

Police Management of Mental Health Crises in the Community

19th and 20th October 2018, Toronto

Communique

As a result of the deinstitutionalisation of the public mental health system, the treatment and support for those experiencing mental health issues mainly occurs within the community. Police forces continue to make significant changes and improvements to the way in which they interact with people experiencing mental health crises and mental illness. Nevertheless, there is a considerable variety in the type of training and models that police departments across the Western world provide. The evidence base for what works, for whom, and under what circumstances remains limited. Properly understanding the mechanisms associated with positive outcomes in this area is essential to being able to assist those at this intersection to reach more positive outcomes. Documenting these in one readily accessible guideline was considered one way of providing the means and opportunity for widespread impact and sustainable improvements.

Over the course of two days in October of 2018, an expert consultation group of 31 representatives from Australia, the USA, Canada, the United Kingdom, and the Netherlands met and sought to synthesize the available evidence internationally. The group included operational police, mental health clinicians, people with lived experience of mental health issues and their significant others, and academics. The ultimate goal of the consultation was to develop a Best Practice Guideline¹, focussing on: i) enhancing police responses to managing mental health crises, and ii) improving partnerships with people with lived and living experience of mental health issues and community mental health services. Although the focus was on the police management of mental health crises, there was unanimous agreement among the participants about the necessity of the Mental Health System to: i) improve mental health promotion and early intervention to prevent and decrease the occurrence of mental health crises, ii) develop alternatives to police involvement when mental health crises do occur, and iii) enable appropriate and timely follow-up care and treatment for people who experience mental health crises in the community.

Overarching guideline recommendations

1. Police involvement in mental health crises in the community, albeit necessary in some circumstances, should be recognised as a restrictive and inappropriate intervention that reduces people's autonomy and may lead to worsening of their mental health in some cases. There needs to be a greater emphasis on reducing the demand on police services to manage mental health crises in the community.
2. There ought to be greater emphasis on increasing availability and effectiveness of community mental health services that aim for prevention of mental health crises, early and non-police intervention in mental health crises, follow-up care, and restoring individuals to their optimum mental health following a mental health crisis.
3. Police roles and responsibilities in the management of community mental health crises need to be clearly specified and adhered to by all stakeholders. The resulting training for all police officers needs to be based on the parameters of this prescribed role, which ought to be grounded on best available evidence, considerations of local needs and resources, and the preferences of people who experience mental health issues in our community.
4. The important work at the intersection of police and mental health needs to be based on the values of trust, respect, honesty, equality, and transparency between people with living experience of mental health issues, police organisations, and mental health services. It is of utmost importance that, from the very outset, these partnerships meaningfully involve experts-by-experience as partners.
5. Policy and practice related to the intersection of police and mental health needs to be firmly underpinned by good quality research. In addition to further advancement of current initiatives, additional progress can be made through the use of large-scale reliable linked data sets between policing and health partners, including emergency departments, to understand service demand, care pathways, and clinical outcomes for people. The creation and implementation of preventative policies should be based on these, in both the Mental Health and the Criminal Justice Systems.

Sincerely,

On behalf of the *Law Enforcement and Mental Health Special Interest Group* (LEMH SIG), September 2019.

¹ The link to LEMH SIG's guideline document entitled *Police Management of Mental Health Crises in the Community* can be found on the LEMH SIG section of the GLEPHA website.