University of Toronto

Review Committee on the Role of Campus Safety (Special Constable Services) in Responding to Students in Mental Health Crises

Final Report and Recommendations

November 2021

Contents
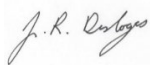
Letter from the Review Committee Chair

Dear Vice-President Hannah-Moffat and Vice-Provost Welsh,

It is my honour to have been asked to chair the Review Committee on the Role of Campus Safety in Responding to Students in Mental Health Crises. Our Committee began its work in March 2021 during an unprecedented time for the University of Toronto, when almost all activity was virtual. Despite this limitation, members of the Committee firmly embraced the importance of the work and the desire for actionable outcomes.

I want to thank everyone who participated in the outreach and consultations. We made significant attempts at wide engagement with a number of key stakeholders—including students, staff, faculty, and alumni—all of whom provided detailed personal experiences, concrete suggestions, and thoughtful comments. We were fortunate to also have insight from community partners and hospitals who share in supporting and making accessible mental health services. I would like to thank all the Review Committee members, but especially our undergraduate and graduate student Committee participants, both in the Working Groups and on the main Committee. I would like to thank faculty and other experts who participated in the Committee work. A special thanks to our Working Group Leads. Our recommendations also benefitted significantly from outreach via a web submission portal and the work of the U of T Innovation Hub. The willingness of stakeholders to engage and provide thoughtful and constructive advice was a source of motivation for the whole Committee.

The Review Committee was asked to look at four key areas associated with Campus Safety's response to students experiencing mental health crises: assess interactions with health and wellness supports as well as community-based resources; review the current structure of, and intervention in, mental health situations that may represent a safety risk to self or others; evaluate how the principles of equity, diversity, inclusion, and anti-racism inform the approach taken; and support first responders who encounter stressful, hazardous, and/or traumatic events. We heard clearly throughout our consultations a desire for change that echoes several of the overview findings of the 2019 Final Report of the Presidential & Provostial Task Force on Student Mental Health. Specifically, we heard about the strong need for an alternative approach to supporting those experiencing mental health crises that does not necessarily involve Campus Safety; and, where Campus Safety is engaged, for new approaches to interacting with those experiencing mental health crises. Empathy, caring, understanding, communication, and decriminalizing were just some of the key words used throughout many of our consultations. Our report brings forward several important recommendations that address a community approach to supporting students who suddenly find themselves in acute mental health distress.

Sincerely,

J.R. Desloges

Joseph R. Desloges
Professor
University of Toronto

Preamble

In March/April 2021, the Vice-Provost, Students and the Vice-President, People Strategy, Equity & Culture convened a Review Committee to examine the role of Campus Safety in responding to students experiencing mental health crises. The Committee was chaired by Dr. Joseph R. Desloges, Professor, Faculty of Arts and Science. The mandate of the Review Committee derives primarily from Recommendation 6 (and parts of Recommendation 4) in the Final Report of the Presidential & Provostial Task Force on Student Mental Health, released in December 2019,[1] and the Administrative Response of the President and Provost, released in January 2020.[2] Recommendation 6 calls for "enhanced coordination and the expansion of direct crisis response support and resources." The Report notes the need for enhanced mental health training for Campus Safety and increased collaboration between Campus Safety and other on-campus staff, students, and faculty engaged with supporting students.

The Review Committee consisted of students, staff, and faculty who were organized into four Working Groups around themes of the mandate (see below). The membership of some Working Groups was expanded to ensure tri-campus representation of additional student voices (see Appendix A for a list of the Committee and Working Group membership). The Vice-Provost, Students and Vice-President, People Strategy, Equity & Culture asked the Review Committee to conduct widespread consultations with stakeholders to review existing policies, practices, and protocols impacting how Campus Safety responds to a student experiencing a mental health crisis.

