Understanding the Increase in Mental Health Calls to Peterborough Police Since 2010

Final Report

By

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Abstract

In 2010 there was a spike in the calls that the Peterborough Police Service (PPS) received and classified as mental health related. There has not been a significant decline in mental health calls since this rise in 2010. To understand why there was an increase in calls, this project investigated how the PPS currently classify the calls they receive and changes that may have occurred in the system for classification around 2010. Fact-finding meetings were set up by the host agency (PPS) to answer these internal questions. Online literature reviews were done and fact finding meetings with mental health service providers were requested via email. This was to determine whether mental health issues increased in 2010, whether other services knew of changes in the Peterborough community around 2010, whether similar increases in demand were experienced by the Peterborough mental health services, and whether there was a change, reduction or disappearance of services provided prior to 2010.

The PPS use the Mental Health Act, R.S.O. [1990] to classify calls as mental health related and the process of classification and database used (Niche) did not change in 2010. The prevalence of mental illness rates are varied and the organizations in Peterborough did not comment on whether they also saw an increase in the demand for their services. There was a trend towards recognizing and reducing the stigma of mental illness that was prevalent in the community in 2010, and there was a change in services provided as the Nicholl's Psychiatric Building was taken down and its services were transferred to the Peterborough Regional Health Centre's main building.

Overall, this data cannot specifically answer why there was an increase in calls but it does rule out any internal changes, and points to a larger societal shift regarding mental health that may have impacted the views of officers and civilians that put in the final classifications.

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Key Terms and Definitions

Canadian Chronic Disease Surveillance System (CCDSS): This system takes provincial and territorial administrative data sources and uses them to determine the approximate incidence and prevalence of chronic conditions in Canada. It also estimates risk factors, use of health services, and health outcomes.

Categorize: to put into a particular class or group.

Community Services Unit: The Community Services Unit is a specific detachment that focuses on the community. In Peterborough, it is comprised of a Community Development Co-ordinator and four officers that focus on four different pillars: education, inclusion, opportunity and functioning families.

Criminal Code (Canada): Codified law that outlines criminal offences and procedures in Canada.

Criminal Justice System: The system of law enforcement that exists in Canada that is responsible for the apprehension, prosecution, defence, sentencing, and punishment of those individuals who have been suspected or convicted of criminal offences as outlined in the Criminal Code of Canada.

CCRC: Community Counseling and Resource Centre

CMHA: Canadian Mental Health Association

Dispatchers: Communications personnel who work for police and are responsible for receiving and transmitting clear messages, tracking vehicles and equipment, and recording other important information pertinent to the Police Service in the area.

Mental health: Consists of the maintenance or achievement of the psychological well-being and satisfactory adjustment to society and to the ordinary demands of everyday life. Defined by the World Health Organization as "a state of well-being in which an individual realizes his or her

own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (10).

Mental Health Act (MHA): The Mental Health Act, R.S.O. 1990, c. M.7 is a provincial act used by the PPS to classify calls as being related to mental health (9).

MHS: Mental Health Services

Nicholl's Psychiatric Building (or the Nicholl's Building): A building that was constructed in 1970. In 1978 the building became a psychiatric services facility and was named after Charlotte Jane Nicholls. This building closed in November of 2009.

Non-offences: Defined in the 2016 Peterborough Police Service annual report as calls that the police receive that are not classified as a criminal call for service. This includes domestic disputes, mental health calls, missing persons, and alarm calls.

Peterborough Police Service (PPS): The peace officers that have jurisdiction over the city of Peterborough, the Village of Lakefield, and the Township of Cavan Monaghan.

Peterborough Regional Health Centre (PRHC): Peterborough's regional hospital that is funded by the Province of Ontario through the Central East Local Health Integration Network. Patient care services are provided from a variety of departments including the accessibility department, emergency, medicine, surgery, diagnostic imaging, laboratory, outpatient services, woman and child, social work, rehabilitation therapy, nutrition services, pharmacy, orthopedic intake clinic, and mental health services department.

Police Service: The police department responsible for the citizens within a particular geographic area.

