



EXECUTIVE SUMMARY

The Limits of Our Knowledge: Tracking the Size and Scope of Police Involvement with Persons with Mental Illness

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An RSC Policy Briefing



Following protests of police involvement in several high-profile deaths of individuals experiencing a mental health crisis, a number of Canadian individuals and groups have advocated in response for various policy positions—ranging from enhanced police training and new policing programs to reallocating police funding to healthcare and social work groups and, in some instances, outright abolishment of public police. Consistently lacking from much of the public discourse is a thorough understanding of the myriad of ways in which policing intersects with mental health issues, the prevalence of mental health issues within police calls for service, the nature of interactions between persons with mental illness (PMI) and police, and the unique challenges in this area facing Indigenous communities in Canada.

The purpose of the present working paper is to begin to flesh out those areas in which we have some knowledge of this topic, as well as identify key areas in which little is known. The structure of this working paper is as follows. First, we speak to the challenges researchers face in trying to use existing data sources to develop estimates of the size and scope of mental health-related demands upon police. Then, we begin to explore the various intersections of policing and mental health. Where possible, we use police figures to highlight the volume of service calls for different types of interactions. Third, we look at previous attempts by researchers at estimating the overall prevalence of mental health-related calls in policing, noting both the strengths and limitations of previous work. We also consider what recent police statistics may add to the discussion, before presenting some recent data on police calls for service during the COVID-19 pandemic. Next, our focus then shifts to what the research can tell us about police interactions with PMI, before examining the important topic of Indigenous communities and the challenges faced by Indigenous police services, particularly those in rural and remote areas. Finally, based on an analysis of the data and research gathered, we present a series of recommendations for policy-makers and practitioners.

We are still in the early stages of understanding how resulting economic, social, community and familial disruptions and fractures have and will continue to influence the use of policing as a response to individuals in crisis. Given the enormous strains the COVID-19 pandemic is placing on different segments of the population—particularly those who are among our most vulnerable, including the economically disadvantaged, Indigenous communities, and members of other racialized groups—combined with the fact of the already over-burdened healthcare systems in Canada, this is clearly an area that requires surveillance. Unfortunately, as we have documented throughout this report, Canada is currently ill-prepared to take on this vital work because of a lack of standardized approaches to data collection and reporting systems in police services. To improve our knowledge base—and thus support the goal of evidence-based policies in such a critical

area of public concern—Canadians will have to consider supporting strategies for improving the collection and use of policing data at provincial and national levels.

Recommendations

Recommendation #1—Provincial data capturing standards

Developing provincial frameworks for police services to improve data accuracy and more consistently capture the nature of policework with PMI. A primary consideration will be to ensure that the data is captured consistently across police services. For example, all police services should be using MHAs as a conservative proxy for measuring the number of PMI police calls for service. In this case, the definition of a mental health event is provided by the provincial mental health legislation. Capturing patient or subject level information could also be extracted from police data sources though these data will not likely be as consistent as aforementioned MHA-derived data. To improve data quality and consistency, police services should consider establishing various standards for how to document PMI in their data. Hartford et al., (2005) provides a framework for identifying PMI cases as definite, probable, and possible. A similar approach could be used for range of estimation values in a Province.

Recommendation #2—Improve data sharing

Efforts should be made to enhance information sharing on PMI ***between both local and regional police services***. The transient nature of some PMI is likely to result in neighbouring police services interacting with the same subset of individuals. Sharing information across services may enhance understanding and help officers in their interactions. Additionally, improving data sharing between police and health services is recommended to conduct further research on policing PMI, bring about effective ways to collaborate on this matter, and connect both social services together to engage in evidence-informed prevention and reduction strategies. To connect this back to the common theme throughout this report that we simply do not know much about PMI and policing, improving data sharing between police services and between police and health services serves as a means to build capacity to conduct research and enhance the knowledge base on this matter.

Recommendation #3—PMI data analysis

Police administrators should require civilian analysts to study the nature of PMI within police databases. Crime analysts are likely to be knowledgeable on how to query, analyse and report on patterns in their jurisdictions for scheduled reports as well as ad-hoc reports at the request of their supervisors. The analytic skills that many civilian crime analysts possess may be extended to PMI interactions with the police at both the subject level (e.g., EDP) and at the event level (e.g., MHAs). Aggregate information produced should be publicly available in annual reports. That being said, without improving data capturing and data sharing, PMI data analysis is not likely to be helpful as it would be upon the foundation of poor or inadequate data. Therefore, fulfilling this recommendation hinges upon achieving better data capturing practices and improved data sharing amongst local and regional police services, as well as health services.

Recommendation #4—Research collaboration

To address emerging issues or those that require additional expertise, research collaborations between police and universities/colleges/other expert groups is likely to assist in the understanding

of the factors correlated with police interactions with PMI. Areas of research may include rigorous and externally evaluated studies of policing programs that are intended to respond to PMI in the community. Alternatively, scholars could explore the intersection between different community groups, police response, and mental health, with a particular emphasis on those groups experiencing various forms of marginalization. Such knowledge recognizes that that PMI-police interactions are multifaceted and should aid in the development of culturally appropriate and inclusive policing approaches. The federal government should provide long-term funding to aid in the development of such work.

Recommendation #5—Task force on Indigenous communities, Indigenous policing, and mental health.

More knowledge is needed to more fully understand the issues related to police mental health responses within Indigenous communities. Working closely with Indigenous communities, the federal government should create a task force to study this area for the future development of culturally- and contextually appropriate responses.