Police Interactions with People with Mental Illnesses: Education and More

CAPG

August 21, 2014
Your mission....

...it all starts with.....

..but what goes in there?
Top 10 Tips for Police Organizations for a comprehensive approach to a difficult subject
1. Let’s start at the very beginning... education and training

check it out...MHCC report

A Comprehensive Review of the Preparation and Learning Necessary for Effective Police Interactions with Persons with a Mental Illness

Terry Coleman, MOM, PhD
Dorothy Cotton, PhD., C. Psych.
Training and Education about Mental Health for Police Organizations (TEMPO)

• Some Essential Components:
  • Address Stigma and Stereotypes;
  • Factual content (SMEs);
  • Inclusion of PMI in design and delivery;
  • Inclusion of mental health professionals in design and delivery;
  • Multiagency response;
  • Verbal communications/defusing;
  • Procedural Justice
Training and Education about Mental Health for Police Organizations (TEMPO) (cont...)

- Variety of learning media;
- Adult learning methods;
- Designed and delivered for adult audience;
- Integrated into other education and training (especially use of force!)
- Customised for target groups;
- Sharing of resources/material
Utility of TEMPO

- As a **framework** to design an integrated learning program
- As a ‘**audit**’ tool to review existing programs
- As a **gap analysis** tool when reviewing existing programs or proposed programs
- As the basis of a consistent, standardized and defensible **pan-Canadian** approach
2. But it is not ALL about education and training

*Police Interactions with Persons with a Mental Illness (PMI) requires a Systems Approach*

Contemporary Policing Guidelines for Working with the Mental Health System, CACP 2006
3. Find your champions

“The single most significant common denominator shared among communities that have successfully improved the criminal justice and mental health system’s response to people with mental illness is that each started with some degree of cooperation between at least two key stakeholders—one from the criminal justice system and the other from the mental health system.” (Consensus Project report p. 14)
4. Addressing stigma

- Systemic bias in policies
- Assumptions about dangerousness
- Location of specialized MH units in our organizations (e.g. criminal investigations or vulnerable persons??)
- Choice assignment or a place to park problem people?
- ..and the biggest...language..
OUT OF YOUR MIND!

LUNCH
5. TALK TO ME: communication and trust

Did we mention the systems approach??

Interagency protocols and agreements
Information sharing
6. Specific Response initiatives

- CIT Memphis model type programs
- Extended/expanded CIT models
- Joint mobile response teams
- Rural programs
- Sequential response programs
- Pre-charge diversion programs
- And for your organization? One size does not fit all
7. Silk purses and sow’s ears

• Pre-employment requirement and selection
• Re-thinking use of force trainers
• Leadership
• The role of the Chief and the Board
8. Data data data data data data data

• If you aren’t counting it, it’s not important
• Linkages and associations with researchers
9. Sigh...police record checks

Ahem...Did we mention stigma?

Just stop it. It really IS that simple.
10. It’s not us versus them

How we treat people with mental illnesses within our organizations is reflected on the streets

The Importance of Workplace Wellness
11. (OK, I lied)

Nothing about us without us

Inclusion of PMI in policy and program development, education and training, advisory committees, research
Thank you
Dorothy Cotton Ph.D., C.Psych.
Terry Coleman MOM, Ph.D.

Contact us: info@mentalhealthcommission.ca
Visit: www.mentalhealthcommission.ca

Follow us:

or dcotton@nintu.net