Mental Health Commission of Canada / Commission de la santé mentale du Canada

MEDIA VERSION - EN

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Thank you for your warm welcome.
I've looked forward to this meeting with your members. I applaud organizations, like yours, that recognize the importance of bridging the gap between policing and mental health.

Although we come at our work from different perspectives, I think we have a lot in common. We are both in the business of supporting front line workers who provide services to people in their time of greatest need.

I have been one of those people on the front lines, working for many years as a nurse in a hospital and community setting. I also spent time in forensic and corrections care, so have come across much of the same clientele as police officers.

I know, from experience, there are few more dangerous or stressful occupations than being a first responder – whether you are rushing to the scene of a crime, reacting to a crisis or doing triage in a standing-room-only emergency room. First responders are, quite literally, involved in life-and-death decisions.

Whether you are engaged in policing or health care, chances are high that you will encounter people with mental health problems in the course of your work. That's not surprising, given that one in five people in Canada experiences a mental health problem or illness, and of those, a disproportionate percentage get caught up in the justice system and there are indicators that the prevalence of individuals with mental health issues is on the rise. For example, the rates of serious mental health problems among federal offenders upon admission have increased by 60

to 70 per cent since 1997. According to Howard Sapers, the Correctional Investigator of Canada, roughly half (48.3 per cent) of federal offenders in 2012 received mental health services.

Ironically however, people living with mental health problems and illnesses are more likely to be victims of violence than perpetrators of crime. All these statistics tell us that the worlds of policing and mental health intersect every day.

I want to outline how we can make this experience a more positive one, both for police officers – who have been described as de facto mental health providers – as well as the people they serve and protect.

But, most of all, I want to explain how members of police boards are an important part of the equation. And to highlight how we in the mental health field can work more effectively with folks like you to create healthier, more productive Canadian police forces and, in turn, safer streets for all Canadians.

What if I were to tell you that I know a way to:

- Improve on the many interactions between police and people with mental illness, thereby increasing safety for both; reduce the use of detention centres by mentally ill homeless people by as much as 50%; increase productivity in police operations by reducing absenteeism and making people more industrious when they are on the job; and, cut short- and long-term disability and turn-over rates dramatically?

I bet that got your attention! Where can I sign up, you ask?
Well, that's where the Mental Health Commission of Canada comes in.

The Commission is a catalyst for improving the mental health system. We work to change Canadians' attitudes and behaviours around mental health issues to produce the kind of results I just talked about.

We bring together leaders and organizations from across the country to accelerate these changes and we have been working with police groups and others in the justice system for several years.

Thanks to this collaboration, the Commission's Mental Health and the Law Committee has produced numerous evidence-based reports that provide new knowledge about how we can create positive change.

For instance, we've produced a study of police academy training and education for new police officers. It looked specifically at working with people with mental illness. The first report did an analysis of the amount and type of education provided to police officers across the country. The second includes several important and relevant recommendations specifically addressing training and education for police officers and personnel.

No matter what part of the country you represent, the study's results will be of value to you. Among its findings, it noted that larger police forces like Vancouver report up to a third of calls in some of their jurisdictions involve mentally ill people.

In smaller communities, like Belleville, Ontario, at least six percent of police resources and time are tied up in cases involving people with mental illness. And, generally, police encounters with these individuals happen more than once.

Even using the lower Belleville number, and assuming about half of Canada's police officers are front line or first responders, there are likely about 1.3 million police interactions with mentally ill Canadians each year.

That's a pretty persuasive case for ensuring police officers are properly trained to deal with this population. The report goes on to say that although there has been an increase in training and education in recent years, there is no commonly accepted standard or curriculum.

In the report; "Police Interactions with Persons with a mental illness: Police Learning in the Environment of Contemporary Policing" (found on the MHCC Website): I would like to make reference to a few key points in that report.

