



**Prepared for Indigenous
Police Chiefs of Ontario**

Mental Health Review of the Indigenous Police Services of Ontario



calibrate

November 2021

Content Warning:

This report includes content about mental health, trauma, the impacts of colonialism, violence, intergenerational trauma and residential schools, post-traumatic stress disorder, and violent crimes.

Crisis line numbers:

Indian Residential School Survivors and Family 1-866-925-4419

Kids Help Phone 1-800-668-6868

Boots on the Ground 1-833-677-2668

Canada Suicide Prevention Service 1-833-456-4566



Table of Contents

Executive Summary	7
Mental Health Review of the Indigenous Police Services of Ontario	16
The Realities Facing Indigenous Police Services in Ontario	21
Findings and Recommendations.....	30
Section 1: The Policing Model and Allocated Resources	30
Section 2: Community Needs and Realities.....	44
Section 3: Organizational Wellness.....	46
Section 4: Responding to Mental Health Challenges	54
Appendices	62
Appendix A: Bibliography.....	62
Appendix B: Member Survey Results	68
Appendix C: IPCO Community Services Map	107
Appendix D: About Calibrate	108



Note from the Author and Acknowledgements

The intersection of policing and being Indigenous is a difficult place for individuals, families, communities, and police services to navigate. It is fraught with the scars of colonialism and ongoing racism. Indigenous communities are actively working to reclaim land, culture, power and the restoration of their own social orders in the face of a legacy of colonial violence that has resulted in poverty, trauma and inequity. Policing is difficult work in any community and is widely acknowledged to test the mental health of police officers. The challenges of policing in Indigenous communities are compounded by trauma, social tensions and lack of equitable resource distribution experienced by the community and its members, including police.

An understanding of the mental health implications of this work on individual police members, families and community members, and the nine police services that make up IPCO must be grounded in an acknowledgement of the colliding impacts of colonialism and policing, in respect for the hard work being done in Indigenous communities and organizations to reject

inequity, and in listening carefully to the stories and experiences of members and their families.

Mental health is deeply personal and its challenges are widely stigmatized and misunderstood. Sharing these personal experiences is an act of bravery and integrity. I met with 161 individuals over the course of this process and received survey responses from 253. I am extremely grateful for the gift of experience given to me by police members, their families, community leaders and elders. To all of you: we had difficult conversations, covering traumatic and painful topics and, time after time, I was impressed by and grateful for your dedication to your work and to your community, your strength, your desire to share your stories for the future benefit of others, and your thoughtful and pragmatic analysis of your own experiences. Thank you for your trust.

I encourage readers of this report to respect and honour these experiences.

As a part of this process, I was also given important lessons by Elders and community

teachers. I was taught and encouraged to follow the Grandfather Teaching of Truth. I have endeavoured to meet this responsibility by ensuring that this report is honest and unflinching. I have prioritized the needs of officers, their families and communities, and centred these findings and recommendations around the evidence that they gave me. I am grateful for the lessons and will continue to carry them with me.

In grappling with the complex topics in this report, I was heavily reliant on important work already done. A bibliography of key works is published at the end of this report.

This work has had the benefit of input, guidance and expertise from a large group of collaborators. I am grateful to the following people:

The Advisory Panel

Ava Hill, former elected Chief Six Nations of the Grand River Territory, Terry Armstrong, retired Chief of Police of Nishnawbe-Aski Police Service, and Taylor Sayers, Director of Corporate Services UCCM Anishnaabe Police Service

The Service Representatives

Sgt. Major Cheryl Gervais (T3PS), Sgt. Jeff Fahey (NAPS), Cst. Jared Miller (SNP), Taylor Sayers (UCCM), Cst. Norman King (AMPS), Cst. Rob Lawrance (LSPS), Jessica Restoule (APS), Cst. Penny Dunlop (RPS), Staff Sgt. Scott Cooper (WTPS)

The Mental Health Experts

David Sernick, Kenora Chiefs Advisory, and Sara Dias, Canadian Mental Health Association, Kenora

I appreciate the perspectives of the nine IPCO Chiefs, led by Roland Morrison, whose approach was to allow the voices of their members to guide the work and the process. I also appreciate the candid nature of our individual conversations.

I am especially grateful for the wisdom and support of Sgt. Major Cheryl Gervais and for the hard work of the CALIBRATE team, including Nikita Kapur.

Thank you to MAAIINGAN Productions for the compelling graphic design.

While this work is a result of the input and expertise of many people, any errors or omissions are strictly mine.

Meredith Brown
CALIBRATE Solutions Inc.
November 8, 2021

The logo for Calibrate Solutions Inc. is located in the bottom right corner. It consists of the word "calibrate" in a lowercase, sans-serif font, with the "c" in blue and the rest of the letters in orange. The logo is set against a white circular background. The overall design of the page features a dark blue background with stylized white and orange leaf patterns. A horizontal band of orange and green is visible above the logo area.

List of Abbreviations and Acronyms

AMPS	Akwesasne Mohawk Police Service
APS	Anishinabek Police Service
CTA Service	Community Tripartite Agreement Service
EAP	Employee Assistance Program
FNPP	First Nations Policing Program
IPCO	Indigenous Police Chiefs of Ontario
LSPS	Lac Seul Police Service
NAPS	Nishnawbe-Aski Police Service
OPP	Ontario Provincial Police
PTSD	Post-Traumatic Stress Disorder
R2MR	Road to Mental Readiness
RPS	Rama Police Service
RTW	Return to Work
SA Service	Self-administered agreement service
SNP	Six Nations Police
SQ	Sûreté de Québec
T3PS	Treaty Three Police Service
UCCM	UCCM Anishnaabe Police Service
WSIB	Workplace Safety and Insurance Board
WTPS	Wikwemikong Tribal Police Service



Executive Summary

Mandate of the Review

This Mental Health Review was convened by the Indigenous Police Chiefs of Ontario, with the support of the Ministry of the Solicitor General for Ontario, to understand and articulate the particular issues related to policing and mental health in the specific context of the nine self-administered Indigenous police services of Ontario¹, including the experiences of members (both frontline officers and civilian staff), the impact of mental health and wellbeing issues on the organizations, and the sufficiency of culturally appropriate support services available to members, and to make recommendations that are practical, culturally appropriate, and resonate with organizations, members and communities.

¹ There are nine self-administered First Nations police services in Ontario who are the subject of this Review: Akwesasne Mohawk Police Service (AMPS), Six Nations Police (SNP), Rama Police Service (RPS), UCCM Anishinaabe Police (UCCM), Wikwemikong Tribal Police Service (WPTS), Anishnabek Police Service (APS), Nishnawbe-Aski Police Service (NAPS), Treaty Three Police Service (T3PS), and Lac Seul Police Service (LSPS)

Summary

This Mental Health Review should be viewed as a dire warning about the mental health of the members of Indigenous police services in Ontario and the implications of their poor health to individual, family, organizational, and community health and safety. Addressing the realities of Indigenous policing in a manner that supports positive mental health and wellness in Indigenous communities and with Indigenous police will require a meaningful and significant increase in funding to meet community needs and the prioritization of wellness in the staffing model, organizational culture, community relations and mental health responses.

This Mental Health Review is grounded in two colliding realities – 1) policing includes the hard work of confronting human tragedy and 2) Indigenous people and communities live in the context of facing and overcoming the ongoing impacts of colonialism, racism, violence, inequity and the loss of land and self-governance. At the intersection of these two realities, where the Indigenous police services of Ontario reside, the potential

for inflicting trauma on the individuals working in this context, along with their families, colleagues, and communities, is compounded and exponentialized.

The Review concludes that the longstanding inequities afforded to First Nation communities and people have significantly contributed to the mental health impacts experienced by members of Indigenous police services. Responding to and resolving these inequities, including ensuring meaningful resources for Indigenous police, should be a governmental obligation as part of reconciliation and response to the Calls to Action.

However, there is hope for the future. The convergence of a willingness to explore the promise of a positive Indigenous policing approach with a capacity to discuss and support mental health, and increased government accountability for equitable treatment for Indigenous communities, means that now is an important moment for these organizations, their Boards and the provincial and federal governments. There is tremendous opportunity right now to make significant and fundamental improvements to the policing model and the mental health approaches that respond to the concerns raised here and capitalize on the promise.

The Process of the Review

The methodological approach to the Review was participatory, inclusive, trauma-informed and centred on listening. Evidence was gathered from multiple sources using multiple methods, allowing for triangulation of the data:

- An extensive jurisdictional and document review covered myriad existing reports with a focus on mental health, policing, and Indigenous policing in North America.
- Statistics were gathered from each service on staffing levels and leave rates.
- A survey was administered to a target group of 645 participants with 253 completed surveys - a completion rate of 40%.
- Individual and small group interviews were conducted with 161 members, families, and community representatives (Elders, elected Chiefs and Board members). In accordance with the confidentiality protocols established at the outset of the Review, no list of interviewees is provided.

Findings

Finding 1: The model of Indigenous policing in Ontario and the resources provided to SA services do not support and indeed directly impair the positive mental health of police members. (Recommendations 1-7)

As a result of the inequitable and colonial model created by the First Nations Policing Program, Indigenous police services are under resourced to meet community need. Despite the lack of funding, the nine

services provide a full police response to communities, including frontline services, civilian support, special units, and community engagement. Indigenous police services in Ontario respond to more calls for service, including exponentially more critical incident calls, with fewer members and lesser tools than their provincial and municipal counterparts. The impact of this reality to members is a dramatically high exposure to violence and trauma, and working conditions that breed terror, exhaustion, and hypervigilance. Members, families, and communities are at risk.

While the pay for members has increased to align with other police, the pension and benefits have not, leaving members without meaningful options for mental health support or retirement.

The intersection of policing and Indigeneity, gender, and/or work location can have a compounding effect on the mental health of members. Indigenous members, and particularly those working in their home community, provide policing services in the context of their own lived experiences, including intergenerational trauma and sometimes challenging relationships with their community as a result of their career choice. Women members are assigned a disproportionate number of sexual assault, domestic violence and child assault cases, layering trauma and impeding their promotion. Members who work in fly-in communities and in special units experience high levels of exposure, hypervigilance, isolation and exhaustion.

In spite of this, members demonstrate remarkable resilience and dedication to their communities.

Finding 2: Community needs and interests do not align with the policing model, contributing to low morale and the poor mental health of members. (Recommendations 8-13)

Across the nine services, there are varying concerns with respect to community/police relations. In some services, there is a need for greater dialogue about the nature of community policing. In others, there are distinct rifts between the community and the police that erupt in protests, threats and violence. At the heart of these concerns, is a mix of a lack of communication, periodic expectations by the Boards and community that do not align with the legislated police powers, and the tension between Indigenous sovereignty and the role of police.

Members experience these issues personally, as threats, as strained relationships with family and friends, as a concern for the safety of their own family members. They feel isolated within their own communities.

Social media has a role to play in harming the mental health of members, particularly younger members. Negative social media about the police from inside and outside the community, including increased social media attention following the social uprising after the murder of George Floyd in the US, causes increased anxiety and stress.

In the workplace community, members experience racism from colleagues in other provincial and municipal services, including those with whom they must interact regularly. There is inadequate attention paid to cultural competency and building understanding at Ontario Police College.

Finding 3: The internal culture of the services does not support the mental health and wellness needs of members. (Recommendations 14-19)

Inside the services, members experience the kinds of organizational wellness challenges commonly associated with police, including stigma, lack of trust, and isolation. The result is a limited collective ability to discuss mental health and wellness or support members who are experiencing mental health challenges.

Members articulated a desire for a greater realization of Indigenous cultural values and traditions inside the services and as a part of wellness.

Leaders inside the organization, particularly frontline supervisors, are placed in a difficult position, as they juggle an inadequate staffing complement and meeting the needs of the community, with the wellbeing and need for time off of their members.

There is little time or resources to support leaders in training on mental health and wellness or to support wellness efforts instigated by members inside the services. Without adequate funding, there are no policies, staff or expertise available

to regularly and professionally conduct wellness training and support.

Civilian members are frequently the recipients of this lack of organizational wellness. They are gendered and frequently undervalued, leading to morale concerns. While they provide important services during and after critical incidents, they are less often provided with mental health supports.

Finding 4: The responses available to members who require mental health support are wholly inadequate. (Recommendations 20-27)

The overarching funding deficit means that none of the services have the capacity to develop policies and assign meaningful resources to important programming such as debriefing and peer support.

Mental health services, including time off, benefits, EAP and WSIB, do not meet member needs as they are inadequate, present concerns for member privacy and choice, are not culturally-responsive, and are not readily accessible to members in crisis. It is difficult for small services to provide accommodated duties to members, sometimes compounding the mental health issue.

Family members are frequently called upon to provide primary support to members in crisis, but are not provided with adequate information or support for themselves.

Retirees are not provided with ongoing support after they retire, nor are they retained as important and expert supports for current members and leaders.

There is insufficient data and research currently collected to support the long-term mental health of members.

Recommendations

Recommendation 1: Staffing allocation for Indigenous policing must exceed models for municipal and provincial police to account for the following community need-based principles:

- a) The higher incidence of violent and critical incident calls must be matched by increased staffing.
- b) All communities should have sufficient police members assigned to the community, including civilian staff, to provide 24/7 coverage.
- c) No member should work alone in any community.
- d) Special units, community engagement, crime prevention, and member wellness should be included in permanent staffing allocations.
- e) Community socioeconomic data, cultural values and travel times and distances should be part of the staffing formula.

Recommendation 2: The pension and benefits package must meet and exceed models for municipal and provincial police to account for the intensely difficult nature of the work, including:

- a) The pension plan should be adjusted to align with the plan provided to RCMP members, which provides a choice of early retirement options.
- b) Benefits for mental health supports should have parity with municipal and provincial services and should be enhanced to account for travel to specialized services and to permit claims for traditional services.

Recommendation 3: Each Chief of Police must immediately work with their management team to assess the gender-based assignment of traumatic cases and clarify the approach for members.

Recommendation 4: Funding must be provided to increase recruitment efforts in communities, particularly targeting Indigenous members and women.

Recommendation 5: IPCO should identify cross-service rotational opportunities and secondments to allow members a broader and periodically changing work experience, increase their promotional potential and develop a broader pool of specialized skills, giving consideration to the potential for rotation into special units, secondment out of home communities, and ensuring that no member stays in a scenes of crime position permanently.

Recommendation 6: The provincial government must provide IPCO funding as a regular and recurring budget item, sufficient to provide for staffing and the recommendations contained herein.

Recommendation 7: Funding must be provided to sponsor a cross-service Women in Policing Group. The Group could consider mentoring, leadership development opportunities and ongoing wellness support as part of its mandate.

Recommendation 8: IPCO must meet with Boards and both elected and traditional community leaders to affirm foundational principles and ensure common understanding with respect to:

- a) The role of police and legislated police powers,
- b) Community needs and expectations,
- c) The current state of the relationship between police and communities, and
- d) Where applicable, the violence and threats against police members.

Recommendation 9: Funding must be provided to allow Boards to ensure that new members are provided with information and training about the expectations and obligations of their role, including with respect to their role in leadership accountability, the policing model, trauma and ensuring the mental health of members.

Recommendation 10: Funding must be provided to allow Chiefs of Police, Boards and community leaders to identify:

- a) Community engagement opportunities

- b) Community education sessions about the role of police, the legal system, and current issues
- c) Opportunities for the community to support the wellness of members, including education for members in the culture and traditions of the community and recognition of positive police work

Recommendation 11: There must be at least one funded and dedicated Community Engagement/Mobilization Officer in every service.

Recommendation 12: Community engagement must form part of the performance measures of everyone in a leadership position.

Recommendation 13: Ontario's police leaders, through the OACP and Ontario Police College, should act to address racism and build an inclusive policing environment, including meeting with IPCO to address immediate issues.

Recommendation 14: Funding must be provided for IPCO to form a Wellness Task Force to support the implementation of mental health recommendations and to strengthen cross-service responses. This Task Force should be led by a Chief of Police, with representatives from each service, mental health providers including traditional service providers, community leaders and Elders.

Recommendation 15: Funding must be provided for a new cross-service Wellness

and Mental Health Unit to be formed under IPCO, with a mandate to:

- a) Manage the implementation of mental health recommendations and services;
- b) Oversee cross-service mental health services, including peer support and debrief approaches;
- c) Provide confidential pathfinder services to individual members;
- d) Maintain and make widely available a list of specialized and varied mental health resources available to members of all services;
- e) Ensures services are responsive to the needs of civilian members
- f) Receive guidance from the Wellness Task Force.

Recommendation 16: There must be at least one funded and dedicated Wellness Officer position in every service.

Recommendation 17: Wellness and leadership must form part of the performance measures of everyone in a leadership position. This should include supporting all member participation in critical wellness services, including peer support and debriefing teams and wellness committees.

Recommendation 18: Funding must be provided for mandatory training as follows:

- a) Leadership and mental health training for all leaders, with regular renewal
- b) Twice annual service-wide mental health awareness sessions by trained professionals
- c) Mental health training sessions for leaders and staff must contain culturally-relevant and gender-responsive content and include training on confronting biases about mental health, developing a common language of support, and the array of options for maintaining good mental health and addressing mental health challenges.

Recommendation 19: Funding must be provided for physical activity, such as gym and outdoor fitness equipment.

Recommendation 20: Funding must be provided to ensure members, retirees, and families have a range of culturally-responsive mental health resource options, including:

- a) Benefits that cover specialized clinical and traditional supports
- b) A updated list of mental health clinicians specializing in first responder and Indigenous trauma-based counselling who are actively taking clients across the province, including those willing to conduct virtual counselling
- c) A list of traditional practitioners and

Elders specializing in supporting first responder trauma

- d) A list of external 'peer support' programs (such as Boots on the Ground)
- e) Peer support within each service and across IPCO
- f) Employee Assistance Program
- g) WSIB
- h) Suicide and crisis line numbers
- i) Family information sessions and support groups inside and external to IPCO
- j) Pathfinder services

Recommendation 21: Opportunities to enhance resources and supports should be explored, including:

- a) Engaging retirees in peer support, debriefing and policy development
- b) Collaborating with other first response and helping professions in communities and across the province
- c) Developing contractual relationships with mental health organizations for the provision of information, training and clinical services tailored to Indigenous policing
- d) Exploring partnerships with universities and colleges.

Recommendation 22: IPCO must formally engage with WSIB to ensure a common understanding of the mental health implications of Indigenous policing and the individual/organizational challenges associated with the Return to Work process, placing a priority on member health.

Recommendation 23: Funding must be provided for peer support and debriefing programs to be developed through a cross-service approach including a comprehensive policy and training program. This approach should be used to support and enhance peer support and debriefing efforts already underway in some services, including the app currently under development.

Recommendation 24: IPCO should develop a common set of data points to be collected by each service, starting as quickly as possible, to enhance overall understanding, set a baseline and allow for the development of key indicators of success. Likewise, IPCO should engage with the OACP and the FNCP to consider the development of common measures and indicators related to mental health and wellness.

Recommendation 25: Funding must be provided for IPCO to engage mental health professionals in the development of a pre-service screening program to assess resilience.

Recommendation 26: Funding must be provided for IPCO to engage mental health professionals in research and development of long-term responses to the mental health challenges identified in this report

with particular attention to the complex traumas at the intersection of policing and Indigeneity.

Recommendation 27: The Wellness Task Force should form a subgroup specifically focused on supporting young members at the start and early period of their career, including understanding the particular experiences and priorities of younger members including social media, globalization, and Indigenous activism.





Mental Health Review of the Indigenous Police Services of Ontario

Overview

This Mental Health Review should be viewed as a dire warning about the mental health of the members of Indigenous police services in Ontario² and the implications of their poor health to individual, family, organizational, and community health and safety. The longstanding inequitable treatment and gross underfunding of Indigenous police services in Ontario are directly to blame for the results detailed in this Review and put the police and the community at risk. Addressing the realities of Indigenous policing in a manner that supports positive mental health and wellness in Indigenous communities and with Indigenous police will require a meaningful and significant increase in funding to meet community needs and the prioritization of wellness in the staffing model, organizational culture, community

2 There are nine self-administered First Nations police services in Ontario who are the subject of this Review: Akwesasne Mohawk Police Service (AMPS), Six Nations Police (SNP), Rama Police Service (RPS), UCCM Anishinaabe Police (UCCM), Wikwemikong Tribal Police Service (WPTS), Anishnabek Police Service (APS), Nishnawbe-Aski Police Service (NAPS), Treaty Three Police Service (T3PS), and Lac Seul Police Service (LSPS)

relations and mental health responses.

This Mental Health Review is grounded in two colliding realities – 1) policing includes the hard work of confronting human tragedy and 2) Indigenous people and communities live in the context of facing and overcoming the ongoing impacts of colonialism, racism, violence, inequity and the loss of land and self-governance. At the intersection of these two realities, where the Indigenous police services of Ontario reside, the potential for inflicting trauma on the individuals working in this context, along with their families, colleagues, and communities, is compounded and exponentialized.

Context

In 2021, Indigenous people and people living in Canada are grappling with the implications of the history of abuse and colonialism reaped on Indigenous peoples of this land. Reconciliation remains a fraught and unmet concept. The legacy of colonialism is unrelenting – in 2021, the unmarked graves of thousands of children

No one ever called me
Hypervigilance **Low morale** Pressure
Stigma Dedication Silence
Complex trauma PTSD
Isolation
Changed relations with family and friends
Desire for change **Lack of trust**
Guilt Limited leadership credibility
Drinking culture I handled it myself

were revealed on the grounds of residential schools across the country. Communities grapple with the impacts of this racist legacy including intergenerational trauma because of the genocide of residential schools and other racist government policies, poverty, and inequitable allocation of social resources because of unrepealed colonial legislation including the *Indian Act*,³ and the inevitable human tragedies that come from years of living inequitably, including abuse, alcohol and drug addiction, unemployment and high rates of crime.

In the face of this oppression, Indigenous people and communities continue their

decades-long work of leadership, advocacy and activism, reclaiming land, sovereignty, their children, and the very fabric of their culture, languages, art, and legal and social orders.

Canada and its governments are grappling with the responsibilities of reconciliation and addressing the pervasive inequity that spans the colonial social constructs, including the violent legacy of genocide and residential schools. These responsibilities are clearly laid out in the Truth and Reconciliation Commission of Canada: Calls to Action, among other places. The Calls to Action squarely address responsibilities with respect to health and justice, including ensuring that programs, supports and responses

3 Indian Act (RSC, 1985 c. I-5)

are Indigenous led, culturally relevant, and acknowledge and respond to the trauma of residential schools. Of particular relevance are Calls 22 and 23 related to health care and the spirit of Calls 25-42 related to justice.⁴ Despite the Calls, ongoing inequity is clearly present in the social constructs present on reserve, including the construct and application in Ontario of the First Nations Policing Program.

This Review is an examination of the mental health challenges experienced by members⁵ of the nine self-administered Indigenous police services in Ontario. The purpose of the Review is to understand the mental health impacts (individual and systemic) that members experience and the sufficiency of the resources available to support them.

The Review concludes that the longstanding inequities afforded to First Nation communities and people have significantly contributed to the mental health impacts experienced by members of Indigenous police services. Responding to and resolving these inequities, including ensuring meaningful resources for Indigenous police, should be a governmental obligation as part of reconciliation and response to the Calls to Action.

This Review is grounded in the experiences of the members of the nine Indigenous

police services, their families, their colleagues, and their communities. It calls for responses that are responsive and resonant with those experiences, that are determined and overseen by the services and communities, are pragmatic, culturally relevant and support a positive path forward for everyone involved.

