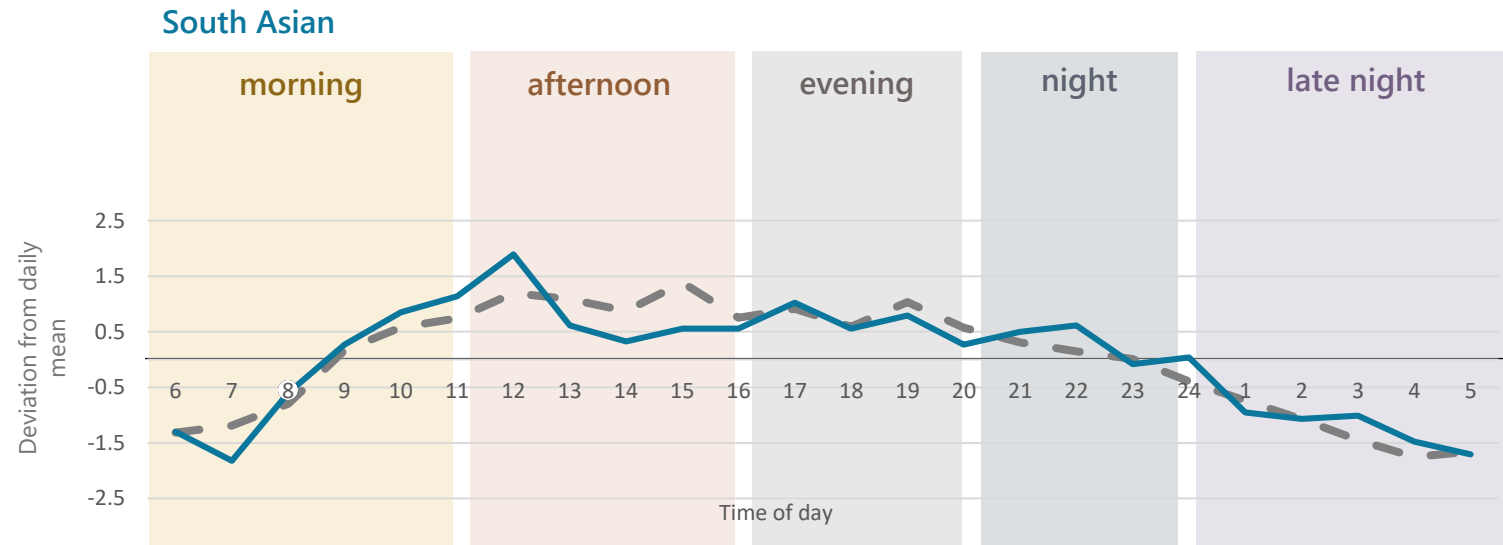


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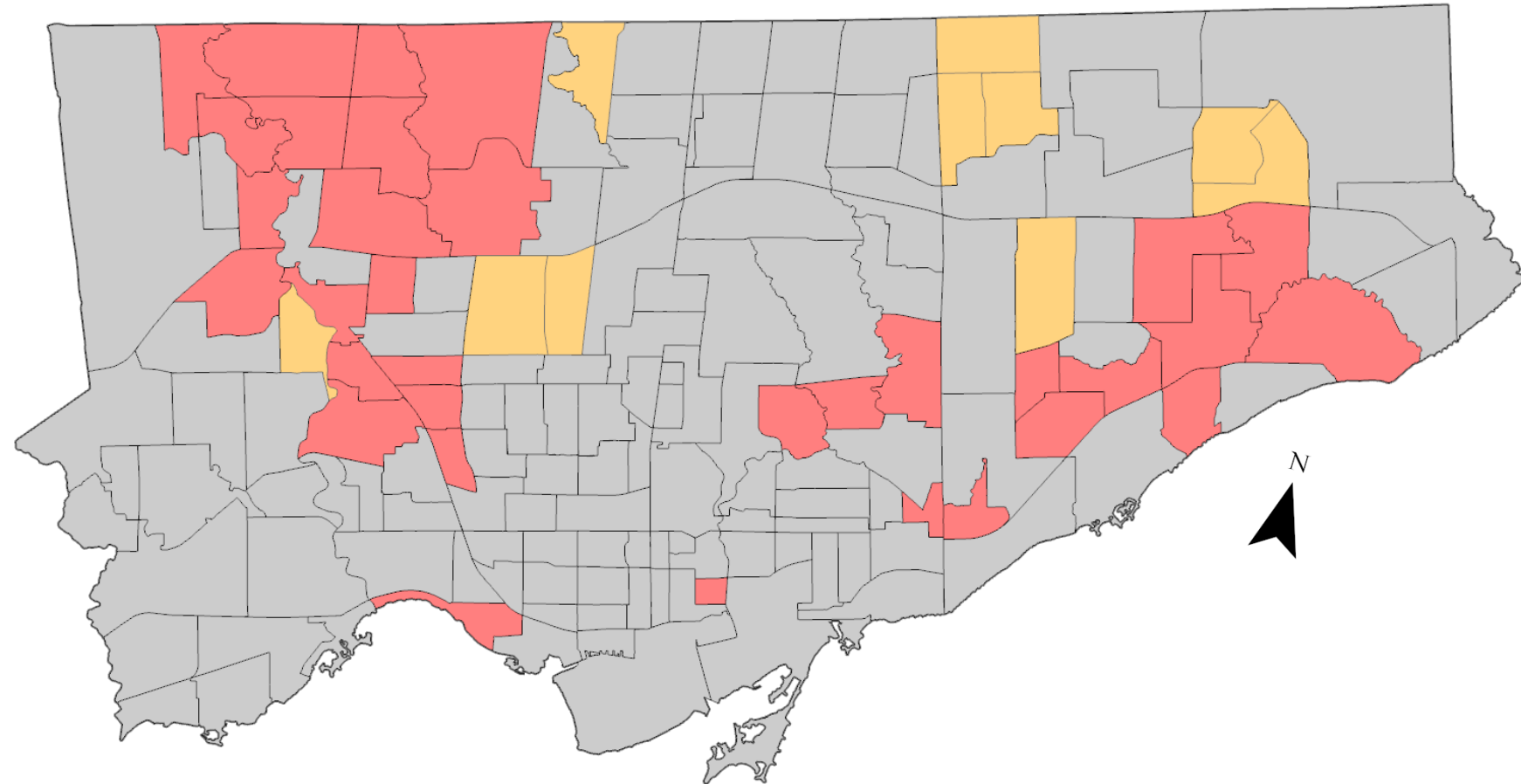


Neighbourhood Improvement Areas

We looked at mental health apprehension rates* across *Toronto Strong Neighbourhood Strategy* classifications to understand differences for communities experiencing inequitable outcomes in wellbeing.

City of Toronto, Neighbourhood Classification (City of Toronto Open Data Portal)

