People with Mental Illnesses in the Criminal Justice System:
Where are we at?

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In the literal sense...



There are too many...



Where does it all start?



In the 1990's....

"We are not social workers"

Vs

"The police are the front line extension of a mental health system."

Today...

Where we came from

Where we're at

• Where we are going (maybe...)

1980's..Memphis, Tennessee

METRO

MEMPHIS, WEDNESDAY, SEPTEMBER 30, 1987

THE COMMERCIAL APPEAL

SECTION



Furor sparks call for crisis team New options needed on handling of mentally ill, says alliance



Ann Dino

By William C. Bayne Staff Reporter

Approached aggressively, a person with severe mental problems may react aggressively — either fighting or fleeing from law enforcement officers or others trying to help.

"There's magic in the manner," said Ann Dino, president of the Alliance for the Mentally Ill of Memphis, the organization that suggested the task force approach for dealing with uncontrollable people with mental ill-

man who was shot repeatedly throat, acting like he's on and killed last Thursday by police, might have "prevented the Mrc. Dino and others with the tragedy."

ett announced he would speed vention team, which would include mental health professionals, to deal with people who have to the idea and assigned Patrolmental problems and are vio- man John Dwyer to research the

No evidence has emerged to

She said a better approach to had called police to subdue him Joseph Robinson, the 27-year-old said he was "trying to cut his

alliance met with Police Direc-On Monday, Mayor Dick Hack- for John Holt before Thanksgiving last year asking for a task up plans to create a crisis inter- force approach to handling the uncontrollable mentally ill.

She said Holt seemed receptive

"You have to have the reshow Robinson had a history of search in order to see what best 4 up costs for the tark farce would

the assets you have," she said yesterday. "Los Angeles has the best one in the country, but it took them two years to would out the kinks in their operation."

Part of the research, she said pointed out changes needed in ordinances and some state lasse about the handling of emergency commitments.

She praised Dwyer's work as excellent and said that cooperation was tremendous bottom. the Police Department and City Hall. She said the first-year start

will work in connection with beahout \$509.900 hutshedidnot John Dwye's research

showed the task force would pay for itsel?" in savings to the Po-. lice Department and other agencies, Mrs. Dino said.

Asked why it took so long for the city to announce the plan, she said, "Sometimes it just takes some hollering and screaming to get something done. It's sad that it took this tragedy for something to happen, but maybe something good is going to come

Please soe TASK, Page BIZ

But..Vancouver in 1960's....

Vancouver's "Car 86 and Car 87" programs arose in the context of a justice reform movement whose aim was "to explore new avenues to solve old problems" (p.II-2), and to explore ways to use police and community resources to develop diversionary and preventative programs including methods of informal dispute resolution

Is it really all about deinstitutionalization and not taking meds?

Why???

- Deinstitutionalization
- Stigma of mental illness-ergo rather bad than mad
- Social intolerance/restrictiveness
- Actual increase in likelihood of criminal behaviour
- Increased risk of "failure" on release from incarceration
- Resistance of MH facilities to take on offenders
- Co morbidity with substance abuse
- Co-occurrence with criminogenic risk factors (esp background factors)
- Simple-co-occurrence of MI and criminal behaviour

Back in the day...

- Few dedicated programs (London, Vancouver, Hamilton, Chatham-Kent)
- Limited training at any academy or at the inservice level
- Low profile/low priority
- Derogatory attitudes and language well tolerated
- Ambivalence about the appropriateness of the police role
- Oblivious MH system
- No active participation of consumers in police process

What happened???

- Increasing numbers
- Several high profile "crisis" incidents
- Growth of consumer movement in general
- Senate Committee on Mental Health
- General increase in profile of MH issues in society
- Increasing incarceration rate
- All in parallel with increasing profile internationally

In Canada..in the last ten years (or so)..at a conceptual level....

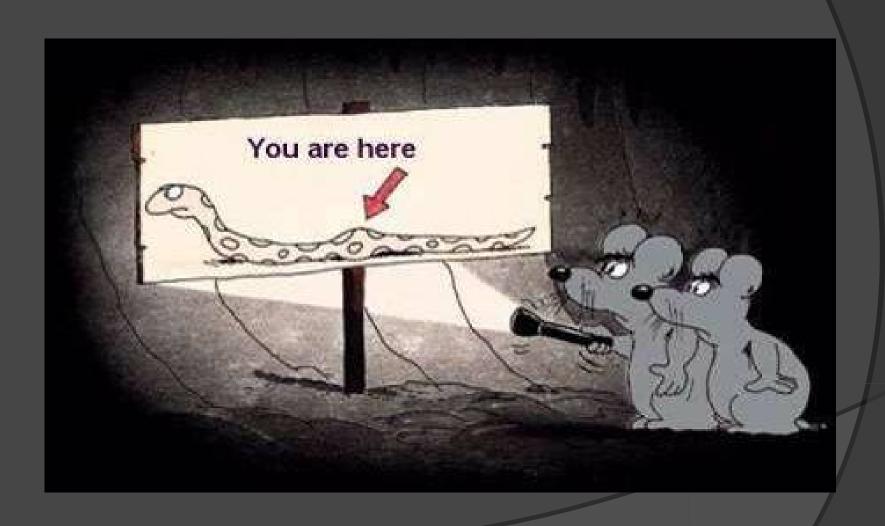
- Move to community based mental health services –thus increased awareness and profile in MH community
- Consumer rights movement
- Community/contemporary policing models
- Increase social awareness of MH problems
- Pressure from MHCC

..and at a practical level...

- All academies how have at least some basic training
- Increased amount of inservice training
- CACP Guidelines
- Dramatic increase in the number of joint response programs and dedicated MH officers
- Proliferation of joint MOUs with MH facilities/agencies
- Research even!!!



..still....



Where to go...at an abstract level

- MHAs..do they really say what they ought to say? (particularly in regard to police powers)
- Ethical codes for joint response teams
- Research, research, research
- Defining outcomes

At a more practical level...

- Education and training what works, how does it work
- More consumer input
- Refining models and linking to jurisdictional needs (one size does not fit all)
- Measuring outcomes/comparing programs
- PMI citizen police academies
- stigma

A word about the MHCC police projects...

- Academy level training
- a Canadian inservice training model: TEMPO
- Consumer viewpoints

Right here..right now...

- Special populations (one size does NOT fit all)
 - Older and younger people
 - Complex presentations/"dual diagnosis"
 - Frequent users

...and then what?

- Mental Health Strategy for Corrections
- Increased staffing and funding within correctional facilities
- Improved training for MH workers re the CJ system
- Post release programs
- Increasing community capacity

