

Report to / Rapport au:

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

27 April 2026 / 27 avril 2026

Submitted by / Soumis par:

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SUBJECT: MENTAL HEALTH CHANGE INITIATIVE – Q1 2026 UPDATE

**OBJET: INITIATIVE POUR LA SANTÉ MENTALE – POINT SUR LE PREMIER
TRIMESTRE 2026**

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.

As of Q1 2026, the Ottawa Police Service has initiated work across all recommendations directed to the Service. Several recommendations have progressed into active implementation, including governance reforms, training modernization, improvements to data analysis, and strengthened community advisory mechanisms through the Mental Health Change Initiative. Detailed timelines and assigned ownership for each recommendation are outlined in Appendix 1.

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

While timelines are in place to address the recommendations, OPS continues to stage delivery. The MHCI team is committed to providing the Policy and Governance Committee and the Board with regular updates, with the next update being provided in the Summer of 2026.

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 the 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 of creating an enduring Mental Health Advisory Council (MHAC), improved

training and strengthening of the Mental Health Unit, enhancing communications and dispatch, improving data collection and reporting, exploring the use of body-worn cameras for accountability and supervision purposes.

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 continues to advance work that drives substantive change. Progress has been achieved in several areas as follows:

1. Evolution of the Mental Health Change Initiative

Since the September 2025 Board update, the Mental Health Change Initiative has progressed from early implementation into structured operational advancement. Governance structures are now fully active, defined work streams are being executed, and advisory input is being integrated into policy, training, and data modernization efforts.

The Initiative has moved beyond gap identification toward coordinated execution supported by defined timelines, accountabilities, and reporting mechanisms. MHCI increasingly functions as an embedded change framework influencing operational practice, legislative alignment, supervision, training, and community engagement.

2. Mental Health Advisory Council (MHAC)

Since the previous update, the Mental Health Advisory Council has transitioned from orientation and framework development into structured advisory work.

Formal work packages have been established, and sub-committees have been formed to examine specific focus areas aligned with the Coroner's Inquest recommendations and broader MHCI objectives.

These work packages include targeted review of policy, training, and data practices related to mental health and substance-use response.

Committees are being established through MHAC, as required, to support specific work packages within each work stream. These committees will provide subject-matter input, review findings, and assist in developing recommendations.

The Policy Committee has begun reviewing designated materials and identifying opportunities for refinement through a trauma-informed, anti-racism, and lived-experience lens.

Input generated through MHAC review is designed to directly inform subsequent phases of MHCI implementation, ensuring advisory perspectives meaningfully influence operational decision-making.

To support informed discussion, MHCI partnered with the OPS Mental Health Unit to provide an overview of the mental health legislative framework from an operational policing perspective. This session clarified statutory authorities, officer obligations, and system constraints under the Mental Health Act and related legislation.

Structured timelines have been developed for each MHAC work package. Defined milestones and reporting intervals will be identified. A communication framework has been implemented to ensure findings and recommendations are formally documented and looped back into MHCI governance.

The MHAC is now entering a phase of substantive contribution that will directly inform policy refinement, training modernization, data strategy, and community engagement approaches.

3. Internal Change Agents Network

In parallel with the advancement of the MHAC, the Internal Change Agents Network has progressed into structured review and advisory work aligned with MHCI priorities.

The Change Agents framework has been formally realigned to mirror the MHAC work package structure. This alignment ensures that community-informed and operational perspectives are developed concurrently across the same subject areas.

Defined internal work packages have been established and Change Agents have been organized into corresponding sub-groups reviewing policy, training, data practices, and operational processes related to mental health response.

As frontline members and supervisors, Change Agents provide direct insight into:

- Operational realities of mental health call response;
- Practical implications of proposed policy adjustments;
- Training gaps and strengths in real-world application;
- Service pressures and system constraints.

Structured timelines and reporting pathways have been established to ensure input from Change Agents is formally integrated into MHCI governance discussions. This dual-stream advisory model — external (MHAC) and internal (Change Agents) — strengthens feasibility, cultural alignment, and sustainability of improvements.

4. Cross-Sectional Integration and Collaborative Governance

MHCI continues to function as a Service-wide effort requiring coordinated engagement across OPS sections and community partners.

Internally, collaboration includes active engagement with:

- **Mental Health Crisis Unit**, including Mobile Crisis Response Teams (MCRT), Crisis Intervention Team (CIT) members, and broader strategic mental health input;
- **OPS Data and Analytics Section**, supporting development of the Mental Health analytical tool and multi-year trend validation;

Mental health-related calls represent a significant portion of overall calls for service and continue to be an area of focused review. Analysis is examining patterns of repeat interactions involving individuals with frequent contact with emergency services. Findings from this work will help inform opportunities for enhanced collaboration with health system and community partners to better support individuals in crisis.