- On average, neighbourhood improvement areas had MHA rates (**12%**) lower than the City average.
- Emerging neighbourhoods had MHA rates on par with the City average (**13%**)
- All other neighbourhoods had MHA rates (**16%**) higher than the City average.



*MHA rate refers to the percent of enforcement actions which were a mental health apprehension.

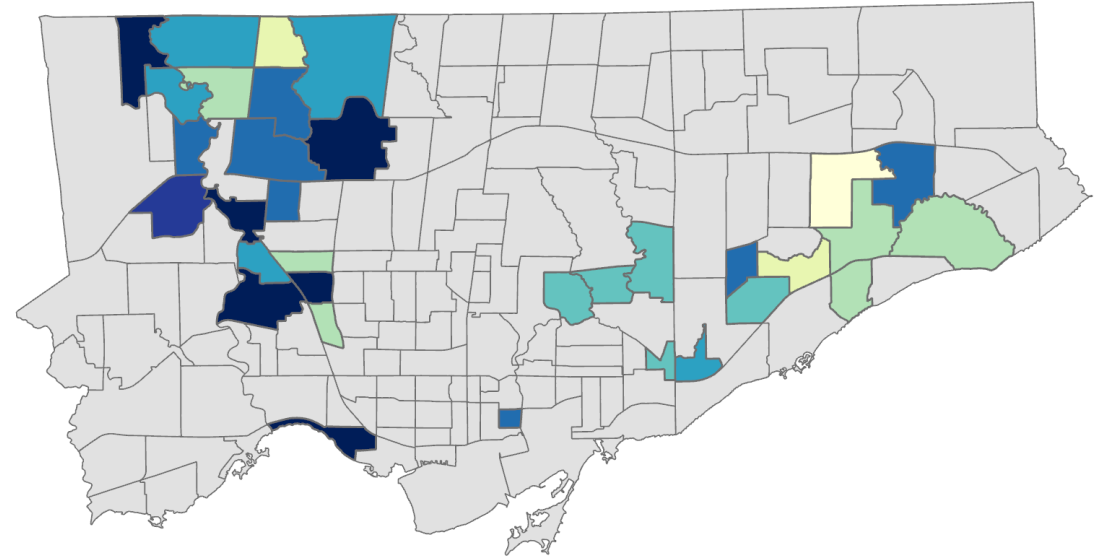
Finding: There were differences in apprehension frequency by race across NIAs

