

# Provincial HSJCC Quarterly Newsletter

## April 2011

*Please set your email to html to view the newsletter*

Provincial HSJCC News 

### Provincial HSJCC Co-Chairs Update

While the weather of winter seems to drag on, the work of the provincial committee is moving along with vigour!

For the hundreds of people who enjoyed the conference in 2009, we have great news that another conference is being planned for November 2011. Thanks to Jim Cyr and his committee of volunteers, we will be planning an opportunity for knowledge exchange, networking and discussing the challenges and opportunities of our field. Mark your calendars now!

The Police and Mental Health Report has been released and this paper provides an excellent resource for local and regional groups to use in their discussions of local issues and opportunities. The paper has been widely circulated and is also available on our website – [www.hsjcc.on.ca](http://www.hsjcc.on.ca) Again, many thanks to CMHA Ontario, Michelle Gold and Uppala Chandrasekera for their donation of time and expertise to this effort.

The membership of the provincial committee includes representatives of each of the 14 regional groups and in the past few months we have reluctantly accepted the resignations of Peter Aharan and Lisa Cameron. Peter and Lisa have accepted new employment opportunities and we wish them every success in their careers. They were vibrant members of our committee and their presence will be missed. Nevertheless, we look forward to new

appointees from their regional tables, South West Ontario and Haliburton/Kawartha/Pine Ridge Region. Lisa was also a co-chair of the Provincial HSJCC and made a major contribution to that committee. New representatives for the Provincial HSJCC will be appointed by each of the regional committees and we are looking forward to welcoming them to the provincial table.

With direction from the Ministry of Health and Long Term Care that the funds for committee be directed solely to the work of the committee and the demands of the work, an Executive Coordinator has been recruited. This part-time position will be filled by Linda Montgomery who is well versed with the work and issues of human service and justice coordination committees.

Knowledge exchanges is important in our field and with the MOHLTC providing funding to Connex for the ongoing hosting of our website, we can continue to be assured of that vehicle. There is capacity on this site for the hosting of regional /local sites so if your group would like to have a website and wants to maintain its funds for other purposes, consider using the provincial site for efficiency and effectiveness.

The strength of the provincial table rests on the involvement from the regional groups. Thanks to all of you for continued dedication to our initiative!

*Vicky Huehn, Provincial HSJCC Co-Chair*



### **Save the Date...The Provincial HJSCC 2011 Conference**

The Provincial Human Service and Justice Coordinating Committee is presenting its 2011 provincial conference entitled "Human Service and Justice: Accomplishments, Changes and Opportunities" on November 21-23, 2011 in Toronto. The conference will cover a range of themes while showcasing our accomplishments, the changes taking place in human services and justice sectors and opportunities for the future. For more information, please click here for a Save the

Date flyer:

<http://www.hsjcc.on.ca/Uploads/HSJCC%20conference%20Save%20The%20Date%20Poster%20November%202011.pdf>

## Regional and Local News

### **Inquest Into the Death of Inmate at Niagara Detention Centre**

On June 20<sup>th</sup> 2007 an inmate of the Niagara Detention Centre, suffering from mental illness died after spending eight days in a segregation cell.

The 58 year old Glen Bosckei was arrested in connection with the stabbing of a 73 year old patron at a Welland bar. The Niagara Regional Police referred to this as a random attack. Glen Bosckei had never had any previous convictions and was suffering from schizophrenia.

Due to the seriousness of the incident, the client was not eligible for mental health diversion but was seen by the CMHA Niagara court support worker. His illness appeared evident to the court support worker who alerted court staff and the detention centre.

Following incarceration at the Niagara Detention Centre, three separate video court appearances were attempted with the final video appearance requiring 8-12 guards to subdue the inmate as he attempted to bite and strike the guards. Glen died shortly after being carried back to his segregation cell from the third video court appearance. The coroner's report listed the cause of death as "untreated schizophrenia, acute psychotic episode, struggle led to excited delirium and exhaustion."