- **Professional Development Centre (PDC)**, advancing trauma-informed and competency-based training enhancements;
- **Workplace Conflict Resolution (WCR) Section**, supporting alignment of ABLE principles with internal accountability and peer intervention frameworks;
- **Digital Evidence and Information Management Section (DEIMS)**, supporting Body-Worn Camera governance and implementation;
- **Policy Section**, reviewing and refining policies and standard operating procedures;
- **Diversity and Race Relations (DRR) Section**, providing guidance on equity considerations and community-informed engagement;
- **Custody and Detention**. MHCI is having ongoing discussions with the Custody and Detention Section to improve how we support detainees with mental health and substance abuse issues while in custody;
- **Corporate Communications**, supporting public-facing transparency and communication strategies; and
- **Equity, Diversity and Inclusion (EDI) Unit** supports MHCI by ensuring the work is developed and implemented through an equity and intersectional lens, promoting fairness, inclusion, and culturally responsive service delivery.

Externally, meaningful input continues to be received from:

- Ottawa Aboriginal Coalition (OAC);
- Community Equity Council (CEC);
- Ottawa Black Mental Health Coalition (OBMHC);
- Guiding Council for Mental Health and Addictions;
- Additional community interest holders and individuals with lived experience.

Input from these groups, alongside MHAC and Change Agent review, feeds directly into ongoing MHCI refinement. This integrated governance model is designed to support sustainability, credibility, and long-term system improvement. This aligns directly with our principles of long-term sustainability over surface level fixes.

5. Training, Professional Development, and ABLE Enhancement

Training modernization remains a central pillar of MHCI. Continued efforts have strengthened trauma-informed and community-informed principles across curriculum design and delivery.

MHCI is working closely with the Professional Development Centre. PDC is working to ensure that 2026 training and requalification programs meet provincial standards under the Community Safety and Policing Act (CSPA), while embedding trauma-informed and community-informed approaches throughout.

In February 2026, in collaboration with the Workplace Conflict Resolution Section, a presentation outlining intended enhancements to Active Bystander for Law Enforcement (ABLE) training was delivered. The session generated strong engagement and constructive feedback. A future presentation is planned for MHAC members to allow for additional advisory input prior to implementation refinements.

MHCI team members have actively participated in the 2026 training and requalification sessions and can confirm measurable improvements compared to prior years.

Enhancements include:

- Increased emphasis on realistic, scenario-based training;
- Expanded integration of trauma-informed principles;
- Greater focus on de-escalation competency and duty of care;
- Improved recognition of mental health symptoms and crisis indicators;
- Reinforcement of peer intervention and supervisory accountability expectations.

Training modernization remains iterative and evidence-informed, with ongoing feedback incorporated into refinement cycles.

6. Body-Worn Cameras: Implementation and Advisory Engagement

The Body-Worn Camera (BWC) rollout, led in collaboration with the DEIMS project team, continues to demonstrate operational and organizational value.

In addition to supporting supervisory review, training realism, and accountability, the BWC pilot was formally presented to both the Community Equity Council and the Mental Health Advisory Council. These presentations provided an opportunity for transparency regarding implementation goals, privacy considerations, and operational safeguards.

Both councils provided constructive feedback and valuable insights. This input is being documented and will continue to inform future phases of BWC rollout planning and governance refinement.

Early observations continue to demonstrate that BWCs:

- Enhance contextual understanding of police–civilian interactions;
- Support supervisory coaching and performance development;
- Contribute to more realistic, trauma-informed training grounded in actual encounters;
- Strengthen transparency and organizational accountability.
- Links directly to the coroner’s recommendations
- Supports Bias free policing

As implementation progresses, lessons learned from advisory engagement and operational experience will be incorporated into ongoing refinement and future expansion planning.

5. Mental Health Related Calls: Multi-Year Context

Since the September Board update, analytical work examining the multi-year context of mental health-related calls has continued to progress as part of the Mental Health Change Initiative.

The Ottawa Police Service has expanded its review to include additional historical data and contextual analysis in order to better understand long-term demand patterns and operational complexity associated with mental health–related calls. This work remains preliminary and will require further validation as data definitions, classification practices, and analytical methodologies continue to be refined.

In addition to reviewing overall call volumes, the analysis is now examining patterns related to repeated interactions involving individuals who have frequent contact with

emergency services. This work is intended to support improved coordination with health and community partners and to help identify opportunities for earlier intervention and alternative service pathways.

To support this work, the Service is also finalizing development of an internal mental health data dashboard that will enhance the ability to monitor operational trends and support evidence-based decision-making. The tool is currently being evaluated internally prior to implementation.

As this analytical work progresses, validated findings and insights will continue to be shared with the Board in future updates.

6. Independent Research and Evaluation

Since the September update to the Board, the independent de-escalation research study being conducted by Carleton University's Police Research Lab, under the leadership of Dr. Craig Bennell, has begun its operational phase.

Participating members have been scheduled and the study is now underway. The research will examine police–civilian interactions involving crisis situations and provide an independent, evidence-based assessment of de-escalation practices within operational policing environments.

This partnership represents an important step in strengthening transparency and ensuring that training and policy improvements are informed by independent academic analysis.

Updates on the study's progress and any emerging findings will be shared with the Board as the research advances.

