

**Report to / Rapport au:**

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

**29 September 2025 / 29 septembre 2025**

**Submitted by / Soumis par:**

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**SUBJECT: MENTAL HEALTH CHANGE INITIATIVE – SEPTEMBER 2025 UPDATE**

**OBJET: INITIATIVE DE CHANGEMENT EN SANTÉ MENTALE – MISE À JOUR  
DE SEPTEMBRE 2025**

**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.**

**EXECUTIVE SUMMARY**

In December of 2024, upon 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 - 28 of which were directed to the Ottawa Police Service (OPS). These recommendations, focused largely on improving police responses to individuals in mental health crisis, underscored the urgent need for systemic reform and lasting community partnerships.

The Mental Health Change Initiative (MHCI) was launched in January 2025 in response to the recommendations issued by the Inquest. The Initiative is focused on improving the Ottawa Police Service's response to individuals experiencing mental health crises, addressing systemic gaps, and strengthening long-term and meaningful collaboration with community partners and interest holders.

Since the last update to the Board in April of 2025, the MHCI has made significant advancements. Progress has included:

- The establishment of the Mental Health Advisory Council (MHAC), which had its first meeting scheduled in September 2025.
- Beginning of stage one of Body-Worn Camera (BWC) implementation, with a targeted rollout in Q4 2025. BWC implementation will result in providing the forward-facing Crisis Intervention Team (CIT) and a small number of Change Agents (volunteer frontline members actively engaged in the initiative) with BWCs.
- Reviewing CIT training, dispatcher/call-taker training, and ABLE bystander training and enhancing as necessary.
- Development of new de-escalation training models in consultation with community agencies, Carleton University researchers and other police and professional agencies.
- Engagement with external policing partners (Delta Police, Peel, RCMP) to inform best practices and their evolution of training, with the possibility of collaboration of training.

While timelines are in place to address the recommendations, OPS will be staging their delivery with the MHAC beginning in Fall 2025. The MHCI team is committed to providing the Board with biannual updates, with the next update being provided in the Spring of 2026.

Beyond this, the MHCI has responded to inquiries sent by the Coroner via a formal response. The response provided a detailed breakdown of the 28 OPS-directed recommendations and progress-to-date on each one. Additionally, the MHCI team has connected with international experts following participation in the Law Enforcement and Public Health (LEPH2025) conference, which highlighted the increase in number of mental health and substance abuse crisis across the world, and the need for collaboration with law enforcement and wrap around services.

OPS actions under MHCI will remain community-informed, evidence-based, and sustainable to strengthen accountability, transparency, and public trust.

## **BACKGROUND**

On December 17, 2024, following the conclusion of the Abdirahman Abdi Inquest, convened following Mr. Abdi's death in Ottawa in 2016, Dr. David Eden of the Office of the Chief Coroner (Province of Ontario) signed the Verdict of Inquest Jury. The jury issued 57 recommendations directed at various organizations, including the Ottawa

Police Service. Of these, 28 recommendations were directed specifically to OPS, with a significant focus on improving responses to individuals experiencing mental health crises.

In response to the Inquest recommendations, on January 27, 2025, OPS informed the Board of the launch of the Mental Health Change Initiative, designed to ensure these recommendations are addressed through a coordinated, transparent, and community-driven approach. The aim of this Initiative is to better understand, address, support 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. The recommendations also emphasize the importance in creating an enduring MHAC, improved training and strengthening the Mental Health Unit, enhancing communications and dispatch, improving data collection and reporting, expanding the OPS Digital Evidence Information Management System (DEIMs) use of body-worn cameras, and oversight of SIU reporting.

## **DISCUSSION**

Since the last update to the Board in April 2025, the MHCI has moved beyond foundational planning and into early implementation. Progress has been achieved in several areas with the advancement of the Mental Health Advisory Committee, training and development, body-worn cameras, policies and SOPs, and external engagement and knowledge building. Details of these advancements are as follows:

### **Mental Health Advisory Council (MHAC)**

- The MHAC has been formally established, with all candidates interviewed and 13 successful members selected along with three OPS representatives.
- Recruitment for the MHAC was supported by the Community Equity Council (CEC), the Guiding Council, the Black Mental Health Coalition, the Ottawa Aboriginal Coalition, and other engaged community members, along with OPS MHCI members and OPS leadership.
- During its initial phase, the MHAC will meet as required and will transition to bi-monthly meetings thereafter. The Terms of Reference for MHAC have been finalized, providing a clear framework for its role and scope. However, as the Council has not yet begun its regular meetings, the timing of specific deliverables

will continue to evolve and be refined in response to the areas MHAC members choose to prioritize and provide input on.

- The MHAC met for the first time in September 2025.

### **Training and Development**

- The OPS MHU has trained 26 OPS members in Crisis Intervention Team (CIT) training. This program equips officers with specialized skills in de-escalation, Mental Health Act application, systems navigation, and trauma-informed response, improving outcomes for individuals in crisis while supporting officer well-being.
- Crisis Intervention and De-escalation training for 911 dispatchers and call takers has been delivered to all members of the OPS Communications Center and the Police Reporting Unit. This training was created by the Carleton University Police Research Lab, led by Dr. Craig Bennell PhD, and in collaboration with Dr. Mary Ann Campbell, PHD University of New Brunswick.
- Improvements to ABLE bystander training have been initiated, with further development planned following consultation with MHAC.

An alternative de-escalation training model is currently under review, with input from Carleton University (Craig Bennell's research team). This review does not indicate immediate implementation but is part of our effort to assess existing and emerging approaches and determine how best to enhance or build upon current training to meet OPS and community needs.

