

**MINISTRY OF JUSTICE  
POLICING AND SECURITY BRANCH  
BRIEFING NOTE**

**PURPOSE:** For INFORMATION for Honourable Suzanne Anton,  
Attorney General and Minister of Justice

**ISSUE:** Release of Canadian Center for Justice Statistics (CCJS) Juristat, *Mental health and contact with the police, Canada 2012*. The Juristat is scheduled for release on June 2, 2015.

**REMINDER:** The information herein is confidential and must not be distributed in any way until the full public release of the CCJS final report. Furthermore, this briefing note is based on a draft report, and as such, is subject to revision.

**SUMMARY:**

- In 2012, 18% of Canadians reported coming into contact with the police in the previous 12 months. Of those who came into contact with the police, 19% met the criteria for a mental or substance use disorder.
- Those with a disorder who came into contact with the police were about four times more likely to report being arrested as the reason for contact with the police (13%) than those without a disorder (3%).

**BACKGROUND:**

**Data**

- There is currently no standardized framework for collecting data on police interactions with people who have a mental health disorder, and most data are not comparable across jurisdictions due to differences in definitions and methods of collecting the data.
- This report uses data from the 2012 Canadian Community Health Survey-Mental Health (CCHS-MH) to report on the prevalence of mental health and/or substance use disorders in Canada, and the type and frequency of contact persons with disorders have with police and how that differs from those without a disorder. This was the first year the survey asked about contact with police.
- The CCHS-MH collects data on those 15 years of age and older living in the 10 provinces. Respondents were assessed based on a series of questions and classified for meeting a specific mental or substance use disorder (depression, bipolar disorder, generalized anxiety disorder, alcohol abuse or dependence, cannabis abuse or dependence, and other drug abuse or dependence).
- No data was collected from people living in the territories, on First Nation reserves, members of the Canadian Armed Forces, the institutionalized and homeless populations.
- The reasons examined for contact with police included traffic violations, being a victim or witness of crime, being arrested, and for personal or family member's problems with emotions/mental health/substance use in the 12 months prior to the survey.

**The rate of contact with police is underestimated as only select disorders and types of contact with police were measured, in addition to the populations not surveyed as noted above.**

- This report also uses information collected through the CCJS' Homicide Survey. The suspected presence of mental or developmental disorders among persons accused of homicide is examined.

**Persons with mental and substance use disorder**

- In 2012, one in ten Canadians (approximately 2.8 million) aged 15 and older, met the criteria for at least one of the above mental or substance use disorders (6% with a mental disorder, 3% with a substance use disorder and 1% with both).
- Of the disorders measured by the survey, depression was the most common (5%), followed by alcohol abuse or dependence (3%) and generalized anxiety disorder (3%).
- Mental health disorders were more common among females (7% of females vs 4% of males), while substance use disorders were more common among males (5% of males vs 2% of females).
- Mental and substance use disorders were most common among younger Canadians and then declined with age; 19% of Canadians between the ages of 15 and 24 years met the criteria for at least one mental or substance use disorder. This was partly influenced by the higher substance use disorders in this age group (9%).
- Mental and substance use disorders were more common among Canadians with an annual household income of less than \$20,000 (17%). Those who relied on social benefits as their main source of income were nearly three times more likely to have a mental or substance use disorder (29%) than those who relied primarily on employment (10%).
- Those who reported being single, never-married had a higher proportion of disorders (17%) than those who were married or living common-law (7%) or separated/divorced/widowed (10%).

**Persons with mental and substance use disorder and contact with police**

- According to the survey, in 2012 18% of Canadians (approximately 5 million) reported coming into contact with police in the previous 12 months. Of those who came into contact with police, about one in five (19%) met the criteria for a mental or substance use disorder.
- Alternatively, 34% of Canadians with a mental health or substance use disorder reported at least one reason for coming into contact with police. This was double the proportion of those without a disorder (17%).
- Of those who came into contact with police, the majority was as a result of a traffic violation, regardless of whether or not they had a disorder, but a higher proportion of people without a disorder came into contact with police for a traffic violation (61%) than those with a disorder (52%).
- A higher proportion of those with a disorder came into contact with police as a result of personal problems with their emotions, mental health or substance use (19%) than those without a disorder (2%).

