

Report to / Rapport au:

**OTTAWA POLICE SERVICE BOARD
LA COMMISSION DE SERVICE DE POLICE D'OTTAWA**

28 April 2025 / 28 avril 2025

Submitted by / Soumis par:

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SUBJECT: MENTAL HEALTH CHANGE INITIATIVE

OBJET: LA SANTÉ MENTALE INITIATIVE DE CHANGEMENT

REPORT RECOMMENDATIONS

That the Ottawa Police Service Board receive this report for information.

RECOMMANDATIONS DU RAPPORT

Que la Commission de service de police d'Ottawa prenne connaissance du présent rapport à titre d'information.

BACKGROUND

On December 17, 2024, following the conclusion of the Abdirahman Abdi Inquest, Dr. David Eden of the Office of the Chief Coroner (Province of Ontario) signed the Verdict of Inquest Jury, issuing 57 recommendations directed at various organizations, including the Ottawa Police Service (OPS). Of these, 28 recommendations were specifically directed towards the OPS. These recommendations place a strong emphasis on improving police responses to individuals experiencing mental health crises.

In response to the Inquest recommendations, on January 27, 2025, the OPS informed the Board of the launch of the Mental Health Change Initiative. The aim of this Initiative is to better understand, address, and report on applicable recommendations. This is a priority for the OPS and its success is critical to the Service, its members, and our communities.

The recommendations from the Abdi Inquest speak to several overlapping aspects of mental health response, use of force, training (de-escalation, duty of care, anti-racism

and cultural awareness), and evaluation. A full list of the recommendations is provided as an appendix to this report, but overall, the recommendations address the following themes:

Mental Health Advisory Council: Establish an enduring Mental Health Advisory Council to provide recommendations relating to the Service's mental health strategy and response, data collection and analysis, policies and procedures, information sharing with community partners, and relevant training. The Council should include executive leadership from the OPS, as well as those from peer-run organizations representing persons with lived experience.

Training and Professional Development: Develop effective, mandatory training on issues relating to mental health, emphasizing de-escalation and duty of care, which should include the testing and evaluation of training material and outcomes. The development and implementation of training should be done with community partners and in collaboration with persons with lived experience. In particular, the OPS should review and update mandatory training for OPS members to address implicit bias, cultural competency, and anti-Black racism. All training should be trauma-informed and should address intersectionality, particularly the unique intersection of Blackness and mental health. The OPS should also ensure capture and maintenance of reliable records on use of force training and other mandatory training.

Mental Health Unit: Continue to expand the mandate of the Mental Health Unit to be a resource in cases where police presence is required for a person in crisis. Efforts should be made to more accurately track mental health data.

Communications: Continue to refer mental health calls to Alternate Neighbourhood Crisis Response (ANCHOR) when suitable and improve knowledge and awareness (as well as policies and procedures) for call takers and dispatchers on the signs of mental health crisis, ensuring communicators are trained to ask questions directed at determining whether a call involves a mental health component.

Data collection and reporting: Develop revised methods identifying calls involving mental health components, including where there is an allegation of criminality. The Annual Use of Force Report should be reformatted to allow for a ready comparison of year-to-year data on racial disparities and mental health incidents. The OPS should provide the Board with a report outlining the 10-year history of use of force, as well as plans to reduce racial disparities in use of force encounters.

SIU Investigations: Develop policies and procedures to address reporting requirements for SIU investigations (section 81 reports).

Body-Worn Cameras: Consider when and/or how to introduce Body-Worn Cameras (BWCs), as well as how BWCs could contribute to evaluation and training.

The Discussion section below outlines how the Mental Health Change Initiative is establishing itself to address these recommendations and make substantial improvements to the Service's mental health response. The next report to the Board in September will include a breakdown of work underway and/or planned to address each of the 28 recommendations.

DISCUSSION

In response to the recommendations from the Abdi Inquest, a dedicated Mental Health Change Initiative team has been established, and foundational work has begun. The Initiative is advancing through collaborative consultation, research, and strategic planning, with a focus on developing informed recommendations for OPS leadership.

While the project is still in its early stages, significant progress has already been made in consulting partners and identifying critical gaps in mental health response, training, and data collection. The Initiative directly addresses the recommendations of the Inquest by laying out a phased, community-informed plan of action.

