OPP Mobile Crisis Intervention Team
Who are we?

• Officer Scott Thompson  
  – Peterborough County OPP
• Andrew Reynolds  
  – Mental Health Worker, CMHA HKPR
Agenda

• Police involvement/role in mental health
• Models of crisis intervention
• How MCIT works in Peterborough County
• Results
• Future Directions
Police Involvement

• While the majority of persons with mental health/addictions issues do not commit criminal acts, they may come into contact with officers when experiencing a health crisis (Stats Canada 2012).
  – Suicide attempts/threats
  – Psychotic episodes
  – Domestic situations
  – Wellness checks
Police Involvement - OPP

• Between 2007 and 2013, mental health related calls for service received by the OPP increased by 42%. During the same period, total officer hours spent responding to these occurrences increased by 65%. (OPP Connections – Mental Health Strategy, Our Communities).
Crisis Intervention Models

• CIT  
  – Memphis Model
• COAST
• MCRRT
• MCIT
Crisis Intervention Models

• MCIT:
  – Uniformed police officer and mental health professional
  – Activated by call to police
  – Secondary response unit
  – Eg. Toronto, Northumberland (MHEART)
MCIT in Peterborough County

• MCIT Response:
  1. Respond to active calls for service
  2. Review all OPP calls for service
     – Identify mental health calls
     – Consent and BMHS Forms, or obtain consent
MCIT in Peterborough County

• Follow up:
  – Support after initial call
  – Further follow up as needed
• Proactive approach and door knocks
Referrals

• Since May 2017:
  – We have reviewed over 400 calls for service
  – Over 280 accepted follow up
Statistics

• Evaluating program through outcomes:
  – We could look at calls, types of calls, apprehensions, and referrals
• However, not all stats are important
• Need to determine the purpose of an MCIT program
Statistics

• The purpose of an MCIT program:
  – Improve interactions with police
  – Decrease use of force
  – Divert to appropriate services

• May not see a declined in number of calls or apprehensions
Statistics

• What we see in Peterborough:
  – Not a big change in calls coming in
  – Number of calls flagged as mental health increasing
    • Number of referrals increasing (BMHS Forms)
  – Not a large change in apprehension rates
  – Number of voluntary escorts to hospital decreasing
# Mental Health Calls

<table>
<thead>
<tr>
<th></th>
<th># of MHA calls</th>
<th># of Attempt/Threat of Suicide calls</th>
<th>Totals</th>
<th>BMHS Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>60</td>
<td>97</td>
<td>157</td>
<td>178</td>
</tr>
<tr>
<td>2016</td>
<td>63</td>
<td>105</td>
<td>168</td>
<td>169</td>
</tr>
<tr>
<td>2017</td>
<td>76</td>
<td>113</td>
<td>189</td>
<td>203</td>
</tr>
<tr>
<td>2018</td>
<td>84</td>
<td>105</td>
<td>189</td>
<td>243</td>
</tr>
</tbody>
</table>
Program Statistics

<table>
<thead>
<tr>
<th></th>
<th>% of MH Calls That Lead to Apprehensions</th>
<th>% of MH Calls That Lead to Voluntary Escorts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>20.75</td>
<td>42.75</td>
</tr>
<tr>
<td>2016</td>
<td>23.375</td>
<td>37.25</td>
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<tr>
<td>2017</td>
<td>28.5</td>
<td>34.75</td>
</tr>
<tr>
<td>2018</td>
<td>24.25</td>
<td>29.5</td>
</tr>
</tbody>
</table>
Results

• Increase in referrals and decrease in voluntary escorts
  – Officers are identifying more calls as having mental health and requiring follow up
• Impacts on community members
  – Prolific persons and referrals
• Impacts on community partners
• Increase in calls for service in the summer due to influx of tourists
Moving Forward

• Continue to remind officers and work on buy in
• Promoting the program
• Officer and community training (eg. CIT)
• Respond to more active calls and support at emerge

• How do we support tourist population in the summer?
  – Advertise local supports?
  – Connect better to their supports in home cities?
Questions?
Thank You!