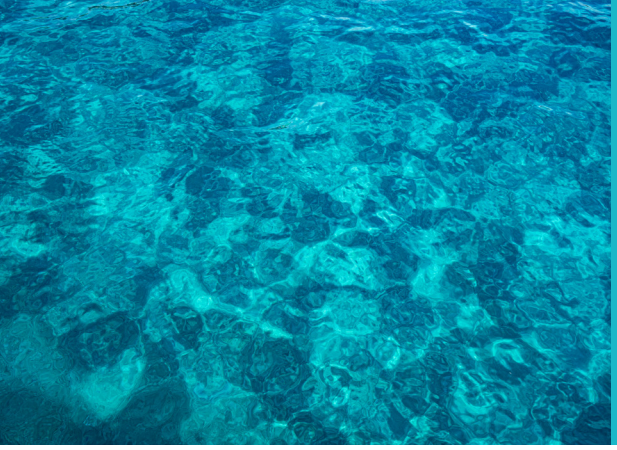

EXECUTIVE SUMMARY

Caught in the Currents: Evaluating the Evidence for Common Downstream Police Response Interventions in Calls Involving Persons with Mental Illness

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In the wake of several high-profile cases involving deaths in police custody of persons with mental illness (PMIs), there has been significant public interest in police reform in this area. Much of this interest, and the resulting demands for change, is couched in the language of public health. Mental illness is seen as a health condition in which social determinants—that is, those economic, cultural, environmental, institutional, and other factors that can influence health outcomes—can function as supports or barriers to well-being. In this language, the metaphor of a stream or river is invoked in order to visualize where appropriate responses to mental health conditions should lie. 'Upstream' solutions are those programs, practices, policies, or other innovations that address factors which are limiting or preventing individual and community access to healthcare treatment. An example of an 'upstream' initiative might be a community-based outreach program aimed at moving mentally ill, homeless citizens into secure housing and treatment. Such approaches are contrasted with 'downstream' initiatives, which often entail programs or practices to respond to individuals who, lacking healthcare access and/or other necessary supports, are now in immediate crisis. As decades of research has shown, one of the single biggest examples of 'downstream' responses to individuals dealing with significant mental health issues is the use of public policing (Bittner 1967 1990; Lamb et a. 2002; Patch and Arrigo 1999; Schulenberg 2016; Teplin 1984; Wells and Schaffer 2006). To a dizzying extent, policing has in many instances become the *de facto* response to mental health issues (see also Wood, Watson, and Fulambarker 2017).

The origins of this report, and of the Royal Society of Canada's Mental Health and Policing Working Group, can be traced to the unique situation Canadians have faced as a result of the COVID-19 pandemic. The unique circumstances of this global outbreak, which have, for many Canadians, resulted in serious illness and death, intensified economic uncertainties, altered family and lifestyle dynamics, and generated or exacerbated feelings of loneliness and social dislocation, rightly led the Royal Society of Canada's COVID-19 Taskforce to consider the strains and other negative impacts on individual, group, and community mental health. With the central role that police too often play in the lives of individuals in mental and/or emotional crisis, we were tasked with exploring what can be reasonably said about the state of our current knowledge of police responses to PMIs.

In response to our charge, the Mental Health and Policing Working Group set out to assess the myriad ways in which police work results in encounters involving PMIs. The result was a working paper that documented the complex nature of these interactions. In this second volume, we move away from the dynamics leading to police encounters towards an exploration of some of the existing suite of 'downstream' policing programs and initiatives in use in Canada. In the pages that follow, we present an assessment of the current evidence base for each selected, with a particular focus on reviewing experimental, evaluative, and other research conducted in Canada. Our intention is to provide policymakers and practitioners with a better-informed understanding

of the strengths and limitations of the current evidence base for programs that have already been widely adopted. In this paper, we explore the knowledge base in the following areas: mental health screening tools, situation tables/hub models, non-escalation and de-escalation training, and crisis intervention and co-response models. In each section, we provide a brief overview of the intervention, program, and/or tool. Then we move on to reviewing the evidence base for each, including presenting a discussion of what the relevant literature reveals in terms of the relative strengths and weaknesses of a given response model or tool. From there, we provide a succinct snapshot of what is both known about a model, as well as areas in which future research is critically needed. Finally, based on an analysis of the data and research gathered, we present a series of recommendations for policymakers and practitioners.