The first priority of the group is to establish the Mental Health Advisory Council (MHAC) who will provide guidance on the planning and prioritization of efforts to address the Inquest recommendations. Engagement with MHAC and broader community members will be designed to ensure that lived experiences and voices—particularly from those most impacted by systemic gaps—inform the design and implementation of all changes.

The OPS is committed to building a more compassionate, effective, and accountable mental health crisis response model—one shaped by community collaboration, grounded in evidence, and centered on equity. With this Initiative, the Service aims to establish a strong standard for police response to mental health crises, one that better serves both officers and the diverse communities they are sworn to protect.

Our goal is to establish a new, collaborative model for mental health crisis response, working in close partnership with community organizations, mental health professionals, and advocacy groups. Through collaborative efforts, the OPS can build a more responsive, compassionate, and effective system that benefits both officers and the diverse communities they serve.

This section outlines the priorities and guiding principles of the Mental Health Change initiative, beginning with the establishment of the Mental Health Advisory Council, an

outline of the 10 guiding principles, and a high-level overview of key work packages and next steps.

Establishment of the Mental Health Advisory Council (MHAC)

One of the key priorities emerging from inquest recommendations is the establishment of an enduring Mental Health Advisory Council (MHAC). The MHAC will play a vital role in shaping mental health crisis response strategies, identifying gaps in services, and advising on best practices to enhance community and police response to mental health and substance use. They will ensure that OPS mental health initiatives are informed by those with lived experiences and subject-matter expertise.

The OPS is working in partnership with the Community Equity Council (CEC) to ensure the recruitment and structure of the MHAC are inclusive, transparent, and community informed. This work is actively underway, with a focus on building a Council that reflects the diversity and intersectionality of communities most impacted by mental health-related police interactions.

By involving the community from the beginning and maintaining ongoing engagement, the OPS aims to strengthen relationships and reinforce our commitment to collaborative policing. The establishment of the MHAC marks a significant step in addressing mental health concerns within the community while ensuring that community voices remain central to the process.

Once this council is established, the Mental Health Change Initiative will work closely with them to plan and prioritize efforts to address the Inquest recommendations. We look forward to continuing the collaboration and the successful development of the MHAC as a meaningful and lasting initiative within the OPS.

Initiative Guiding Principles

In standing up the Mental Health Change Initiative, the leadership identified 10 guiding principles which have been reviewed by the CEC and other community interest holders.

1) Community Collaboration & Partnership: Engage with communities as active partners in shaping policies, training, and crisis response strategies to build trust, foster openness, and ensure accountability.

2) Equity & Fairness in Response: Ensure all individuals — particularly those from Indigenous, racialized, marginalized, and faith-based communities — receive fair, respectful, and effective responses from OPS officers, and that all mental health crises are met with compassion.

3) Accountability & Trust: Implement clear oversight mechanisms, continuous evaluation, and open communication to ensure the initiative remains effective, measurable, and accountable to both OPS and the community.

4) Prioritization of De-escalation & Crisis Intervention: Enhance the role of de-escalation techniques into mandatory training and policies to reduce harm and improve outcomes in mental health crises situations, prioritizing non-violent resolutions and applying a culturally appropriate trauma informed lens to intervention.

5) Systemic Change Over Surface-Level Fixes: Address root causes of gaps in training, policy, and response to ensure lasting and meaningful change within OPS. Focus on embedding sustainable improvements rather than temporary adjustments.

6) Sustainability & Long-Term Integration: Move beyond short-term initiatives to embed systemic progress into OPS culture, ensuring continued improvement and adaptation over time. Sustainable growth requires institutional commitment and ongoing effort.

7) Data-Driven Decision Making: Use evidence-based research, training reviews, and performance metrics to guide strategy, measure effectiveness, and drive ongoing operational improvements. Decisions must be informed by real-world data, robust analysis, and community feedback.

8) Training & Professional Development: Ensure officers receive high-quality, scenario-based training that reflects best practices in mental health crisis response, cultural competency, and de-escalation, enhancing their ability to achieve better outcomes for community well-being. Ongoing development ensures officers are equipped to respond effectively and adapt to evolving community needs.

9) Clear & Structured Implementation Strategy: Follow a phased approach in assessment (where we are), visioning (where we want to be) and strategic planning (how we get there). Ensure progress is deliberate, measurable, and aligned with the overall objectives of OPS and the community.

10) Commitment to Public Safety & Well-Being: Balance officer and public safety with a compassionate, community-centered approach to mental health crisis response. Ensure all interventions prioritize the well-being of both the individuals in crisis and the responding officers.

