



Advocating for inclusive
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email: info@allinadvocacy.ca
twitter: @allinadvocacy
phone: 416-889-9484

To: Mohamed Shuriye, Manager, Policing Reform, City of Toronto
Re: Mental Health Crisis Response, Policing Reform Project

November 25, 2020

Dear Mohamed and Members of the Policing Reform Project,

It has become clear that we need to drastically change our mode of responding to persons experiencing a mental health crisis.

The people who are best positioned to inform and guide this conversation are precisely those who have personal or expert experience with mental health crises: people living with serious mental health conditions who have needed urgent crisis response, family or friends who have been forced to request urgent external intervention, and that have experience in de-escalation and in providing support to those dealing with serious mental health issues.

Our current model of police as first responders has proven to be harmful at times, especially when the police are responding to Indigenous persons or people of colour. While many of the cases where police respond to these calls may resolve without incident, too many others don't. And the price, when police interactions with those in crisis go wrong, is too high.¹

There are some key steps that the City (and the Province) can take to ensure that we have appropriate and safe responses to mental health crises:

- 1) **Invest in prevention:** Prevention is the key to dealing with mental health challenges.² Proper investment in mental health support for individuals and families will also result in fewer calls to the police or a crisis response team, fewer hospital stays, lower costs, and better mental health for those involved. A response model that is implemented without appropriate and sufficient investment in prevention and support will ultimately fail, especially as the number of people diagnosed with and dealing with mental health disorders is increasing.

With an ever increasing number of *young* people experiencing significant mental health challenges, it is our obligation to dramatically improve support and services, and to reduce the need for emergency services.

¹ Some cases include the lost lives of [O'Brien Christopher Reid](#), Byron Debassige, Douglas Minty, Michael Eligon, Michael McIsaas, Sammy Yatim, Regis Korchinski-Paquet, Chantel Moore, Ejaz Choudry, D'Andre Campbell, Rodney Levi, , A CBC [report](#) shows that 70% of people who have been killed or died during interactions with the police across Canada suffered from mental health and/or addictions issues, and 42% of those whose lives were taken from them were in mental distress.

² Numerous Canadian and international studies outline the cost of mental illnesses and highlight the not only the importance of prevention, support, and appropriate intervention, but how these steps are ultimately less costly to society than reactive measures. For a Canadian perspective, see Mental Health Commission of Canada. [Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations](#) (March 2017), and [Making the Case for Investing in Mental Health in Canada](#).



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- 2) **Provide services that offer flexibility and variety. There is no one-size-fits-all solution:** Whatever process is designed and implemented, it must remain nimble and have sufficient flexibility to respond appropriately to different situations. Is the person expressing a desire to hurt themselves? Is the person surrounded by loving family members who understand them and can communicate with them well? Does the person have a fear of authority? Does the person come from a country where government agents were abusive and violent toward citizens? Does the person belong to a community that, historically, has had negative experiences with government institutions and persons-in-authority, such as hospitals and the police? Does the person have a history of interaction with the police? What time of day is it and how does that impact a person's sense of fear or security? Importantly, what is the particular form of illness or crisis being experienced by the person, and how is that impacting their perceptions and behaviour?
- 3) **Ensure that intake is done appropriately: Intake is far more than an administrative matter:** Who takes that initial call? The person who conducts the initial intake and referral will face a difficult and vital task. This person is not merely an operator, but an assessor of the risks and the appropriate response. Their training and background must reflect the significance of their role.
- 4) **Go to the Experts:** We have already stated this as a required foundational premise, but the point does need to be emphasized. Look to agencies and models that use an empathetic approach to resolving a crisis: In addition to receiving input from those with lived experience and the agencies that work with these persons, look to effective models in these agencies in Ontario and in other jurisdictions. The [Gerstein Centre's](#) crisis line and response model, for example, is an exemplary one. With their decades of experience, support and resolution of crises without the use of police officers, this agency's input is invaluable.
- 5) **Reduce police presence: police presence and response to mental health crises should be significantly curtailed, as appropriate:** The very presence of uniformed officers, and their particular form of response,³ will often aggravate the situation: Threats of an arrest, demands, such as a demand to go down on the ground or put down a knife, the application of restraints, and the very tone used by officers may easily aggravate the situation, deteriorate the condition of a person-in-crisis, exaggerate or trigger the fight or flight response, or lead to an elevation of their aggression. For certain persons, either because of their psychiatric condition or because of their prior experience with those in authority, the presence of police will increase their fear and distrust. For these reasons, police officers are rarely the appropriate first responders, regardless of their good intentions.

While there may be exceptional circumstances where the presence and involvement of an officer may be necessary (for example, when a person in crisis poses a real and imminent danger to others or is engaging in serious criminal activity), such incidents are rare. Police officers must have

³ Legislative reform respecting the Use of Force Model is a critical issue. See, for example, [Ombudsman Ontario, "A Matter of Life and Death"](#).



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specialized educational background and training, beyond what is currently expected and available, so that they can properly respond to these calls. De-escalation must become the focus of police training. Furthermore, where it is deemed that there is imminent risk of harm and that police presence may be necessary, the attending officer(s) should always be present *only* as part of a team of responders and, where appropriate, the focus should continue to be on de-escalation and peaceful resolution. The use of force should be a last resort.

- 6) **Provide mental health support for responders:** Those who respond to crisis calls necessarily deal with extremely challenging and devastating situations. Without proper support, there is a significant risk that they, too, will suffer from mental illnesses, including post-traumatic stress disorder, simply because of the nature of their work. It is essential that ongoing and effective support be provided to these workers, be they psychologists, social workers, police officers, paramedics, or those who have suffered from mental illness themselves.⁴
- 7) **Make the services available 24/7:** Mental health crises don't arise simply during day time or evening hours. People can experience crises at any time, and while we have not been able to find Canadian data that tracks the time of day when people are most likely to make a suicide attempt, [one U.S. study](#) suggests that suicide rates peak between 2:00-3:00 a.m.
- 8) **Provide adequate funding:** As a City, we must ensure that we sufficiently fund the programs to make the provision of these services possible and effective.
- 9) **Create robust mechanisms for regular evaluation, oversight, and accountability:** A responsible government response must ensure that our crisis response model is effective and accountable.

Again, we want to emphasize that we make these suggestions with the assumption that the City's Police Reform Project has prioritized the input of those who have experienced either their own mental health crises or that of a close family or friend, as well as the input of experts and agencies working with such persons. Furthermore, any approved projects or strategies should keep in mind the need to de-task the police force, dramatically reduce the role and reach of police officers, and decrease the police budget and instead invest in community supports, housing, and prevention.

If you have any questions, please contact Dyanoosh Youssefi at dvanoosh@allinadvocacy.ca or at 416-889-9484.

Sincerely,

Dyanoosh Youssefi, B.A., B.C.L., LL.B.
Founder, Executive Director, All IN Advocacy

⁴ For information on PTSD and ASD among first responders, please see: Centre for Suicide Prevention, [First Responders, Trauma and Suicide](#). While responding to mental health crises does not necessarily expose those workers to the full range of traumatic experiences that first responders (paramedics, firefighters, and police officers) face, dealing with suicidal persons and those in crisis is inherently traumatic.