Recommendations

Mental Health Screening Tools

1. Fund independent evaluations to assess both internal and external validity under different research contexts.
2. Fund independent research to explore issues with adoption and adaptation to mental health screeners across police services.
3. Explore PMI perspectives and experiences with mental health tools.
4. Support internal and external assessments as to the extent to which mental health screening tools reduce communication gaps between police and healthcare workers, and therefore reduce barriers for PMIs to access services.
5. Explore the issue of whether training on these tools meets the required objectives of increasing police knowledge of the tool and the concepts embedded in its use.

Situation Tables/Hub Models

1. Fund independent evaluations of Situation Tables broadly, as well as research with a specific focus on the outcomes of mental health-related cases since they appear to be the most prevalent.
2. Fund independent research to explore the perceptions and experiences of individuals who are the subject of Situation Table cases, as well as their families.
3. Given the sensitive nature of the data that may be shared within a Situation Table, research is additionally needed to determine the most optimal method of information sharing while also adhering to any privacy requirements.
4. If research supports their use, governments should develop innovative approaches to increase service provider and service user participation/retention in Situation Tables.
5. Develop policy to dismantle common barriers which often impede collaboration between service providers. Doing so may ease the need for Situation Tables in the first place.

Managing Encounters with Persons with Mental Illness: Non-escalation and De-escalation

1. Develop a definition of non-escalation and de-escalation that is well accepted across Canadian police jurisdictions.
2. Continue studying the physical and mental health implications of policing for police officers and ensure that appropriate supports are put in place for officers to help them manage their health and wellbeing.

3. Study the impact of an officer's mental health on their interactions with the public, particularly with PMIs, including their ability to make sound decisions related to non-escalation, de-escalation, and use of force.
4. Study the impact of an officer's mental health on their ability to regulate their emotions and behaviour in potentially volatile situations with PMIs.
5. To the extent that the competencies highlighted in the literature positively influence the quality of police-citizen interactions, actively select for these competencies when hiring new officers.
6. Introduce competency-based training and evaluate how the various competencies highlighted above influence interactions that police have with role players in realistic scenario-based training environments and with PMIs in field settings.
7. Carry out studies to determine how frequently various non-escalation and de-escalation strategies are used by police officers and which strategies relate to success so that those strategies can be focused on in training.
8. Examine the relationship between the use of de-escalation strategies and officer safety.
9. Conduct evaluations of non-escalation and de-escalation training programs offered in Canada (e.g., CID training) to determine their impact, being sure to focus on behavioural outcomes (e.g., on-the-job performance) in addition to outcomes related to knowledge and attitudes.
10. Establish national standards for mental health and de-escalation training in Canada to ensure all officers are appropriately trained.
11. Examine issues beyond police training, in particular organizational policies related to non-escalation, de-escalation, and use of force, to determine how these influence officer responses in police-citizen interactions, including those involving PMIs.

Crisis Intervention Teams and Co-response Teams

1. Jurisdictional scans of available resources should be conducted to understand local need for crisis response, available resources, and identify gaps to determine need for CIT, CRT, or other crisis response models.
2. Use of evidence-based strategies and models should be prioritized for informing police response to persons in mental health crisis, with some experts calling for all frontline officers to be trained in CIT (Hassell 2020).
3. Given available data on police-involved crisis response models, consideration should be given to reliance on CRT which blends aspects of CIT with deliberate inclusion of a mental health professional in the crisis response and allows for more direct linkages to service access for persons in crisis.
4. Investment is needed in research funding to evaluate best practice CIT, CRT, and alternative crisis response models in the Canadian context and in specific jurisdictions and cultural contexts.
5. Effective police-community partnerships are needed to design and implement any crisis response strategy or program aimed at supporting police with how they respond to persons in mental health crisis.
6. Any crisis response model must have sufficiently resourced mental health, addiction, social, and other community support services available to refer clients beyond the crisis point.
7. Models that dispatch non-police service providers to mental health calls coming through

emergency services points of contact, such as the Crisis Assistance Helping Out On The Streets (CAHOOTS) initiative in Oregon, US and the Mental Health Ambulance Service in Stockholm, Sweden, and recently in Toronto, Canada should be explored and evaluated.

8. Standardization is needed in the definition of mental health crisis police calls to allow for consistent data tracking and comparability across Canadian jurisdictions.