About the Mental Health Review

The Origin and Mandate

This Review was initiated by the Indigenous Police Chiefs of Ontario (IPCO) following the Ontario government's encouraging response to the Ontario Provincial Police Independent Review Panel report.⁶ The Ontario government announced funding for 200 new frontline officers, \$2.6 million investment for the hiring of psychologists and mental health clinicians and created an integrated mental health support program with the Ontario Provincial Police Association. In the 2021 budget, the government committed an additional \$12.5 million over three years to strengthen these supports, including the hiring of 20 additional mental health support staff.⁷

4 Truth and Reconciliation Commission of Canada: Calls to Action, 2015 http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

5 A note about terminology: Throughout this Review, the term 'member' is used to refer to both civilian and officer employees of the nine police services.

6 Ontario Ministry of the Solicitor General, *Ontario Provincial Police Independent Review Panel: Final Report*, December 9, 2019 https://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#_ftn74

7 "Ontario Expanding Mental Health Supports for the OPP" News Release April 6, 2021 Solicitor General, Ontario <https://news.ontario.ca/en/release/61004/ontario-expanding-mental-health-supports-for-the-opp>

As policing organizations in Ontario, the members of IPCO anticipated that funding would flow in a similar manner to their services. It did not. Further discussion with the Ministry of the Solicitor General resulted in an agreement for the conduct of this Review, to allow the services and the government to understand the nature of the need.

Mandate of the Review: Recognizing the diversity of the organizations and the communities they serve, an in-depth exploration of the issues related to policing and mental health in the specific context of the Indigenous police services of Ontario, including the experiences of members (both frontline officers and civilian staff), the impact of mental health and wellbeing issues on the organizations, and the sufficiency of culturally appropriate support services available to members, with recommendations that are practical, culturally appropriate, and resonate with organizations, members and communities.

The Methodology

The methodological approach to the Review was participatory, inclusive, trauma-informed and centred on listening.

Consultation and collaboration were critical elements of the Review, ensuring transparency, epistemological plurality, a check on the unconscious biases of the writer, and that the voices of the members are resonant in the analysis. To that end, the Review benefited from an Advisory Panel, dedicated representatives from each service

and the advice of mental health clinicians. Each of these groups discussed and reviewed the approach, the data collection tools, the preliminary findings and the draft final report.

Evidence was gathered from multiple sources using multiple methods, allowing for triangulation of the data:

- An extensive jurisdictional and document review covered myriad existing reports with a focus on mental health, policing, and Indigenous policing in North America. (A bibliography for this Review can be found at Appendix A)
- Statistics were gathered from each service on staffing levels and leave rates.
- A survey was administered to a target group of 645 participants with 253 completed surveys - a completion rate of 40%. (The survey results can be found at Appendix B)
- Individual and small group interviews were conducted with 161 members, families, and community representatives (Elders, elected Chiefs and Board members). In accordance with the confidentiality protocols established at the outset of the Review, no list of interviewees is provided.

In addition to the critical information given to us by members, families and community

members, the Review benefitted from the information and input shared by a wide array of police organizations, mental health providers and other key stakeholders. The Review appreciated the cooperation of the OPP administration, including the Healthy Workplace Bureau and the First Nations Policing Program. The Review also benefitted from the generous collegiality of the Navajo Nation Police.

The Review was overseen by the IPCO members and conducted by CALIBRATE, an independent consulting company. (About CALIBRATE can be found at Appendix D)

Confidentiality

Given the subject matter of this Review, confidentiality protocols were established at the outset. Interviewees were provided with the assurance that their personal information would remain confidential to the interviewer in the following ways:

- The original notes of the interviews were stored by CALIBRATE and not shared with anyone;
- The original notes of the interviews were destroyed after the final report was published;
- The final report does not contain any individual stories, any identifying information or any quotes from interviewees;
- No one from the consultation

groups, nor the Chiefs of Police, were provided with any originating or analytical information that would allow them to identify individual interviewees; and

- There is no list of the names of the individuals who provided interviews attached to this report.

Survey participants were provided with the following confidentiality assurances:

- The survey did not collect the name, email address or other identifying information from participants and all surveys were received anonymously and virtually;
- The survey did not require an access code or other identifier in order to participate;
- Surveys were received directly by CALIBRATE and no representatives or members had access to the survey responses;⁸
- The survey responses have been aggregated, including individual written responses to qualitative questions, which are shown only in summary form.

⁸ With the exception of LSPS where the surveys were distributed on paper and collected by the service representative who then shared them virtually and anonymously with CALIBRATE.



The Realities Facing Indigenous Police Services in Ontario

The Indigenous Policing Model in Canada

The history, construct and challenges of Indigenous policing in Canada are well-detailed in the Council of Canadian Academies important work *Toward Peace, Harmony, and Well-Being: Policing in Indigenous Communities*⁹ (the CCA Report). This Review, including this section of the report, draws from and is deeply informed by that work.

The focus of this Review is the mental health of Indigenous police members. As set out below, it is evident that the primary issue facing Indigenous police is the very structure and model of Indigenous policing in Canada under the First Nations Policing Program (FNPP). The FNPP perpetuates a chronically underfunded and under-supported system that does not serve a community-based policing model.

9 Council of Canadian Academies, 2019. *Toward Peace, Harmony, and Well-Being: Policing in Indigenous Communities*, Ottawa (ON): The Expert Panel on Policing in Indigenous Communities, Council of Canadian Academies. <https://cca-reports.ca/wp-content/uploads/2019/04/FullReport-Toward-Peace-Harmony-and-WellBeing.pdf>

The history of policing Indigenous communities is set out in the CCA Report, which explores the approach of colonizers to replace Indigenous systems of governance and legal orders with western models of formal policing. This evolution is nested inside the complex relationship between Indigenous peoples and Canada, which includes Treaty commitments, the Crown's fiduciary duty to Aboriginal peoples, international human rights expectations and the split responsibility for funding and regulating policing on reserves between the provincial and federal governments.¹⁰

The current model, the FNPP, is the latest model for on-reserve policing, which was put in place in 1991 in response to the Oka Resistance.¹¹ The intent of the FNPP was to give participating communities a role in shaping and governing their own police services. It introduced two different models of on-reserve policing – self-

10 Ibid. Chapter 2.

11 Ibid. p33 for an explanation of the origins of the FNPP.

administered agreements for stand-alone and semi-autonomous First Nation police services (referred to as SA services) and community tripartite agreements which are in partnership with provincial or federal services (CTA services).

However, the language of ‘stand-alone’ was not matched with the appropriate legislative designation or resourcing model. Rather than moving the SA services into the same legislated ‘essential service’ designation as municipal and provincial police, the FNPP avoided legislative changes by using a program model. This program model only provides funding for basic and limited frontline policing services, with the assumption that the municipal or provincial police service will provide the remainder of the required police support, including a frontline presence.¹²

This assumption is misaligned with the interests of the communities and, consequently, with the evolution of the nine police services in Ontario. The expectation of the communities was that a First Nation police service would be ‘full service’ with only limited reliance on the municipal or provincial police services as back-up. The services have evolved to meet that expectation, providing full policing functionality, including frontline presence, special units, community policing and a civilian core.

12 Ibid. Chapter 5

Unfortunately, the resourcing for the services has continued in accordance with the original ‘program’ structure of the FNPP, creating a significant gap between needs and resources. This reality has had sustainability consequences – there were 58 SA services formed at the start of the FNPP in 1992 and 22 of those services have since disbanded.¹³

Government funding for the nine services is split between the provincial government at 48% and the federal government at 52% funding. Some communities augment this funding as a stopgap for the funding deficit.

The nine SA services remaining in Ontario continue to serve their communities, but the resource gap has reached the point of having dangerous consequences for the health and safety of members, families, and communities.¹⁴

A survey comparing SA services with RCMP-administered CTA services across Canada¹⁵ found that:

13 Ibid. p91

14 For another excellent consideration of the impact and failure of the FNPP, see John Kiedrowski, Nicholas A. Jones & Rick Ruddell (2017): ‘Set up to fail?’ An analysis of self-administered indigenous police services in Canada, *Police Practice and Research*, <https://www.tandfonline.com/doi/full/10.1080/15614263.2017.1363973>
DOI: 10.1080/15614263.2017.1363973

15 Kiedrowski, J. et al, *Illustrative Case Studies of First Nations Policing Program*, Public Safety Canada January 24, 2018 <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2016-r014/index-en.aspx>

- RCMP officers working under a CTA were more likely than officers working within SA agencies to receive specialized training
- Police serving SA communities were more inclined to follow a community policing-based model and the CTA more likely to follow a conventional law enforcement model
- Officers working in SA communities were more likely to cite community-oriented concerns such as a desire to 'help my people' as a motivation, in contrast to officers working for the RCMP in CTA communities who were more likely to say they joined the police service because of security, income, or opportunities for training and travel
- Officers in SA services were less likely to have clear career advancement prospects, receive specialized training or have mentoring opportunities
- In SA communities, the police officers spend more time answering calls for service, gathering local information about crime or patrolling
- Police working under SA agreements were more likely to say that their policing style emphasized 'culturally appropriate policing'.

The policing environment in Ontario is undergoing change. At the time of writing,

changes to the *Police Services Act*¹⁶ through the *Comprehensive Ontario Police Services Act*,¹⁷ have opened the door to a possible shift in the policing model for Indigenous police services. Opting into an alternate model could change the future funding structure and essential service designation for any services that make that choice.

The status of similar considerations at the federal level about shifting the structure of First Nations policing to an essential service designation is unclear.¹⁸

At the same time, the nine services have a case before the Ontario Human Rights Tribunal to address a lack of parity in pension benefits. It is noteworthy that this follows a successful Human Rights Tribunal case resulting in salary parity for the services.

Indigenous Policing in Ontario

Providing competent, responsive policing services under the model described above is a complex and onerous undertaking. The nine SA services in Ontario: Akwesasne Mohawk Police Service (AMPS), Six

16 Police Services Act, R.S.O. 1990, c. P/15

17 Comprehensive Ontario Police Services Act, 2019, S.O. 2019, c. 1-Bill 68

18 See Public Safety Canada announcement: "Minister Blair announces \$1.5 million for Assembly of First Nations" News Release Public Safety Canada December 9, 2020 Government of Canada <https://www.canada.ca/en/public-safety-canada/news/2020/12/minister-blair-announces-15-million-for-assembly-of-first-nations.html>

Nations Police (SNP), Rama Police Service (RPS), UCCM Anishinaabe Police (UCCM), Wikwemikong Tribal Police Service (WPTS), Anishnabek Police Service (APS), Nishnawbe-Aski Police Service (NAPS), Treaty Three Police Service (T3PS), and Lac Seul Police Service (LSPS), collectively serve 83 communities across Ontario with dignity and dedication (A map of the communities served by IPCO members is at Appendix C).

The scope of this undertaking is significant. The nine services range from single community services to services that serve multiple communities and a broad territory. The size, geography, communities, culture and history of the services vary widely. As illustration:

- Six Nations Police Service serves the most populous First Nation in Canada, with a population of 12,848 in one primary location.
- Nishnawbe-Aski Police Service is the second largest Indigenous police service in North America and polices 35 different communities across an area that encompasses nearly 2/3 of the province of Ontario.
- Rama Police Service serves a single community of approximately 720 people living on reserve covering 2,500 acres of land.
- Lac Seul Police Service serves three settlements inside the Lac Seul First Nation with an on-reserve population of approximately 860 over 66,248 acres of land.

The workforce of the nine services is relatively small, compared to the number of people they serve. At the time of this Report, the workforce breakdown for each service was:¹⁹

	Officers	Civilians	Management	Total
Rama Police Service	18	3	2	23
Nishnawbe-Aski Police Service	165	40	36	241
Lac Seul Police Service	9	10	2	21
Anishnabek Police Service	69	27	5	101
UCCM Anishinaabe Police Service	19	8	3	30
Akwesasne Mohawk Police Service	34	12	2	48
Treaty Three Police Service	77	44	2	123
Wikwemikong Tribal Police Service	24	7	1	32
Six Nations Police	37	11	2	50
Total	452	162	55	669

¹⁹ Notes about the staffing numbers: a) The numbers are based on information provided by each service in 2021 b) The numbers provided in the management category included Chief and Deputy Chief. Some services also included Regional inspectors or other upper level management in this category.

For the most part, supporting resilience, mental health, and wellness falls to frontline supervisors to administer, although larger services have Human Resources support. There are no corporate services specifically dedicated to wellness or mental health. NAPS has recently appointed a Sergeant to develop mental health programming.

Responding to a higher volume of calls is a common experience across Indigenous policing in Canada. When accounting for population served, First Nations officers responded to a ratio of 90,228 calls for service per 100,000 population. In comparison, municipal police services received 38,371 calls for service per 100,000 population, followed by a rate of 37,689 for OPP, 36,308 for RCMP, 25,697 for RNC and 20,206 for SQ.²⁰

Mental Health and Policing

There can be no doubt that police officers and civilian employees of police services, as well as other first responders and members of the military, require specific and dedicated mental health supports to ensure the wellness and resilience of the organizations, their members and families. The Canadian Centre for Addiction and Mental Health has found that 29% of police officers are in the clinical range for Post-Traumatic Stress Disorder (PTSD) as

opposed to 9% of the general population.²¹

A significant effort has been made in the policing community in Ontario and across the world to recognize the impacts that the difficult and, at times, traumatic work of policing has on those who do it. Recent internal reports conducted by the OPP related to mental health and to death by suicide, as well as the work of the Ontario Provincial Police Independent Review Panel, the Coroner of Ontario and myriad other reports across the world, document the toll that policing has on members and the specialized approaches required to respond.²²

21 Centre for Addiction and Mental Health (2018). *Police Mental Health: A Discussion Paper*. Toronto, Ontario. <<https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/police-mental-health-discussion-paper-oct2018-pdf.pdf>>

22 See for example: Ontario Provincial Police (2015). *Ontario Provincial Police Mental Health Strategy: Our People, Our Communities*. <<http://www.ontla.on.ca/library/repository/mon/29012/333014.pdf>>; Ontario Provincial Police Independent Review Panel Final Report (2019) <http://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#appendixE>; Ontario Provincial Police (June 2019). *Mental Health Review: Members' Report*; Ontario Provincial Police (May 17, 2019). *OPP Suicide Review: Final Report, A review of OPP Member Suicide Deaths from 2012 to 2018*. Office of the Chief Coroner (2019). *Staying Visible, Staying Connected, for Life: Report of the Expert Panel on Police Officer Deaths by Suicide*. Toronto, Ontario. <<http://ontario.ca/dwi6>>; Marin, André (2012). *In the Line of Duty: Investigation into how the Ontario Provincial Police and the Ministry of Community Safety and Correctional Services have addressed operational stress injuries affecting police officers*. Toronto, Ontario. <<https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2012/in-the-line-of-duty>>; Victoria Police (2016). *Victoria Police Mental Health Review: An Independent Review into the Mental Health and Wellbeing of Victoria Police Employees*. Victoria, Australia. <<https://www.police.vic.gov.au/mental-health-strategy#victoria-police-mental-health-review>>

20 Conor, P. et al, *Police Resources in Canada, 2019* Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

PTSD and First Responders

Posttraumatic stress disorder (PTSD) is the mental illness commonly associated with policing and first responders. PTSD can develop after exposure to severe psychological trauma such as sexual assault or military combat. PTSD can cause debilitating flashbacks, nightmares and anxiety, which can severely impact quality of life. First responders, armed forces and – during the COVID-19 pandemic – front-line health care workers are all at high risk. Existing treatments have had limited efficacy. Many people suffering from PTSD have attempted suicide, died by suicide or exhibit violent behaviour.

Hopeful new research: Mental health researchers, including at the Centre for Addiction and Mental Health (CAMH) are actively working on new treatments for Post Traumatic Stress Disorder (PTSD), the mental illness commonly associated with first responders. “For example Dr. Fan Liu, Senior Scientist and Head, Molecular Neuroscience at the Campbell Family Mental Health Research Institute at CAMH, has developed a peptide that has been successful in pre-clinical trials in preventing the formation of traumatic memories in the brain. Though it sounds more like science fiction, the very real hope is that this treatment can be developed in the form of a spray that first responders and others could take at the time of a traumatic event in a way that could actually prevent PTSD from developing.”

All excerpted from:

<https://www.camh.ca/en/today-campaign/areas-of-impact/preventing-ptsd/research>

The OPP Independent Review Panel found that issues facing the OPP with respect to wellness and workplace culture compound the mental health challenges experienced by members, including leadership, trust and credibility, isolation, insufficient wellness services, identity and stigma, family relationships, administrative/organizational pressures, and recruitment/promotional policies.²³

²³ <http://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#appendixE>

The realities of the impacts of PTSD and other work-related mental health and wellness issues in police have been recognized by funders. Governments have responded to these reports and police calls for action by providing substantial resources for additional frontline staffing as well as for dedicated wellness and mental health resources to federal, provincial and municipal services. Insurers, including the Workers Safety and Insurance Board in Ontario have introduced policies that say that PTSD in first responders is presumed

to be work-related.²⁴ This policy applies to Indigenous police.

Mental Health in the Indigenous Police Services

Indigenous police officers are inheritors of the accumulated legacy of the relationship between Indigenous peoples and the settler community. As members of First Nations, Métis or Inuit communities, they personally carry the effects of first contact, residential schools, chronic underfunding and access to health and social services, the 60's Scoop, pervasive racism, over incarceration of Indigenous people, and other conditions that have shaped Indigenous communities. These conditions have influenced their world view, provided them with a range of gifts and challenges, and then tasked them with conducting their policing activities in conditions that are consistently far more challenging than most other Canadian communities.

Officers working within Indigenous communities are regularly confronted with the pervasive challenges facing Indigenous people on reserve including higher proportion of poverty, mental health challenges, family violence, and drug/alcohol abuse. If all police work involves

dealing in some way with the stress of such societal challenges, those communities where these challenges are much more common are likely to create much more stress on the officers tasked to work within those communities. Additionally, when policing is provided by Indigenous officers, this stress is borne by those who are likely to be products of these challenging environments.²⁵

For the Indigenous Police Services of Ontario, the organizational and member mental health challenges highlighted in the reports resonate strongly. Police services across Canada and globally continue to wrestle with the array of issues related to mental health and police work. The goal of this Review is to identify the themes, outcomes and issues that are specific to, or particularly impact, the Indigenous services in Ontario.

The high number of members willing to share their experiences, expressing concern for their colleagues and hope for the future is a key insight into the need for change in the mental health approach of the services. Many members noted that this Review was the first time they had been asked about their mental health. Many more expressed the sentiment that this Review was an opportunity for their experience to contribute to a change for future colleagues. Members took elaborate steps to ensure their stories contributed to the Review, including travelling significant

24 Posttraumatic Stress Disorder in First Responders and Other Designated Workers Policy 15-03-13 WSIB Operational Policy Manual <https://www.wsib.ca/en/operational-policy-manual/posttraumatic-stress-disorder-first-responders-and-other-designated>

25 Centre for Addiction and Mental Health (2018). Police Mental Health: A Discussion Paper. Toronto, Ontario. <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/policy-mental-health-discussion-paper-oct2018.pdf.pdf?la=en&hash=B47D58B5ACBE4678A90907E3A600BB447EE134BF>

distances during the pandemic, asking their spouses and families to be interviewed, even sharing their medical information. Significantly, with precautions taken by the Review and by members themselves, members intentionally revisited traumatic and triggering memories so that others could learn from them. The findings of this Review are grounded in their contributions.

While the numbers do not tell a complete story, they are striking, particularly in light of the small size of the services:

- Approximately 10% of IPCO members are off at any given time on mental health leaves
- Mental health leaves for IPCO members average 11 months long
- 57% of survey respondents experienced work-related mental health issues but 53% of those respondents did not reveal that to their employer
- 28% of survey respondents rated their mental health at work as poor or very poor in the last six months
- PTSD is the primary WSIB claim for NAPS. Of the 14 officers off at the end of the 2019-2020 fiscal year on WSIB claims, all were mental health related claims, including PTSD, chronic and traumatic stress. [NAPS Annual Report 2019-2020]
- In 2019-2020, APS had 1336 days lost

to illness claims across the service, with 997 of them attributed to mental health claims.

- As of January 2021, Wikwemikong Tribal Police Service has 8 of its 21 sworn members (38%) off on approved leave, with the majority on mental health leave.

The Promise of the Future

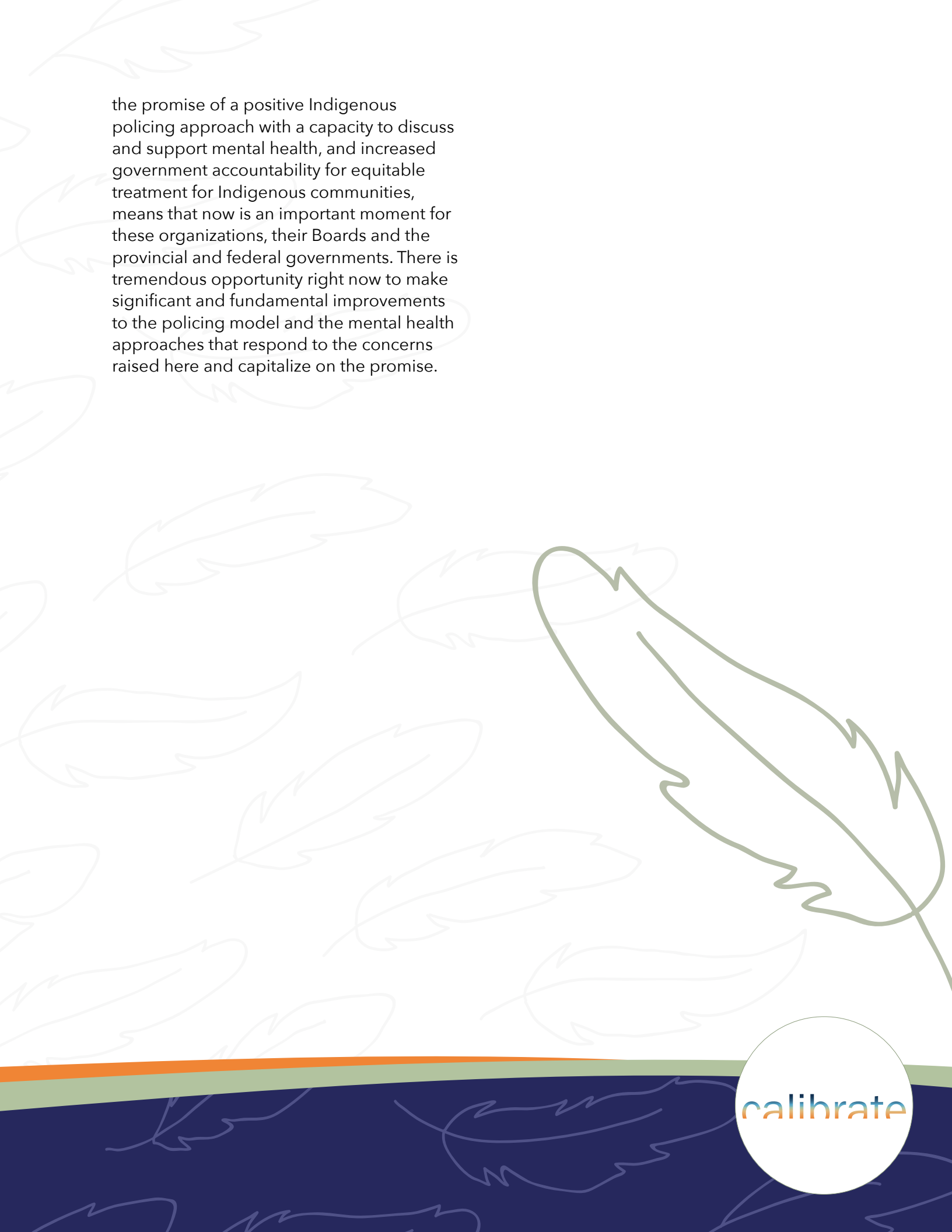
While this Review comes to a number of difficult conclusions, Indigenous policing organizations and their members are not without hope. As noted above, members themselves contributed to this Review out of a sense of dedication to their colleagues and their communities. The members interviewed believe in the good work they do for the community. Members demonstrated remarkable personal resilience.