Police Services Board (PSB): A five-member board that governs the Peterborough Police Service, as directed by the *Police Services Act*. Two members are appointed by the provincial

government, two members are from City Council and one member is from the community, appointed by City Council.

Psychiatric: The branch of medicine that focuses on diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders.

Psychosis: Psychosis is a mental health condition that affects the ability to accurately determine what is real and what is not real. About 3% of the population will experience psychosis and it usually begins during the teenage years. Psychosis is impacted by several factors including biology, stress, trauma, and drug use. Psychosis can be treated effectively, and early intervention often leads to better mental health recovery (19).

SSO: Schizophrenia Society of Ontario

Social Services: Government provided services for the benefit and welfare of the community, such as education, medical care, and housing.

Significant Increase: A large amount that is important or noticeably affects a situation. This article is not referring to statistical significance when discussing the increases in MHA labelled calls.

TCRC: Trent Community Research Centre

Introduction

People call the police for a variety of reasons. Some of the calls are related to crime but roughly 80% of calls are non-offences and the majority of these non-offences include incidents relating to mental health (1). In 2010 there was a spike in the calls that the Peterborough Police Service (PPS) received and classified as mental health related. In 2009, 2010, and 2011 the total

number of calls classified as mental health related went from 175 to 196 to 456, respectively (2). There has still not been a significant decline in mental health calls since the rise in 2010 (1-6). The increase could have been a result of a broadening in the definition that results in a mental health classification. Possible reasons for the increase also include an increase in police awareness and training, an actual increase in mental health problems in the community, or a combination of the above. If a change in classification did not occur, then this could indicate a deficit in care within the community. It is therefore important to determine whether this increase was a result of a change in PPS classifications and practices or a result of change in the Peterborough community.

It is important to note that this project is a stand-alone project but the research done will be closely related to another active project for which Emily Cauduro is the primary researcher. Her research focuses on how other police services in Ontario identified and responded to mental health calls in and around 2010 and whether mental health calls increased throughout Ontario as well.

The Peterborough Police Service initiated this project. Community development co-ordinator, Peter Williams and Canadian Mental Health Association mental health worker Steven Martin are the hosts of this project. The PPS work using a traditional policing and restorative justice approach in the Peterborough area. There is a 911 Communications, Investigative Service, Support Service and Operations division. The Operations division is the largest and includes but is not limited to their Traffic, Canine (K-9), Training, and Community Services Unit (7). The PPS are divided into six teams that cover the city of Peterborough, the Village of Lakefield, and the Township of Cavan Monaghan (7). When referring to the "Peterborough community" throughout this report, each of these jurisdictions are included in that definition.

Before continuing, it is important to distinguish between mental disorders and mental health. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V) describes a series of diagnostic criteria symptomology for specific mental disorders and is used for diagnosing individuals within a medical context (8). The PPS however, use the Mental Health Act, R.S.O. [1990] (MHA) as their basis for defining mental health (1,9). The MHA does not directly give a definition of mental health but does define the term mental disorder as a disease or disability of the mind (9). Thus, to use the term mental health is actually quite broad and not directly defined. This leaves room for subjectivity. The World Health Organization (WHO) defines mental health as the ability to maintain psychological well-being and meet the normal demands of everyday life in society (10). The WHO also discusses the ability to cope with stress and contribute to the community in a productive manner through work or other contributions (10). A combination of these definitions likely all contribute to the common knowledge associated with the term mental health. Though the PPS use the MHA, other agencies measure mental health using scales to assess stress, coping, balance, and diagnosable illnesses (11). For this reason, the statistical comparisons made between the PPS statistics and the trends in the Peterborough community will all be compared based on the more specific definitions of mental health given by the MHA and DSM-V that relate to diagnosis.

There are five major research questions to consider that will frame the organization of the remainder of this report:

1) How do Peterborough Police classify and label a call as mental health? Did this change around 2010?

2) Did this increase relate to a genuine increase in mental health issues, or was it related to a change in call identification?

3) Did various community factors play a role in this increase in calls?

4) Did other mental health services in Peterborough also see an increase at this time?

5) Did the increase coincide with the reduction or disappearance of other services and/or a significant change(s) in approach of health and social services?

