

Under the Mental Health Act, Police Apprehensions Have Soared*

Analyzing Mental Health Apprehensions in Toronto from 2014 to 2021

Laura Lee-Chu

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This report discusses mental health apprehensions in Toronto using data from Open Data Toronto published by Toronto Police Services. The data shows an increase in apprehensions since 2014 with a steep incline from 2020 to 2021 within the context of COVID-19 and an inflated police budget

1. Introduction

The uptick in crime and mental health disturbances across the City of Toronto has dramatically climbed in recent years. Mental health apprehensions have increased considerably since the beginning of the COVID-19 pandemic. Apprehensions are classified under the Ontario Mental Health Act (MHA), which sets out the powers and obligations of psychiatric facilities and outlines the powers of police officers to make orders for individuals to undergo psychiatric evaluation (*Mental Health Act, r.s.o. 1990, c. M.7* 2015). The data shows that police are responsible for the majority of mental health apprehensions in Toronto. However, police are not trained in crisis care and have caused numerous deaths in attempts to de-escalate (Nasser 2020). Despite this, the city has increased the Toronto Police Service (TPS) budget while mental health services have faced disruptions.

Women and young adults have been disproportionately impacted by the pandemic and this is reflected in the rise of apprehensions in those groups. This paper will define the apprehension types under the MHA, discuss the number of mental health apprehensions in Toronto from 2014 to 2021, evaluate the role of police in context, and finally consider additional factors such as Sex and Age Group.

*Code and data are available at: https://github.com/lauraleechu/mha_apprehensions

2. Data

This paper analyzed data obtained from the Open Data Toronto portal (Gelfand 2022) and was produced using the R statistical programming language (R Core Team 2022). here was used to reference file locations (Müller 2020). The data was examined and cleaned using the packages janitor (Firke 2021), dplyr (Wickham et al. 2023), and tidyverse (Wickham et al. 2019). Tables were made knitr (Xie 2023) and formatted with kableExtra (Zhu 2021). ggplot2 (Wickham 2016) was used to plot and scale the graphs.

The selected data source presents statistical limitations. Each apprehension case was registered under a unique identification number. Therefore, individuals apprehended multiple times would be counted as separate cases. Additionally, the dataset does not include racial demographics, which limits the social discussion in context. The Toronto Police Service does not guarantee the accuracy, completeness, or timeliness of the data (Gelfand 2022). Therefore, the analysis will not include apprehensions from 2022 onwards because the data set is incomplete. Furthermore, apprehensions without Sex or Age Group recordings will be excluded. This paper aims to discuss the ethical conflict of mental health apprehensions conducted by the City of Toronto and the TPS in particular.

The following are the apprehension types pursuant to MHA sections:

- Section 15 (Form 1 - Physician - Application for Psychiatric Assessment)
- Section 16 (Form 2 – Justice of the Peace – Order for Examination)
- Section 17 (Police Officer’s Power of Apprehension)
- Section 28 (1) (Form 9 - Elopee - Order for Return)
- Section 33.4 (Form 47 - Community Treatment Order for Examination)

While the overall number of mental health apprehensions shown in Table 1 has increased yearly, there was a 14.25% increase from 2020 to 2021, a drastic leap from the 4.83% increase from 2019 to 2020. To place the significant surge in situational context, the Coronavirus pandemic forced countries to impose restrictions. Toronto’s COVID-19 state of emergency was the longest for any major city in the world. The decline in mental health can be attributed to multiple stress factors resulting from prolonged social isolation, job loss, and changes in relationships. Fear of infection for oneself and loved ones, grief, and financial strain have also been cited as triggers for anxiety and depression (*COVID-19 Pandemic Triggers 25* 2022). Additionally, restrictions disrupted existing mental health services and suicide prevention hotlines.