- Those with a disorder were about four times more likely to report being arrested as the reason for contact with police (13%) than those without a disorder (3%). Those with a disorder were also more likely to come into contact with police for multiple reasons (31%) than those without a disorder (12%).
- 62% of those who came into contact with police and who had a disorder, perceived a need for help with problems related to their emotions, mental health and substance use. Of those, 60% felt that their needs had been met while 30% felt their needs were partially met and 10% not met at all.
- Of those who came into contact with police, who had a disorder and perceived a need for care, 77% had accessed professional services in the past 12 months.
- According to the Homicide Survey, one in five (19%) of persons accused on homicide in 2013 had a mental health or developmental disorder. Overall, the proportion of those accused of homicide with a suspected mental or developmental disorder has increased since 1999.

#### **British Columbia**

- This Juristat does not include province-specific information. However, some police services have begun publishing data on police contact with persons with mental health issues based on calls for service that involve mental health.
- The Vancouver Police Department (VPD) reported that persons with mental illnesses accounted for 21% of all incidents handled by police officers, and that between 2010 and 2012, apprehensions made under the *Mental Health Act* increased by 16%.
- At this time data are not comparable across jurisdictions given the different methodologies used.
- Various templates for collecting this type of information are currently being used in PRIME. Specifically, both the VPD and RCMP have data collection templates in place to gather data on mental health related calls for service and wait time in hospitals.

#### **OTHER MINISTRIES IMPACTED/CONSULTED:**

- Not applicable

**Prepared by:**  
Elise Handley  
Research Analyst  
Standards and Evaluation  
Policing and Security Branch  
604 660-2642

**Approved by:**  
Lynne McNally  
Executive Director  
Standards and Evaluation  
Policing and Security Branch  
604 660-2532

**Approved May 27, 2015 by:**  
Clayton Pecknold (via email)  
Assistant Deputy Minister  
and Director of Police Services  
Policing and Security Branch  
250 387-1100

**MINISTRY OF JUSTICE  
POLICING AND SECURITY BRANCH  
BRIEFING NOTE**

**PURPOSE:** For INFORMATION for Honourable Suzanne Anton, Attorney General and Minister of Justice

**ISSUE:** Status update on the Ministry of Justice and Ministry of Health joint project to review police/health integrated responses to persons experiencing a mental health or substance use crisis.

**SUMMARY:**

- In December 2013, the Policing and Security Branch (PSB) released the *BC Policing and Community Safety Plan* (BCPP) which was developed through public and community engagement. The increasing number of mental health related police calls and the impact it has on police resources was identified as a serious concern throughout the consultation process.
- Under Action Item #12 in the BCPP, PSB committed to:
  - a) work with stakeholders to promote best practices and expand successful policing strategies such as integrated police/health initiatives across the province; and
  - b) conduct a study to examine contact between police officers and persons with a mental illness and/or addictions to develop resource-efficient and effective strategies for these interactions.
- In response to BCPP Action Item #12, PSB and the Ministry of Health have initiated a joint project to review integrated responses to persons experiencing a mental health and/or substance use (MHSU) crisis.
- The goal of the project is to promote best practices; expand successful information sharing protocols and integrated police/health initiatives; provide clear and practical guidance to police agencies and health authorities on their respective roles and responsibilities; and strengthen the interfaces between health authorities and police agencies across BC.
- The Canadian Mental Health Association (BC Division) has been contracted to complete the project in 2014/15.
- The first phase of the project which consisted of an environmental scan and a literature review is complete. Both the environmental scan and literature review were aimed at gathering information about existing integrated police/mental health programs, initiatives and protocols in place in BC and other Canadian jurisdictions.
- The information collected focussed on the following intercept points: persons apprehended under Section 28 of the *BC Mental Health Act*; persons on Extended Leave under the *BC Mental Health Act*; persons experiencing a MHSU crisis including

suicidal crisis; persons with MHSU problems who come into contact with police; and adults with MHSU problems who go missing without leave from residential facilities.