Each question relates directly to the main focus of the project; understanding the increase in mental health calls to Peterborough Police since 2010. The first question, will focus on determining how the Peterborough Police Service classify and label a call as mental health and whether this changed around 2010. This is essential in order to exclude a change in classification as the cause for the increase. The second question can be addressed nationally and locally. An increase in mental health issues could account for why the frequency of those contacting the police would naturally increase as well. The mental health services mentioned in the third question include crises lines that may be contacted by people such as the Ontario Shores Assertive Community Research Team in Peterborough and counseling services such as Kinark. These services would be able to comment on whether they also noticed a higher demand in the services that they provided regarding mental health in 2010. Therefore, they could clarify whether an increase in general mental health issues occurred, or whether there was an unexplained increase in the outreach for their services in general. The fourth question is concerned with various community factors, as they are also important to recognize and must be considered to gain a broader understanding of changes in the community that may lead to an increase in mental health issues. Community factors may also indicate why police contact increased if other institutions had changed or reduced their funding for mental health in or around 2010. Lastly, in referring to the fifth question, researching whether the reduction or disappearance of other services and/or significant changes in approach of other health and social

services occurred in 2010 will indicate why the PPS might have become a main contact for mental health issues. A change in the way the PPS approach their role in providing services regarding health could also point to an internal factor that caused the increase in MHA classification.

The information found as a result of this research could have an impact on the development of Peterborough's health care and social services. This project has the potential to highlight a community need in terms of mental health supports and showcase a missing area of care that should be reinstated. The police themselves may also be able to use the information to more efficiently classify and respond to the calls they receive.

Methods

The research began with a review of the online literature followed by fact finding meetings. Websites that provided statistics, news articles, and other Internet based sources were used for reference in answering the five research questions. Once online research was completed, fact finding meetings were conducted. The online research and information from the services contacted were summarized in written form. It was the original intention to create a data table summarizing whether each agency also experienced an increase in the need for their services but there was not enough information to do so. The information gathered from the questions (Appendix A) was also to be summarized in written form but these questions were not able to be answered. Five questions were broken down and answered separately but initial research was also done to summarize the data that shows the increase in calls labeled as MHA. This was comprised of the annual reports published by the PPS and was put into Table 1. This can be found under Previous Knowledge.

How do Peterborough Police classify and label a call as mental health? Did this change around 2010?

The Peterborough Police Service publish a report annually. To first gather the annual data that showed the increase of calls over time, the search term "Peterborough Police Report" with the dates 2009, 2010, 2011, 2012, 2013, 2014, 2015, and 2016 was used. Each of these reports had a section that reported the number of calls classified under the Mental Health Act.

The project hosts, Steven Martin and Peter Williams provided contact information for the staff responsible for the police database, "Niche", and for the Inspector and Communications Manager in charge of dispatch. Niche is the program used to officially classify the calls after response. A fact-finding meeting was held with each of these individuals to go over the process of how a call is identified as mental health related. Each person was also asked whether this process had changed at any point in time. They were all aware of the purpose of the project and its focus on the year 2010.

Did this increase relate to a genuine increase in mental health issues?

Using Google, the search terms "Statistics Canada", "mental health", and "Canadian Mental Health" were used to gather the data needed to answer this question. The Statistics Canada website provided data on the Canadian population, demographics, and the prevalence of mental health disorders before and after the year 2010 (12, 13). This data will be summarized in written form.

Did various community factors play a role in this increase in calls?

Using Google, the search terms "Mental Health", "2010", "Peterborough", "community", "services", "Canada", "Bell Lets Talk", and "Awareness" were used. Websites and the literature found were navigated and further statistics were collected from the Centre for Addiction and

Mental Health website regarding awareness and attitudes towards mental illness (14).

Did other mental health services in Peterborough also see an increase at this time?