Almost every member interviewed, along with community leaders, spoke of the promise of Indigenous policing – the opportunity for policing to be part of the positive advancement of each community in line with its needs and values. Each interviewee indicated a desire to build on that promise.

Right now, across the nine services, there is an exciting blend of young members with understanding and expectation for mental health support, and committed leadership looking to build better for the future.

The convergence of a willingness to explore

the promise of a positive Indigenous policing approach with a capacity to discuss and support mental health, and increased government accountability for equitable treatment for Indigenous communities, means that now is an important moment for these organizations, their Boards and the provincial and federal governments. There is tremendous opportunity right now to make significant and fundamental improvements to the policing model and the mental health approaches that respond to the concerns raised here and capitalize on the promise.



calibrate



Findings and Recommendations

The findings contained in this Review are grounded in the foundational truths about policing and mental health, the ongoing consequences of colonialism, and are centred on the experiences of the members of the nine services, their families, and communities.

All the findings and recommendations are centred on a greater need for resources and should not be read as criticisms of any specific actors inside the services. Indeed, the converse is true. The Review revealed a resilient, dedicated and caring group of individuals, including the leaders, who are performing extraordinary services for their communities with a very limited funding pool. Where there are needs or impacts identified, they are attributable to the lack of funding to address those needs.

It is hoped that the recommendations will be viewed both as specific action items and as a guiding framework to be adapted as appropriate in communities and in the context of the work happening in other fora to address inequity.

None of the recommendations should be interpreted to mean that the nine services should seek supports, programs or resources from municipal or provincial services - an interpretation that would perpetuate the colonial inequities that underpin the current reality.

Section 1: The Policing Model and Allocated Resources

Finding 1: The model of Indigenous policing in Ontario and the resources provided to SA services do not support and indeed directly impair the positive mental health of police members.

1.1 Staffing levels are dangerously low.

While it has been recognized that Indigenous-led, culturally-responsive policing is a positive contributor to the safety and security of Indigenous communities, the nine Indigenous policing services work within an insufficient structural framework

and with fewer resources, staff and supportive infrastructure than their non-Indigenous counterparts in Ontario.²⁶

There is no magic formula for calculating the 'correct' number of police officers and civilians required by a service. Police agencies use a variety of factors including the nature and volume of the calls for service, performance objectives including community policing and special units, the experiences of current staff and, historically, a ratio of police to community population.²⁷

There are staffing disparities even inside the FNPP model as studies have shown that the ratio of police officers to the size of the population service was lower in SA than CTA communities in Canada.²⁸

Regardless which formula is used to assess the adequacy of staffing numbers in the nine police agencies, the staffing numbers are dangerously low. No other police organization would use a formula that

resulted in:

- closing detachments for some hours of the night when there are no staff,
- only one officer working alone in a remote community,
- officers driving hundreds of kilometres alone to respond to calls hours after they have been placed,
- reliance on another service for back-up,
- officers working 48-72 hours without sleep or breaks,
- officers relying on community members to act as back-up,
- officers called in to work on almost every off shift.

These are just some of the realities forced onto the Indigenous police services by the FNPP model. Considering the higher calls per population than any other police organization in Canada,²⁹ this reality is unconscionable. There are evident public safety implications in this funding model. While the lack of adequate staffing looks somewhat different in every service, it is problematic for every service. Members and communities are at risk without an immediate influx of staffing resources (both money and positions) based on community need.

26 Public Safety Canada, *2014-2015 Evaluation of the First Nations Policing Program Final Report*, 2016-03-18 <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/vltn-frst-ntns-plcng-2015/index-en.aspx>

27 See for example Wilson, Jeremy M., and Alexander Weiss. 2014. *A Performance-Based Approach to Police Staffing and Allocation*. Washington, DC: Office of Community Oriented Policing Services. <https://cops.usdoj.gov/RIC/Publications/cops-p247-pub.pdf>; Matarese, Leonard, ICMA Center for Public Safety Management "Determining Police Staffing & Deployment" https://www.vachiefs.org/files/about/VALEP/Determining_Police_Staffing_Deployment1.pdf

28 Kiedrowski, J. et al, *Illustrative Case Studies of First Nations Policing Program*, Public Safety Canada (January 24, 2018) <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2016-r014/index-en.aspx>

29 Conor, P. et al, *Police Resources in Canada, 2019* Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

The impact on the mental health of members is extraordinary. As a result of working alone or with an inadequate number of colleagues, members experience extreme states of hypervigilance³⁰, exhaustion, terror, and immense guilt related to their inability to adequately serve their communities or support their colleagues. Members also take more critical incident calls than their counterparts in municipal and provincial services, exposing them to exponentially intense levels of trauma. This issue is explored in the next finding.

This is a cyclical problem for the organizations, as members burn out rapidly and organizations are without sufficient resources to replace them. 76% of survey respondents noted that their workload increased when a colleague took a mental health leave and 64% described the emotional impact of a colleague's mental health on the workplace as difficult, very difficult or traumatic.

A lack of adequate staffing is the primary issue challenging the mental health of

members and the safety of members, families, and communities.

1.2: Members respond to an extreme number of violent and critical incident calls, causing strain on members and the service, and reducing community engagement.

As noted above, Indigenous police answer more calls per population than other police services in Canada.

Of even greater impact is the nature of those calls. Reserve communities in Ontario have extremely high levels of crime severity and violent crime severity. These rates are measured annually by Statistics Canada as the Crime Severity Index (CSI) and the Violent Crime Severity Index (VCSI) for all municipal, provincial and First Nation communities served by a particular police service.³¹ Jurisdictions with higher numbers of severe crimes per population level will have higher CSI and VCSI numbers.

30 Hypervigilance is defined as the feeling of being constantly on guard for the purpose of detecting potential danger, even when the risk of danger is low. (American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* 5th ed. Arlington (VA): APA; 2013) Hypervigilance can perhaps be seen as a useful survival skill for police officers. Indeed, it can be the case that narrow focus upon threat analysis and potential sources of danger could work towards steering officers away from potential harmful situations. Nevertheless, if it is long-lasting and continuous, it can be exhausting and maladaptive and is more often seen as an indicator for other larger challenges such as PTSD, or other anxiety disorders. (<https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2140&context=honors>)

31 The Crime Severity Index (CSI) and Violent Crime Severity Index (VCSI) measure the overall seriousness of crime from one year to the next by tracking both the prevalence of crime within a community and the seriousness of the crimes committed. Crime types are assigned a 'weight' based on the seriousness of the crime. The number of police-reported incidents for each offence is multiplied by the weight for that offence. The weighted offences are then added together and divided by the corresponding population total. The Index is then standardized to 100 to make it easier to interpret. The CSI includes all Criminal Code and federal statute offences. The VCSI includes all violent offences. *Measuring Crime in Canada: Introducing the Crime Severity Index and Improvements to the Uniform Crime Reporting Survey 2015-11-27* Statistics Canada <https://www150.statcan.gc.ca/n1/pub/85-004-x/2009001/part-partie1-eng.htm>

The following are the 2020 CSI and VCSI numbers for eight of the nine services³², as well as numbers for other municipalities provided to give a sense of proportion and scope.

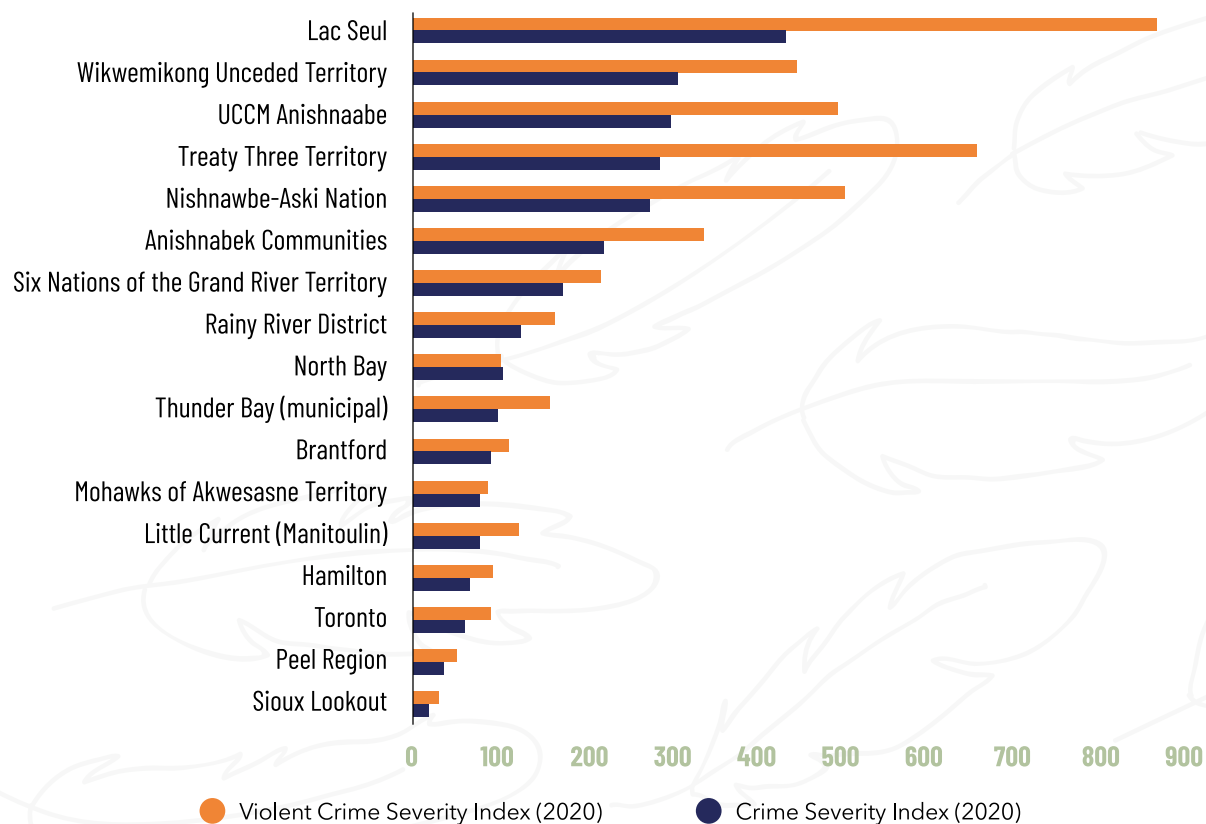
CSI/VCSI Rates for 2020³³

Community	Crime Severity Index (2020)	Violent Crime Severity Index (2020)
Communities served by Indigenous police services		
Mohawks of Akwesasne Territory	77.79	85.70
Anishnabek Communities	221.78	338.47
Nishnawbe-Aski Nation	275.69	501.19
Wikwemikong Unceded Territory	308.53	445.04
Treaty Three Territory	289.28	652.69
Six Nations of the Grand River Territory	174.02	217.62
UCCM Anishnaabe	296.79	492.33
Lac Seul	434.36	864.77
Communities served by provincial or municipal police services (offered for comparison)		
Thunder Bay	98.03	159.74
Rainy River District	125.14	165.56
Brantford	89.40	112.95
Hamilton	66.03	93.53
Toronto	57.84	90.41
Peel Region	36.99	51.89
Little Current (Manitoulin)	75.71	125.97
Sioux Lookout	18.65	31.04
North Bay	105.85	102.59

32 No data was available for The Chippewas of Rama First Nation.

33 Statistics Canada. Table 35-10-0188-01 Crime severity index and weighted clearance rates, police services in Ontario. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018801>





These numbers speak for themselves. They tell a tragic tale about the inequity, abuse and racism experienced by First Nations communities. The lack of social services, jobs, and good education layered over the legacy of residential schools and other abuses has created a cycle of poverty, violence and addiction in reserve communities. Good work is being done by communities to counteract these forces but these are long term issues.

The nature of the calls to police reflect this inequity. These are severe calls taken by an

inadequate number of officers, frequently working alone or without meaningful back-up. In addition to the increased exposure to potentially traumatic incidents, more severe crimes require significantly more police time and resources in response.

Indigenous police services in Ontario are responding to exponentially more critical incident calls, with fewer members and lesser tools than their provincial and municipal counterparts. The impact of this reality to members and communities cannot be understated and should be a wake-up

call to funders about the inadequacy and inherent racism of the FNPP. These members provide heroic levels of service to their communities, above and beyond what would be considered acceptable in non-Indigenous police organizations. They pay with their mental health.

1.3 Members do not have the tools needed to perform their work.

Separate from staffing resources, the policing organizations are not properly funded for the infrastructure and tools required to properly conduct police work. This includes safe housing in fly-in communities, computers in cruisers, communications tools including dispatchers, radios, cell phones and body/car cameras, de-escalation and safety tools such as Tasers, as well as training opportunities and properly equipped detachments. Some communities' detachments do not have holding cells and officers are required to drive out of the community to take prisoners to the local provincial or municipal service detachment. Many detachments share buildings with other services, including schools, health facilities and band council offices, and consequently do not have security features such as gated parking areas.

In light of inadequate staffing levels, the need for good tools is even more pressing. For example, if an officer has pulled over an unfamiliar driver and that officer is working without a partner or back-up, a computer in the car that can provide instant information about the driver is a safety necessity.

This lack of tools compounds the mental health issues described above, including terror, hypervigilance, and exhaustion. It also contributes to low morale and resentment.

1.4 The pension and benefits do not provide the support members require to stay on the job.

Officers of the nine services contribute to the Ontario Pension Board pension plan and civilians contribute to private pension plans. The Ontario Pension Board plan is not the same as and does not offer equivalent retirement options as the plans for municipal, provincial and federal police. Significantly, it requires officers to work at least 5 years longer than their municipal, provincial and federal counterparts.

Given the extreme nature of the work, this is a challenging reality with devastating consequences. There are only approximately 29 retirees in total from all nine of the services.³⁴ Members simply do not make it to the retirement eligibility. Instead, they either quit outright, leave for another service or go on indefinite mental health leaves. Midcareer members described the futility and desperation they feel when they calculate the length of time they have left to work.

For context, retirement rates in police organizations are measured annually. According to an American-based survey, organizations with 0-49 officers, the

³⁴ This is an aggregate total, not an annual number of retirees. The number may be inaccurate, as not all services keep records of all retirees. However, it is reasonably representative.

retirement rate is between 2.48 to 3.69 officers out of 100 retiring every year. For organizations with 50-249 officers, the retirement rate is between 2.87 to 4.55 officers out of 100 retiring annually.³⁵

In Canada, provincial police services reported the largest proportions of officers leaving for retirement, with 89% of departures from the OPP being for retirement. By contrast, only 10% of officers in First Nations police services left for retirement. Rather, the majority of officers who left First Nations police services (66%) have less than 10 years of service.³⁶

At the time of this Review, the pension inequality was the subject of a case brought by IPCO before the Ontario Human Rights Tribunal.

Similarly, the benefits for mental health related claims are extremely low and lack parity with other police agencies. The benefits provide for claims of between \$750-\$1000/

year for mental health services³⁷, an amount that will not allow for meaningful engagement with a specialized mental health practitioner. The benefits do not cover travel expenses members incur to visit specialists in large urban centres, nor do they cover traditional or cultural medicines and treatments.

Some members described paying thousands of dollars in medical bills out of their savings to treat their work-related mental illness. Others indicated that they could not afford treatment and could not seek help. Other members left the service to find work with better benefits. 24% of survey respondents said that cost was a barrier to accessing services.

1.5 Key elements of policing, including community engagement, special units and dedicated wellness efforts, receive inconsistent funding at best.

As noted above, the FNPP model only provides funding for frontline services. However, all nine IPCO services provide an expanded policing service, including criminal investigations, drug enforcement, domestic violence, scenes of crimes, crime prevention, and community engagement. These services are not funded under the FNPP despite the high priority placed on these services by communities and members.

Rather, the services and communities use an array of ad hoc and inconsistent funding

35 Note: the high end of the range for these numbers is for 2021, a year in which police organizations experienced a dramatic increase in retirements. This is attributed in part to the aging cohort, more officers electing to retire at their earliest opportunity and to the impacts of the pandemic and social unrest in the US. The Indigenous police organizations also noted that they expect a small increase in retirements as more members of their cohort reach eligibility. These statistics from PERF Special Report: Survey on Police Workforce Trends, June 11, 2021 <https://www.policeforum.org/workforcesurveyjune2021>

36 Conor, P. et al, *Police Resources in Canada*, 2017 Statistics Canada (March 28, 2018) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54912-eng.htm>

37 There is some variation in benefits between the service. UCCM has recently introduced co-pay benefits to allow members to opt for greater mental health coverage.

sources to provide these vital services. At times, this may mean taking away from the scant resources of the frontline. This reality further exacerbates the harms described above.

There is no money provided for crime prevention, community engagement or dedicated wellness resources, despite the high priority placed by the community and members on these areas.

Lack of funding also means that there are no consistent policies in place for capacity development (training, monitoring, accountability and oversight, equipment) in these key areas.

Without meaningful and dedicated resources, efforts to support communities through specialized police units, through community engagement and through supporting the wellness of members are consistently at risk.

1.6. IPCO is a critical advocacy and leadership organization for the nine services.

IPCO is an association of the Chiefs of Police of the nine services. It conducts important advocacy and seeks cross-service alignment. It confronts key issues facing the Indigenous police services, including pay parity, pension equity, the potential migration of some services out of the FNPP and into the Police Services Act, and mental health of members. It provides a source of support and strength for the nine services regardless of their individual size or capacity for advocacy. Meaningful responses to the factors that

impact the mental health of members require the strong and stable presence of IPCO as an advocacy organization and as a cross-service policy and operational entity.

IPCO members are also members of the Ontario Association of Chiefs of Police and the First Nations Chiefs of Police, and are present at government sector tables. The existence of IPCO is critical to ensuring that the issues facing the Indigenous services in Ontario are included and understood by these other policing organizations, by communities and by governments.

The Solicitor General of Ontario provides funding for IPCO. To date, this funding has only been allotted on an annual basis, with no ongoing guarantee and without sufficient funding to hire an executive director or permanent staff, or conduct programming.

1.7 Indigenous members of police services grapple with the implications of the complexities of colonialism, the intergenerational trauma caused by residential schools and day schools, and the effects of policing and trauma.

As noted above, the intersection of policing and Indigeneity is fraught. Members bring their whole selves to work, including their own experiences with intergenerational trauma, life in reserve communities, and, for some, internal conflicts about the role of the Western model of policing. Police in Indigenous communities have recent history as a vehicle of oppression, including as the means by which children were taken away from families and forced into residential school.

Survey Results

61% members policing their home community have experienced mental health issues during their period of employment. This is 8% higher than those who are not policing their home community.

65% members who police their home community didn't avail any leaves when they were facing mental health issues. This is 10% higher than those who are not policing their home community.

67% members who are living in the community didn't take any leaves when they were struggling with mental health issues. This is 12% higher than those who are living outside the community.

72% of survey respondents identified as First Nations, Métis or Inuit. Some members who took part in the interviews were residential or day school survivors, others were the next or second generation after those survivors. For many members, their own lived experience makes them better police - mindful and understanding of the realities facing individuals and dedicated to community advancement.

However, there is a personal cost to this. The complex trauma that members experience as a result of the intersection of policing

and Indigeneity is not well understood or responded to. Many members do not want to seek either traditional or Western supports in the community they police for reasons of privacy and professional reputation. The health benefits do not cover traditional Indigenous supports. Many members find themselves isolated from family and friends who disagree with the concept of policing or the role that policing plays in their community.

The experiences described above are compounded for members who police in their home communities. 42% of survey respondents indicated that they are working in their home community. Members articulate the positive elements of policing in the community, including understanding the nuances of people's experiences and taking part in the positive upbringing of the community's children. They report their perception that having police who are from your home community makes for a better policing experience for the community members.

In the same way that the benefits are increased in policing in your home community, so too are the mental health challenges - it is, in the words of one member "a blessing and a curse". In addition to the issues described above related to being Indigenous police, members policing their home communities reported two critical impacts.

The first relates to the high stress and traumatic reality of answering calls that may involve your family or lifelong friends. Members reported responding to their own parent's death, the suicide of a cousin, a car

accident involving their high school friends, the overdose of a neighbour. When in a small community, the chances of a critical call involving people you know are high, adding to a sense of hypervigilance and stress. Members also reported that they are frequently 'requested' by people calling into the station, as people have a higher comfort level or a pre-existing relationship with police from their own community.

The second impact relates to life in the community when members are not policing. Some members might argue that they are never truly off duty and there is truth to that. Members reported that they avoid going to the stores or to community and family events. Some members reported an intense degree of isolation, others reported that their children were targeted by bullying and a meaningful number reported actual threats of violence against their properties, their pets, their families, and themselves. Others reported a sense of obligation with respect to policing in their communities that resulted in them being constantly 'on guard' and ready to act, carrying lifesaving and emergency response equipment in their own vehicles.

In several services, members policing in their home communities have chosen to live out of the community. While 42% of survey respondents indicated that they are policing their home community, only 33% are living in that community. This is a loss for the members, their families, and the communities.

1.8 Women officers are assigned, characterized and discriminated against in ways that are damaging to their mental health.

The vast majority of women in policing are in the civilian ranks and the challenges faced by civilian members are addressed at Finding 3.5. This finding specifically refers to women police officers. Women police officers in services across the globe experience a set of common realities - they are in a significant minority in the workforce including in management³⁸ and they experience sexual harassment, discrimination and isolation. A recent study of a large urban police service found that women officers experienced higher levels of mental illness diagnoses, attributable to the unique stressors they experience as female police including higher levels of work overload and burnout.³⁹

The experiences of women police in the nine services align with these findings and are compounded by the small size of the services, the critical nature of the calls, and the violent, oppressive, gendered realities experienced by Indigenous women in a historic and ongoing way.

The overwhelming experience of women

38 Women accounted for 21% of all sworn officers in police services across Canada and 15% of senior officers. Conor, P. et al, *Police Resources in Canada*, 2017 Statistics Canada (March 28, 2018) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54912-eng.htm>

39 Jetelina, K. et al. Prevalence of Mental Illness and Mental Health Care Use Among Police Officers, *JAMA Network Open*, October 7, 2020 v12

in the services is that they are routinely and, frequently exclusively, assigned sexual assault, child assault and domestic violence calls when they are on shift. There appears to be a common perception among the services that the survivors of these types of crimes prefer to deal with a female officer. While this may often be the case, this perception is so entrenched that, in order to ensure that there are women on shifts to respond to these calls, the small number of women officers are frequently split between platoons. Consequently, they rarely get to work together or support each other through traumatic calls.

Unfortunately, the real impact of this perception as it plays out in supervisory decision-making is that women officers take the majority of these highly traumatic calls, do not work with other women, and work high call volumes of cases that require a greater degree of officer involvement. These types of calls require specialized training and support from other professionals that is frequently not available.