### **Body-Worn Cameras (BWCs)**

- Stage one implementation of BWCs has been initiated by a dedicated project team, with a planned Q4 2025 rollout. As noted, rollout will be limited initially to trained CIT officers and some additional Change Agents. Throughout the BWC process, led initially by the DEIMS team and now continuing with MHCI, there has been wide community input and engagement. We have worked closely with the Community Equity Council (CEC) and other community organizations, sharing information broadly and incorporating community feedback to guide planning and implementation of this initiative.
- OPS has partnered with the Delta Police, Peel Police, OPP and the RCMP to learn from their BWC and de-escalation models, applying some of those insights to OPS's own rollout.

### **Policies, SOPs, and Internal Partnerships**

- The OPS Policy Section is reviewing and updating policies and SOPs in alignment with recommendations.
- OPS's Police Development Centre (PDC) is actively engaged and is collaborating on curriculum review and development to ensure that all training is in alignment with recommendations.
- The Mental Health Unit has led the expansion of the CIT roll out and has future plans for Mobile Crisis Response teams which MHCI will support.

### **Coroner's Recommendations**

- In July 2025, OPS submitted a comprehensive response to the Coroner following a request for information. The response documented progress-to-date on all 28 OPS-directed recommendations. This document responded to all the inquiries from the Coroner and will serve as a living reference for Board updates and accountability reporting.

### **External Engagement and Knowledge Building**

- MHCI attended the LEPH2025 international conference, establishing connections with global experts. Data obtained will be used to inform OPS's approach to training, de-escalation, and community engagement.
- Ongoing outreach by MHCI with community partners, OPS Change Agents, and MHAC will continue to guide implementation.

### **CONSULTATION**

The OPS recognizes that meaningful and lasting progress requires collaboration with the communities most affected by police interactions involving mental health. Since the launch of the Mental Health Change Initiative, consultation and partnership have been prioritized and have been embedded as guiding principles.

Efforts to date have resulted in engagement with the Community Equity Council, the Black Mental Health Coalition, the Ottawa Aboriginal Coalition, advocacy partners, and a wide range of community members in shaping the vision, priorities, and naming of the Initiative. This inclusive approach has ensured that MHCI's direction aligned with community needs, values, and lived experiences.

In July 2025, OPS issued a comprehensive response to the Office of the Chief Coroner, outlining progress to date against all 28 recommendations directed to OPS. This response incorporated feedback received during consultations and confirmed the

importance of transparency, cultural competence, and sustained collaboration. The MHCI team intends to maintain communication with the Office of the Chief Coroner moving forward. Since then, the MHCI team have also connected with external partners such as Delta Police, the OPP, and the RCMP to draw from informed practices on their evolution of training and with the possibility of future collaboration. Additionally, the MHCI team attended the Law Enforcement and Public Health Conference, establishing international connections to further strengthen OPS's approach with global best practices.

Looking ahead, the newly established Mental Health Advisory Council will serve as a cornerstone of OPS's consultation and accountability framework. MHAC will provide ongoing input and guidance at every stage of implementation, ensuring that changes to training, policies, and frontline practices remain community-informed and transparent. OPS Change Agents and internal partners, including the Mental Health Unit, the Digital Evidence Information Management System team, and the Professional Development Centre, will also be consulted so that they can contribute lived expertise and operational perspectives to ensure internal alignment.

Beyond MHAC, OPS will continue targeted outreach to priority communities, including Black, Indigenous, racialized, and faith-based communities, as well as organizations with lived experience in mental health and substance use. Engagement will remain ongoing, with structured opportunities for feedback during each stage of MHCI implementation.

In conducting thorough consultation at all stages of the Initiative, it is hoped that key objectives of rebuilding trust, fostering shared ownership, and ensuring mental health crisis response model is rooted in empathy, accountability, and respect will be achieved.

## **FINANCIAL IMPLICATIONS**

The full financial implications of the Mental Health Change Initiative continue to evolve as the initiative exits the planning stage and fully transitions to implementation. However, OPS has successfully aligned portions of MHCI with the Alternative Mental Health Supports Initiative (AMHSI), a three-year project funded by the Ministry of the Solicitor General.

Beyond AMHSI, additional OPS costs associated with MHCI may include those associated with staffing, training, communications, consultation processes, and policy development. As it stands, these elements are fully funded within the approved 2025 OPS Budget.

## **SUPPORTING DOCUMENTATION**

### **Document 1 - Recommendations Owner and Timelines**

#### **CONCLUSION**

Since April 2025, the MHCI has made progress in moving from planning activities to implementation. This has meant that there has been progress made in aligning OPS training, policies, and governance with recommendations emanating from the Inquest. The formation of the Mental Health Advisory Council marks a significant milestone in this initiative. With the inaugural first meeting in September, MHAC plays a central role in guiding the next stages of this work, providing consistent input, feedback, and lived-experience perspectives to ensure that implementation remains community-informed, trauma-responsive, and transparent. While the terms of reference have been finalized, the timing of deliverables will be refined as MHAC members begin their work and determine priorities.

Alongside MHAC, internal OPS partners, including the Mental Health Unit, the Professional Development Centre, and the Policy Section, are contributing essential expertise to drive sustainable change. This collaborative approach ensures that OPS is not only effectively and fully responding to the recommendations of the Abdirahman Abdi Inquest but also building stronger systems of accountability and support for the future.

The collaboration between the OPS Digital Evidence Information Management System team and the MHCI represents a significant milestone, marked by the stage one rollout of BWC's. This initiative enhances accountability, strengthens public trust, supports training, and improves data collection.

Through these efforts, OPS is positioning itself as a leader in advancing a more effective, accountable, and compassionate response to mental health crises, one that is grounded in evidence, strengthened by community partnership, and aligned with best practices across Canada and internationally.