Table 1: Number of Apprehensions by MHA Apprehension Type from 2014 to 2021

MHA Apprehension Types	Year							
	2014	2015	2016	2017	2018	2019	2020	2021
Mha Sec 15 (Form 1)	806	843	884	1001	1017	965	870	962
Mha Sec 16 (Form 2)	520	574	614	819	792	870	733	801
Mha Sec 17 (Power Of App)	5764	6379	7064	7440	8177	8645	9418	10955
Mha Sec 28(1) (Form 9 Elopee)	128	140	144	167	163	221	110	79
Mha Sec 33.4 (Form 47 Cto)	175	228	415	390	439	467	576	578
Total	7393	8164	9121	9817	10588	11168	11707	13375

As shown in Table 1, there were significantly more apprehensions under Section 17 in all recorded years. Under the Ontario Mental Health Act, Section 17 is defined as:

Where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person,

- (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
- (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
- (c) has shown or is showing a lack of competence to care for himself or herself, and in addition the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,
- (d) serious bodily harm to the person;
- (e) serious bodily harm to another person; or
- (f) serious physical impairment of the person,

and that it would be dangerous to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician. (*Mental Health Act, r.s.o. 1990, c. M.7* 2015)

Figure 1 visualizes how Section 17 accounts for the vast majority of increases in apprehensions over time while the other Sections have remained relatively stable. From 2020 to 2021, Section 15, 16, and 33.4 saw a 10.57%, 9.28% and 0.35% increase respectively, while Section 28(1) apprehensions declined by 28.18%. In comparison, Section 17 apprehensions increased by 16.32% from 2020 to 2021. While the pandemic has caused an overall mental health decline, the disproportionate increase in police apprehensions can be attributed to the City of Toronto’s significant Police budget, which was \$1.13 billion in 2021, slightly over 25% of taxpayer dollars (Jones 2022). This amount is comparable to the tax dollars spent on public health, public

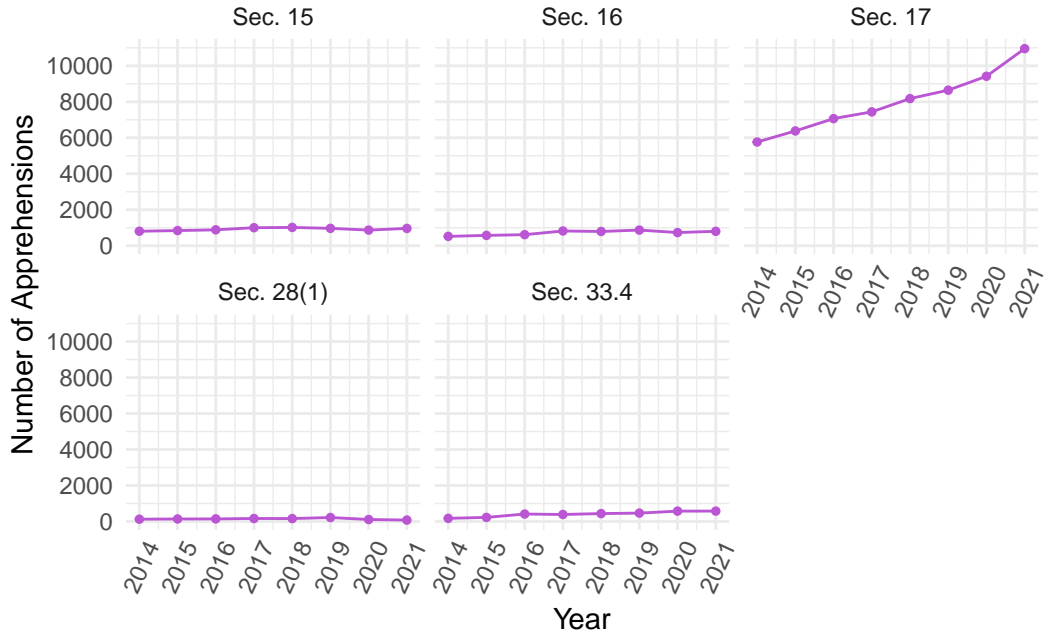


Figure 1: Number of Mental Health Apprehensions from 2014 to 2021

transportation, the library, and children’s services combined. In 2021, Toronto spent just under 3.1 million on police services per day (Jones 2022).