We looked at how mental health apprehension rates* varied by race across neighbourhood improvement areas.

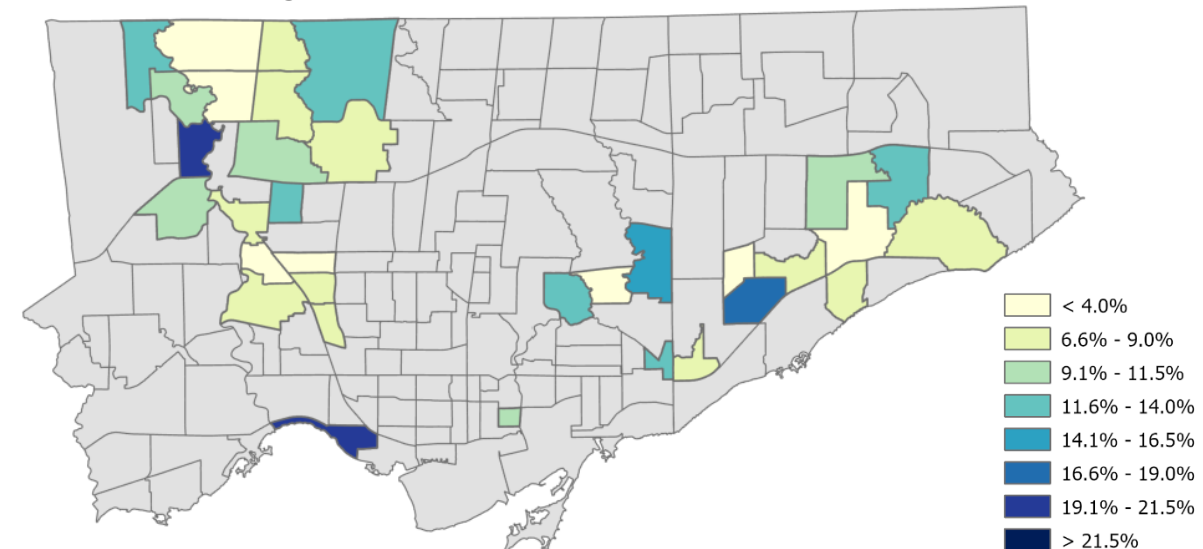
The maps on the right show the mental health apprehension rate compared to enforcement action by location. We focused on findings for Black and White people.

Overall, incidents involving **White people** had higher than average mental health apprehension rates in NIAs (**15%**), while those involving **Black people** had lower than average rates (**9.5%**).

Mental Health Apprehension Rate for incidents involving **White** People in Neighbourhood Improvement Areas (TPS Data, 2021)



Mental Health Apprehension Rate for incidents involving **Black** People in Neighbourhood Improvement Areas (TPS Data, 2021)



*MHA rate refers to the percent of enforcement actions which were a mental health apprehension.

Socio-demographic analyses

Difference in mental health apprehensions after considering:

- *Gender*
- *Age*

*In our last engagement cycle
we were asked a series of
questions relating to socio-
demographic factors*

Finding: There were differences in mental health apprehensions by race and perceived subject behavior

We looked at the number of people involved in mental health apprehensions by race and perceived subject behaviour.

- 27% (3,903) of people apprehended displayed behavior indicating intoxication.
 - Behavior considered 'intoxication' is evidence of alcohol use or evidence of drug use.
- 43% (6,102) of people apprehended displayed threatening behavior.
 - Behavior considered 'threatening' includes physically threatening others, verbally threatening others, and hostile behavior.
- 60% (8,628) of people apprehended displayed suicidal behavior.
 - Behavior considered 'suicidal' includes attempting to commit suicide, talking of committing suicide, and placing ones self in dangerous situations.