The inquest and subsequent 20 recommendations focused on health care and communication on behalf of inmates with mental illness. The low priority status of inmates with mental health needs was underlined with an example from the

physician's appointment roster, whereby inmates with minor physical complaints were prioritized over Glen Boscke. In his 8 days at the detention centre Glen was never seen by a physician although he was scheduled with a psychiatrist for the day after his death.

Communication protocols not read, not understood or not sufficiently developed appeared often in the testimonies of correctional staff. For example, the sister of Glen Boscke provided psychiatric information to a corrections officer but the information was never transferred to the health unit. PHIPA ( Personal health Information Protection Act) regulations, were referred to by corrections staff, ostensibly preventing health unit workers at the Detention Centre from transferring mental health information to correctional officers.

CMHA Niagara presented as expert witnesses and provided a submission in advance of the inquest.

*Submitted by:*  
*George Kurzawa*  
*Executive Director*  
*Canadian Mental Health Association Niagara Branch*

*To view the recommendations of the Boscke inquest, click here:*  
<http://www.hsjcc.on.ca/Uploads/Boscke%20Verdict%20of%20Coroner's%20Jury%20March%204%202011.PDF>

*To view CMHA Niagara's submission to the Boscke inquest, click here:*  
[http://www.hsjcc.on.ca/Uploads/RECOMMENDATIONS%20-%20Glen%20B%20Inquest%20version%20\(final%20corrected\)%20January%207%202011%20\(Word%2097-03\).pdf](http://www.hsjcc.on.ca/Uploads/RECOMMENDATIONS%20-%20Glen%20B%20Inquest%20version%20(final%20corrected)%20January%207%202011%20(Word%2097-03).pdf)

## **The Issue of Prisoner Belongings – “A Recipe for Re-offending”**

In Waterloo Region starting in approximately 2002, prisoners awaiting court proceedings began being remanded to the Maplehurst Correctional Centre in Milton Ontario, approximately 50 KM away along Highway 401. This coincided with the closing of the Guelph

Corrections Centre and the Waterloo Region Detention Centre.

During this time it has become apparent that the change in remand facilities in 2002 has resulted in significant problems with prisoners being able to retrieve their belongings.

Specifically, prisoners from the Waterloo Region, who are released on bail or time served following one or more days at the Maplehurst Detention Centre, are released without any of their belongings. This often includes health cards, medication, house keys, bank cards, money and other essential identification. No mechanism has been provided by the justice system to assist prisoners in retrieving their belongings. The ramifications of placing prisoners in this dilemma have resulted in mental health decline, homelessness, and in some cases recidivism for a number of prisoners. The prisoners are usually given court orders to keep the peace and abide by a number of strict conditions.

In the summer of 2010, I began a discussion paper on this issue and contacted my mental health court colleagues across the province. I discovered that for a majority of the areas across the province (excluding court support programs located in the same city as the detention centre), the issue of prisoner belongings retrieval was an immense problem.

Additionally, I contacted various people connected with the Waterloo Regional Police, Ontario Provincial Police and Maplehurst Detention Centre to discuss the issue. In general, there was agreement that this was a current, widespread issue. It was also noted that there were a number of factors including liability, time, space and other resource restraints, that were correlated with the prisoner belongings retrieval problem.

A snapshot for May 2010 Maplehurst Prisoner belongings data showed that 24 of 80 people from Waterloo Region did not find their way back to Maplehurst (50 KM away) to retrieve their belongings. One can only wonder what

economic costs to the correctional, judicial, and healthcare systems are incurred if only a handful of these prisoners re-offend or fail to utilize healthcare and other resources, as a result of not having access to their belongings.

To address this situation in Waterloo Region, the Kitchener-Waterloo (K-W) HSJCC Committee is working to develop a funding proposal to allow a local agency, a few times per week, to retrieve belongings of prisoners' on their behalf from Maplehurst and Vanier Detention Centres in Milton, Ontario.