Women officers reported that, because of the perceived operational need for women to work these kinds of cases, they do not receive other kinds of opportunities for training or experience as often as their male colleagues. This has the effect of reducing their chances for promotion.

The harm of this practice cannot be understated. Women police officers, predominantly Indigenous women, are assigned a higher volume of sexual assault, domestic violence, and child assault calls

with a greater likelihood of trauma and a larger workload associated with the calls. They are separated from each other in the workforce and are offered fewer opportunities to make changes to their experience.

Anecdotally, women officers discussed the particular stigma that they encounter that requires them to be as 'tough' as their male colleagues and their awareness that any sign of perceived frailty on their part would have a much greater impact on their experiences at work, including relationships with colleagues and chances of promotion. The lived experience of being labelled as 'difficult' further serves to isolate women officers. Only 51% of women survey respondents indicated that they would speak with their colleagues if they were struggling with mental health issues, as opposed to 62% of men. When women did reveal mental health issues to their supervisors, only 35% of women felt their supervisors were supportive, as opposed to 50% of men.

This bears out in the Statscan survey trends from across Canada – male officers were more likely to be on long-term leave than female officers (59% vs 41%).⁴⁰ According to survey for this Review, 66% of women respondents did not take leave when they were struggling with their mental health, a full 11% higher than men respondents.

40 Conor, P. et al, *Police Resources in Canada*, 2019 Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

According to the survey, in the nine services, women make up only 19% of all supervisory and management positions.

The extraordinary strength and resilience shown by women officers in the face of these demoralizing, harmful realities is remarkable, but should not be required of them.

1.9 Members who police fly-in communities experience extreme levels of hyper-vigilance and difficult working conditions.

The nature of policing in a fly-in community is distinct and impactful.⁴¹ The recent history has been one of abject isolation – in communities with high violent crime severity indices, with inadequate (moldy, unsafe) buildings, working multiple days in a row with no sleep and in many communities working as the only officer or one of two in a community with back-up that is, at best a plane ride a way and, when the weather is bad, days away. Members incurred the cost of flying into the communities to work and were separated from their families for lengthy periods of time. Officers who worked in these conditions report high levels of hypervigilance, terror, exhaustion, and coping challenges when they returned home to their families. They describe stories such as being the only officer in a

41 Of the nine services, only NAPS serves fly-in communities.

community when a murder occurred and having to oversee the scene, the body, the suspect, and the families, while trying to maintain order and respond to other issues in the community, waiting for days for back up. They frequently relied on community members to act as guards and back up. This history, which aligns with the inequitable resourcing received by the communities themselves, is well documented.⁴²

Fly-in community policing by NAPS is in the midst of a transformation. NAPS has recently improved its infrastructure challenges, building better detachments, introducing a communications/dispatch model to take and triage calls, and adding more officers in several communities. The scheduling model was also recently changed to be more favorable to members and the flight costs have come down or in some circumstances been eliminated. Newer members do not experience all the issues that more senior members describe as a part of the traumatic experience of policing fly-in communities.

However, some issues remain very real. Long hours and limited on-site back-up continue to foster an atmosphere of hypervigilance and exhaustion. The ability of members to engage in community policing and social activities still appears to be limited. In some

42 See for example: Council of Canadian Academies, 2019. *Toward Peace, Harmony, and Well-Being: Policing in Indigenous Communities*, Ottawa (ON): The Expert Panel on Policing in Indigenous Communities, Council of Canadian Academies; Public Safety Canada, 2014-2015 *Evaluation of the First Nations Policing Program Final Report*, 2016-03-18 <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/vltm-frst-ntns-plcng-2015/index-en.aspx>

smaller communities, the number of officers has not increased, leaving one officer to police alone. Infrastructure changes have not yet been made everywhere in the territory.

These issues are compounded by the high turnover of the workforce in fly-in community policing. NAPS attracts a high number of non-Indigenous officers (at the time of writing the workforce was approximately 59% non-Indigenous⁴³), many of whom do not intend to stay long term with the service. High turnover in fly-in communities creates an unstable workforce - new officers are not prepared for the experience, existing officers struggle to deal with the added duties they carry because of the turnover, and community relations suffer. Officers who are policing in their home communities experience a significant burden as community members turn to them for assistance on their off-hours and they are frequently called to explain police behaviour. The isolating experience of policing in your home community is exponential when your community is not road accessible.

Studies have also suggested that hypervigilance is more severe and corrosive to an officer's emotional life if the officer does not have a satisfactory 'other' life - i.e. family, friendship network, aesthetic pursuit, etc.⁴⁴ Such steps as a good physical fitness regimen, an understanding and embrace

of multiple roles in life (eg - officer, spouse, parent, golf partner, etc.) have proven to be effective antidotes for the negative effects of hypervigilance.

While efforts have been made to provide gym equipment and other fitness opportunities in fly-in communities, members often reported a struggle to exercise or do outdoor activities during their shift in community. This was attributed in part to a lack of equipment/space for gym workouts in the detachments or housing, to a discomfort with doing outdoor fitness activities such as running or boating while in the community, and to exhaustion.

1.10 Members who work in special units experience extreme exposure to trauma with limited time off.

For many members, an opportunity to work in the special units, such as criminal investigations or drug enforcement, is a promotional opportunity, with training, different hours and a change from frontline police work. However, the limited staffing of these units combined with the high stress nature of the cases and the need to work in these units for a length of time before you have fully developed the skills can lead many officers to a point of extreme exposure and exhaustion.

This is especially true for officers who perform the 'Scenes of Crime' work (commonly referred to as the SOCO). Interviewed officers who had been the SOCO found that period of work was the most traumatic of their careers. SOCO work requires the officer to

43 As provided by NAPS in June 2021

44 Cottier, Lynn "4 Lessons for Surviving a Law Enforcement Career", August 12, 2019 Lexipol <https://www.lexipol.com/resources/blog/4-lessons-for-surviving-a-law-enforcement-career/>

engage with the scene of the crime in the most violent or difficult circumstances. For some Indigenous communities, the work may not align with traditional values or beliefs about the appropriate handling of dead bodies putting officers into conflict with family members at the scene or, sometimes, in conflict with their own values.

Due to the small size of the services, there is frequently only one SOCO. This means that one individual gets called to every violent or tragic call, regardless of time off or personal reality including being called to the tragic death of their own family.

In other police services, regular or mandatory psychological baseline assessments and check-ins are part of the requirement to work in special units, particularly those considered 'high-stress' positions.⁴⁵ There is no funding allocated for this for the Indigenous police services.

45 See OPP Independent Review Panel for a consideration of the Safeguard program that had been in place for a number of years in special units in the OPP. Ontario Ministry of the Solicitor General, *Ontario Provincial Police Independent Review Panel: Final Report*, December 9, 2019 https://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#_ftn74; The Toronto Police Service has a Psychological Services Unit whose function is to 'provide supports and services designed to enhance the psychological health and coping capacity of members whose work places them at risk for adverse psychological consequences. <http://www.torontopolice.on.ca/psychologicalservices/>

Recommendations

Recommendation 1: Staffing allocation for Indigenous policing must exceed models for municipal and provincial police to account for the following community need-based principles:

- a) The higher incidence of violent and critical incident calls must be matched by increased staffing.
- b) All communities should have sufficient police members assigned to the community, including civilian staff, to provide 24/7 coverage.
- c) No member should work alone in any community.
- d) Special units, community engagement, crime prevention, and member wellness should be included in permanent staffing allocations.
- e) Community socioeconomic data, cultural values and travel times and distances should be part of the staffing formula.

Recommendation 2: The pension and benefits package must meet and exceed models for municipal and provincial police to account for the intensely difficult nature of the work, including:

- a) The pension plan should be adjusted to align with the plan provided to RCMP members, which provides a choice of early retirement options.

- b) Benefits for mental health supports should have parity with municipal and provincial services and should be enhanced to account for travel to specialized services and to permit claims for traditional services.

Recommendation 3: Each Chief of Police must immediately work with their management team to assess the gender-based assignment of traumatic cases and clarify the approach for members.

Recommendation 4: Funding must be provided to increase recruitment efforts in communities, particularly targeting Indigenous members and women.

Recommendation 5: IPCO should identify cross-service rotational opportunities and secondments to allow members a broader and periodically changing work experience, increase their promotional potential and develop a broader pool of specialized skills, giving consideration to the potential for rotation into special units, secondment out of home communities, and ensuring that no member stays in a scenes of crime position permanently.

Recommendation 6: The provincial government must provide IPCO funding as a regular and recurring budget item, sufficient to provide for staffing and the recommendations contained herein.

Recommendation 7: Funding must be provided to sponsor a cross-service Women in Policing Group. The Group could consider mentoring, leadership development

opportunities and ongoing wellness support as part of its mandate.

Section 2: Community Needs and Realities

Finding 2: Community needs and interests do not align with the policing model, contributing to low morale and the poor mental health of members.

2.1 Difficult community/police relationships increase the isolation and stress experienced by members.

While there is a range of community/police relationships across the nine services, there is a common link – a gap between the policing approach and the needs/interests of the community. This is a spectrum ranging from a generally positive relationship with a desire to see more community engagement, to threats, protests and violence towards police. The root causes of this can be found in the under-resourced model of policing that prevents greater community policing, conflict about the role of the western model of policing, and, in some places, incongruous expectations from the community.

The nine services are overseen by Police Services Boards, comprised of members from the self-governing communities served.⁴⁶ Both

46 Council of Canadian Academies, 2019. *Toward Peace, Harmony, and Well-Being: Policing in Indigenous Communities*, Ottawa (ON): The Expert Panel on Policing in Indigenous Communities, Council of Canadian Academies p88

members and community representatives noted that, periodically, decisions or priorities are made by the self-governing political bodies resulting in requests made to police that conflict with legislated police powers.

Members personally experience these rifts in a variety of ways. Understaffing prevents them from community engagement activities as a part of their shift, which means they do not experience one of the more rewarding aspects of police work. The strain in police/community relationships creates strained individual relationships, with members becoming more isolated from family and friends. Many members told stories of experiencing insults, threats and violent behaviour from community members. In some communities, there have been protests or riots about the police. Members experiencing threats and violence felt vulnerable and hypervigilant in the community and some took extraordinary precautions to protect their homes and family.

This rift is also felt by community members. Many Board members and elected Chief and Council members affirmed the community benefits of being served by the Indigenous police services and understood their own role in ensuring the positive mental health of members. They also commented on the need for a greater engagement with the values and needs of the community. It was apparent from these conversations that, for many communities and services, there is an unsatisfactory level of communication between Boards, Chief and Council, and the police leadership and members.

A deeper relationship that gives Boards greater insight into the needs of members and a meaningful dialogue with police leadership about community interests is required with all nine services. This may require education for new Board members on the role and responsibilities of the Boards.

Some Boards, including LSPS and T3PS, have been actively working in positive ways to address community relations, with the LSPS conducting a community-centred consultation before advertising for a new Chief of Police, and Board members at T3PS engaging in retreats and planning sessions with the police leadership.

The relationship between community and police is evolving, requiring ongoing attention. Members spoke about a negative change in relations following the protests in the US after the murder of George Floyd and others at the hands of police. This is symptomatic of a larger evolving issue – the influence of public perceptions of policing shared on social media on community relations and on the mental health of members. Younger members in particular spoke of the increased anxiety and stress they felt because of negative social media in the community related to policing. The corrosive impact that social media can have on the mental health of young people is



becoming increasingly clear across society.⁴⁷ The particular experiences of young police officers are concerning and warrant additional attention.

2.2 Members experience stigma and racism from some colleagues in other services.

All the services have some form of working relationship with the local provincial or municipal police detachments. This relationship includes a range of activities including reliance on the other service for back-up on difficult calls, the use of special units in critical incidents and, in some cases, the use of holding cells and other detachment facilities.

Members and leaders from many services shared experiences of racism from their colleagues in the provincial and municipal services, including:

- refusing to allow members to access the detachment without an escort,
- refusing to speak with or make eye contact with members at shared training sessions,

- slow response to calls for assistance,
- racial slurs, and
- suggesting publicly that the Indigenous police are not 'real' police officers.

At the start of their career, all police officers go to Ontario Police College. Unfortunately, there is insufficient training at police college to support a common understanding of Indigenous policing, address the history of policing and colonialism, and build collegiality and cultural competency from the outset.

These experiences have very real consequences for the mental health and morale of members. No one should be subject to racism in the workplace nor should they be actively prevented from doing their job by professional colleagues. Members working with racist colleagues feel anger, shame, disappointment and are triggered by years of racist experiences.

Indigenous people are routinely subjected to systemic, social and individual racism and it is no different for Indigenous police officers in their workplace.

Recommendations

Recommendation 8: IPCO must meet with Boards and both elected and traditional community leaders to affirm foundational principles and ensure common understanding with respect to:

47 See for example Walton, Alice "New Studies Show Just How Bad Social Media is for Mental Health" Forbes Nov 16, 2018 <https://www.forbes.com/sites/alicegwalton/2018/11/16/new-research-shows-just-how-bad-social-media-can-be-for-mental-health/?sh=71f6f7827af4>; Anderson, Monica "A Majority of Teens have Experienced Some Form of Cyberbullying" Pew Research Center: Internet, Science & Tech, Pew Research Center, 14, Aug. 2020, <https://www.pewresearch.org/internet/2018/09/27/a-majority-of-teens-have-experienced-some-form-of-cyberbullying/>

- a) The role of police and legislated police powers,
- b) Community needs and expectations,
- c) The current state of the relationship between police and communities, and
- d) Where applicable, the violence and threats against police members.

Recommendation 9: Funding must be provided to allow Boards to ensure that new members are provided with information and training about the expectations and obligations of their role, including with respect to their role in leadership accountability, the policing model, trauma and ensuring the mental health of members.

Recommendation 10: Funding must be provided to allow Chiefs of Police, Boards and community leaders to identify:

- a) Community engagement opportunities
- b) Community education sessions about the role of police, the legal system, and current issues
- c) Opportunities for the community to support the wellness of members, including education for members in the culture and traditions of the community and recognition of positive police work

Recommendation 11: There must be at least one funded and dedicated Community

Engagement/Mobilization Officer in every service.

Recommendation 12: Community engagement must form part of the performance measures of everyone in a leadership position.

Recommendation 13: Ontario's police leaders, through the OACP and Ontario Police College, should act to address racism and build an inclusive policing environment, including meeting with IPCO to address immediate issues.

Section 3: Organizational Wellness

Finding 3: The internal culture of the services does not support the mental health and wellness needs of members.

3.1 The organizational approach to mental health and wellness is one of stigma, silence, isolation, reprisals and lack of trust.

This reality is common across policing.⁴⁸ Police services, like other paramilitary organizations, tend to create a top-down, action-oriented culture that does not encourage outward displays of emotion or perceived 'weakness'.

48 Campeau, Holly (2019). *Institutional myths and generational boundaries: cultural inertia in the police organization*, *Policing and Society* 29(1), 69 - 84. <<https://www.tandfonline.com/doi/full/10.1080/10439463.2017.1371718>>



All nine organizations function in this manner when it comes to mental health and wellness. It may be that the under-resourcing of the SA services, combined with the physical challenging and isolating requirements of on-reserve policing, has contributed to the development of an internal culture that does not adapt to or support the mental health challenges of its members.

This impacts members in the following ways:

- There is an active belief that members who take time off to address their mental health are 'faking it' and those members are stigmatized and questioned. This is harmful to their health and has a chilling effect on other members who may be considering their need for time off.
- There is a strong drinking culture across the services. This is a policing-wide issue and is a model perpetuated by senior officers and taught to the next generation.
- People who return from mental health leaves experience reprisals, including name calling, isolation from others on the shift, loss of promotional opportunities and pressure to return to 'normal'.
- There is very little active conversation about mental health at the operational level and there is no common language among members to support that conversation.

- Members who are off on mental health leaves reported overwhelmingly that they were not contacted by colleagues or supervisors while off, leaving them feeling confused and unsupported. Only 11% of male survey respondents and 2% of female respondents said that their supervisors reached out during their leave. There appeared to be mixed messaging about whether contacting people on mental health leave was appropriate.

Members do not trust their colleagues, managers or the organizations to respect their privacy or effectively support and protect them. Rather, members reported the following barriers to accessing services:

- Fear of negative impact (66%),
- Fear of loss of privacy (55%),
- Do not trust the service (36%),
- Not comfortable talking about it (29%),
- Fear of impact to my family (29%),
- Cost (24%)

This culture has resulted in a group of people who do not discuss mental health unless they are courageous, desperate or otherwise beyond concern for the implications.

This culture is different depending on the service years of the members. More senior members came up in policing in an era in

which they were taught to be tough, not to struggle openly and to manage their trauma with alcohol and self-medication. It is notable that many senior members who had experienced a significant mental health challenge critiqued this history.

Newer members come to policing with different language and expectations about mental health, in line with society's shifting attitudes. While some more senior members welcomed this changed perspective, many viewed the newer members and their dialogue as 'soft' or unwilling to work.

This culture has also created a divide inside organizations serving multiple communities, wherein some placements are viewed as harder than others. If members who are struggling come from what is perceived as an easy community, they are met with stigma and scorn.

3.2 Indigenous culture and community values are not sufficiently reflected in the culture of the organizations.

There is a large variety of cultures, societies, traditions, values and lived experiences across the communities served by the nine organizations. Each of the services is founded on the premise of a relationship with its territory and with traditional teachings. Each service has a motto, crest and vision that incorporates these principles and strives to meet these principles in its interactions with the community.

It was a common sentiment among members that this relationship is not

Survey Results

92% said that there were no cultural/traditional services available within their organization

97% said that there are not counseling services specific to their culture

sufficiently realized inside the organizations, despite the presence of art, cultural items, and messaging. Members indicated that they did not see the culture or tradition actively forming part of the internal functioning of the organization. In some circumstances, members felt that the presence of sacred items like drums were not given adequate respect or attention. In other instances, members were concerned that community Elders and teachers were not sufficiently engaged in teaching, healing and supporting members.

This commentary from members was linked to mental health and wellness in interesting ways. Some members felt that, without a more active link to the culture, their service lacked credibility with the community, directly impacting their relationships and ability to police effectively. Many members, regardless of their own ethnicity, upbringing or personal beliefs, felt that a greater tie to the communities' traditions, teachings and values would provide them with a grounding to the culture that would support their wellness and spiritual health.

It was observed that younger members were more vocal about their desire for a wellness approach that incorporates traditional practices.

3.3 Leaders at all levels are not given the tools to support the mental health and wellness of members.

Leadership should be a concept that is embraced at all levels of the organization – from coach officer to chief to Board member.⁴⁹ However, in the environment of these police organizations, with so few resources and so many pressures, it is difficult to prioritize leadership as a performance expectation or dedicate precious training resources.

Promotional requirements in policing do not typically focus on leadership qualities as much as they do on policing performance.⁵⁰ As a result, leaders, particularly frontline supervisors, find themselves in very difficult situations – caught between the management expectations to provide service and the leadership expectations of empathy and support. Their performance is not judged on

the latter and they are not provided with the resources or training to do it effectively.

Managers themselves struggle with mental health issues:

68% of management survey respondents experienced mental health issues during their employment (as opposed to 52% of non-management). Of those only 38% revealed it to their employer, as opposed to 52% of non-management)

The result of this is that there is a significant divide in some services between members and management, with frontline supervisors caught in the middle. This has contributed to the culture of silence around mental health – managers do not talk about it. Over 70% of survey respondents indicated that their manager does not discuss health and wellness at unit meetings, one-on-one meetings, or detachment meetings.

Other leadership concerns were raised. A number of members commented on the need for the Chiefs, Deputy Chiefs and other senior leaders to be more visible to the frontline, to reach out to officers following critical incidents, and to model positive behaviour around mental health and wellness. The small nature of the organizations means that members

49 For a discussion on the importance of leadership on the culture of a police organization, see Victoria Police (2016). *Victoria Police Mental Health Review: An Independent Review into the Mental Health and Wellbeing of Victoria Police Employees*. Victoria, Australia. <<https://www.police.vic.gov.au/mental-health-strategy#victoria-police-mental-health-review>>

50 For a discussion on this issue see Ontario Ministry of the Solicitor General, *Ontario Provincial Police Independent Review Panel: Final Report*, December 9, 2019 https://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#_ftn74

look directly to the senior leadership for direction and support. In many of the nine services, there are legacy issues related to past leadership, some of which continue to inform the current levels of trust.

In all nine services, the current Chiefs are relatively new or acting. Many members commented that they felt the services were moving in a positive direction under the current Chiefs.

The Police Services Boards for the nine organizations share in the responsibility for developing leadership and wellness policies and the evaluation of the performance of the Chiefs. It is incumbent on the Boards to ensure that leadership and wellness are organizational priorities.

3.4 Wellness efforts inside services have a history of failure.

All police trainees receive mental wellness training as a part of their education at Ontario Police College, including the common training entitled Road to Mental Readiness (known as R2MR). Most interviewees referenced R2MR but indicated that they had not used it or seen reference to it since their time at Ontario Police College.

Furthermore, while there has been much effort made to recruit and train Indigenous police officers, the focus of these endeavours has been on the acquisition of the requisite skills and professional

responsibilities of frontline officers.⁵¹ Their emotional and psychological characteristics, including resilience, are often overlooked as are the structures that could provide them with beneficial supports.

While 62% of survey respondents indicated that their service has a health and wellness program, only 39% of those respondents felt that it covered mental health. Perhaps most discouraging is that only 21% of survey respondents agreed with the statement "The service does a good job of raising awareness of mental health and wellness at the workplace."

There have been efforts inside the individual services to introduce wellness – including wellness committees, training, bringing in experts and Elders to conduct one-time workshops. These efforts are viewed with skepticism, perhaps for good reason. Many of the efforts, such as wellness committees, are started by one or two people who see a need in their service, rather than through an organized and planned program of wellness activities, run by a person with the paid mandate and the skillset to conduct these activities. These efforts inevitably run out of steam.

There is a lack of policies, programs and resourced positions for wellness across the organizations. While there is leadership commitment at the Chief level, it is not yet entrenched in the leadership corps, through

51 "Training Indigenous Police" News Release Nation Talk May 25, 2008 <https://nationtalk.ca/story/training-indigenous-police>

performance expectations. Members and leaders will not trust or engage in wellness activities until they have confidence that it will benefit their health and their performance.

Wellness incorporates all four aspects of traditional teachings – physical, mental, emotional and spiritual. In addition to the efforts above, members commented on other kinds of wellness activities that support the four aspects.

The pandemic has been difficult on the organizational wellness of the nine services. Members spoke of missed opportunities for informal barbeques and potlucks and more formal gatherings such as award ceremonies. Members were distanced from each other in physical and emotional ways because of the pandemic, leaving many without the collegial supports they usually rely on. It should be noted that the loss of the award ceremonies was particularly difficult for members as those events serve both as collegial gatherings and as an opportunity to validate and celebrate achievement in difficult working conditions.

Survey respondents and interviewees did positively reference recent improvements in services related to physical fitness. Where it is provided, members noted that having use of the gym was a benefit to their mental health and ability to process difficult experiences. They were appreciative of this response from management.

3.5 Civilian members are gendered, undervalued, and not typically included in mental health and wellness approaches.

In 2019, across Canada, women accounted for 71% of civilian personnel in police services.⁵² The civilian members of the nine services – administrators, dispatchers, court clerks, police check operators and other critical positions – are predominantly women, Indigenous, and from the communities. They are the eyes and ears of the detachments, with a deep sense of connection to the work and to the community. Civilian members face issues at work that challenge their wellness.