Using Google, the search term "mental health Peterborough" led to the Peterborough Regional Health Centre (PRHC) website (15). This website listed the other agencies in Peterborough which were then individually searched using Google. Each service had its own website with contact information. The mental health services in Peterborough listed that were contacted via email include Fourcast, Four County Crisis (the Canadian Mental Health Association (CMHA), Kinark, Lynx, Ontario Shores, PRHC, and the Community Counseling and Resource Centre (16-21). The representatives from each service in Peterborough were contacted to retrieve trend data that focus on obtaining information regarding trends in access to their services. The list of questions can be found in Appendix A. Steven Martin and Peter Williams, the project hosts, were able to provide contact information for the director of programs and services for CMHA, Ontario Shores, the PRHC, and the Fourcast executive director via email. The remainder of the services were each be contacted individually through the emails provided on the contact page of their online websites. A preliminary email explaining the research project and requesting the information was sent out. Information was obtained via email and telephone.

Did the increase coincide with the reduction or disappearance of other services and/or a significant change(s) in approach of health and social services?

Using Google, the search terms "Peterborough 2010", "Peterborough News 2010", and "Peterborough Mental Health 2010" led to blog posts and news articles that discussed the disappearance of the Nicholl's building in 2010 (22,23). This led to the search terms "Nicholls building 2010" and "PRHC mental health wing" which were used to gather further information

regarding this change. Meetings with the project hosts regarding officer training and approaches to mental health were also held. This information was summarized in written form.

Previous Knowledge

The police in Canada generally have frequent contact with those that have mental illness (24). The Peterborough Police Service annual reports from 2009 to 2016 are summarized in Table 1 and show that there was a 132.62% increase in calls labeled as MHA from the year 2010 to 2011. Slight decreases did occur in 2013 and 2014 but this was followed by a 29.20% increase in 2016 that led to the highest number of MHA calls since 2012. The total number of MHA calls to the police did not increase every year. However, the number of annual calls did remain at a higher level than the original increase noted in 2010. The population in Peterborough steadily increased over this time as well.

Table 1

Number of mental health calls to the PPS labeled as Mental Health Act (MHA)[*]

Year	Number of Calls (MHA)	% Increase (MHA)	Total Number of Calls For Service/ 9-1-1 Calls	Peterborough/ Lakefield Population
2009	175	-	26 792/ 13 867	78 593 /2 555
2010	196	12.00	26 832/ 18 518	78 600/ 2 555
2011	456	132.65	27 791/ 25 039	79 000/ 2 555
2012	576	26.32	28 456/ 23 683	81 800/ 2 555
2013	488	-15.28	27 573/ 21 606	82 500/ 2 555
2014	434	-11.07	27 810/ 20 977	83 200/ 2 555
2015	435	0.20	29 385/ 26 715	84 000/ 2 555[a]
2016	562	29.20	31 712/ 33 045	85 000/ 2 555[a]

[*]All data obtained from the PPS Annual Reports from 2009-2016.
[a]*PPS began a contract with the Township of Cavan Monaghan in October 2015. Their population at the time was 8 655. In 2016 it rose to 8 829.*

Results

How do Peterborough Police classify and label a call as mental health? Did this change around 2010?

The relevant data from the annual Peterborough Police Reports were combined into Table 1. Annual reports from the year 2005 to 2008 were available online but there were no clearly marked MHA sections under the division of classification categories. In person meetings confirmed that the Mental Health Act, R.S.O. [1990] is used as a basis for classification. This did not change in the year 2010 (25,26).

When a dispatcher first receives a call, they make an initial decision as to what the nature of the call. Computer-aided dispatch (CAD) is used by the dispatchers currently and was used prior to 2010 as well (25). The initial labels given by dispatch are subject to change once the responding officer provides a report detailing what happened at the scene. This report is used to input more accurate data into Niche, the record management system used by the PPS (26). There are drop down menus with select categories. Calls attended are categorized as either "offences" or "non-offences". Mental health calls are non-offences and there is not any overlap between categories. A call would thus not be considered to be a MHA call and a "Missing Persons Located" call, it would be one or the other. Due to the differing categories regarding offences and non-offences, a call would not be categorized as a MHA call and a "Sexual Assault" or "Cocaine" call, it would again only be classified under one of the categories. One person could also be responsible for many calls, as the data recorded is by incident number and does not account for whether it is the same person at any time. Each incident is counted separately. This inputted data is then sent off to the Canadian Centre for Justice Statistics (CCJS) (26). No part of this process was said to have changed around 2010 and has not changed in any of the preceding years (25,26).

