

Police call for more mental health services

Across Canada, police are bearing the brunt of broken mental health care systems and are calling for increased funding for mental health and social services.

In August, the Canadian Association of Chiefs of Police issued a press release, arguing that “police should not be on the frontline on mental health issues.” In mid-September, the Vancouver Police Department noted that 21% of its calls involve individuals with mental illness.

In 2011, Toronto police officers arrested 8500 people under Ontario’s Mental Health Act, which allows police to apprehend people with mental illnesses and take them to hospitals if they pose potential harm to themselves or others.

Toronto Police Service spokesperson Mark Pugash was unable to provide further information or arrange an interview, however, saying “all of these issues are under review” in the inquiry into the shooting of 18-year-old Sammy Yatim. Armed with a knife on a Toronto streetcar in July, Yatim died after being shot repeatedly by an officer.

Vancouver Police Department Chief Jim Chu says psychiatric episodes requiring police response would be less frequent if mental health services played a more preventative role. Chu blames deinstitutionalization in the 1990s, coupled with subpar funding for community mental health services.

“We’re encountering people that should be institutionalized,” he says. “We deal with them and they’re back on the street a day later, and then we deal with them and they’re back on the street two days later.”

Saskatoon Police Service Chief Clive Weighill notes that although crime has “come down steadily in Canada in the last few years, there’s been an increase in this [mental health] field.”

Dr. Kwame McKenzie, a medical director at the Centre for Addiction and Mental Health in Toronto, says the problem is that “none of [the mental health hospitals] are responsible for mental health in the community,” and thus it’s left to police to fulfill the role of connecting psychiatric patients to health services.

Police training, however, has been slow to reflect this growing burden.



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Police encounter mental health emergencies but “should not be on the frontline on mental health issues,” says the Canadian Association of Chiefs of Police.

Most police academies introduced mental health training in their curricula only in the last 10–15 years, according to the Mental Health Commission of Canada. On-the-job training, meanwhile, varies widely by jurisdiction, according to the commission’s 2010 study.

The commission is calling for a standardized curriculum for police and for mental health services to play a larger role in the community. “We can’t, nor should we, expect police to be mental health professionals,” says President and CEO Louise Bradley.

According to Pat Capponi, a survivor of mental illness and cochair of the mental health subcommittee of the Toronto Police Services Board, police need to be more aware that being yelled at or getting handcuffed can be major “triggers” for people experiencing trauma.

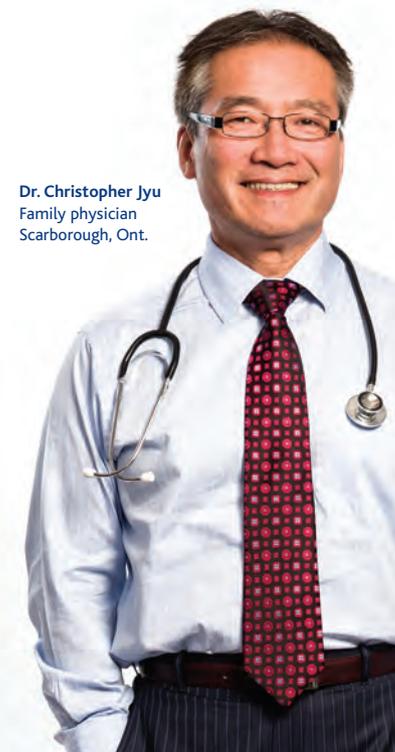
Chief Chu stressed, however, that police are “very good at de-escalating situations,” and argued that there is a public misconception about police using excessive force against mentally ill people, because only the exceptional cases are reported. “[The Vancouver Police Department is] making 2500 Mental Health Act apprehensions a year, do you hear about them?” — Wendy Glauser, Toronto, Ont.

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