It is my hope that all local, regional, and provincial Human Services & Justice Coordinating Committees will research this issue further and work toward eradicating this unnecessary dilemma placed on prisoners who are released at Provincial Court, following a stay at a Correctional Remand Centre.

Although, the focus of my work is with people with significant mental health issues that intersect with the criminal justice system, I want to stress that this is a prevalent issue for all prisoners.

In conclusion, if there is a desire to reduce crime to society, mental health decline for prisoners, and economic costs for the criminal justice system, the return of prisoner belongings in Waterloo Region and across the province needs to be rectified.

*Submitted by  
Steven Potje, Mental Health Court Coordinator,  
CMHA – Grand River Branch, Kitchener  
Ontario  
Assistant Chair, K-W HSJCC Committee*

*To view the discussion paper on this issue,  
please click here:*

[http://www.hsjcc.on.ca/Uploads/Prisoner%20belongings%20-%20A%20recipe%20for%20re-offending%20\(CMHA%20Discussion%20paper%20Oct%202010\).pdf](http://www.hsjcc.on.ca/Uploads/Prisoner%20belongings%20-%20A%20recipe%20for%20re-offending%20(CMHA%20Discussion%20paper%20Oct%202010).pdf)

 **Ontario Works Recipients in Simcoe County Now Have Access to On-Site Addiction Service**

The County of Simcoe Ontario Works Department is pleased to announce that they have been selected by the Ministry of Community and Social Services as a permanent delivery site for addiction services.

In the summer of 2009 the County of Simcoe received additional funding from the province with the understanding that these funds would be utilized to enhance current employment programs and services. Through examination of caseloads it became apparent that there were a significant number of individuals in receipt of Ontario Works who were experiencing multiple barriers directly linked to substance use and/or mental illness. As such it was determined that this was a key area where additional supports needed to be established in order to assist individuals in moving forward. Through an existing partnership with Mental Health and Addiction Services of Simcoe County, further discussions took place to explore the potential of bringing Addiction Counsellors on-site to provide services, and in January of 2010 the program was implemented across all five Ontario Works satellite offices. With this additional employment activity now available as a resource to both staff and clients, internal referrals can take place immediately, followed by an appointment with the on-site addiction counsellor. Program delivery offers individual counselling, community awareness and education, crisis intervention, intensive case management, peer support, and immediate on-site intervention services.

For the County of Simcoe, the services provided through this model has not only increased successful outcomes for individuals in receipt of Ontario Works, but has also provided an opportunity for staff to increase their knowledge and understanding around addictions and mental illness. From a community perspective, the partnership has had an impact on existing waitlists within community based programs, and has provided a more streamlined approach to delivery of services.

*For more information, contact:  
Kelly Scott  
Employment Services Supervisor  
County of Simcoe, Ontario Works  
[Kelly.Scott@simcoe.ca](mailto:Kelly.Scott@simcoe.ca)*

 **Mental Health Centre Penetanguishene Outpatient Services Program  
Metabolic Clinic**

Metabolic Syndrome is the name for a group of risk factors that are linked to obesity. These risk factors increase the risk for heart disease and other health problems, such as diabetes and stroke. Research has shown people with psychiatric illness are at far higher risk than the general population for developing metabolic imbalance and ultimately Metabolic Syndrome. The reasons for this include sedentary lifestyle, poor diet, smoking habits, poverty, living conditions, co-morbid addictions, and lack of comprehensive medical care; this is further complicated by the side effects from many psychotropic medications which can cause significant weight gain.

