

Report to / Rapport au:

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

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Submitted by / Soumis par:

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SUBJECT: MENTAL HEALTH CHANGE INITIATIVE – Q4 2025 UPDATE

**OBJET: INITIATIVE POUR LE CHANGEMENT EN MATIÈRE DE SANTÉ
MENTALE – MISE À JOUR DU 4^e TRIMESTRE 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 the recommendations were directed towards and required action from the Ottawa Police Service (OPS). These recommendations focused largely on improving police responses to individuals in mental health crisis and 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. The MHCI 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.

The Ottawa Police Service continues to advance the Mental Health Change Initiative as a sustained, system-level improvement strategy focused on strengthening police interactions with individuals experiencing mental health crises. Since its launch in early 2025, MHCI has moved from planning and consultation activities and into active implementation; concrete actions completed to date have included establishing proper governance, and modifying existing and creating new training, data practices, and operational responses across the Service.

The MHCI functions as a cross-organizational change framework grounded in trauma-informed, anti-racist, and community-informed principles. The MHCI is now focused on embedding improvements into everyday policing practice, strengthening accountability, and ensuring decisions are guided by evidence, lived experience, and legislative requirements. The MHCI aims to:

- Establish sustainable advisory structures, such as the Mental Health Advisory Council (MHAC);
- Integrate lived experience into policy and training development;
- Improve data collection and internal capacity;
- Foster trust through transparent engagement with equity-deserving communities.

Since the last update to the Board in September 2025, and as of January 2026, the MHCI has:

- Established an enduring advisory council (MHAC) and associated governance structures;
- Begun working with the OPS Professional Development Centre to enhance professional development and training so that it aligns with trauma-informed practice;
- Collaborated with the Mental Health Unit to improve operational support for mental health-related calls;
- Launched Body-Worn Cameras in collaboration with the OPS DEIMS team ;
- Initiated mental health call data validation and trend analysis work;
- Secured independent academic research to support objective evaluation of current state; and

- Engaged external agencies and academics to align with best practices and legislative requirements under the Community Safety and Policing Act (CSPA).

The MHCI is entering a critical phase focused on evidence-based decision-making.

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, of which 28 were directed towards the OPS.

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 MHCI was designed to ensure that these recommendations are addressed in a coordinated, transparent, and community-driven way. The aim of this Initiative is to better understand, address, support and report on applicable recommendations. Success of the MHCI is a top priority for the OPS; its success is critical to the Service, its members, and the communities we serve.

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 of: creating an enduring Mental Health Advisory Committee (MHAC), improving training, strengthening the Mental Health Unit, enhancing communications and dispatch practices, improving mental health call data collection and reporting, expanding OPS use of body-worn cameras, and improving reporting by the OPS to the SIU.

The Discussion section below outlines the Mental Health Change Initiative progress to date and ongoing work.

DISCUSSION

Since the last update to the Board in September 2025, the MHCI has moved beyond foundational planning and early intervention to drive substantive change. An overview of progress made has been described below with additional details and insight to all activities provided in Appendix 1 of this report.

1. MHCI Governance

The MHCI has transitioned from foundational planning into implementation and refinement. Governance structures are operational, training enhancements are

underway, data systems and collection practices are being strengthened, and early learning from new tools and partnerships is actively informing next steps.

The focus has shifted from identifying gaps to addressing them through coordinated, accountable action.

2. Establish the Mental Health Advisory Council (MHAC)

The Mental Health Advisory Council has been formally established and has held four meetings focused on orientation, shared understanding of the Inquest recommendations, and clarification of roles and expectations.

With these foundational steps complete, the MHAC is now preparing to advance defined work packages. Early areas of focus will include:

- Identifying gaps in mental health and substance-use data collection;
- Reviewing selected OPS policies and procedures through a trauma-informed and lived-experience lens;
- Providing input on training priorities, evaluation approaches, and legislative alignment.

The MHCI has completed an internal review of relevant policies and identified priority areas for MHAC consideration to ensure community perspectives inform future improvements to these documents.

The MHCI looks forward to continuing the collaboration with and the successful development of the MHAC.

3. Mental Health Training Strategy and Anti-Black Racism and Bias Training

The OPS continues to reinforce trauma-informed de-escalation, duty of care, and anti-racism principles through existing mandatory training.

Recognizing evolving legislation, changing call types, and increasing expectations on officers, the MHCI is supporting a review and enhancement of Active Bystander for Law Enforcement (ABLE) training.

This work is intended to ensure ABLE remains:

- Operationally relevant;
- Aligned with supervisory and peer intervention expectations;
- Consistent with trauma-informed practice;
- Compliant with CSPA training and accountability requirements.

Training enhancements increasingly emphasize scenario realism, competency-based learning, and continuous improvement.

4. Body-Worn Cameras

Body-Worn Cameras have been launched in collaboration with the OPS DEIMS team and are already demonstrating value across several areas. Early observation indicates that BWCs are allowing for:

- Improved organizational insight including contextual understanding of police and civilian interactions;
- Enhanced supervisory review and coaching opportunities;
- Learning and improvement tools that allow for development of more realistic, trauma-informed training grounded in actual encounters;
- Openness and better accountability.

5. Call Classification and Communication Enhancements

The OPS has expanded its review of mental health–related calls to include multiple prior years, including those during the COVID period. The purpose of this review is to provide context around overall volume, stability of demand, and the diversity of mental health and substance-related interactions over time.