Like other positions in the services, there are an insufficient number of civilian positions (approximately 24% of the total employees of the nine services are civilian) to adequately provide services in many communities.⁵³ Civilian members feel this keenly as any other, experiencing the guilt, frustration and fear that comes with a sense of inadequate ability to respond to community need.

Civilians occupy a lesser place in the hierarchy of perceived importance and need than the officer corps. In the small services, this is especially damaging as there is a small number of civilians experiencing this

52 Conor, P. et al, *Police Resources in Canada*, 2019 Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

53 As of 2019, civilians account for approximately 32% of personnel employed in police organizations across Canada. Conor, P. et al, *Police Resources in Canada*, 2019 Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

longstanding inequitable treatment. There is a negative legacy in some services with respect to the experiences of civilians at the hands of management.

The under-prioritization of the civilian members is particularly damaging when it comes to mental health responses. Civilian members are frequently engaged in high stress calls with people in their own community - they are at the desk, on the phone, supporting officers when they return to the station, processing evidence, photos, and transcripts. However, they are often left out of mental health responses, including debriefs and peer support. Of note, civilian survey respondents indicated a higher usage rate of mental health services than officers did, suggesting a willingness to engage in mental health and wellness.

Recommendations

Recommendation 14: Funding must be provided for IPCO to form a Wellness Task Force to support the implementation of mental health recommendations and to strengthen cross-service responses. This Task Force should be led by a Chief of Police, with representatives from each service, mental health providers including traditional service providers, community leaders and Elders.

Recommendation 15: Funding must be provided for a new cross-service Wellness and Mental Health Unit to be formed under IPCO, with a mandate to:

- a) Manage the implementation of mental

health recommendations and services;

- b) Oversee cross-service mental health services, including peer support and debrief approaches;
- c) Provide confidential pathfinder services to individual members;
- d) Maintain and make widely available a list of specialized and varied mental health resources available to members of all services;
- e) Ensures services are responsive to the needs of civilian members
- f) Receive guidance from the Wellness Task Force.

Recommendation 16: There must be at least one funded and dedicated Wellness Officer position in every service.

Recommendation 17: Wellness and leadership must form part of the performance measures of everyone in a leadership position. This should include supporting all member participation in critical wellness services, including peer support and debriefing teams and wellness committees.

Recommendation 18: Funding must be provided for mandatory training as follows:

- a) Leadership and mental health training for all leaders, with regular renewal
- b) Twice annual service-wide mental

health awareness sessions by trained professionals

- c) Mental health training sessions for leaders and staff must contain culturally-relevant and gender-responsive content and include training on confronting biases about mental health, developing a common language of support, and the array of options for maintaining good mental health and addressing mental health challenges.

Recommendation 19: Funding must be provided for physical activity, such as gym and outdoor fitness equipment.

Section 4: Responding to Mental Health Challenges

Finding 4: The responses available to members who require mental health support are wholly inadequate.

4.1 The internal programming done by services is sporadic and lacks policy, training/resourcing and leadership commitment.

There is little mental health programming in place at an organizational level in the services. The overarching funding deficit means that none of the services have the capacity to develop policies and assign meaningful resources to programming such

as debriefing or peer support.⁵⁴

With respect to debriefing, a practice that is intended to support members in the aftermath of a critical incident, no service has a formal policy in place or a training program that supports supervisors and frontline leaders on how to conduct formal and informal debriefs. Some services have a relationship with an outside mental health agency that they have accessed for debriefing in extremely serious circumstances. However, limited resourcing means that, generally, it falls to the individual supervisor to determine whether a debrief is required and to conduct it. Many officers described a debrief as more of a review of the policing procedure or paperwork than a discussion about the impact of the experience.

The current state has resulted in officers not receiving debriefs when it was warranted, receiving debriefs by an untrained, albeit well-meaning supervisor, or receiving debriefs from an outside agency that they do not trust because of personal and community connections. When higher level professionals have been engaged, it was reported as a one-time engagement with no follow-up. Some interviewees indicated that debriefing attempts using outside agencies felt more like a sales call for future patients. Frequently, the 'debriefs' after a critical event

54 For a good discussion on the value of organized and rigorous internal programming such as peer support for first responders, see University of Regina (2016). *Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Blue Paper*. Regina, Saskatchewan. <https://www.justiceandsafety.ca/rsu_docs/blue_paper_full_web_final_production_aug_16_2016.pdf>

happen when the officers go out for drinks at the end of shift. While this may be part of bonding and releasing stress, it should not be the only opportunity for individuals to process their emotions.

Officers indicated a desire for debriefs that were predictable, professional, and inspired confidence. Officers pointed to the debriefing procedures in place in municipal and provincial services. In some cases, officers had shared a traumatic call with colleagues from another service and had compared vastly different experiences in terms of the services' debriefing approach.

With respect to peer support, there is mixed sentiment. Officers feel that peer support is important and a tool they might use (40% of officers indicated that they found peer support to be a valuable resource). However, they do not trust the peer support options as historically or currently offered. When peer support has been attempted by services, it has been offered by a small number of individuals who are not necessarily well trained or well positioned to engender trust (for example when the peer supporter is also a person who can influence your promotion). Some feel the programs have not had a specific approach to confidentiality, nor the meaningful commitment of leadership.

Just as often, peer support is not utilized because members do not wish to have conversations with colleagues about their personal mental health. This can be said of debriefing processes as well. However, even members who indicate that they personally would not use these services feel that these

are important offerings that should form part of the way that services support members.

There are promising efforts underway in the services. As a collective, IPCO has introduced a peer support 'app' that allows members to access services through their phone. While there is not yet meaningful take up of this service, it is a critical first step. Once a larger commitment is made to wellness resources, the app will likely experience higher use. NAPS has appointed a wellness officer who, in addition to overseeing the peer support app, is developing a larger service approach to mental health. APS has put a group of peer supporters through an intensive training program. They have begun offering support with positive anecdotal results. AMPS has a frontline officer who coordinates peer support.

Call to Action 22:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Truth and Reconciliation Commission of Canada: Calls to Action, 2015

4.2 The external supports that are available do not meet member needs or respect member autonomy.

While there is some variation in terms of the specifics of what is offered, the options available to members who wish to seek help for mental health issues are:

- time off
- using benefits for medical treatment
- calling Employee Assistance Program (EAP)
- making a Workplace Safety and Insurance Board (WSIB) claim

According to survey respondents, the most accessed mental health resources were:

- time off (60%)
- external service provider (54%)
- EAP (48%)

However, the services that respondents indicated that they found most valuable were:

- External service provider (47%)
- Peer connect (40%)
- Counselling specific to the culture (32%)

Members have identified that these supports are ill-suited to their particular and complex needs. Taking time off, an option that either requires members to use sick leave or vacation, compounds their feelings of guilt, isolation, and their concerns about stigma. There is no 'mental health day' allowance or other construct other than vacation allotment that would allow members to take a break without revealing the issue. The result of this is that members either come to work when they should not, or they experience pressure from colleagues or leadership when they take time off. Members spoke of being seen by other members in the community when they were off for mental health leaves and being criticized for activities such as fishing.

The benefits offered through the various insurance providers range somewhere from \$750-\$1000 per year for mental health therapeutic responses. This amount does not cover more than a bare minimum of medical treatments and would not cover a meaningful engagement with a professional specialized in first responder PTSD. The benefits do not cover travel expenses that are required for members to go to large urban centres for medical treatment. The benefits do not cover traditional medical and therapeutic treatments, nor other forms of treatment that may offer benefits for PTSD such as naturopathic treatments. The benefits do not cover supports for families who are dealing with the mental health breakdown of a member. The result of this is that many members and families are either unable to act independently to access help or are paying significant out-of-pocket costs for their work-related mental illness.

EAP is not meant as a therapeutic tool for complex issues. Members have negative experiences accessing EAP for complex mental health concerns. Unfortunately, the EAP number is the one most frequently given to members in response to critical incidents, is displayed in detachments and is given to supervisors as a tool for supporting their members. 57% of survey respondents indicated that EAP was the most commonly provided resource. Members who have accessed EAP report an array of disappointing results, including having to wait for a response in a moment of crisis, learning that EAP only provides a limited number of calls, being assigned to an EAP professional who does not have the requisite understanding with respect to the issues the member is facing, and in more than one case, having no response at all. While EAP can be a useful tool to support employees experiencing family breakdown or other life challenge, it is inappropriate as a first response to the work-related mental health challenges of police. The result of this is a chilling effect - many members who started seeking help through the EAP process stopped seeking help immediately thereafter.

The WSIB process is a helpful support for officers who have been diagnosed with PTSD and are unable to work. WSIB has a range of resources, including specialists and programming geared to first responder trauma. However, members and families report concern with respect to the WSIB Return to Work (RTW) process. Many members who had been involved in a WSIB claim reported that they had been pressured

by both their employer and the WSIB worker to return to work before it was medically advisable. There is a significant tension inside organizations between supporting members on leave and having a staffing complement that is responsive to community needs. Often, supervisors feel this tension most deeply as they are balancing the impacts of a low complement with an individual's needs. The limited resourcing and small size of the organizations means that there are very few options to accommodate members in adjusted duties as a part of the RTW process. This results in requests for the member to return to active duty as quickly as possible. Members reported that they experienced similar pressure from the WSIB RTW advisors who did not appear to understand the nature of their illness or what the RTW process would be like in a small service.

Overall, members do not have options that fully meet their needs. Furthermore, members reported that they do not understand the services that are available, nor do they trust services offered through their organizations. There is little information, other than the EAP number, made actively available to members without them having to reveal to a supervisor or HR administrator that they would like to seek help. These supports frequently require complicated paperwork to activate. The opaque nature of the offerings does not cultivate trust in members, nor does it empower them to take action on their own.

Some of the services are exploring solutions that may have promise across all nine



organizations. UCCM has put a co-pay insurance model in place for members to increase their insurance coverage for mental health. RPS and APS have both formed relationships with local specialists that allow Chiefs to access a quick and expert response for members in crisis. AMPS contracts with a private company to manage the claims process, although some members reported a negative experience with this service. While these are generally positive interim solutions, a more entrenched, organized, systemic, and resourced set of responses is required.

4.3 Family members are the primary supporters for members but are not provided with adequate information or support.

Families play a critical role in the mental health and wellness of police. Members who were successfully navigating their mental health frequently cited their partner, their parents, and their siblings as a source of critical strength and support.

Family members, in particular spouses, frequently act as a patient advocate and care navigator for a member in crisis, helping the member navigate the system of benefits and conduct negotiations with WSIB about care and about the Return to Work process. The family members who took part in interviews were fierce, proud supporters of their officer and articulate advocates for change in the system.

However, in the face of this deep reliance

on the family to act as the support agent for members, the police organizations do not respond with sufficient information, guidance, or support. Family members are frequently left alone to deal with a member who is struggling with mental health, including when that struggle is visible to the organization. There is no policy or operational procedure that results in the service reaching out to families to offer help or check in on their wellness.

Family members reported receiving no information on mental health or resources when their officer joined the service. There are no family support groups among the organizations. Family members with officers who were struggling or on leave reported that they were not given any information or guidance at the time of the leave. Counselling for family when officers were off on a serious mental health leave was not available through WSIB and not covered by the benefits package. Members worry about the wellbeing of their family as a result of their own mental health challenges.

In other words, the services rely on families to act as a primary support resource for members experiencing work-related mental health challenges but do not provide them with the tools to do so.

4.4 Retirees are valuable keepers of history, understanding and culture. They are under-supported and under-used.

In total, there are very few retirees from the nine police services. One obvious reason for that is the long service required by

the pension plan, as discussed at Finding 1.4. Another may be the extreme working conditions discussed throughout this report. At the time of writing, the retirees from the nine services are original or founding members of the services and have come up through the long and challenged history of policing on-reserve communities in Ontario. These members did not receive sufficient mental health support at work or upon retirement.

The retirees who contributed to this Review were knowledgeable, caring, and informed. Many of them were individuals who remain important as mentors and supports across Indigenous policing. Despite their obvious value to the services, they are not, however, well-supported or engaged in an ongoing fashion by the leadership.

This lack of recognition has created a gap in mental health supports that works in two directions – retirees are not provided with ongoing engagement with the community of colleagues and members do not have access to the small group of potential supports or mentors who have lived experience and the benefit of distance from the day-to-day operations of the services.

This is not to suggest that all retirees are the same or have the same interest in ongoing engagement but rather to suggest that the total lack of an organizational plan to engage retirees is a detriment to them and to current members.

The nine services identified that there is a large group of members approaching

retirement eligibility in the next few years, highlighting the pressing need for meaningful support for retirees.

4.5 There is not enough research or data collected to meaningfully understand the challenges facing members or form long-term mental health solutions.

While this Review contains several recommendations that call for change, the reality is that there is a paucity of long-term data analysis on the confluence of experiences and the complexity of the PTSD experienced by Indigenous police.

Inside the services themselves, the data collected is inconsistent and difficult to rationalize to understand the organizational impact. The survey conducted for this Review appears to be one of the few focused directly on mental health in Indigenous police services. Even in other services where work on organizational structure and wellness is underway, there is not yet a solid academic and research base to support the anecdotal experiences of members. Organizations such as CAMH are now studying first responder mental health and PTSD and should be encouraged to consider the compounding and exponential factors called out in this Review.

Similarly, Indigenous and non-Indigenous policing associations have not yet fully taken advantage of the opportunity to establish baselines, comparators and other key metrics to support understanding and analysis.



Inside the nine organizations, they do not gather individual data on their members that allow them to understand the impact of the work or changes in mental health. Some form of pre-employment screening occurs in all police services but the nature of the tests and who conducts them varies, along with the price for the tests. An assessment both of officer resilience and the establishment of a mental health baseline are critical pieces of information for the organizations.

Recommendations

Recommendation 20: Funding must be provided to ensure members, retirees, and families have a range of culturally-responsive mental health resource options, including:

- a) Benefits that cover specialized clinical and traditional supports
- b) A updated list of mental health clinicians specializing in first responder and Indigenous trauma-based counselling who are actively taking clients across the province, including those willing to conduct virtual counselling
- c) A list of traditional practitioners and Elders specializing in supporting first responder trauma
- d) A list of external 'peer support' programs (such as Boots on the Ground)
- e) Peer support within each service and across IPCO

- f) Employee Assistance Program
- g) WSIB
- h) Suicide and crisis line numbers
- i) Family information sessions and support groups inside and external to IPCO
- j) Pathfinder services

Recommendation 21: Opportunities to enhance resources and supports should be explored, including:

- a) Engaging retirees in peer support, debriefing and policy development
- b) Collaborating with other first response and helping professions in communities and across the province
- c) Developing contractual relationships with mental health organizations for the provision of information, training and clinical services tailored to Indigenous policing
- d) Exploring partnerships with universities and colleges.

Recommendation 22: IPCO must formally engage with WSIB to ensure a common understanding of the mental health implications of Indigenous policing and the individual/organizational challenges associated with the Return to Work process, placing a priority on member health.

Recommendation 23: Funding must be provided for peer support and debriefing programs to be developed through a cross-service approach including a comprehensive policy and training program. This approach should be used to support and enhance peer support and debriefing efforts already underway in some services, including the app currently under development.

Recommendation 24: IPCO should develop a common set of data points to be collected by each service, starting as quickly as possible, to enhance overall understanding, set a baseline and allow for the development of key indicators of success. Likewise, IPCO should engage with the OACP and the FNCP to consider the development of common measures and indicators related to mental health and wellness.

Recommendation 25: Funding must be provided for IPCO to engage mental health professionals in the development of a pre-service screening program to assess resilience.

Recommendation 26: Funding must be provided for IPCO to engage mental health professionals in research and development of long-term responses to the mental health challenges identified in this report with particular attention to the complex traumas at the intersection of policing and Indigeneity.

Recommendation 27: The Wellness Task Force should form a subgroup specifically focused on supporting young members at the start and early period of their

career, including understanding the particular experiences and priorities of younger members including social media, globalization, and Indigenous activism.





Appendix A

Bibliography

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* 5th ed. Arlington (VA): APA; 2013

Anderson, Monica "A Majority of Teens have Experienced Some Form of Cyberbullying" *Pew Research Center: Internet, Science & Tech*, Pew Research Center, 14, Aug. 2020, <https://www.pewresearch.org/internet/2018/09/27/a-majority-of-teens-have-experienced-some-form-of-cyberbullying/>

BC First Responders Mental Health, *Supporting Mental Health in First Responders: Recommended Practices* (no date)

Campeau, Holly (2019). Institutional myths and generational boundaries: cultural inertia in the police organization, *Policing and Society* 29(1), 69 - 84. <<https://www.tandfonline.com/doi/full/10.1080/10439463.2017.1371718>>

Carleton, R. N., Korol, S., et al (2018). A longitudinal assessment of the road to mental readiness training among municipal police. *Cognitive Behaviour Therapy*, 47(6), 508-528. <<https://www.tandfonline.com/doi/full/10.1080/16506073.2018.1475504>>

Comprehensive Ontario Police Services Act, 2019, S.O. 2019, c. 1-Bill 68

Cottier, Lynn "4 Lessons for Surviving a Law Enforcement Career", August 12, 2019 Lexipol <https://www.lexipol.com/resources/blog/4-lessons-for-surviving-a-law-enforcement-career/>

Council of Canadian Academies, 2019. *Toward Peace, Harmony, and Well-being: Policing in Indigenous Communities*. Ottawa (ON): The Expert Panel on Policing in Indigenous Communities <https://cca-reports.ca/wp-content/uploads/2019/04/FullReport-Toward-Peace-Harmony-and-WellBeing.pdf>

Centre for Addiction and Mental Health Areas of Impact Preventing PTSD <https://www.camh.ca/en/today-campaign/areas-of-impact/preventing-ptsd/research>

Centre for Addiction and Mental Health (2018). Police Mental Health: A Discussion Paper. Toronto, Ontario. <<https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/police-mental-health-discussion-paper-oct2018-pdf.pdf>>

Conor, P. et al, *Police Resources in Canada, 2017* Statistics Canada (March 28, 2018) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54912-eng.htm>

Conor, P. et al, *Police Resources in Canada, 2019* Statistics Canada (December 8, 2020) <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00015-eng.htm>

C. Shann, A. Chester, A. Martin, S. Ruddock (2019) Effectiveness and Application of an Online Leadership Intervention to Promote Mental Health and Reduce Depression-Related Stigma in Organizations, *Journal of Occupational Health Psychology* 2019, Vol. 24, p22

Dewa, C., Chau, N., et al (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52(7), 758-762. <<https://insights.ovid.com/crossref?an=00043764-201007000-00014>>

Dewa, C. S., Trojanowski, L, et al (2016). Employer best practice guidelines for the return to work of workers on mental disorder-related disability leave: a systematic review. *Canadian Journal of Psychiatry*, 61(3), 176-185. <<https://journals.sagepub.com/doi/10.1177/0706743716632515>>

Forbes, D., Pedlar, D., et al (2019). Treatment of military-related post-traumatic stress disorder: challenges, innovations, and the way forward. *International Review of Psychiatry*, May 2019, 95-110. <<https://www.tandfonline.com/doi/full/10.1080/09540261.2019.1595545>>

Gillis, W. Canadian police officers fear stigma of reporting mental health issues: survey, *Toronto Star* Fri. Jan 29, 2021

Hatala, A. (2012). The Status of the "Biopsychosocial" Model in Health Psychology: Towards an Integrated Approach and a Critique of Cultural Conceptions. *Open Journal of Medical Psychology*, 2012, 1, 51-62 <https://www.scirp.org/pdf/OJMP20120400001_23065291.pdf>

Huppert, F. (2009). Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137-164. <https://www.researchgate.net/publication/227739103_Psychological_Well-Being_Evidence_Regarding_Its_Causes_and_Consequences>

Iacobucci, F. (2014). Police Encounters with People in Crisis: An Independent Review Conducted by the Honourable Frank Iacobucci for Chief of Police William Blair, Toronto Police Service. Toronto, Ontario. <https://www.torontopolice.on.ca/publications/files/reports/police_encounters_with_people_in_crisis_2014.pdf>



Ingram, Garrett, *Hypervigilance in Law Enforcement*, 2021 Liberty University <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2140&context=honors>

Indian Act (RSC, 1985 c. I-5)

Jetelina, K. et al. Prevalence of Mental Illness and Mental Health Care Use Among Police Officers, *JAMA Network Open*, October 7, 2020 v12

Jones, N., Ruddell, R. et al. (2014) *First Nations Policing: A Review of the Literature*, Collaborative Centre for Justice and Safety, University of Regina

Kiedrowski, J., Jones, N & Ruddell (2017): 'Set up to fail?' An analysis of self-administered indigenous police services in Canada, *Police Practice and Research*, <https://www.tandfonline.com/doi/full/10.1080/15614263.2017.1363973> DOI: 10.1080/15614263.2017.1363973

Kiedrowski, J. et al, *Illustrative Case Studies of First Nations Policing Program*, Public Safety Canada (January 24, 2018) <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2016-r014/index-en.aspx>

Lithopoulos, S. (2007) *International Comparison of Indigenous Policing Models*, Public Safety Canada.

Los Angeles Police Department (2018). KNOW Suicide: The Los Angeles Police Department's Suicide Prevention Campaign. Los Angeles, California. <<https://www.theiacp.org/sites/default/files/2018-08/LAPD%20KNOW%20Suicide.pdf>>

Matarese, Leonard, ICMA Center for Public Safety Management "Determining Police Staffing & Deployment" https://www.vachiefs.org/files/about/VALEP/Determining_Police_Staffing_Deployment1.pdf

Marin, André (2012). In the Line of Duty: Investigation into how the Ontario Provincial Police and the Ministry of Community Safety and Correctional Services have addressed operational stress injuries affecting police officers. Toronto, Ontario. <<https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2012/in-the-line-of-duty>>

McCreary, D. R. & Thompson, M. M. (2004). The development of a reliable and valid measure of stressors in policing. Defence Research and Development Toronto (Canada). <<https://apps.dtic.mil/dtic/tr/fulltext/u2/a639057.pdf>>

Measuring Crime in Canada: Introducing the Crime Severity Index and Improvements to the Uniform Crime Reporting Survey 2015-11-27 Statistics Canada <https://www150.statcan.gc.ca/n1/pub/85-004-x/85-004-x2009001-eng.htm>

Mental Health Commission of Canada (2014). Road to Mental Readiness (R2MR): Reduce Stigma and Increase Resiliency in Police Employees. Ottawa, Ontario. <<https://www.mentalhealthcommission.ca/English/document/36176/road-mental-readiness-r2mr-one-page-overview>>

"Minister Blair announces \$1.5 million for Assembly of First Nations" News Release Public Safety Canada December 9, 2020 Government of Canada <https://www.canada.ca/en/public-safety-canada/news/2020/12/minister-blair-announces-15-million-for-assembly-of-first-nations.html>

Mishara, B. L. & Martin, N. (2012). Effects of a comprehensive police suicide prevention program. Crisis, 33(3), 162-168. <<https://econtent.hogrefe.com/doi/10.1027/0227-5910/a000125>>

Occupational Health and Safety Agency for Healthcare in BC (2010). Best Practices for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions: Final Report. Vancouver, British Columbia. <https://www.ccohs.ca/products/webinars/best_practices_rtw.pdf>

Office of the Chief Coroner (2019). Staying Visible, Staying Connected, for Life: Report of the Expert Panel on Police Officer Deaths by Suicide. Toronto, Ontario. <<http://ontario.ca/dwi6>>

Ontario Ministry of the Solicitor General, *Ontario Provincial Police Independent Review Panel: Final Report*, December 9, 2019 https://www.mcscs.jus.gov.on.ca/english/Policing/OntarioProvincialPoliceIndependentReviewPanelFinalReport.html#_ftn74

"Ontario Expanding Mental Health Supports for the OPP" News Release April 6, 2021 Solicitor General, Ontario <https://news.ontario.ca/en/release/61004/ontario-expanding-mental-health-supports-for-the-opp>

Ontario Provincial Police (2015). Ontario Provincial Police Mental Health Strategy: Our People, Our Communities. <<http://www.ontla.on.ca/library/repository/mon/29012/333014.pdf>>

Ontario Provincial Police (June 2019). Mental Health Review: Members' Report.