Clinicians at the Mental Health Centre Penetanguishene have become increasingly concerned about prescribing psychotropic medication to clients who because of poverty and/or poor lifestyle choices, were often already morbidly obese or suffering from diabetes, pre-diabetes, high lipid levels and hypertension. In order to address the growing concern with the outpatient population, the Metabolic Clinic has been developed; a comprehensive literature search was undertaken, and site visits to other organisations which had similar programs, specifically Ontario Shores and the Centre for Addiction and Mental Health. OPSP staff developed a work plan and created an inter-professional team composed of a psychiatrist, three registered nurses, a registered dietician, a therapeutic recreationist, an addictions counsellor, an occupational therapist, a chaplain, a social worker, an aesthetician, and a peer support worker. Together, they developed a series of educational modules examining a variety of topics including Understanding my Metabolism, How Metabolic

Syndrome Affects Body Function and Organ Systems, Eating Well, Meaningful Leisure Leads to Healthy Lifestyle, Recognizing and Reducing Stress, Filling the Emptiness, Sleeping Well, Addictions, Medications and Walking Tall. The clinic commenced in September 2009.

Since then, feedback and formal evaluations from clients has led to a variety of changes within the modules ensuring it meets the needs of the clients, supporting them to change their lifestyle and reap the benefit of increased knowledge, increased energy, and improved general health.

In December 2010, the OPSP Metabolic Team was successful in their submission of the project to the 2010 Excellence in Innovation Award through the Ministry of Health and Long Term Care, receiving a \$10,000 grant from the Honourable Deb Mathews. The grant has been used for knowledge exchange purposes, related to Metabolic Syndrome. In addition to a variety of educational events for health care providers, they have developed a Clinician's Handbook for use in promotion and education related to the increasing prevalence of Metabolic Syndrome. This handbook will be available by the end of April.

As this project moves forward, mandatory referral to the clinic may be implemented for all clients prescribed novel antipsychotics. In addition, a hospital wide taskforce is under development, with a mandate to expand the program to fit different patient populations and undertake formal research in collaboration with the Centre for Addiction and Mental Health.

*For more information, contact:*  
*Ruth Cameron*  
*Director, Outpatient Services Program*  
*Mental Health Centre Penetanguishene*  
[ruthcameron@mhcp.on.ca](mailto:ruthcameron@mhcp.on.ca)

 **Community Networks of Specialized Care: French Language Services Resources**

This is an initiative centered in the Eastern Network (Ottawa / Kingston / Belleville) with application across the entire province which builds capacity in the Francophone clinical specialist community to provide services to Francophone Ontarians with developmental disabilities, co-existing mental health disorders and/or challenging behaviour.

The initiative, funded at \$125,000 per annum, includes 2 part time staff: one half time program coordinator and one half time clinical coordinator.

These staff will work with representatives of CNSCs across the province through both face-to-face and videoconference meetings to provide training and orientation to parties of interest.

For more information contact:  
Bill McNamara  
Sr. Program Analyst  
Ministry of Community and Social Services  
[Bill.Mcnamara@css.gov.on.ca](mailto:Bill.Mcnamara@css.gov.on.ca)

### **Community Networks of Specialized Care: Health Care Capacity Building**

This is an initiative established in each of the four Community Networks of Specialized care to build the capacity of the health care system to provide primary care and specialized clinical services to individuals with a developmental disability including those with co-existing mental health disorders and/or challenging behaviours.

Specific activities will include:

Providing system support that gains access for individuals to the primary health care system;

Developing access protocols and training with Family Health Teams, Community Care Access Centres, Community Health Centres, hospital emergency departments and other organizations which have involvement with either delivery of or referral to primary health providers;

Creating linkages so that supports are in place for individual clients to receive the best possible health care;

Identifying gaps in accessing primary health care, long term care and mental health systems and developing strategies to navigate or fill these gaps;

Educating and increasing the capacity of other systems (e.g. justice system) with respect to the health care needs of persons with developmental disabilities;

Educating and increasing the capacity of developmental, health and mental health service providers with respect to the health care needs of persons with developmental disabilities; and,

Creating professional linkages between health care services (e.g. Community Health Centres, Family Health Teams, Community Care Access Centres, primary care providers) and the Long Term Care system.

