

OPP Mobile Crisis Intervention Team



**Canadian Mental
Health Association**

Haliburton, Kawartha, Pine Ridge

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Who are we?

- Officer Scott Thompson
 - Peterborough County OPP
- Andrew Reynolds
 - Mental Health Worker, CMHA HKPR



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Agenda

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



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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



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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).



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Crisis Intervention Models

- CIT
 - Memphis Model
- COAST
- MCRRT
- MCIT



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Crisis Intervention Models

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



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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



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MCIT in Peterborough County

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



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Referrals

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



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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



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Statistics

- The purpose of an MCIT program:
 - Improve interactions with police
 - Decrease use of force
 - Divert to appropriate services
- May not see a decline in number of calls or apprehensions



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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



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Mental Health Calls

	# of MHA calls	# of Attempt/Threat of Suicide calls	Totals	BMHS Forms
2015	60	97	157	178
2016	63	105	168	169
2017	76	113	189	203
2018	84	105	189	243



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Program Statistics

	% of MH Calls That Lead to Apprehensions	% of MH Calls That Lead to Voluntary Escorts
2015	20.75	42.75
2016	23.375	37.25
2017	28.5	34.75
2018	24.25	29.5



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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



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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?



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Questions?



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Thank You!



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