The figures outlined below represent officially classified mental health calls for each year. While these numbers provide helpful context, they remain preliminary and will require further validation as classification practices, data definitions, and analytical methods continue to be refined.

Overall Volume (Indicative)

Based on preliminary review, the OPS has responded to approximately 8,000–8,800 mental health–related calls per year over the past five years (2020-2025). This consistency across multiple years, including periods of significant societal disruption, underscores the sustained and ongoing nature of mental health demand within policing.

These figures are intended to illustrate scale and persistence, not to draw conclusions about trends, causation, or outcomes.

Complexity of Mental Health Call Types

Across all reviewed years, mental health calls encompass a broad and varied set of circumstances, including:

- Mental Health Act apprehensions and hospital interactions (voluntary and involuntary);
- Multiple statutory forms under the Mental Health Act;
- Overdose and substance-related incidents;
- Suicide-related calls, including threats, attempts, and completed acts;
- Elopee and follow-up related interactions.

This variety reinforces that mental health demand is not a single call type, but a complex collection of interactions requiring:

- Different legal authorities;
- Different response approaches;
- Different training and support considerations;
- Strong coordination with health and community partners.

Data Gaps and Analytical Limitations

This multi-year review also highlights several known limitations in existing data, including that:

- Mental health components may be embedded within other call types and not consistently captured;
- Classification depends on information available at call intake, which may evolve during an interaction;
- Mental health, substance use, and social crisis factors frequently overlap;
- Current systems are better suited to counting calls than capturing context, complexity, and decision-making.

As a result, mental health demand is likely under-represented when relying solely on call-type classification.

Implications for MHCI

Understanding both the volume and diversity of mental health-related calls over time is critical to:

- Informing training design and realism;
- Guiding Mental Health Advisory Council priorities;
- Supporting evidence-based improvements to policy and practice;

- Ensuring alignment with legislative and training requirements under the Community Safety and Policing Act (CSPA).

To address these gaps, the OPS is advancing a more comprehensive data validation and trend analysis, supported by internal analytical work and external academic partnerships. Refined findings and insights will be reported to the Board as this work progresses.

6. Trauma-Informed Practices and Duty of Care

In parallel with internal improvement efforts, the MHCI is actively engaging with external agencies, academic partners, and subject-matter experts to ensure that OPS practices align with best available evidence in mental health response and de-escalation, while meeting evolving legislative and training requirements under the CSPA.

This work includes:

- Reviewing national and international de-escalation research;
- Examining emerging mental health and substance-use trends;
- Assessing evidence-based training models from other jurisdictions;
- Evaluating best practices related to duty of care, crisis communication, and use-of-force prevention;
- Ensuring alignment with CSPA expectations related to accountability, competency-based training, and oversight.

Insights from this work will be integrated into:

- Mandatory training and requalification programs;
- ABLE training enhancement;
- MHAC discussions and recommendations;
- Policy, supervision, and accountability frameworks;
- Ongoing reporting to the Police Services Board.

In addition to this and beginning in January 2026, an independent de-escalation study led by Carleton University, under the leadership of Dr. Craig Bennell, will commence. This study will follow OPS operations and provide an independent external, evidence-based analysis of police–civilian interactions.

The research will support:

- Objective evaluation of de-escalation practices;

- Evidence-informed training and policy improvements;
- Increased academic rigor and openness in assessing outcomes.

CONSULTATION

The OPS continues to prioritize meaningful, ongoing consultation with communities most impacted by mental health policing. Engagement is embedded throughout MHCI activities rather than treated as a standalone step. The MHAC now serves as a central mechanism for structured community input and advice, reinforcing openness and shared ownership.

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 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

This is a critical but unfunded initiative, and our Finance Team will report on the pressure it is putting on the 2026 Budget. The Mental Health Change Initiative has progressed to a stage where projected costs are now reasonably understood. Based on current planning assumptions, the Initiative is expected to require dedicated internal capacity, targeted professional expertise, and operational supports to sustain implementation through 2026.

Projected costs primarily relate to:

- Dedicated personnel resources required to coordinate, implement, and evaluate MHCI work streams;
- Professional and academic services, including independent research, data analysis, and external expertise;

- Training, engagement, and governance supports, including mandatory training enhancements, community engagement activities, and advisory council operations.

The OPS will continue to monitor costs closely to ensure that MHCI remains fiscally responsible, sustainable, and aligned with Service and legislative priorities.

SUPPORTING DOCUMENTATION

Document 1 - Current State Synopsis on Abdirahman Adi Jury Inquest

CONCLUSION

Since the September 2025 update to the Board, the Mental Health Change Initiative has entered a decisive phase of implementation. Governance structures are in place, training and policy enhancements are active, Body-Worn Cameras are generating early learning value, mental health call data analysis is underway, and independent research is commencing.

The MHCI is now positioned to embed sustained improvements into everyday policing practice, guided by evidence, community input, legislative alignment, and continued Board oversight. The OPS remains committed to advancing a compassionate, accountable, and effective mental health crisis response that supports public safety, officer well-being, and community trust.

As the MHCI moves forward, immediate next steps in Q1 and Q2 of 2026 will include:

- The launch of independent research by Carleton University;
- Finalization of MHAC priorities and work packages;
- Enhancement of transparency through improved mental health data reporting;
and
- Identifying and actioning evidence-informed policy and training considerations.