The initiative, funded at \$800,000 per annum, includes coordinating staff in each of the 4 CNSCs to achieve the initiative goals.

The staff will work with representatives of CNSCs across the province through both face-to-face and videoconference meetings to provide training and orientation to parties of interest. Special emphasis will be placed on supporting the work of Dr. Bill Sullivan in the implementation of the *Primary Health Care Guidelines for Individuals with Developmental Disabilities*.

Bill McNamara  
Sr. Program Analyst  
Ministry of Community and Social Services  
[Bill.Mcnamara@css.gov.on.ca](mailto:Bill.Mcnamara@css.gov.on.ca)

## Innovation

❶ Lanark County Police / Mental Health Collaboration Model

Lanark County L.E.A.D. Team protocol is a dynamic partnership between police, mental health, emergency, ambulance, diversion, addiction and children services to provide safe, compassionate crisis response to persons who may be experiencing mental health concerns. Individuals and families receive mental health support at their point of entry into the crisis response network.

L.E.A.D. stands for Lanark County Mental Health, Lanark County Police Services, Emergency Department Services, Ambulance Services and Diversion.

This initiative was developed in 2005 through active leadership from mental health and police to better serve Lanark County when responding to persons who may be in crisis. The protocol and 16 hours of mental health training promotes a safe response by police, emergency services and mental health workers to support the person in receiving options to mental health care or services. The training assists team members to understand signs and symptoms of mental illness. Skills are developed in de-escalating potentially volatile situations, gathering relevant information and evaluating the individual's social support system.

We believe in a united collective responsibility towards care of persons in crisis. We are front line members of the professional community collaborating with appropriate caregivers and family members to provide individuals with compassionate, immediate treatment.

The local Lanark Human Services and Justice Coordination Committee has been the catalyst in providing the training and promotion of the protocol in our community. With the support of the Lanark HSJCC, the Lanark L.E.A.D. Team has been able to provide the training at no cost on an annual basis to all community partners attending the two day training. The annual work plan identifies L.E.A.D. Team Protocol and training as a priority initiative each year and has supported this at the regional Southeastern Ontario HS&JCC.

Through the network collaboration within the regional HSJCC committee the L.E.A.D. Team protocol and training template has been established in each of our local committee regions. These areas include: Lanark County, Lennox and Addington Counties, Kingston and Frontenac County, Leeds and Grenville Counties, Hasting Prince Edward Counties, Renfrew County, Stormont Dundas and Glengarry Counties, and Prescott-Russell Counties.

Since the inception of this model family members and individuals report improved understanding of mental illness and access to services. Police, emergency personnel, and mental health workers maintain the positive relationship that has developed in sharing resources, experiences and training.

For more information, please contact:  
Diana McDonnell RN, BScN, CPMHN

Lanark County Mental Health  
Email: [dmcdonnell@lanarkmentalhealth.com](mailto:dmcdonnell@lanarkmentalhealth.com)

**📣 Editorial Note: The scope and accomplishments of the L.E.A.D. effort are very impressive and worth acknowledging. Here's a quick summary.**

The L.E.A.D. protocol has been established in the 7 counties across South Eastern Ontario: Lanark County, Lennox and Addington, Leeds and Grenville, Kingston and Frontenac, Renfrew, Stormont, Dundas & Glengarry and Prescott- Russell.

Signatories to the L.E.A.D. protocols in these counties include 16 police detachments, 14 hospitals, community mental health agencies, crisis teams, ambulance services and more.

The 22 L.E.A.D. training events (to date) have been attended by over 1,000 individuals including police officers, military police officers, court officers, staff from probation and parole, community mental health workers, hospital staff, Legal Aid, EMS, youth counsellors, paramedics, crisis workers, domestic violence workers, nurses, court diversion staff, ACT

team members, correctional officers, Fire and Rescue personnel, addiction service staff Crown Attorneys and more.