Did this increase relate to a genuine increase in mental health issues?

It is important to reiterate the difference between mental health and mental illness. Diagnosable mental illnesses should be assessed individually, as each disorder in the DSM-V is going to have a differing prevalence in the population. The purpose of this question however was to assess overall rates of mental health.

Statistics Canada provided statistics regarding mental health in 2012 based on The Canadian Community Health Survey (27). In regards to specific illness, rates of depression did not increase and remained at a 5% prevalence rate (27). The previous survey from 2002 however was not comparable on any other mental health statistics due to a change in survey questions and disorders evaluated (27). According to the 2015 report from the Canadian Chronic Disease Surveillance System: Mental Illness in Canada, there was an increase in access to mental health services for mental illness between 1996 and 2010 for those aged 1 to 19 (28). No significant increase in the use of health services for mental illness was apparent for individuals over the age of 20. There was however an increase in the access to health services for mental illness for elderly people (28). For those one year and older, Ontario had one of the highest rates of accessing mental health services but showed a decrease of these rates over time (28). The Canadian Chronic Disease Surveillance System: Mental Illness in Canada report suggests that no longer submitting psychiatric hospital data to the Discharge Abstract Database in 2006 may have influenced the reason for this decrease in the data (28). This is just one example of how the storage of data has changed and can influence the way in which statistics are gathered. This makes it difficult to analyze and understand trends that could indicate issues or areas that need attention in the population. Without being able to navigate when increases and decreases occur, correlations and connections to causal factors cannot be made.

Though these are national trends that indicate an increase in the access to mental health services, this data is based on all of Canada and should not be interpreted to represent the trends that may have been observed in Peterborough specifically. An access to services also does not indicate an increase in mental health issues within the population, but could indicate more accessible services, a decrease in stigma, or an increase in knowledge surrounding mental health. It is difficult to determine if there has been an increase in mental health issues generally, as data appears to be kept differently, classifications change over time, and information is not always published in a way that clearly outlines annual trends.

Did various community factors play a role in this increase in calls?

In researching statistics and awareness regarding mental health, Mental Illness Awareness Week and Mental Health Day were found to have been established in 1992 (29). Upon further research, the Canadian Centre for Addictions and Mental Health website provided a "fast facts" page that suggested that although stigma remains prevalent in Canada, it has been reduced (30). This led to the Bell Lets Talk report that stated 57% of Canadians surveyed believed stigma had been reduced within the past five years (from 2010-2015) and 81% felt more aware of mental health issues (30,31). It should also be noted the Bell's Lets Talk campaign began in 2010 (31). Bell's campaign was aimed at reducing the stigma surrounding mental illness by donating money when people used the hashtag "BellLetsTalk" in support of raising awareness (31).

Did other mental health services in Peterborough also see an increase at this time?

This question was designed to help narrow down whether an increase in mental health issues occurred in Peterborough. It was also supposed to help indicate whether police were experiencing an increase in calls alone, whether other services also saw an increase, or whether a

service experienced a dramatic decrease that would potentially account for the transfer to a dependence on the PPS. The Community Counseling and Resource Centre, Fourcast, Four County Crisis (Canadian Mental Health Association), Peterborough Regional Health Centre, Peterborough Assertive Community Treatment Team (Ontario Shores), and Kinark were contacted via email. The questions asked can be found in Appendix A. Only PRHC, Ontario Shores, and Kinark responded. Kinark was unable to provide information within the time frame of this project. Ontario Shores was unable to provide information, and PRHC was unable to provide information regarding the outlined questions due to a recent change in job positions. PRHC did however mention that many people access emergency department services repeatedly and are accompanied by police (32). About seven out of eight of those individuals are homeless (32). A steady increase to visits to the emergency department was also mentioned but this would not have been centred around the year 2010. An important thing to note that was also brought up was that doctors will only accept so many patients per year (32). This would lead to a ceiling effect regarding access to services, as many people who need to be accessing services may not be able to, due to this cut off (32). Lastly, a comment was made regarding the reduction of stigma surrounding mental health. This is an example of how the efforts to reduce stigma and raise awareness around 2010 may have influenced a change in thinking for those working in Peterborough. These comments are not backed up by documents that were accessible to this project.