- The second phase of the project consists of key informant interviews with representatives from health authorities, police agencies and Crown counsel across the province. The purpose of these interviews is to identify successes and challenges, as well as solutions that will assist police, mental health service providers and Crown Counsel when interacting with people with a mental health and/or substance use issue. These interviews are scheduled to be completed by end of July 2015.
- The final product will include a report consisting of practical tools and templates to support the development of protocols and integrated initiatives at the local level.
- These tools and templates will then be presented to key stakeholders from across the province at knowledge exchange and regional planning days. The target date for completion is December 2015.

#### **BACKGROUND:**

- Research indicates that individuals with mental illness are three times more likely to interact with police than the general population<sup>1</sup> and 20-40% of those with mental illness will be arrested in their lifetime.
- Individuals with MHSU problems are over-represented in emergency department<sup>2</sup> and hospital admissions, among the unemployed<sup>3</sup>, and within correctional facilities<sup>4</sup>, requiring an integrated and collaborative response.
- Since the early 1990's, there has been considerable effort across the Ministries of Justice and Health and the regional health authorities to work collaboratively and in consultation to provide joint services that would improve health, social, and public safety outcomes.
- Examples of collaborative initiatives between police and MHSU services include mobile response teams that provide a joint health and police response to people in a mental health crisis (e.g., Car 87) including on-site psychiatric assessments, interventions, and linking people to appropriate services.
- In addition, there are 15 Assertive Community Treatment (ACT) Teams in the province that work in partnership with local police to address complex care needs of severe MHSU clients.

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<sup>1</sup> Cotton, D. & Coleman, T. G. (2010) *Reducing Risk and Improving Outcomes of Police Interactions with People with Mental Illness*, Journal of Police Crisis Negotiations, 10:39-57, page 40.

<sup>2</sup> Hackman AL, Goldberg RW, Brown CH, Fang LJ, Dickerson FB, Wohlheiter K, Medoff DR, Kreyenbuhl JA, & Dixon L. (2006). *Psychiatry Services*, 57(4), 563-6.

<sup>3</sup> National Mental Health Development Unit. (nd). *Mental health and employment*. London, UK: Author.

<sup>4</sup> Somers, J., Ogloff, J., Ferguson, A. M., & Davis, M. (2005). *Mental disorder, substance use, and criminal justice contact*. Victoria, BC: BC Ministry of Health.



- In recent years, the sharp increase in the number of mental health related calls has had an impact on police resources and led to criminal justice interventions on individuals in crisis who would be better dealt with through appropriate health supports.
- While there have been considerable efforts to collaborate to address the needs of this client population, there are increasing numbers of individuals experiencing a mental health crisis coming into contact with police and brought to the emergency department under Section 28 of the *Mental Health Act*.
- Section 28 apprehensions are only an option in situations where the individual is acting in a manner likely to endanger that person's own safety or the safety of others, leaving police with a large proportion of interactions with MHSU individuals who are not suitable for such an apprehension.
- The issue of police time spent on individuals with a MHSU problem, particularly those who are dealt with repeatedly, and the impact it has on police resources and their ability to respond to other calls was an important consideration for the initiation of the joint project.


**OTHER MINISTRIES IMPACTED/CONSULTED:**

- The Ministry of Health is actively involved in the joint initiative – a key partnership that furthers the BC Government's commitment to providing the best supports for people facing challenges associated with mental health and substance use.

**Prepared by:**  
Danielle Duplissie  
Program Manager  
Policing and Security Branch  
604-660-2718

**Approved by:**  
Sophie Mas  
A/Director, RCMP Contract Unit  
Policing and Security Branch  
604-660-4451

**Approved May 29, 2015 by:**  
Clayton Pecknold  
Assistant Deputy Minister  
and Director of Police Services  
Policing and Security Branch  
250-387-1100

  
**Approved by**  
Deputy Solicitor General