*For a detailed presentation of the L.E.A.D Team protocol and training statistics, please click here:*

<http://www.hsjcc.on.ca/Uploads/Lanark%20County%20LEAD%20Team%20Protocol%20and%20Training%20Statistics.pdf>

## Articles, Research and Media

### **Elation over mental health funding ONTARIO BUDGET: Local cry for help appears to be heard**

News of Ontario's multimillion dollar commitment to children and youth mental health has local officials rejoicing.

"It's a new day, and we're pretty happy about that," said Rick Shields, executive director at St. Clair Child and Youth Services in Sarnia-Lambton. "This has literally been a generation that children's mental health has been, so to speak, in the wilderness." Ontario finance minister Dwight Duncan announced \$257 million in funding over three years for mental health and addiction services geared to children and youth, in Tuesday's budget announcement.

For the full article published in *The Sarnia Observer*, March 31, 2011, click here:  
[http://www.hsjcc.on.ca/Uploads/11-03-31%20Elation%20over%20mental%20health%20funding%20in%20Ontario%20budget%20\(The%20Sarnia%20Observer\).pdf](http://www.hsjcc.on.ca/Uploads/11-03-31%20Elation%20over%20mental%20health%20funding%20in%20Ontario%20budget%20(The%20Sarnia%20Observer).pdf)

### **Canadian Association of Residential Options for Women and St. Leonard's Society of Canada Partner to Advance Mental Health Resources for Canadians Leaving Prison: Ontario Initiative Planned**

VANCOUVER -- The Canadian Association of Residential Options for Women (CAROW) and the St. Leonard's Society of Canada have

struck a national partnership to advance the development of mental health services in community residences for Canadians leaving prison and to promote ongoing access to mental health support for former inmates.

“There is an urgent requirement to provide for the mental health needs of former inmates transitioning to community life,” said CAROW chair, Shawn Bayes. “We know one-third of women in prison have diagnosed mental health issues. People living in halfway houses and other residential options, face significant barriers to receiving the help they need. Mental health is a provincial responsibility, so resources vary. What remains constant is the need to bring mental health resources into those residences and to broker access to supports once people are back in the community.”

CAROW and the St. Leonard’s Society will assess mental health needs in each province and will promote strategies to meet them with governments and service organizations across Canada.

In the coming weeks, CAROW and St. Leonard’s will launch a pilot project for this initiative in Ontario. Once complete, the initiative will be expanded to other provinces.

To read the full media release, click here:

<http://www.hsjcc.on.ca/Uploads/11-03-15%20CAROW%20St%20Leonards%20partnership%20to%20advance%20mental%20health%20resources%20for%20cdns%20leaving%20prison.pdf>



**CAMH launches first Research Laboratory on wheels dedicated to mental health and addictions. *Canada NewsWire*, February 22, 2011**

The Centre for Addiction and Mental Health launched Canada’s first mobile research laboratory to study mental health and addictions in communities across Ontario.

[http://www.hsjcc.on.ca/Uploads/11-02-22%20CAMH%20launches%20Research%20Laboratory%20dedicated%20to%20MH%20and%20Addictions%20\(CNW\).pdf](http://www.hsjcc.on.ca/Uploads/11-02-22%20CAMH%20launches%20Research%20Laboratory%20dedicated%20to%20MH%20and%20Addictions%20(CNW).pdf)

-  **CSG Justice Center announces six law enforcement agencies to become national “learning sites” on responses to people with mental illness.**  
***Criminal Justice/Mental Health Consensus Project. January 2011 Newsletter. (USA)***

The Council of State Governments (CSG) Justice Center, with assistance from a team of national experts and the U.S. Justice Department’s Bureau of Justice Assistance (BJA), has selected six police departments to act as national law enforcement/mental health learning sites—agencies that will help other jurisdictions across the country improve their responses to people with mental illnesses.