Did the increase coincide with the reduction or disappearance of other services and/or a significant change(s) in approach of other health and social services?

In 2010, the Nicholl's Psychiatric Hospital was demolished and it's services were transferred to the Peterborough Regional Health Centre across the street (22,23). The PRHC was not able to

comment on this change, though the account of one individual does suggest that people had a strong connection to this facility (22). One website, dated September 2011 does reference an elimination of 200 positions at the PRHC but this alone cannot be assumed to be related to whether patients accessing the mental health services are experiencing a deficit in care as a result (33).

The PPS did not change their approach to mental health advertently but crisis intervention training (CIT) has increased over time (34). It is considered ideal to have all officers trained beyond the current strategy of having them shadow a more experienced officer but less than half of officers had undergone crisis intervention training by 2014 (34). It does not appear that this was a priority around the time that calls labelled as MHA increased, nor does it appear to remain as one.

Discussion

The data collected from the PPS annual reports begin in the year 2009. Though calls were still classified this way prior, the data was not published, and therefore not accessible during the course of this research. This limits the ability to compare the increase in 2010/2011 to previous years leading up to this time.

The Peterborough Police Service did not change the way that they classify calls. Niche Record Management System is a largely used database that allows for the final classification input based on officer reports and the Mental Health Act, R.S.O. [1990] (26). This process is still currently used, however, it is highly subjective. Officer reports and the interpretation of what the officer suggests could potentially be influenced by societal shifts in how mental health is perceived. The officers themselves may also be more inclined to mark a behaviour as mental health related in their reports. Given that in 2010, movements such as “Bell Lets Talk” began,

both responding officers and employees that classify the calls could have influenced the numbers in the MHA category based on a change in perception regarding mental health as a broad category. The classification does not require a DSM diagnosis, therefore the movements aimed at reducing the stigma surrounding mental health and increasing awareness regarding what mental health is and looks like in general, could influence the amount of cases that are put into the MHA classification. It is however difficult to research this, as a survey regarding mental health attitudes of staff would only be able to provide data regarding the participants memory of their awareness prior to 2010. Access to attending officer reports could highlight changes in language used and could be very useful in determining whether this shift occurred as well.

The way that calls are classified does not allow for a double classification. This means that those suffering from both mental illness and additional substance use disorders may only be classified under offences pertaining to drug use. In cases in which mental health is involved, there should be a dual classification option that allows for this to be recorded accurately; especially in cases in which they are the victim. It would also be useful to be able to record both the incident numbers and repeated call numbers. If emergency department visits can record the number of repeat visits, police should be able to record the number of repeat callers. This would result in data that was not skewed as a result of a few individuals suffering from mental health related issues that routinely contact police. The relationship between the PPS and the PRHC emergency department should also be explored further, as those being taken to the hospital by police officers and recorded as a MHA call may not always be admitted to the care that they need. This could result in repeat calls.

Aside from classification, an awareness surrounding mental health could have also impacted the likelihood that individuals would feel a responsibility to contact police. Further

research should look at the details of the calls themselves to determine who is making the call, the age of the person believed to be struggling with mental health, whether they are homeless, and whether the call results in a charge. Not having access to this information limits the conclusions that can be drawn when comparing data from the mental health agencies and the changes in the services offered.

There are many disorders in the DSM-V that show differing prevalence rates and patterns. To assess an overall increase in mental health issues is going to produce fairly general statements and could also be a result of changes in diagnosis rates, not necessarily the percent of the population that is struggling with mental illness. Reports show an increase in overall access to services for mental illness in the youth and elderly populations (28). If the calls are primarily from these populations, a correlation could be made but data more specific to Peterborough should also be considered (28).