7. Evidence-Based Practice, External Collaboration, and Legislative Alignment (Update)

The Mental Health Change Initiative continues to build on its work with external partners and subject-matter experts to ensure that Ottawa Police Service practices align with emerging evidence related to mental health response and crisis de-escalation.

Since the January report, MHCI has continued to engage with academic partners, policing agencies, and community stakeholders to review best practices and examine evolving approaches to crisis response.

This work supports the ongoing development of evidence-informed training, policy considerations, and operational practices that align with expectations under the Community Safety and Policing Act (CSPA).

Insights generated through this collaboration will continue to inform:

- training and professional development programs;
- MHAC discussions and policy review work;
- supervision and operational guidance;
- ongoing reporting to the Police Services Board.

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.

Members of the Ottawa Police Service recently engaged with several community organizations, including Somerset West Community Health Centre, the ANCHOR Program, Inner City Health, and the Hintonburg Community Centre.

These organizations regularly support individuals experiencing complex mental health and substance-use issues and frequently interact with police during crisis situations. Engagement focused on identifying opportunities to improve collaboration, service coordination, and outcomes for vulnerable individuals.

Outreach conducted by the MHCI team has strengthened relationships with community partners and improved coordination between police and community-based mental health supports.

Community organizations and residents in the Wellington West area have proactively connected with the MHCI team to seek guidance on navigating mental health resources. Through these connections, individuals have been directed to appropriate services, including the OPS Mental Health Unit and external community-based supports.

Several organizations that have historically been hesitant to engage with police have also expressed interest in renewed collaboration. Some partners have invited the MHCI team to return in the coming months to provide updates on changes within the Ottawa Police Service and to continue discussions on improving service delivery.

Strategic Alignment

Community partners identified several opportunities to further strengthen collaboration, including:

- Joint training opportunities between OPS members and community organizations
- Increased frontline awareness of available community resources within patrol sectors
- Greater role clarity between police and community support workers during crisis response

These initiatives align with broader efforts to promote trauma-informed policing, collaborative service delivery, and prevention-focused approaches to community safety.

Next Steps

From a consultation standpoint, next steps will include:

- Continuation of MHCI outreach and engagement with community organizations across Ottawa.
- Facilitating joint training and knowledge-sharing opportunities between OPS members and community partners.
- Supporting ongoing dialogue with organizations interested in strengthening collaboration and improving service delivery.

The Mental Health Advisory Council serves as a cornerstone of OPS's consultation and accountability framework. MHAC provides 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, are also regularly consulted so that they can contribute lived expertise and operational perspectives to ensure internal alignment.

Beyond MHAC, OPS continues to target 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 Mental Health Change Initiative is one of the strategic projects reported to the Board. As per the semi-annual status report that was submitted to the Board this month, the Mental Health Change Initiative has the following budget and actual costs incurred:

Budget	Actual	Variance
\$250,000	\$671,721	(\$421,721)

The actual costs incurred include the cost for the three sworn officers assigned to the project, but the budget does not include their costs since the cost for the sworn resources does not present an incremental pressure to the OPS since the sworn hiring plan is not adjusted for temporary project positions and therefore sworn vacancies cover the cost.

SUPPORTING DOCUMENTATION

Document 1: Recommendations owner and Timelines

CONCLUSION

Consultation and community engagement remain central components of the Mental Health Change Initiative.

Since the previous Board update, the Mental Health Advisory Council has advanced its policy review work plan and established a structured timeline for reviewing policies and practices related to mental health response.

This work will allow community members, subject-matter experts, and individuals with lived experience to contribute directly to the evaluation of current practices and provide recommendations for improvement.

The Ottawa Police Service continues to engage with community partners, including advocacy organizations and advisory groups, to ensure that MHCI remains informed by community perspectives and lived experience. The collaboration between the OPS Digital Evidence Information Management System team and the MHCI continues with the completion of the first stage of the Body-Worn Camera (BWC) rollout, with planning underway for enterprise-wide implementation. Early operational feedback has already highlighted practical benefits, including the use of recently activated translation capabilities. In one recent example, officers were able to use the feature to communicate with and assist an elderly newcomer to the city who had become lost. In addition to supporting frontline communication, BWC technology is expected to enhance

accountability, strengthen public trust, support training opportunities, and contribute to improved data collection and analysis.

The research partnership with Carleton University is also underway, with approved researchers accompanying Ottawa Police Service members in an observational capacity during regular duties. This work will contribute to evidence-based analysis of police interactions and de-escalation techniques.

Progress is also being made through initiatives led by the Ottawa Police Service Mental Health Unit (MHU). Additional Crisis Intervention Team (CIT) training cohorts have been scheduled to increase the number of officers equipped with specialized mental health response training. In parallel, the Mobile Crisis Response Team (MCRT) program continues to evolve, with one team currently operating successfully and planning underway for the deployment of an additional team, as well as implementation of a youth-focused MCRT response model.

Through these collective efforts, OPS continues to advance a more coordinated and evidence-informed approach to mental health response. By strengthening collaboration with community partners, research institutions, and internal operational units, the Service is working toward a response model that is more effective, accountable, and compassionate for individuals experiencing mental health crises, while aligning with evolving best practices across Canada and internationally.