In contrast, Toronto allocated \$2 million to strengthen mental health support in the same year, less than the TPS’ daily budget (*City of Toronto Strengthens Mental Health Support for Residents* 2021). According to the World Health Organization, women have been more severely impacted by COVID-19 than men (*COVID-19 Pandemic Triggers* 25 2022). When looking at the number of apprehensions from 2014 to 2021 in Table 2, males have consistently been apprehended at a higher rate. In 2021, there were 32.14% more male apprehensions. However, from 2020 to 2021, female apprehensions increased by 18.31% compared to an 11.28% rise in male apprehensions. Across all MHA Sections, as seen in Figure 2, males have been apprehended at a higher rate, particularly because of Section 17. There is limited information on gender disparities in policing in Canada. However, according to data from the FBI’s Uniform Crime Reporting Program, women make up 44% of police-initiated contact but only 27% of arrests (Initiative 2019).

Table 2: Number of Mental Health Apprehensions by Age Group and Sex

	Year							
	2014	2015	2016	2017	2018	2019	2020	2021
Age Group								
65+	631	701	664	730	787	906	847	1001
55 to 64	759	848	1020	920	1083	1134	1142	1391
45 to 54	1256	1320	1322	1455	1475	1541	1576	1639
35 to 44	1260	1498	1612	1811	1919	2074	2279	2725
18 to 24	1476	1572	1909	2065	2160	2219	2230	2452
25 to 34	1781	2114	2482	2729	3072	3154	3508	4046
Sex								
Female	3220	3627	3967	4190	4535	4747	4861	5756
Male	4165	4536	5154	5621	6043	6417	6835	7606
Count								
Total	7393	8164	9121	9817	10588	11168	11707	13375