Firstly, while it is widely recognized that increased and better education is needed – it is not a panacea – it has to be tempered with contextual factors such as organizational structures, social systems, who should be taught, by whom, complementary policies that support – in other words 'overall cultural considerations' both within the particular organization and the community. The report goes on to outline a detailed learning model called TEMPO – Training and Education about Mental Illness for Police Officers. It starts with Tempo 101, basic training, all the way to Tempo 401 – and advanced learning curriculum for joint police/mental health teams, and even Tempo 500, a learning module to be inserted into Use of Force training or in other words, the extremely important step that is critical before any physical contact is even contemplated. The goal of this step is and always should be: to de-escalate when and wherever possible.

We welcome every opportunity to partner with people working at the community level who can really make a difference in the lives of Canadians with mental illness.

As identified in the Tempo Report, there are many tools and ways in which to address mental health education. One of the many helpful tools the Commission has developed to advance this work is our Mental Health First Aid program. Just as physical first aid is administered to an injured person before medical treatment can be obtained, Mental Health First Aid is given until appropriate treatment is found or until a crisis is resolved. I have heard many times: "If only I had known....."

It can be applied in a broad cross-section of settings – from psychological health and safety in the workplace, to schools and community groups, to working with homeless people on inner city streets. The program is especially useful to emergency workers including fire, ambulance, and police services. But it can be used by essentially anyone who deals with the public.

Several police departments across the country now have MHFA instructors on staff along with other first responders such as fire departments.

Apart from being better equipped to address mental health problems and illness in the people they serve day to day, police officers report it is equally valuable in recognizing the signs of emerging mental health illness among one another – A very interesting concept and one I will get to shortly, but first…

I first want to touch on one specific population that police officers are very likely to encounter on the job: homeless Canadians. The homeless experience high rates of mental illness. Twenty-five to 50 per cent live with a mental health disorder. While their individual mental health challenges and personal circumstances vary dramatically, the common thread that ties most of these people together is the fact they don't have a roof over their head.

Despite our social security system, an estimated 150,000 to 300,000 people are homeless across the country. This ends up costing Canadians $7 billion each year in increased healthcare, justice and social services.

On any given night in Canada, at least 30,000 people are sleeping outside or temporarily housed in places like prisons and hospitals. And this costs anywhere from $163 to $975 a night.

As hard as it may be for those of us who are comfortably middle-class to believe, some people are so desperate for shelter they will purposely provoke situations that bring them into contact with the police.

We heard this frequently as part of the Commission's At Home/Chez Soi initiative. It's the largest data collection project in the world focused on gathering information about homeless people with mental illness.

Back in 2008, the federal government invested $110 million for a five year demonstration project. Its purpose is to provide evidence about what services and systems best help people experiencing serious mental illness and homelessness.

The At Home/Chez Soi project was officially launched in 2009 in Moncton, Montréal, Toronto, Winnipeg, and Vancouver.

The initiative takes a novel approach to helping the homeless. Instead of starting with treatment and getting people healthy enough to cope with living on their own, it does the exact opposite. It provides housing to the people who need it most, and then provides them with treatments and supports.

This is the reverse of what I did as a new nurse 30 years ago – when we wondered why there was a revolving door with this population returning to hospital.

Close to one thousand homeless people with a mental illness have been provided with housing and services as a result of this project thus far.

The early results have been truly remarkable. This research gives both individuals and communities struggling with homelessness real hope for an effective and costs-saving alternative to the currently tragic status quo.

You see, the issue is not really about mental illness; one simply does not cause or lead to the other. The issue is actually a matter of affordable and available housing.

The reality is that homeless people with mental health problems can maintain housing, with recovery-oriented supports. And that can dramatically change their lives. It can also serve to significantly reduce the number of interactions between the mentally ill and police officers. So while it is important to have first responders adequately trained, we want to prevent these

interactions from happening in the first place. This has been shown already in our study where the use of detention centres has dropped by half or more.

Housing First is also about spending smart. The costs of shelters, increased health services use, and other services far outweigh the price of providing a mentally ill person with a place to live.

