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# Mental Health and Policing

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# Mental health and policing working together

- **Face to Face**

One mobile crisis team in Ottawa

Used to have mental health personnel going with police on-calls

- **Alternatives to hospital**

Lot of police time taken up with bringing people to hospital

- **Early Mental Health Response**

For example part of the National Telehealth Service in New Zealand





## Who is it for?

A large number of calls are made to 111 from, or on behalf of, people in social and psychological distress – often people at risk of suicide. These callers often would benefit from an early, immediate health response.

## Why?

People experiencing social and psychological distress or their families/whānau often don't need a Police response but are not sure where else they can turn for help. The new service will ensure people who call 111 in these situations get faster and more appropriate access to the care and support they need, at the point they call for help.



## How?

The mental health nurse will listen to the caller and then ensure they are triaged to receive the right support according to their needs. This could include a referral to community or secondary mental health services, including DHB Crisis, Assessment and Treatment (CAT) teams, local NGO support agencies or Police. In some instances it may involve creating a support plan directly with the caller and/or family.



## Benefits of the service

- ✓ People in social and psychological distress get faster and more direct access to culturally appropriate clinical support 24/7 through one phone call
- ✓ Through targeted intervention and referral to local support, issues are less likely to escalate
- ✓ People with social and psychological distress, families and carers have consistent and equitable access to triage and referral

# Better training: Project Echo

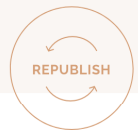
- The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert interdisciplinary teams who use multi-point video conferencing to develop virtual communities with care provider
- [www.echoontario.ca](http://www.echoontario.ca)
- Existing infrastructure



NEWS & FEATURES

PRINT

# The Therapist is a Cop



*In New Mexico, a medical school and the police join forces to defuse confrontations with people with mental illness.*

*Top: Across the country, mental health systems are fragmented and failing, and police departments have become front-line mental health workers by default. Visual: iStock.com*

BY BENSON DAITZ  
10.26.2016

0 COMMENTS




**D**AN DUHIGG, an assistant professor of psychiatry at the University of New Mexico School of Medicine, sits at an oval table in a small conference room with Raymond Maynes, a crisis specialist with the Albuquerque Police Department. Opposite them is a large monitor, its screen split into a half-dozen squares, where the faces of six police officers from departments around the state — many in rural areas where mental health intervention training is not readily available — stare back.

“So let me summarize the case,” Duhigg says. “We’ve got a 51-year-old man in Las Cruces, New Mexico, who enlisted a cab driver to buy an AR-14 assault rifle — gave him \$10,000 cash. The gun shop alerted you. Meanwhile, the same guy walked into an RV dealer, found a model he liked, and left a bag filled with \$40,000 as a deposit. The RV folks called you, too. According to the cabbie, the man was going to drive the RV to White Sands National Monument, fight the ISIS contingent there — and then travel to one of Hillary Clinton’s campaign stops and kill her. Is that about right?”

“That’s pretty much it,” says Officer T.J. Camacho, from the Las Cruces Police Department, leaning back in his desk chair. “He sounds like he’s bipolar, but we can’t hold him on that, so we’ve got him under constant surveillance, and the FBI knows about him.”

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# Police and mental health

- First Responder Mental Health Clinic at Ottawa Hospital
  - Separate from employer
  - Confidentiality important
  - Strong links with Peer Support Programs
  - Psychiatrist run – access to psychology and social work
  - “Sense of betrayal” important in police
  - Currently funded through OHIP and Research Grants
  - Needs a building and long-term funding
- 

# Potential proposals

## **Ottawa Early Mental Health Response Program**

Would need involvement of existing providers (Ottawa Distress Centre, Mental Health Crisis Line, YSB, Mobile Crisis Team etc.) as well as Police and users

Need to create governance, framework and evaluation

Complex to set up

## **Project Echo for Ottawa Police**

Existing Ontario infrastructure

Simple to set up

Trial for 18 months – build in evaluation

Need to employ coordinator, admin assistant

Cost about \$250,000 over 18 months