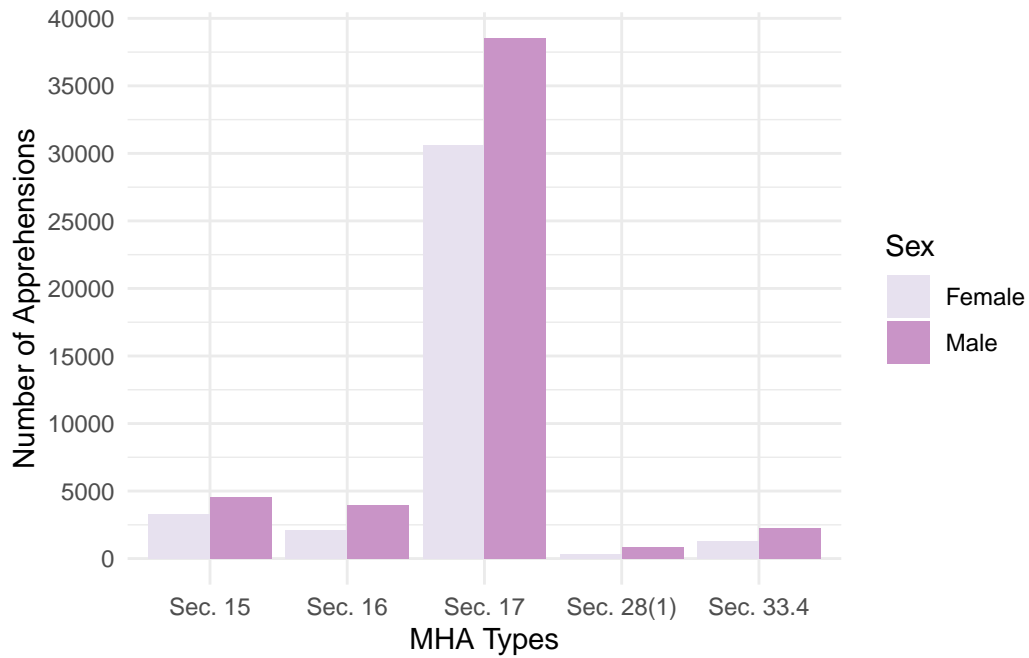


Figure 2: Number of Apprehensions by Sex and MHA Apprehension Types

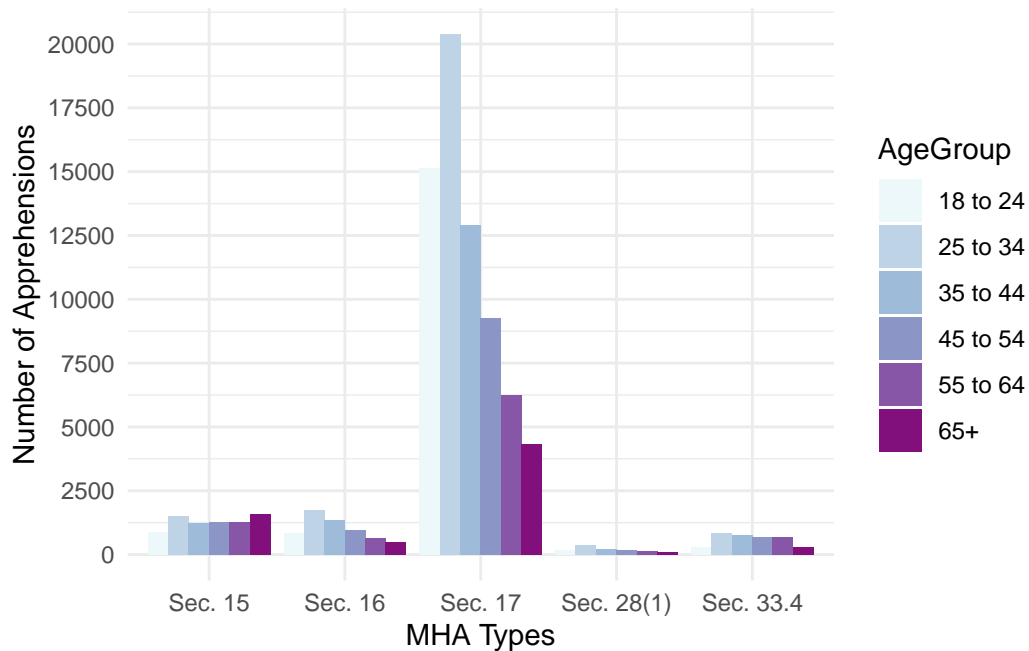


Figure 3: Number of Mental Health Apprehensions by Age Group and MHA Apprehension Types

When considering the ages of apprehended individuals, those 25 to 34 outnumbered all other age groups from 2014 to 2021 as seen in Table 2. However, when breaking down the numbers by MHA Sections, those aged 25 to 34 were on par with individuals aged 65+ in Section 15: Application of psychiatric assessment as seen in Figure 3. Across all other MHA Sections, numbers peaked at the 25 to 34 age group and gradually declined to 65+. According to Statistics Canada, higher proportions of young adults screened positive for anxiety and depression between the fall of 2020 and the spring of 2021. Among adults aged 25 to 44, major depressive disorder increased from 18% to 23% and generalized anxiety disorder increased from 15% to 20% in the aforementioned period. Proportions of positive screens were higher for younger age groups relative to older groups (*Symptoms of Mental Health Disorders over the Course of the COVID-19 Pandemic* 2021).

While Toronto has seen a rise in mental health apprehensions since 2014, the pandemic caused a significant jump. However, this is also attributed to a growing police force without critical care training and a consequentially smaller budget for mental health services. Women and young adults have seen the most substantial increase in apprehensions as the most affected group by COVID-19. Mental Health hospitals across Canada have called for police removal when dealing with people in crisis (Nasser 2020). It is crucial to invest in mental health services to decrease the number of apprehensions, but the City of Toronto is set on continuing to increase the Toronto Police budget yearly.

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