Work Packages

In addition to the establishment of the MHAC, the Mental Health Change Initiative has identified the following work packages:

Build Public Trust: Foster public trust through meaningful, respectful consultation and engagement, particularly regarding response to mental health and use of force, training, and communication.

Foster Internal Change: Identify and foster avenues for sustainable, meaningful change within the OPS to improve crisis responses in the community while supporting member well-being.

Evaluate and Report: Develop processes to improve the collection and analysis of data, to evaluate the efficacy of training and reform efforts, and to ensure robust reporting to partners, interest holders, and the public.

Identify opportunities: Document recommendations and opportunities identified over the course of the Initiative.

Progress has already been made in analyzing mental health data and identifying gaps in OPS mental health response, documenting existing training, and pursuing methods of data collection that will meet the Initiative's objectives.

In the coming months, the Project Charter, work plan, and other key documents will be reviewed by OPS Executive and provided to the Mental Health Advisory Council for critical input. Team members will engage in community consultations and advance objectives within all work packages and establish and maintain working collaborative relationships with key committees doing similar work including the Guiding Council and the OPS Use of Force Community Review Panel. Quarterly updates to the Board will outline progress, key insights, and next steps.

CONSULTATION

The OPS recognizes that true progress requires meaningful collaboration with the communities most affected by police interactions involving mental health. From the earliest stages of the Mental Health Change Initiative, engagement has been prioritized—ensuring that policies, principles, and naming were shaped in partnership with the Community Equity Council, community members, partners, and advocacy organizations. The goal has always been to build something for the community with the community, ensuring our approach aligns with their needs, values, and lived experiences.

Consultations have surfaced consistent themes: the need for transparency, sustained collaboration, cultural competence, and meaningful impact for communities. This feedback has directly informed the Initiative's approach and affirmed the importance of

co-creation. This feedback has directly informed our approach and highlighted the need for continuous engagement.

FINANCIAL IMPLICATIONS

At this stage, the financial implications of the Mental Health Change Initiative are not yet fully defined. However, it is anticipated that costs incurred may be associated with staffing, training and communications, consultation processes, and potential operational changes; as it stands, this initiative is fully funded through the 2025 Budget.

As the project progresses and more details become available, a clearer financial assessment will be provided to the Board, including projected costs and potential funding considerations.

SUPPORTING DOCUMENTATION

Document 1 - Verdict of Inquest Jury

CONCLUSION

The Mental Health Change Initiative was launched in response to the recommendations emanating from the Abdirahman Abdi Inquest. At its core, the Initiative is about transforming how the Ottawa Police Service responds to individuals in mental health crisis, with an emphasis on compassion, cultural sensitivity, and accountability.

While the Initiative is still in its early stages, foundational work has been completed. Key areas of progress include identifying critical gaps in training, data collection, and response models, and establishing partnerships that prioritize community voices and lived experiences.

Proposed activities include, but are not limited to:

- Establishing a permanent Mental Health Advisory Council to guide the Initiative and ensure lived experience is embedded in policy and practice;
- Exploring and enhancing training focused on de-escalation, duty of care, anti-racism, and cultural awareness;
- Expanding the mandate of the Mental Health Unit to provide more robust support during mental health-related calls for service;
- Continuing referral to the Alternate Neighbourhood Crisis Response (ANCHOR) Program when appropriate, in collaboration with community partners;
- Strengthening data collection and reporting to improve tracking of mental health calls and use of force incidents, and to identify racial disparities; and

- Exploring the implementation of body-worn cameras (BWCs) to support transparency, evaluation, and training.

The OPS is committed to a trauma-informed approach that strengthens officer readiness through improved training on de-escalation, anti-bias practices, and non-violent crisis intervention. By embedding these principles in policy and practice, the Initiative seeks to improve outcomes for both officers and the communities they serve.

As the initiative develops, financial considerations, implementation plans, and expected outcomes will be presented to the Board on a quarterly basis, ensuring ongoing accountability and transparency. The OPS remains fully committed to a community-informed, evidence-based approach that fosters trust, equity, and meaningful progress in addressing these critical recommendations.

The ultimate goal is to establish a new, collaborative model for mental health crisis response, working in close partnership with community organizations, mental health professionals, and advocacy groups. Through collaborative efforts, the OPS can build a more responsive, compassionate, and effective system that benefits both officers and the diverse communities they serve.