Though the Nicholl's building did close around this time, no accurate inferences can be made. The services that were provided by the Nicholl's Psychiatric Hospital were transferred to the PRHC's main building across the street. Future projects should contact the PRHC to clarify what changes resulted from this building closure. At the time of this project, the PRHC was not able to comment on trends but this was said to be related to newly acquired job positions. They will thus be more likely to discuss the research questions in Appendix A and be able to access data in the future. This would help in understanding what trends were seen around 2010, when the Nicholl's Building transfer occurred. Given some of the time restraints of this project, future projects may also have more success in contacting each of the services listed. This could be a stand-alone project that only focuses on whether the mental health services in Peterborough

changed their approach to services provided and whether they noticed an increase or decrease in access to their services.

The focus of this project was mental health calls but in the 2016 report put out by the PPS the number of offences involving escorts was recorded as 263 in 2014, 357 in 2015, and 805 in 2016 (1). Future research should investigate the trends in the annual police reports further, as a focus on what increased alongside mental health related calls could indicate a common denominator or theme occurring in the community.

Other projects have focused on homelessness and providing shelter for youths while published reports pertaining to the need for assessing homelessness in Peterborough have also discussed the issue of housing (35). Given that homelessness is often associated with mental health, future projects should focus on whether any major changes occurred regarding housing in 2010.

The increase in MHA calls has remained at a heightened level and it is unclear whether this is strictly due to a shift in awareness. It is thus important to consider current trends and changes that should be implemented to respond to this increase in calls as well. There has been success with programs such as the YES Shelter in Peterborough in terms of housing issues, as they provide extensive support for youth and their families (36). However there is no established group home or facility for long term care of people suffering from mental illness (37). In one case discussed in an opinion piece for the *Peterborough This Week*, a mother advocated for the city to establish group homes for those suffering from severe mental illness (37). Her daughter was unable to live alone and had been in contact with the PPS when she became aggressive towards her father at the PRHC, who instructed the mother to call the police (37). This project focuses on mental health and others focused on youth homelessness but future projects and

research should combine the aspects of these separate avenues. Homelessness and mental illness are very intertwined and shelters that provide for individuals struggling with more severe mental health issues should be explored as an option in Peterborough, especially with the dramatic rises in calls to the police.

Though there does not appear to be one simple causal factor that explains why the Peterborough Police Service experienced such a dramatic increase in MHA calls, there is clearly a need to act upon decreasing this number. Police should make crisis intervention training (CIT) a priority for all officers, as the likelihood that they will encounter a situation pertaining to the need to understand mental health is growing steadily. It is also important that members of the community are aware of the many other services that they can access. Though it is not known how often mental health services are currently being accessed, the community may be contacting the police when they should be directly contacting a mental health service. Future research could conduct surveys regarding the knowledge that the citizens of the Peterborough community have regarding services available and when they could be contacted instead of police. There is also a need to establish housing not just for youth, but for youth and individuals that require psychiatric care.

Overall, the research done thus far can exclude a change in classification as the cause for this increase in calls labeled as MHA. Subjectivity, however could still play a key role. Trends in the community suggest a social shift in the awareness of mental health and there appears to be a need for the services and institutions to better match this shift in attitude.

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Appendix A: Interview Questions for Mental Health Agencies

How does your organization define *mental health*?

Do you have records for the level of demand for mental health services and other related services placed on your organization between 2009 and 2017?

Would you be willing to share statistics with this research project?

Did you see an increase or decrease in mental health and related service demand over this period? (Increase/Decrease/ Little Change)

Was there a significant increase in demand in 2010 that might match the increase experienced by the Peterborough Police Service? (Yes/No/Comment)

Was there a significant increase or decrease in demand in any other year?

If an increase in demand was recorded in any given year, was the increase maintained in subsequent years?

If you did see an increase in demand for your mental health and related services, do you have any suggestions for the cause of this increase?

Has there been a change in the hours that your service is accessible to members of the public at any time over this period?

Were there any changes in what would be considered cause for release or the admitting of patients around the year 2010?

Has your work in mental health and related services been impacted by any significant legislative changes between 2009 and 2017?

Additionally, For the Peterborough Regional Health Centre Specifically:

It is my understanding that the Nicholl's building was demolished in 2011 and the PRHC was tasked with providing services in place of those previously provided by the Nicholl's building. What changes have been made within the PRHC to accommodate for what was previously offered by the Nicholls's building in terms of mental health care? Was there an influx in patients and access to services around the time of this closure?