For more information, visit

[http://consensusproject.org/press\\_releases/csg-justice-center-announces-six-law-enforcement-agencies-to-become-national-learning-sites-on-improving-responses-to-people-with-mental-illnesses](http://consensusproject.org/press_releases/csg-justice-center-announces-six-law-enforcement-agencies-to-become-national-learning-sites-on-improving-responses-to-people-with-mental-illnesses)

-  **Does marriage inhibit antisocial behavior? An examination of selection vs causation via a longitudinal twin design.**  
***Archives of General Psychiatry. December, 2010.***

Antisocial behaviours are fewer in men who marry by age 29 than in unmarried men but also decrease significantly after marriage.

*As published in the Journal Watch Psychiatry, January 14, 2011.*

[http://www.hsicc.on.ca/Uploads/Does%20marriage%20inhibit%20antisocial%20behaviour%20\(Dec%202010\).pdf](http://www.hsicc.on.ca/Uploads/Does%20marriage%20inhibit%20antisocial%20behaviour%20(Dec%202010).pdf)

-  **Team Court**

TEAM Court is problem-solving court for juvenile offenders in Grayson County, Texas. The acronym is both a description of the court’s goals and its program components: Transition, Education, Alter and Mentor. It is likened to a combination drug court, mental health court and problem-solving court which serves as an alternative to prison by providing intensive court-based supervision probation. TEAM court looks at the issues that youth offenders and their families are struggling with and brings together community resources to help.

Proponents of the court note its success re-integrating youth into pro-social activities, providing a cost effective alternative to incarceration. For the full article published in the *Herald Democrat*, January 1, 2011, click here: [http://www.hsjcc.on.ca/Uploads/11-01-01%20TEAM%20Court%20changes%20teens%20lives%20\(Herald%20Democrat\).pdf](http://www.hsjcc.on.ca/Uploads/11-01-01%20TEAM%20Court%20changes%20teens%20lives%20(Herald%20Democrat).pdf)

 **Factors associated with recidivism among offenders with mental illness. *International Journal of Offender Therapy and Comparative Criminology*. Vol. 55. 2011.**

The paper examines factors relating to recidivism of offenders with mental illness that were part of various correctional interventions. [http://www.hsjcc.on.ca/Uploads/Factors%20associated%20with%20recidivism%20among%20offenders%20with%20mental%20illness%20\(Abtract%202011\).pdf](http://www.hsjcc.on.ca/Uploads/Factors%20associated%20with%20recidivism%20among%20offenders%20with%20mental%20illness%20(Abtract%202011).pdf)

 **Police cool heels in ERs; Police resources strained as officers bottlenecked in busy emergency wards**

The impact of crowded emergency departments isn't only being felt by the region's paramedics – it's also putting pressure on the strained front-line resources of the Waterloo Regional Police Service.

Police data released to the Record showed officers spent 4,475 hours at local hospitals in 2010. About 40 per cent of that time was for police work they would be doing anywhere, such as interviewing witnesses or taking statements. But nearly 60 per cent, or 2,595 hours, was spend waiting in line with injured people who have been arrested or waiting for someone to be seen under the Mental Health Act.

For the full article published in *Waterloo Region Record*, March 26<sup>th</sup>, 2011, click here: [http://www.hsjcc.on.ca/Uploads/11-03-26%20Police%20resources%20strained%20as%20officers%20bottlenecked%20in%20busy%20emergency%20wards%20\(Waterloo%20Record\).pdf](http://www.hsjcc.on.ca/Uploads/11-03-26%20Police%20resources%20strained%20as%20officers%20bottlenecked%20in%20busy%20emergency%20wards%20(Waterloo%20Record).pdf)

--

If you would like to be on the newsletter email list and not an HSJCC member contact Sherry Sim



**Links**

<http://www.hsjcc.on.ca>

Post newsletters to website after circulation