Disproportionalities in mental health apprehensions varied by behaviour and race (*TPS Data, 2021*)

		Black	East And Southeast Asian	Indigeno us	Latino	Middle Eastern	South Asian	White
Intoxication	Disp.	0.5	0.9	1.7	0.9	1.0	0.9	1.4
	Count	527	274	136	110	228	234	2,394
Threatening	Disp.	1.5	1.2	0.7	0.9	1.1	1.1	0.9
	Count	1,219	531	146	152	395	403	3,256
Suicidal	Disp.	0.8	1.1	1.0	1.1	1.0	1.0	1.1
	Count	1,308	789	212	227	551	593	4,948

<1.2	>= 1.2	>=1.5
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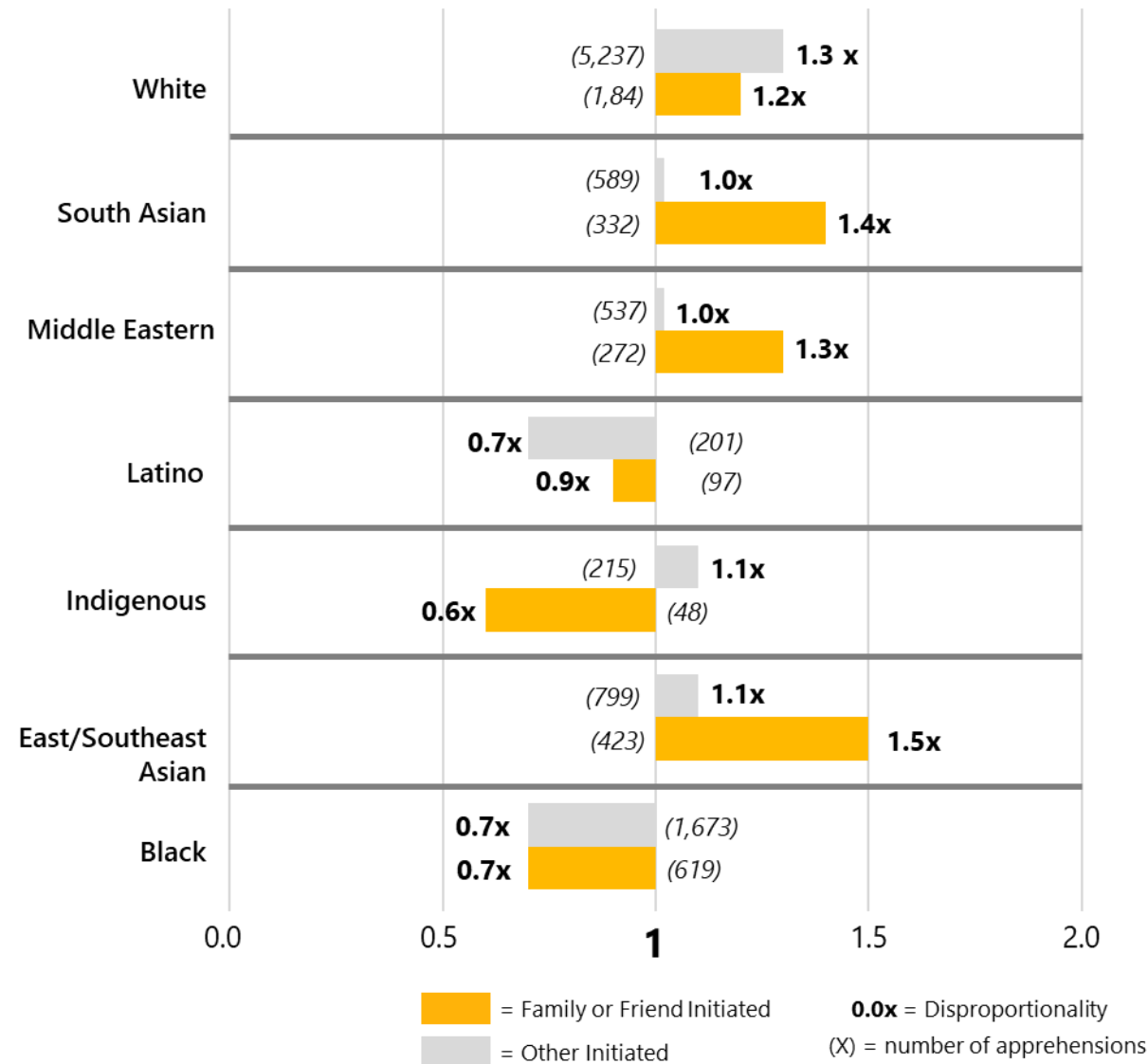
*Behavior categories are not mutually exclusive.