Ontario Provincial Police (May 17, 2019). OPP Suicide Review: Final Report, A review of OPP Member Suicide Deaths from 2012 to 2018.

PERF Special Report: Survey on Police Workforce Trends, June 11, 2021 <https://www.policeforum.org/workforcesurveyjune2021>

Police Executive Research Forum (2019). An Occupational Risk: What Every Police Agency Should do to Prevent Suicide Among its Officers. Washington. D.C. <<https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>>

Police Services Act, R.S.O. 1990, c. P/15



Public Safety Canada, 2014-2015 *Evaluation of the First Nations Policing Program Final Report*, 2016-03-18 <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/vltn-frst-ntns-plcng-2015/index-en.aspx>

Posttraumatic Stress Disorder in First Responders and Other Designated Workers Policy 15-03-13 WSIB Operational Policy Manual <https://www.wsib.ca/en/operational-policy-manual/posttraumatic-stress-disorder-first-responders-and-other-designated>

Public Safety Canada (2019). Supporting Canada's Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries. Ottawa, Ontario. <<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2019-ctn-pln-pts/index-en.aspx>>

Purba, A. & Demou, E. (2019). The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. BMC Public Health, 19, 1286. <<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7609-0>>

R.A. Malatest & Associates Ltd. (November 2019). Survey of OPP Workplace Culture: Final Report. Toronto, Ontario.

Rinaldi, L. *To survive, Indigenous police forces need 'black belts in how to be lean'*, January 22, 2021, Canada's National Observer.

Royal Canadian Mounted Police (2015 - 2017). Management of the RCMP Conduct Process Annual Reports. Ottawa, Ontario. <<http://www.rcmp-grc.gc.ca/en/management-the-rcmp-disciplinary-process-annual-reports>>

Talavera-Velasco, B., Luceño-Moreno, L. et al. (2018) Psychosocial Risk Factors, Burnout and Hardy Personality as Variables Associated with Mental Health in Police Officers, *Frontiers in Psychology* Sept 2018 Volume 9, Article 1478

Toronto Police Service (2017). Toronto Police Service People Plan 2017 - 2019. Toronto, Ontario. <<https://www.torontopolice.on.ca/TheWayForward/files/people-plan-2017-2019.pdf>>

Toronto Police Service (2018). Toronto Police Service Organizational Culture Assessment 2018. Toronto, Ontario. <<https://www.torontopolice.on.ca/TheWayForward/files/organizational-culture-assessment-report.pdf>>

Toronto Police Service (2019). Toronto Police Service Mental Health and Addictions Strategy 2019. Toronto, Ontario. <https://www.torontopolice.on.ca/publications/files/reports/mha_strategy_2019.pdf>

Website, Toronto Police Service. <http://www.torontopolice.on.ca/psychologicalservices/>

"Training Indigenous Police" News Release Nation Talk May 25, 2008 <https://nationtalk.ca/story/training-indigenous-police>

Truth and Reconciliation Commission of Canada: Calls to Action, 2015 http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

University of Regina (2016). Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Blue Paper. Regina, Saskatchewan. <https://www.justiceandsafety.ca/rsu_docs/blue_paper_full_web_final_production_aug_16_2016.pdf>

Victoria Police (2016). Victoria Police Mental Health Review: An Independent Review into the Mental Health and Wellbeing of Victoria Police Employees. Victoria, Australia. <<https://www.police.vic.gov.au/mental-health-strategy#victoria-police-mental-health-review>>

Walton, Alice "New Studies Show Just How Bad Social Media is for Mental Health" Forbes Nov 16, 2018 <https://www.forbes.com/sites/alicegwalton/2018/11/16/new-research-shows-just-how-bad-social-media-can-be-for-mental-health/?sh=71f6f7827af4>

Wilson, Jeremy M., and Alexander Weiss. 2014. A Performance-Based Approach to Police Staffing and Allocation. Washington, DC: Office of Community Oriented Policing Services.

<https://cops.usdoj.gov/RIC/Publications/cops-p247-pub.pdf>





Appendix B

Member Survey Results

About the Mental Health Review

In 2021, the Indigenous Police Chiefs of Ontario (IPCO)⁵⁵ undertook a Mental Health Review, an in-depth exploration of the issues related to policing and mental health in the specific context of the Indigenous Police Services (IPS) in Ontario, including the experiences of IPS members (both frontline officers and civilian staff), the impact of mental health and wellbeing issues on the IPS organizations, and the sufficiency of culturally-appropriate support services available to members. The Review was conducted by CALIBRATE, an independent consulting firm.

The objective of the Review was to gain a clear understanding of the challenges faced by IPS members and organizations, informed by engagement with the members of the IPS

and the community, as well as by national understanding in the areas of policing and the mental health of Indigenous people, and independent of the government, and to make recommendations that are practical, culturally appropriate, and resonate with organizations, members and communities.

The Review collected data to inform the findings and recommendations in a number of ways:

- Research of secondary sources and existing information from across Canada and internationally
- IPS Member Survey
- In-person and virtual interviews and focus groups with members, families, community leaders and key stakeholders

The Review was further informed by guidance and advice from an Advisory Panel, mental health experts, representatives from each IPS and report reviewers.

⁵⁵ IPCO represents the nine self-administered Indigenous Police Services in Ontario: Six Nations Police, Wikwemikong Tribal Police Service, Nishnawbe-Aski Police Service, Treaty Three Police Service, Anishinabek Police Service, UCCM Anishinaabe Police Service, Akwesasne Mohawk Police Service, Lac Seul Police Service and Rama Police Service.

About the Member Survey

Participation

As a part of data collection for the Review and to ensure the broadest possible participation in the Review, CALIBRATE conducted an anonymous and confidential survey sent to all members⁵⁶ of the nine services.

The survey was launched on May 12, 2021 and closed on July 13, 2021 using the hostedincanadasurveys platform. Members were informed about the survey and received the link to the survey through their work email addresses, from the service representative for the Review. Reminders to participate were sent periodically during the open period but participation was not made mandatory by any service.

⁵⁶ For the purposes of the survey and the Review, the term "members" is used to include every employee (staff and management, civilian and officer) of the police service and includes retirees.

Member Participation by Service:

Service	Total Members	Retired officers	Responses	Participation Rate
Rama Police Service (RPS)	23	0	11	48%
Nishnawbe-Aski Police Service (NAPS)	241	4	58	24%
Lac Seul Police Service (LSPS)	21	0	6	29%
Anishinabek Police Service (APS)	101	10	54	49%
Six Nations Police (SNP)			38	
UCCM Anishnaabe Police Service (UCCM APS)	30	2	18	56%
Akwesasne Mohawk Police Service (AMPS)	48	3	11	22%
Treaty Three Police Service (T3PS)	123	3	50	40%
Wiwewemikong Tribal Police Service (WPTS)	23	4	7	22%
Total/Aggregate	619	18	253	40%

253 surveys were completed for this study: 96% from active members and 4% from retired; 71% from uniform members and 29% from civilian members.

A note about civilian member participation: CALIBRATE received feedback from civilian members in the survey and during the interview process that the survey questions were insufficiently tailored to civilian realities and experiences. Civilian members expressed feelings of disenfranchisement as a result. This error by CALIBRATE is noted with regret and we apologize to civilian members. We appreciated the participation of civilian members in the Review process overall.

Confidentiality and Anonymity

Given the subject matter and the nature of the survey questions, the following measures were taken to ensure the confidentiality and anonymity of survey responses:

- The survey did not collect the name, email address or other identifying information from participants and all surveys were received anonymously and virtually.
- The survey did not require an access code or other identifier in order to participate.
- Surveys were received by CALIBRATE. No IPS representatives or members

had access to the survey responses.⁵⁷

- The survey results shared in this report do not include individual written responses to qualitative questions. Those responses, while providing valuable information to CALIBRATE, have been aggregated and shared as a summary of responses. (See questions section 5 in the research booklet)

Methodology

The survey was conducted as an optional study with a target group of 645 participants. The final completion rate was approximately 40% (253 completed surveys).

Other than preliminary demographic information, none of the questions in the survey were mandatory. This decision was made to allow members to participate according to their comfort level and to avoid questions that could be upsetting, triggering or re-traumatizing. Consequently, analysis for each question is based on the total number of responses for the individual question, rather than the total of 253 completed surveys.

The survey data were analyzed using summary, descriptive statistics and comparative analyzes. Data were analyzed

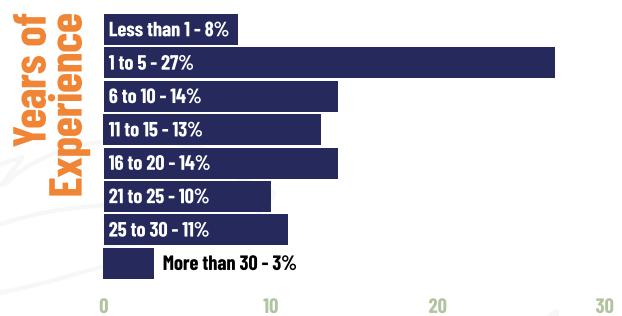
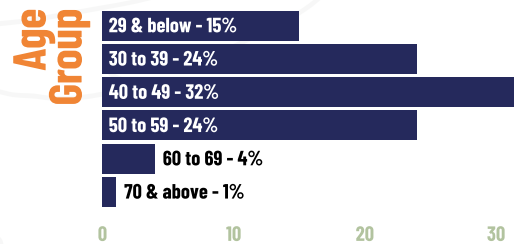
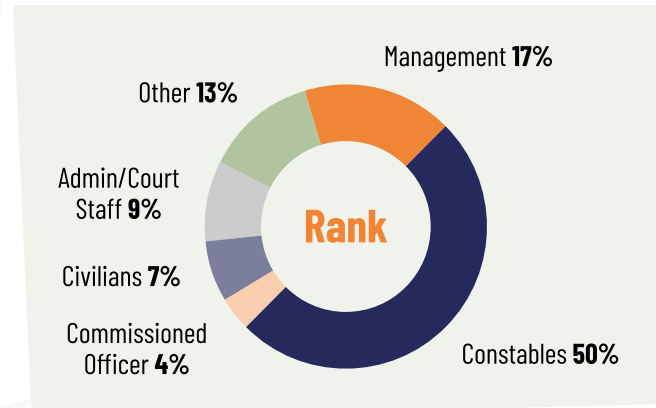
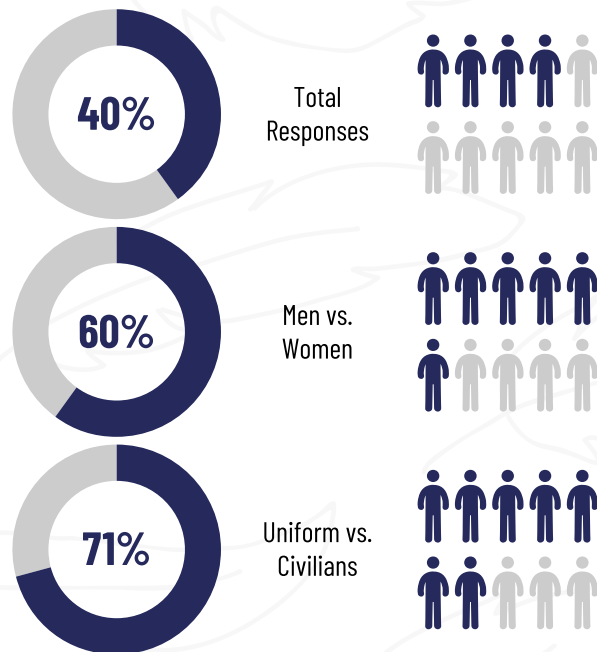
⁵⁷ An exception is Lac Seul Police Service, where paper copies of the surveys were physically distributed and collected by the Review representative. Those surveys were scanned and sent to CALIBRATE with no personal identifiers attached. The paper copies of the surveys were destroyed by the Review representative.

by numerous subgroups including, member type (active/retired and uniform/civilian), gender (men/women), level of management, and geographic region.

Executive Summary

Demographics

Demographics



General Wellness & Programming

The overall health and wellness training and programming within the services was low. 65% did not receive wellness training as part of police training and 76% said any training they received is not used by the service. While 61% said that the service has some health and wellness programs only 39% said that the program covers mental health (although that is the largest item they say it covers) whereas 92% said there were no cultural/traditional services available.

When asked in more detail about approaches towards Mental Health and Wellness at work, over 75% indicated that their managers don't discuss health and wellness at unit meetings, one on ones or detachment meetings, and 38% said there were no options for individual wellness conversations. Surprisingly, 74% said that they would certainly use individual options if available.

When asked if they would speak with anyone from within the service if they were struggling with mental health issues, only 54% said they would talk to their manager, and 57% to their colleagues.

While 48% members felt that they could approach their managers if they encountered mental health challenges, 43% believed that there is still stigma attached to mental health in the workplace and that the service does not do a good job of raising awareness of mental health issues/realities.

Individual Mental Health Challenges

28% members ranked their mental health poor/very poor over the last six months and only 47% (of total) had confidence that their supervisor or service would support them if they raised a mental health concern.

57% members (3 in 5), over the course of their employment have experienced a mental health issue and 93% said that it was work related. Of these, 53% chose not to reveal this to their employer and over two thirds who did reveal did not know what to do after. Over one fourth decided to first speak with their colleague (27%), followed by the doctor (23%) and least to the supervisor (22%).

Mental Health Supports for Members

Most commonly provided resources included EAP at 57%, then external service provider at 28%. Most commonly used resource was time off at 60% followed by external service providers at 54% and then EAP at 48%. The most valuable resources indicated were external service providers (47%), peer connect (40%) and counselling specific to the culture (32%).

Barriers to accessing services included fear of negative impact (66%), fear of loss of privacy (55%), do not trust the service (36%), not comfortable talking about it (29%), fear of impact to my family (29%), cost (24%). When asked about availing these services, 35% said they would not access the services even for a future mental health issue.

According to the responses, when members revealed their mental health issues, management was viewed as the least supportive (35%) with only 20% saying supportive, the supervisors (27%) but with 44% supportive, then HR (26%) with 22% supportive- colleagues viewed as the most supportive 62% with only 13% unsupportive. Overall, 48% experienced negative reactions or stigma from managers and 27% from colleagues.

When asked about the types of leave taken for mental health issues, 20% said WSIB, 19% said sick leave and 57% said they did not take any leave and continued with work as usual.

For those who did take leave to deal with mental health issues, only 20% heard from their colleagues, 14% from supervisors, 7% from HR and 1% from wellness staff.

Workplace challenges

There is a strong belief (55%) that there is still a stigma attached to a person who has a mental health issue in the workplace even though 65% of the members said they know someone who has experienced mental health issues in the workplace.

46% disagreed that there are resources offered to the rest of the team when someone has a mental health issue and 51% disagreed that there is a positive discussion about it, 40% disagreed that people respect privacy and confidentiality when someone has a mental health issue, 41% felt that raising mental health issues harms one's career/promotion, 53% felt that people are supported by

colleagues and 30% supported by managers.

In the workplace, 65% said someone in their workplace has had mental health issues in the past which has resulted in an increase of workload (76%), traumatic, very difficult and traumatic emotional impact on others (74%) and an unsupportive culture overall (32%).

Detailed Analysis

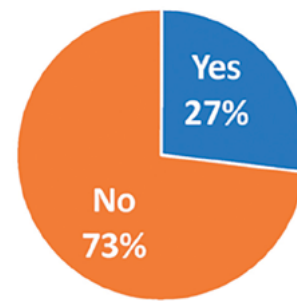
Section 1: Demographics

Q1. Which service are you a part of?

Rama Police Service	18	3	2	23
Nishnawbe-Aski Police Service	165	40	36	241
Lac Seul Police Service	9	10	2	21
Anishnabek Police Service	69	27	5	101
UCCM Anishinaabe Police Service	19	8	3	30
Akwesasne Mohawk Police Service	34	12	2	48
Treaty Three Police Service	77	44	2	123
Wikwemikong Tribal Police Service	24	7	1	32
Six Nations Police	37	11	2	50
Total	452	162	55	669

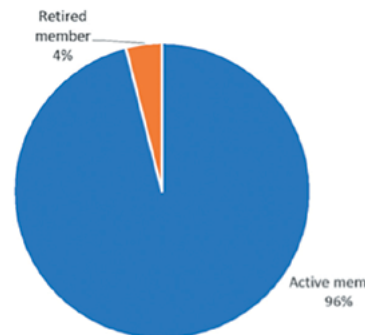
Q2. Are you or have you been a member of a specialty unit in your police service? If so, please advise.

Row Labels	Count
No	185
Yes	68
Total	253



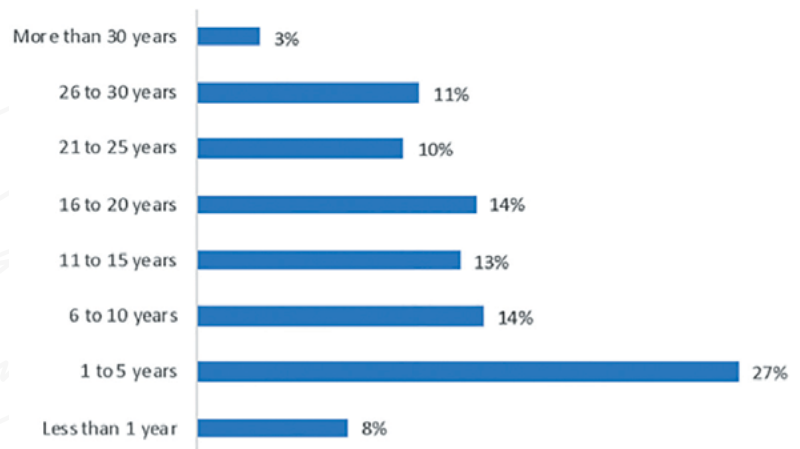
Q3. Are you an active member or retired?

Scale	Count
Active member	243
Retired member	10
Grand Total	253



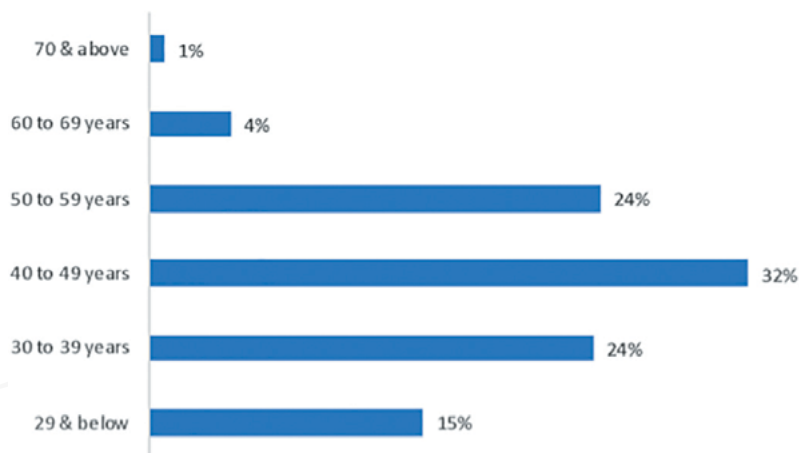
Q4. Which of the following best describes your length of service with the police service?

Row Labels	Count
1 to 5 years	68
11 to 15 years	33
16 to 20 years	35
21 to 25 years	26
26 to 30 years	28
6 to 10 years	36
Less than 1 year	19
More than 30 years	8
Grand Total	253



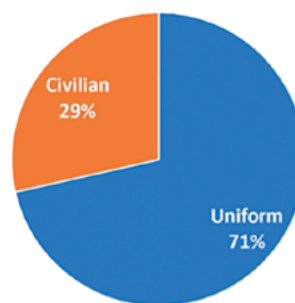
Q5. Which is your age category?

Row Labels	Count
29 & below	37
30 to 39 years	60
40 to 49 years	81
50 to 59 years	61
60 to 69 years	11
70 & above	2
Grand Total	252



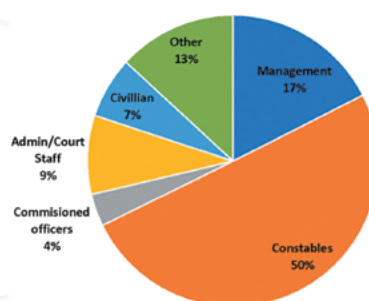
Q6. Are you currently a uniform or civilian member? (If retired, who were you when you were active?)

Row Labels	Count
Uniform	180
Civilian	72
Grand	252



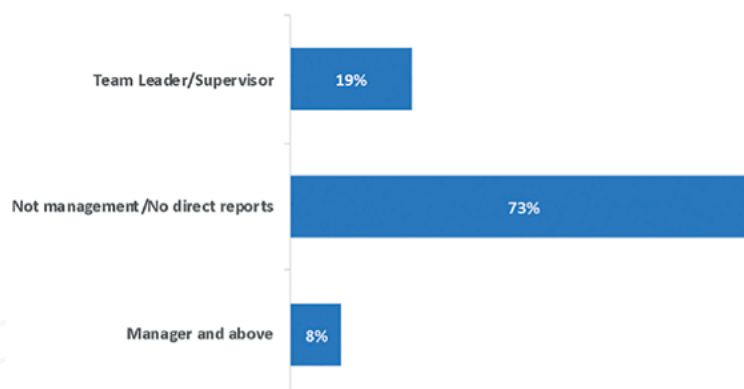
Q7. What is your rank (or the rank from which you retired)?

Commissioned Officers	9
Management	44
Constables	126
Admin/Court staff	22
Civilians	17
Other	33
Total	251



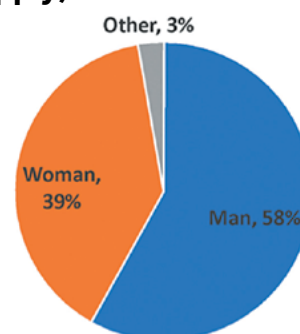
Q8. What level of management do you work at (or did you retire from)?

Row Labels	Count
Manager and above	21
Team Leader/ Supervisor	48
Not management/ No direct reports	183
Total	252



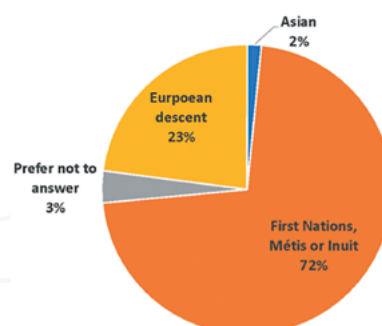
Q9. What is your current lived identity? (Select all that apply)

Row Labels	Count
Man	147
Woman	99
Other	7
Total	253



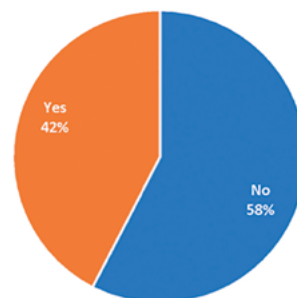
Q10. Do you self-identify as a member of First Nations, Métis or Inuit? If no, which of these best describes you?