Our early findings revealed a saving of $7 on every $10 spent through reduced use of health, shelter and correctional services. For participants who were previously the highest users of these services, $22 was saved for every $10 spent.

The At Home/Chez Soi Project helped to inform our Mental Health Strategy for Canada – the first of its kind – called *Changing Directions, Changing Lives*.

The Strategy tackles a broad range of mental health issues that affect the entire socio-economic spectrum of Canadians and makes recommendations for change.

Some seven million Canadians – 20 per cent of the population – live with a mental illness. To help put this in perspective, we have close to 7 million people living with mental illness compared with 2.2 million living with type 2 diabetes and 1.4 million have heart disease. If the 1.4 with heart disease suddenly became the 7 million we see with mental illness – what do you suppose would happen?!!

Every day, 500,000 Canadians miss work for psychiatric reasons . . . including police officers. Now more than ever, we have to redefine the workplace. It isn't for many people - a place or a building. For police officers it is streets, northern communities and rural settings.

Our Mental Health Strategy for Canada places a premium on workplace mental health. We know that Canadian workplaces need to do more to support people experiencing psychological problems on the job. They require everything from mental health promotion, to illness prevention and anti-stigma initiatives.

Especially anti-stigma programs.

Mental illness continues to be met with discrimination all across society. In a profession like policing, with its rugged, 'tough guy' image, it may be even worse.

This is where police share challenges with the armed forces. Romeo Dallaire talks about how it would have been easier for him after returning from Rwanda if he had been missing a limb. He would have received sympathy and understanding.

But suffering from post-traumatic stress disorder wasn't something he could talk about openly. An injured brain just doesn't have the same impact.
One of the groups that the MHCC has targeted in its Anti Stigma Program is health care providers. It is safe to say that if there are health care professionals who view people with mental health problems negatively, that it also exists with police officers.

The biggest obstacle to getting help for most people is the fear of ridicule or rejection. However, avoiding the treatment workers need comes at a high price for employers. Those who go without support experience higher rates of absenteeism, what we call presenteeism – going to work but being less productive – and turnover.

Some 30 per cent of short- and long-term disability claims in Canada are attributed to mental health problems and illnesses. Of the total economic burden caused by mental illness in Canada – about $51 billion annually

We need to openly discuss these issues. Because, even if we were to triple health budgets, people will not seek help if they are afraid of being labelled or are ashamed.

I have seen this in my own work. I had two colleagues telling me of their mental illness. One of them came back to check if I felt differently about him after. If that's happening to a fellow mental health professional, what in God's name would a military or law enforcement person think?

The Commission has led the development of a voluntary National Standard for Psychological Health and Safety in the Workplace to help overcome these problems. The Standard provides guidelines that enable Canadian employers to create, and continuously improve, psychologically healthy and safe environments for their workers.

We've also produced an Action Guide for Employers. Among other things, it helps employers to assess workplace hazards, such as stressors from job demands, and provides advice on how to help employees to address them.

We hope all employers – especially Canada's police boards, given the challenges facing your workers – will adopt the Standard.

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You would be joining good company. Since its launch in January, the Standard has been taken up by hospitals, universities, law firms, corporations and the public sector all across Canada.

Both Bell Canada and the Government of Canada have pilot projects underway. And the Government of Nova Scotia is about to announce implementation province-wide.

We've also partnered with the RCMP in the Maritimes. They are testing a program called Opening Minds, the Commission's anti-stigma initiative.

We at the Mental Health Commission would be delighted to initiate a partnership with the CAPB on any number of our initiatives.

Whatever your area of interest, the Commission can provide expertise and advice. We can connect you with others already implementing the Standard. And we can provide you with a toolkit to make the job easier. All we need is your consent but more importantly, your leadership.

There is so much more that I can talk about and you have probably gathered by now that I'm very passionate about mental health issues. But I really do not want this to be one of those situations whereby you leave saying to your colleague "that was an OK talk, or that was a fabulous talk!" Whatever your impressions, the point is that action is needed. And I want issue a challenge to you. There are things that can be done, and we are willing to work with you.

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