Finding: There were differences in mental health apprehensions by race and complainant

28% (3,948) of mental health apprehensions were initiated by a friend or family member. We looked at variations by race compared to the groups' presence in enforcement actions.

- East/Southeast Asian, Middle Eastern, and South Asian people had greater representations in mental health apprehensions initiated by a family member.
- Indigenous people had lower representations in mental health apprehensions initiated by a family member.

Disproportionalities in mental health apprehensions varied by complainant type (TPS Data, 2021)



Finding: There were differences in mental health apprehensions by race and age group

We looked at the number of people involved in mental health apprehensions by race and age compared to the groups' presence in enforcement actions.

- **White and East/Southeast Asian youth were over-represented** in mental health apprehension in relation to presence in enforcement actions.
- **Black People were under-represented** across age co-cohorts, particularly with youths.

Disproportionalities in mental health apprehensions varied by age cohort and race (*TPS Data, 2021*)

	Black	East And Southeast Asian	Indigenous	Latino	Middle Eastern	South Asian	White
Aged 17 years and under	0.5	1.6	1.7	0.6	1.2	1.3	1.5
Aged 18 to 24 years	0.7	1.3	1.3	0.8	1.0	1.1	1.4
Aged 25 to 34 years	0.7	1.2	0.9	0.7	1.2	1.0	1.2
Aged 35 to 44 years	0.7	1.0	0.9	0.9	1.2	1.0	1.2
Aged 45 to 54 years	0.7	1.1	1.0	0.7	0.8	1.3	1.1
Aged 55 to 64 years	0.7	0.9	0.9	0.8	0.7	1.2	1.2
Aged 65 years and older	1.0	1.0	0.6*	1.0	0.7	0.8	1.2

<1.2	>= 1.2	>=1.5
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*Denotes a sample size of 10 or less in the group. Use caution when interpreting small sample sizes.

Finding:

There were no notable differences in mental health apprehensions by race and gender

We looked at the number of people involved in mental health apprehensions by race and gender compared to the groups' presence in enforcement actions but did not see notable variation.

- While the majority of people apprehended were males (56%), females made up a larger share of mental health apprehensions when compared to their presence in other enforcement actions like arrest.

Disproportionalities in mental health apprehensions were consistent by gender and race (*TPS Data, 2021*)

	Female	Male
Black	0.8	0.7
East/Southeast Asian	1.1	1.2
Indigenous	0.7	1.0
Latino	0.9	0.7
Middle Eastern	1.1	1.1
South Asian	1.0	1.1
White	1.2	1.2

<1.2	>= 1.2	>=1.5
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Frequency and type analyses

Difference in mental health apprehensions after considering:

- *Section types*

In our last engagement cycle we were asked a series of questions relating to frequency and MHA type

Finding: There were some differences by mental health apprehension type

We looked at the relationship between race and who ordered (or decided upon) the apprehension.

We found that disproportionalities tended to be slightly milder in apprehensions issued by a non-policing entity (i.e., a physician or justice of the peace)

Disproportionalities in mental health apprehensions were reduced in Form 1, 2, 9, and 47 apprehensions
(TPS Data, 2021)

% of Total MHAs	82%	18%
	Power of Apprehension	Non-Policing Entity Discretion
Black	0.7	0.9
East/Southeast Asian	1.2	1.0
Indigenous	1.1	NA
Latino	0.9	NA
Middle Eastern	1.1	1.0
South Asian	1.1	1.1
White	1.3	1.2

<1.2	>= 1.2	>=1.5
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Next steps



Next Steps

- **Continuing the Hypothesis Exploration & Conversation**
 - Continuing hypothesis gathering and data analysis informed by ongoing conversations with the CAP, Service members, and stakeholder groups.
- **Updating the RBDC public website on a regular basis to engage the public along the process of implementing Phase 2 of the RBDC Strategy**
 - Periodic updates to 'Follow our progress'.
- **Use New Findings to Update and Refine Existing Training**
 - Fair & Unbiased Policing/RBDC module
- **Continuing the conversation to co-design solutions grounded in data findings**