Row Labels	Count
First Nations, Métis or Inuit	182
European descent	58
Prefer not to answer	9
Asian	4
Grand Total	253



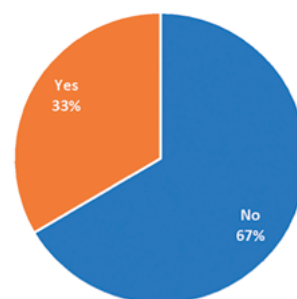
Q11. Are you policing in your home community?

Row Labels	Count
No	144
Yes	106
Grand Total	250



Q12. Are you living in the same community you are policing?

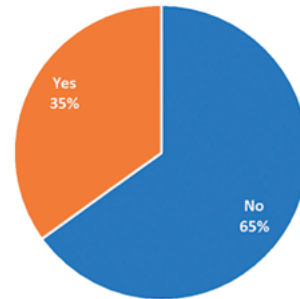
Row Labels	Count
No	167
Yes	84
Grand Total	253



Section 2: General Wellness & Programming

Q1. As part of your police training, did you receive wellness training (such as R2MR)?

Row Labels	Count
No	149
Yes	80
Grand Total	229

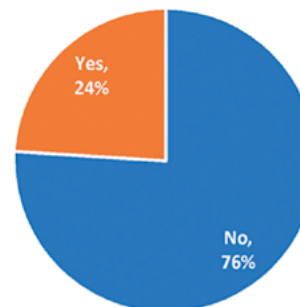


Types of Trainings attended

Canadian Department of National Defence's Road to Mental Readiness (R2MR)
Basic training at Ontario Police College
CISM - Critical Incident Stress Management
OPP Mental Health Awareness Program
Can't recall
Others (Peer support, Suicide awareness & Prevention and Shield of Resilience)

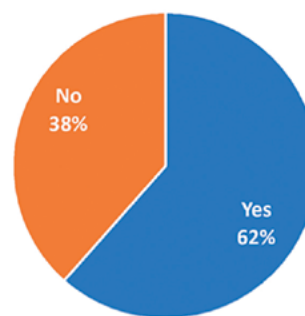
Q2. Is the training you mentioned (in the previous question) used by your service?

No	174
Yes	55
Grand Total	229



Q3. Does your service have a health & wellness program?

Row Labels	Count
No	88
Yes	141
Grand Total	229



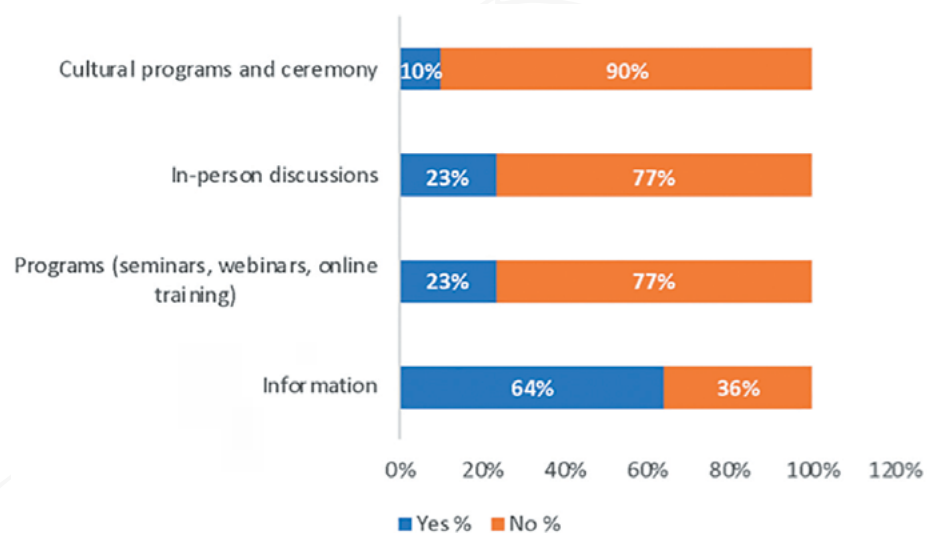
Q4. If yes, who runs the program?

Row Labels	Count
Community Organizations	3
Managers	9
Human Resources Team	23
External Provider	32
Dedicated Health and Wellness Staff	44
Not sure	60
Total	171



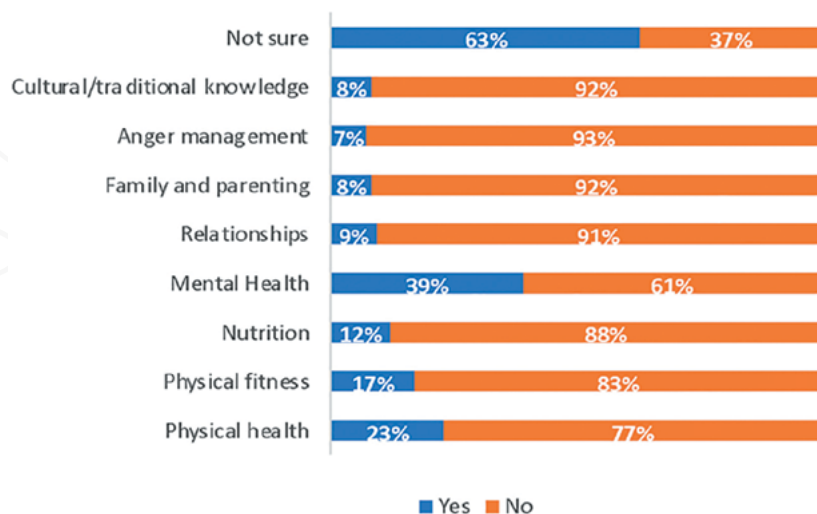
Q5. What are the elements of your service's health and wellness? (Please select all that apply)

Services	Yes	No
Information	148	82
Programs (seminars, webinars, online training)	54	176
In-person discussions	53	177
Cultural programs and ceremony	23	207



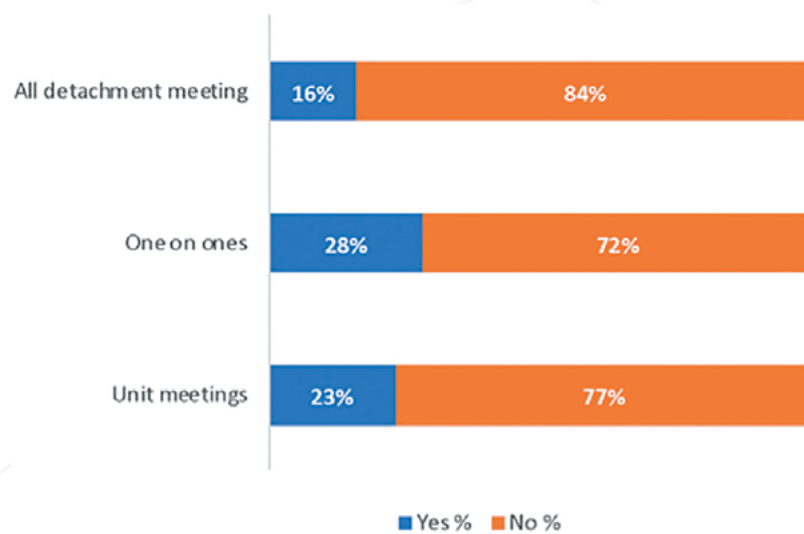
Q6. What topics does your service's health and wellness program cover? (Please select all that apply)

	Yes	No
Physical health	52	178
Physical fitness	40	190
Nutrition	28	202
Mental health	90	140
Relationships	21	209
Family and parenting	18	212
Anger management	17	213
Cultural/traditional knowledge	18	212
Not sure	146	84



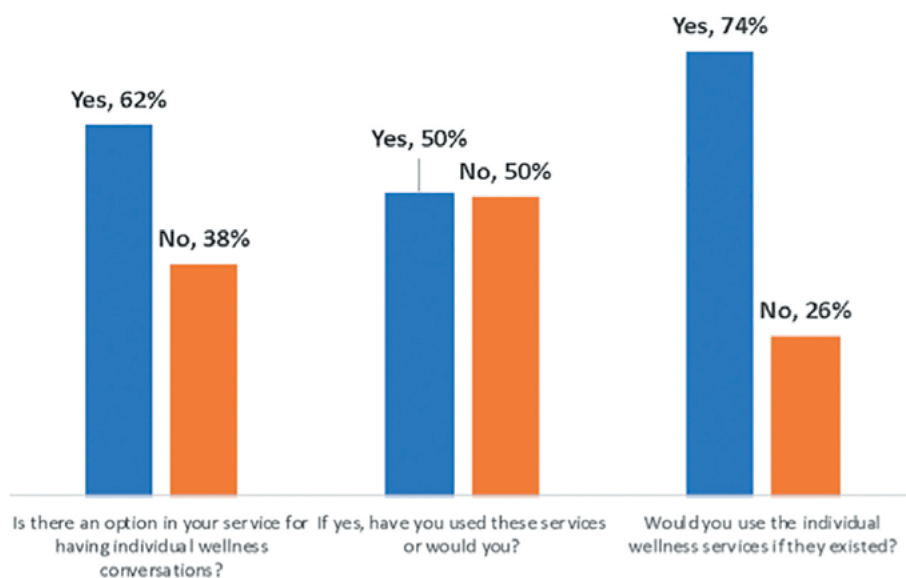
Q7. Does your manager discuss health and wellness at:

	Yes	No	Total
Unit meetings	51	175	226
One on ones	64	161	225
All detachment meeting	37	188	225
Unit meetings	51	175	226



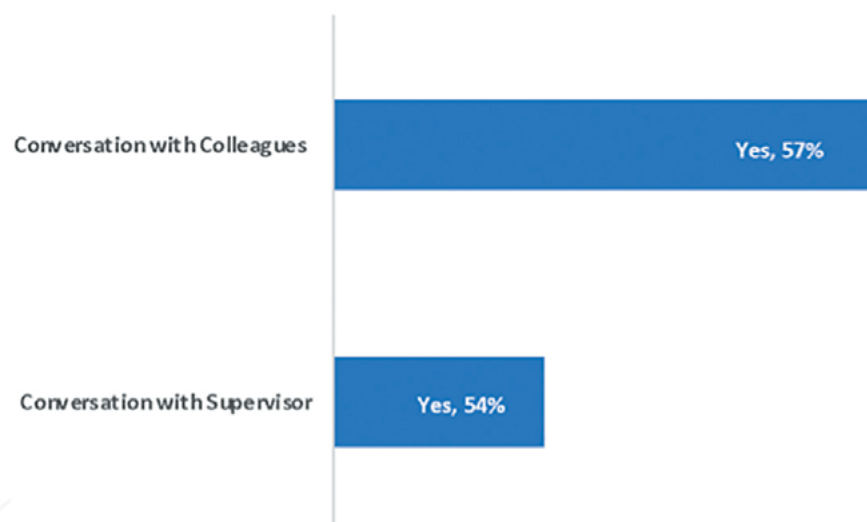
Q8. Is there an option in your service for having individual wellness conversations?

	Yes	No	Total
Is there an option in your service for having individual wellness conversations?	139	87	226
If yes, have you used these services or would you?	70	69	139
Would you use the individual wellness services if they existed?	64	23	87



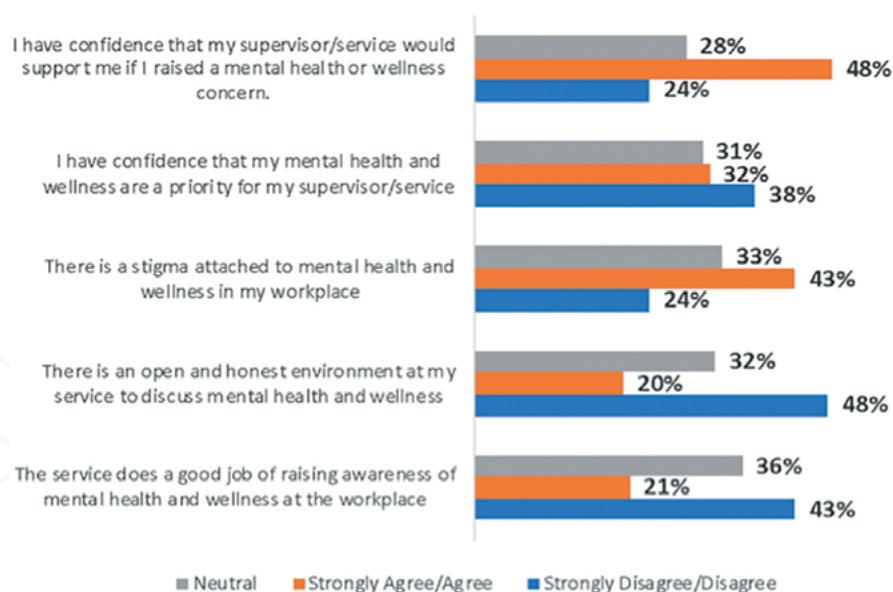
Q9. If you were struggling with your mental health, would you talk to your supervisor and colleagues about it?

	Conversation with Supervisor	Conversation with Colleagues
Yes	122	131
No	106	97
Total	228	228



Q10. Rate how useful you find the health and wellness programming in your service (rating and using the matrix)

Statement	Strongly Disagree/ Disagree	Strongly Agree/ Agree	Neutral
S1	53	108	64
S2	85	71	69
S3	53	97	75
S4	85	71	69
S5	53	108	64



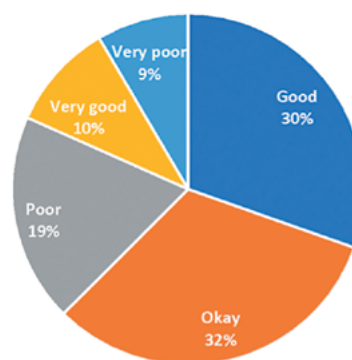
Q11. What wellness services would you like more of? (Open answer)

Access to cultural ceremonies such as sweats, healing cleansing and other traditional services
Access to resources such as self-help material and references for dedicated experts
Access to mental health counsellors and psychologist
Better quality debriefs that support immediate critical incident briefs and timely follow ups
Access physical fitness equipment and/or membership to gyms
Access to annual mental health check-ups that includes mandatory mental health assessments
Access to trainings for management and team on areas such as MH/W awareness, creating judgement free & support environment, handling better debriefs post critical incidents
More support from leadership to acknowledge the current MH challenges and prioritise wellbeing of the employee. More proactive approach
More staff across teams
In house MH/W dedicated resources
Access to Peer support program

Section 3: Individual Mental Health Challenges

Q1. On the following scale, how would you rate your overall mental wellness level at work over the last 6 months?

Scale	Count
Good	68
Okay	72
Poor	43
Very good	22
Very poor	19
Grand Total	224



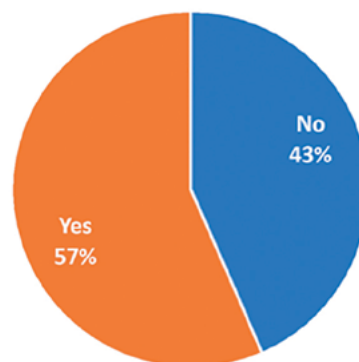
Q2. On the following scale, how would your family/significant other rate your overall mental wellness level at work over the last 6 months?

Scale	Count
Good	62
Okay	78
Poor	41
Very good	23
Very poor	20
Grand Total	224



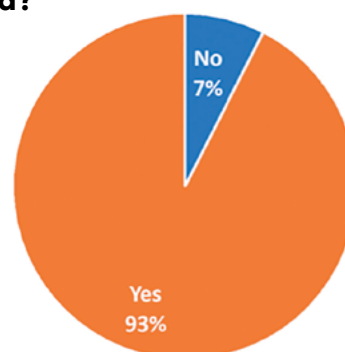
Q3. During the period of your employment or retirement, have you experienced a mental health issue?

Scale	Count
No	93
Yes	121
Grand Total	214



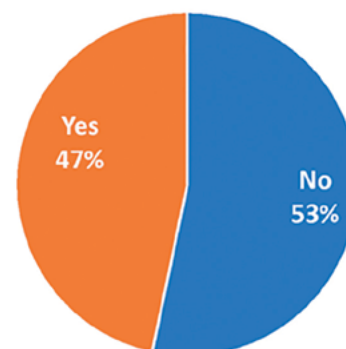
Q4. Do you consider the mental health issue work-related?

Scale	Count
No	9
Yes	111
Grand Total	120



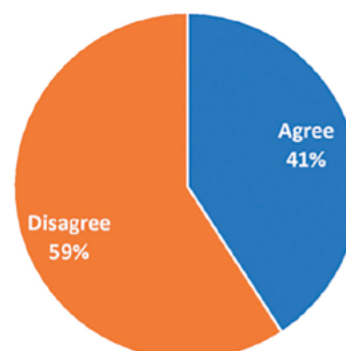
Q5. Did you reveal your mental health issue to your employer?

Scale	Count
No	64
Yes	56
Grand Total	120



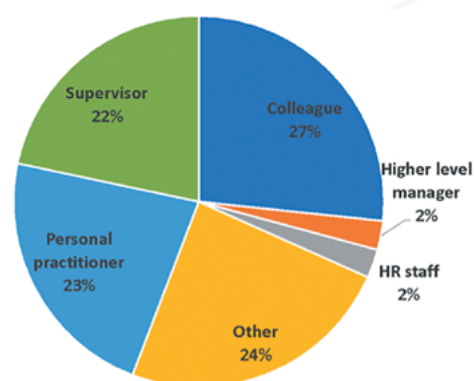
Q6. Consider the following statement: When I decided to reveal my mental health issue, I knew what to do

Scale	Count
Agree	49
Disagree	71
Grand Total	120



Q7. Who did you talk to first?

Scale	Count
Colleague	32
Higher level manager	3
HR staff	3
Other	29
Personal practitioner	27
Supervisor	26
Grand Total	120

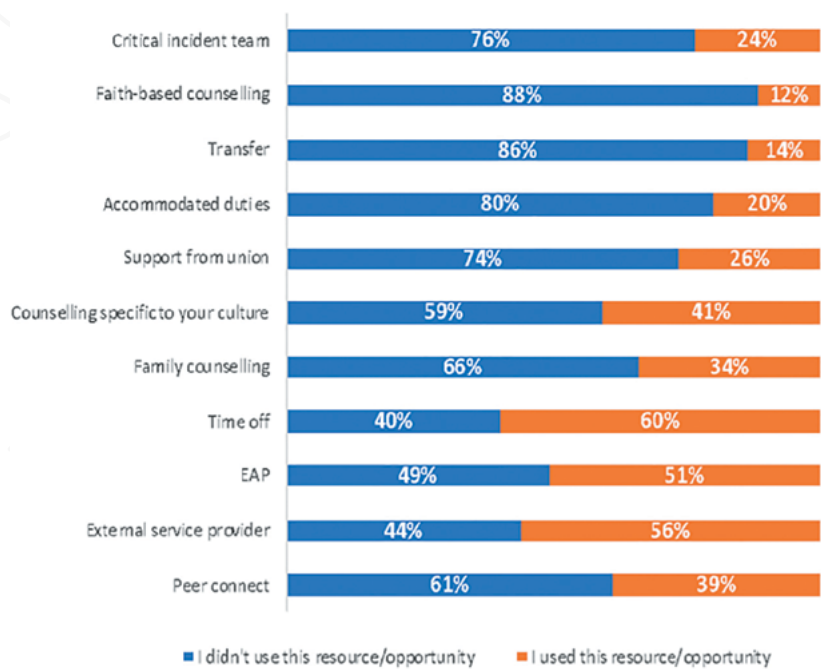
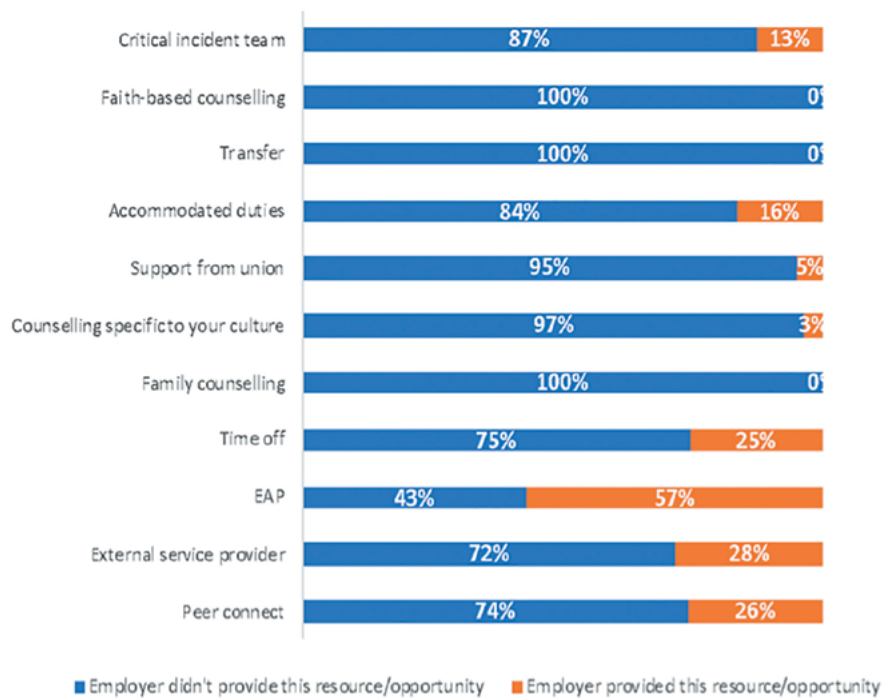


Others

- Counsellor outside of the workplace
- EAP
- Family doctor/ doctor
- Family member/Relative
- Emergency/hospital
- No one

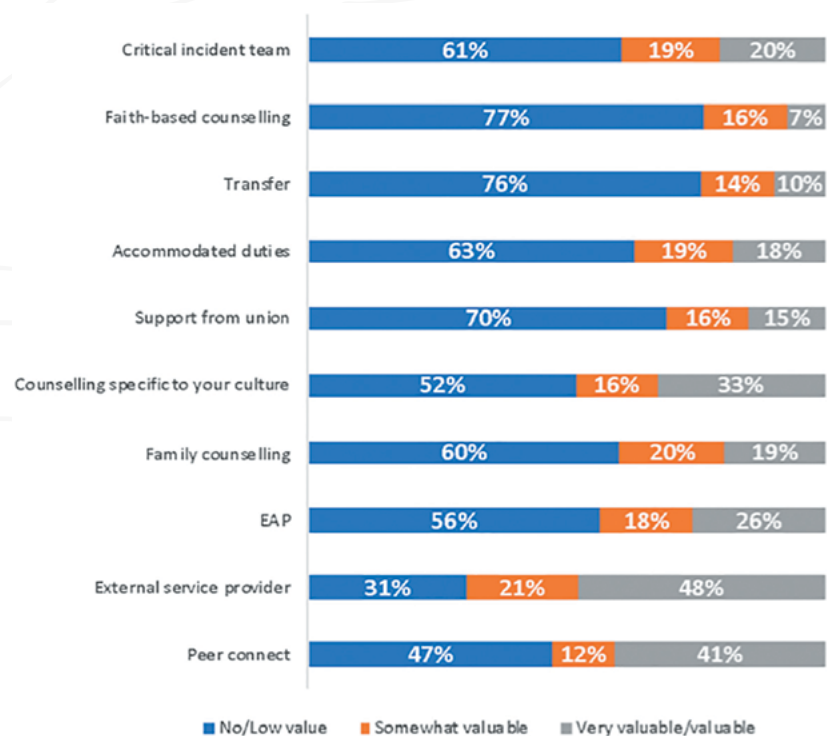
Q8. What resources did your employer provide to support you? Which of the available resources did you use? (Please select all that apply)

	Peer connect	External service provider	EAP	Time off	Family counselling	Counselling/ceremony specific to your culture	Support from union	Accommodated duties	Transfer	Faith-based counselling	Critical incident team
Employer didn't provide this resource/ opportunity	49	41	22	38	50	57	59	56	60	63	55
Employer provided this resource/ opportunity	17	16	29	13	0	2	3	11	0	0	8
Sum	66	57	51	51	50	59	62	67	60	63	63
I didn't use this resources/ opportunity	22	21	25	22	31	23	25	24	32	30	29
I used this resource/ opportunity	14	27	26	33	16	16	9	6	5	4	9
Sum	36	48	51	55	47	39	34	30	37	34	38



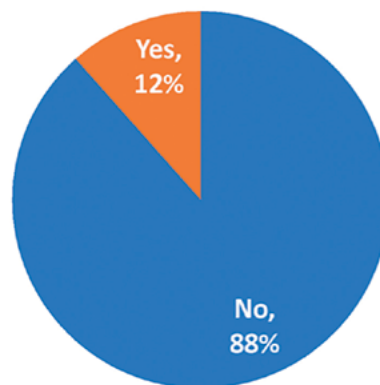
Q9. Rate the value of the resources in assisting you with your mental health issue. (Please select all that apply)

	No/Low value	Somewhat valuable	Very valuable/valuable	Sum
Peer connect	43	11	37	91
External service provider	30	21	47	98
EAP	53	17	24	94
Family counselling	50	17	16	83
Counselling specific to your culture	43	13	27	83
Support from union	57	13	12	82
Accommodated duties	53	16	15	84
Transfer	63	12	8	83
Faith-based counselling	62	13	6	81
Critical incident team	54	17	18	89



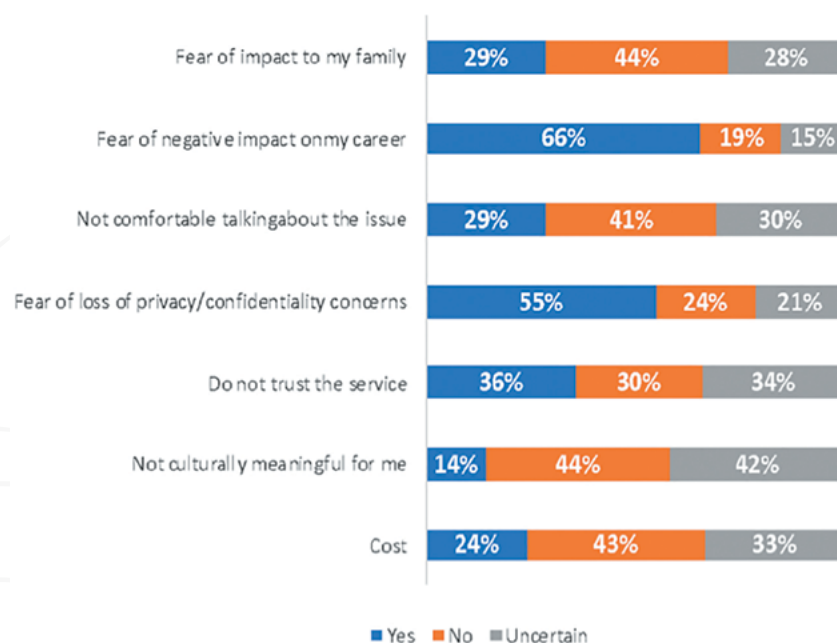
Q10. Did any member of your family use resources provided by the employer related to your mental health issue? Which resources?

Scale	Count
No	107
Yes	14
Grand Total	121



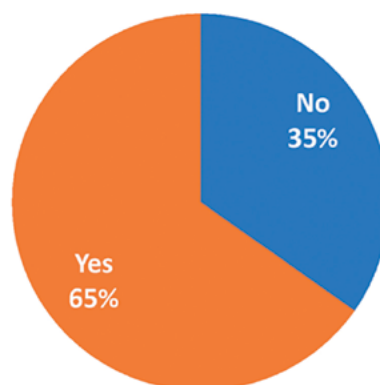
Q11. Did you have concerns or difficulty accessing any of the available services based on

	Yes	No	Uncertain	Total
Cost	26	46	36	108
Not culturally meaningful for me	15	47	44	106
Do not trust the service	40	34	38	112
Fear of loss of privacy/confidentiality concerns	62	27	24	113
Not comfortable talking about the issue	32	46	34	112
Fear of negative impact on my career	75	22	17	114
Fear of impact to my family	32	49	31	112



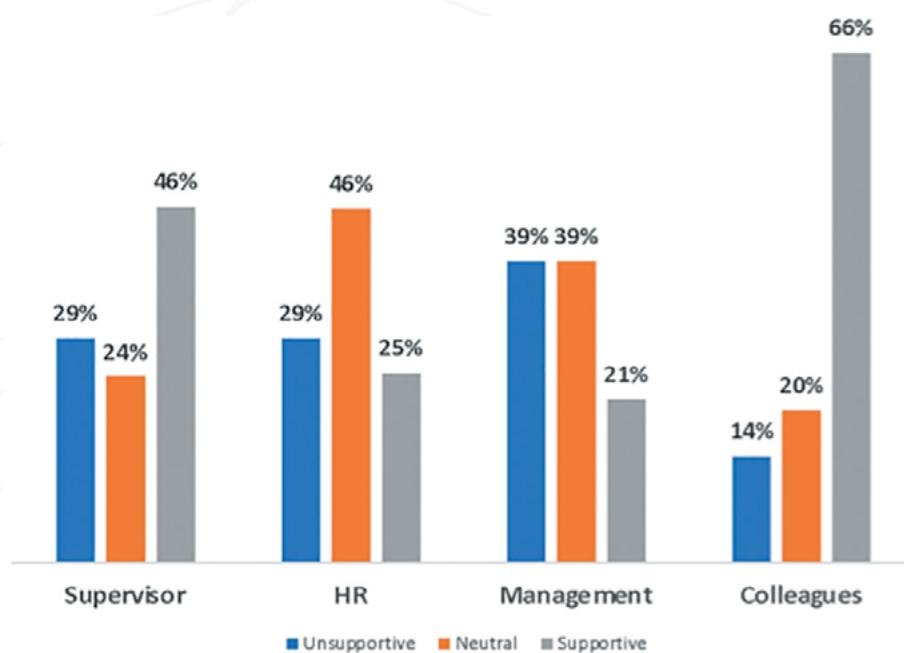
Q12. If you had a future mental health issue, would you access these services again?

Scale	Count
No	40
Yes	75
Grand Total	115



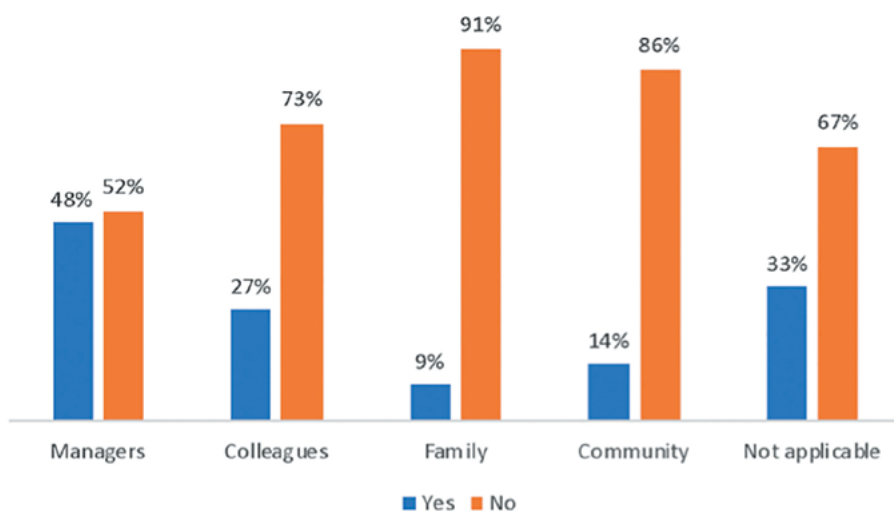
Q13. How would you rate the response of your employer when you revealed your mental health issue?

	Unsupportive	Neutral	Supportive	Total
Supervisor	29	24	46	99
HR	26	41	22	89
Management	37	37	20	94
Colleagues	14	20	67	101
Not applicable	14	27	3	44



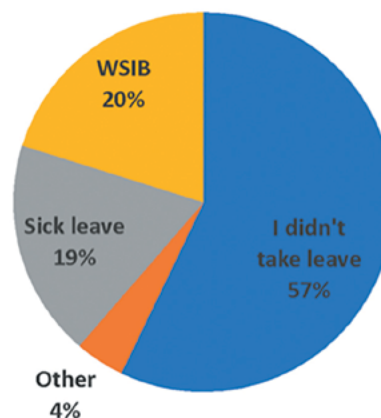
Q14. In your perception, did you experience negative reactions or stigma as a result of revealing your mental health issue? (Please select all that apply)

	Yes	No	Sum
Managers	47	50	97
Colleagues	27	72	99
Family	9	92	101
Community	13	80	93
Not applicable	21	43	64



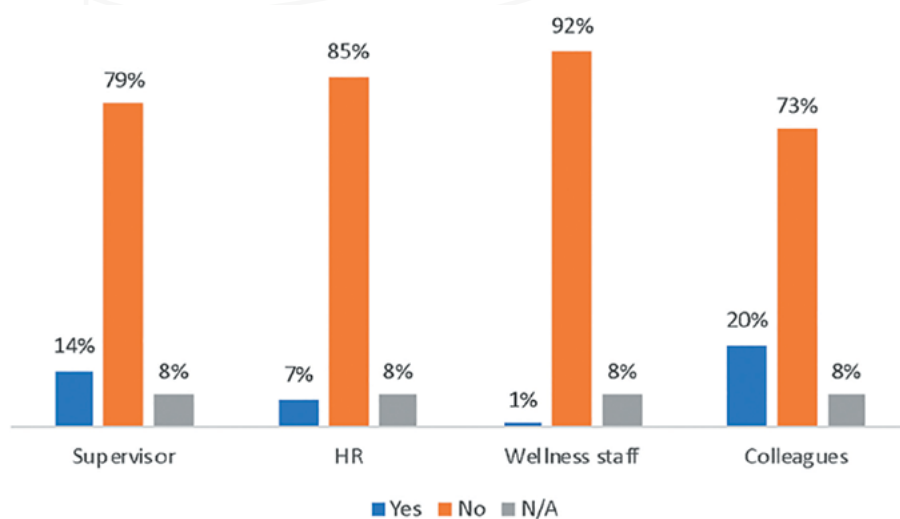
Q15. Which type of leave did you take for your mental health issues?

Scale	Count
I didn't take leave	68
Other	5
Sick leave	22
WSIB	24
Grand Total	119



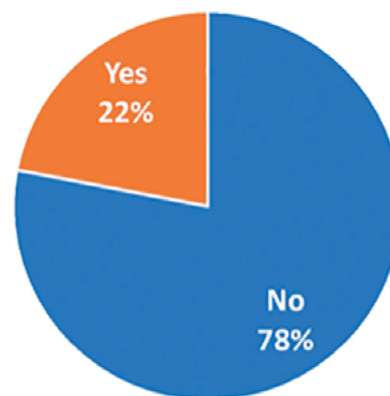
Q16. If you did take leaves, which of the following members from the service reached out to you during your time off?

	Yes	No	N/A	Sum
Supervisor	18	103	10	131
HR	9	112	10	131
Wellness staff	1	120	10	131
Colleagues	26	95	10	131



Q17. Did you come back to work using a Return To Work (RTW) plan?

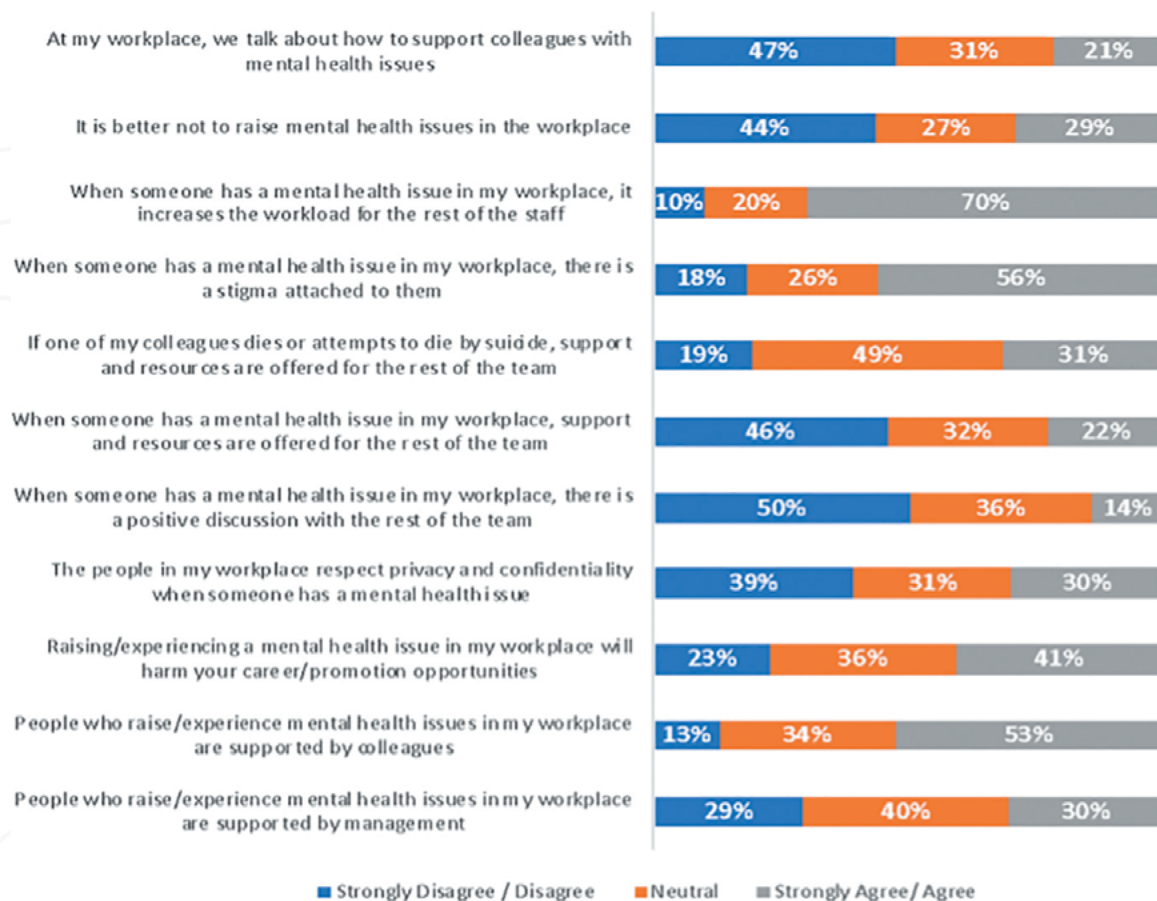
Scale	Count
No	71
Yes	20
Grand Total	91



Section 4: Person Mental Health Experiences

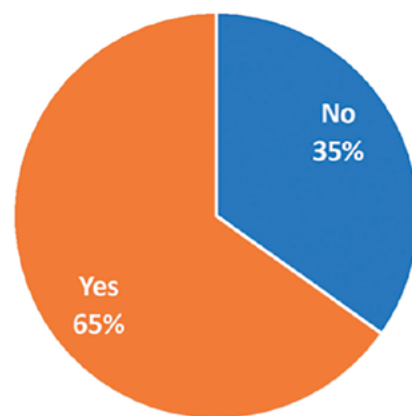
Q1. Based on your experience, perception and observation please select your response to the statements

	SD/D	N	SA/A	Total
People who raise/experience mental health issues in my workplace are supported by management	59	81	61	201
People who raise/experience mental health issues in my workplace are supported by colleagues	26	69	106	201
Raising/experiencing a mental health issue in my workplace will harm your career/promotion opportunities	46	73	82	201
The people in my workplace respect privacy and confidentiality when someone has a mental health issue	79	62	60	201
When someone has a mental health issue in my workplace, there is a positive discussion with the rest of the team	101	72	28	201
When someone has a mental health issue in my workplace, support and resources are offered for the rest of the team	92	64	45	201
If one of my colleagues dies or attempts to die by suicide, support and resources are offered for the rest of the team	39	99	63	201
When someone has a mental health issue in my workplace, there is a stigma attached to them	37	52	112	201
When someone has a mental health issue in my workplace, it increases the workload for the rest of the staff	20	41	140	201
It is better not to raise mental health issues in the workplace	88	55	58	201
At my workplace, we talk about how to support colleagues with mental health issues	95	63	43	201



Q2. Has a colleague of yours experienced a mental health issue that was revealed at the workplace?

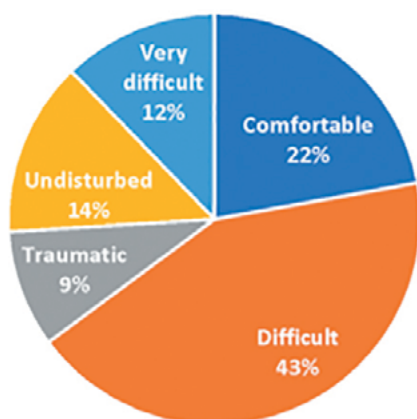
Scale	Count
No	70
Yes	131
Grand Total	201



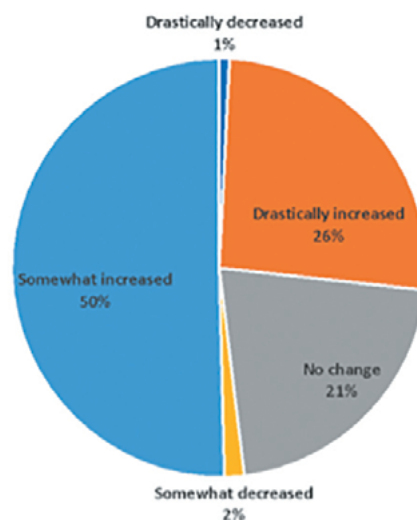
Q3. If yes, how would you describe the impact of that on the rest of the workplace?

Emotional Impact		Workload		Workplace culture	
Traumatic	12	Drastically increased	34	Very unsupportive	18
Very difficult	16	Somewhat increased	66	Somewhat unsupportive	24
Difficult	56	No change	28	Neutral	56
Comfortable	29	Somewhat decreased	2	Somewhat supportive	25
Undisturbed	18	Drastically decreased	1	Very supportive	8
	131		131		131

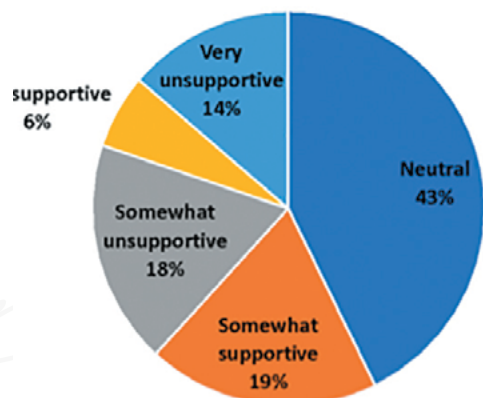
Emotional Impact



Impact on Workload

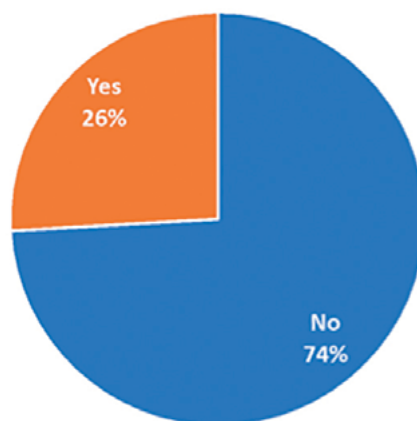


Impact on Work Culture



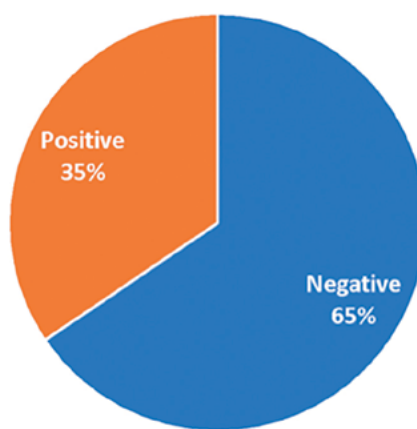
Q4. Did the fact that a colleague had a mental health issue change the culture in your workplace?

Scale	Count
No	149
Yes	52
Grand Total	201



Q5. Was the change positive or negative & why?

Scale	Count
Negative	131
Positive	69
Grand Total	200



Section 5: Qualitative Responses

Q1. What would you consider to be your police service's greatest strength with respect to mental health and wellness?

Supportive team members
Recent recognition of MH issues
Limited expertise in-house expertise in mental health issues
Peer support program
Supportive supervisors
EAP
Wellness officers
Open environment to discuss mental health issues
Acknowledging mental health issues
Workout during shift - gym access

Q2. What would you consider to be your police service's greatest weakness with respect to mental health and wellness?

Lack of support from management /supervisors
Lack of staff across teams
Reactive approach instead of proactive
Lack of dedicated mental health resources (program and members)
Poor communication
Stigma and fear of judgement
Lack of empathy and compassion
Lack of privacy/confidentiality
Lack of awareness to support struggling members
Lack of info/knowledge on Mental Health
Lack of quality debriefs post critical incidents



Q3. What recommendations would you make to improve your service's response to mental health issues?

Access to dedicated inhouse / external mental health professionals and better implementation of quality programs
The leadership needs to acknowledge the issues currently being faces and prioritize/support the members in a timely manner
More training on mental health issues for management and teams so as to create better awareness on triggers, behaviours (trauma informed) and sensitive conversations in order to better support members.
Currently the approach taken towards supporting mental health issues is more reactive in nature which at times leads to difficult situations or burned out members. The leadership needs to take up a more proactive approach that ensures frequent conversations, healthy environment for discussions and follow up with members.
There is a strong request of additional staff across teams including officers to ensure officers don't work alone especially in isolated communities as well as dedicated mental health and wellness members.
Conduct annual mandatory mental health check-up
Conduct more structured and qualitative debriefs post with timely follow up meetings so as to support members in processing critical incidents.
Access to cultural and traditional programs/services
Privacy/confidentiality
Create better HR, mental health and wellness policies and programs for members
Self help tools

Appendix C: IPCO Community Services Map





Appendix D

About CALIBRATE

CALIBRATE is a consulting firm delivering strategy, problem-solving and needs assessment focused on increasing access to justice, protecting the rule of law and human rights, and transforming justice system organizations. Our strategists are senior practitioners - lawyers and educators - with many years of experience bringing positive change to the justice sector. Integrating our justice experience with expertise in trauma-informed, gender-sensitive and participatory evaluation and inquiry, human rights, organizational functionality, public and stakeholder engagement, strategic planning and implementation, innovation and design, research, measurement, and complex project management, the CALIBRATE team is uniquely positioned to achieve success for critical initiatives.

Meredith Brown, B.A., LL.B. is a partner at CALIBRATE. Her unique expertise as a Canadian and international evaluator and consultant on access to justice, human rights, gender equality and women's empowerment, and access to rights for vulnerable people, along with her experience as a lawyer and senior leader in government allows her to bring the right combination of listening, learning, honesty and strategy to an inquiry. She has conducted numerous inquiries including co-authoring the Ontario Provincial Police Independent Review Panel Final Report.



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