The Review Committee began the preliminary phase of consultations in early April 2021 with expansion of the Working Groups by May 2021. Working Groups conducted interviews and met frequently during the summer and early fall of 2021, while the main Committee held many coordinating meetings. Given limited access to students and staff during the summer period, interviews/consultations were extended into early October. In addition to virtual outreach and engagement with tri-campus and community stakeholders (see Appendix B), feedback was also received via a confidential online feedback portal and a series of student focus groups organized by the U of T Innovation Hub.

The Review Committee was asked to consolidate its findings into a summary report and make recommendations to the Vice-Provost and Vice-President by the fall of 2021. The 19 recommendations and many action items in this review address the mandate on how to best support students experiencing mental health crises. Each component of the mandate guided the formation of specific Working Groups.

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[1] https://www.provost.utoronto.ca/wp-content/uploads/sites/155/2020/01/Presidential-and-Provostial-Task-Force-Final-Report-and-Recommendations-Dec-2019.pdf
[2] https://www.provost.utoronto.ca/wp-content/uploads/sites/155/2020/01/Administrative-Response-to-the-Final-Report-of-the-Presidential-and-Provostial-Task-Force-on-Student-Mental-Health.pdf

Mandate Components:

➢ Assess health and wellness supports on each of our campuses as well as community-based resources (such as the Centre for Addiction and Mental Health, Trillium, and Scarborough Health Network) specifically related to Campus Safety engagement. **Working Group 1**

➢ Review the current structure, where Special Constables are called upon to intervene and manage situations regarding community members in situations that may represent a safety risk to themselves or others, and consider the implications of interactions that may result in encounters with individuals who are or may be experiencing mental health crises. **Working Group 2**

➢ Evaluate how the principles of equity, diversity, inclusion, and anti-racism and their intersection with mental health for individuals of diverse backgrounds inform the approach that Campus Safety takes in engaging individuals experiencing mental health crises. **Working Group 3**

➢ Evaluate existing and new approaches and training to support mental health wellness for Special Constables who act as first responders to traumatic situations. **Working Group 4**

(The Review Committee's complete mandate is available on the University of Toronto Student Consultation website[3] and is included as Appendix A.)

Organization, Outreach & Engagement

At the second meeting of the Review Committee, four Working Groups were organized to address the four components of the Committee's mandate. All Working Group members were invited to participate in one or more interviews involving Campus Safety staff from each of the three campuses; interviews with student groups across the three campuses; interviews with the combined group of Directors of Campus Safety from UTM, UTSG, and UTSC; and interviews with the Office of Safety and High Risk and the tri-campus Student Crisis Response team. Specific to Working Group 1, outreach included interviews with the leadership and representative members of the Health & Wellness/Counselling Centres on all three campuses and the leadership at the three main community hospitals (CAMH, Scarborough Health Network, Trillium Health Partners) who are engaged in acute care/emergency department support for U of T students.

Working Group 2 engaged students, staff and faculty across all three campuses. Groups included staff and faculty from various departments, colleges, and Faculties; student leaders from three student unions tri-campus; health advocacy clubs & committees; and those working in-community to inform larger law enforcement reform efforts in our cities when responding to mental health crises. Working Group 2 organized a partnership with U of T's Innovation Hub to bolster student outreach efforts.
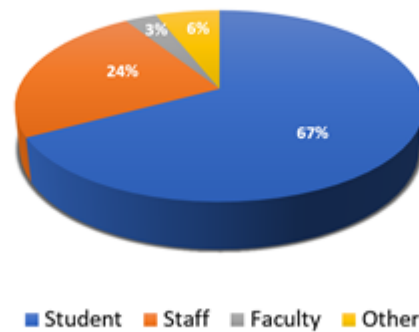
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[3] https://consultations.students.utoronto.ca/review-of-the-role-of-campus-safety-services-in-student-mental-health-crises/

Working Group 3 engaged separately with each of the three Campus Safety Director groups; interviewed the EDI Directors within the Division of People Strategy, Equity & Culture (formerly HR & Equity); consulted with faculty experts; and participated fully in focus group sessions with Special Constables at UTSG, UTM, and UTSC.

Working Group 4 relied on targeted interviews with Campus Safety Directors and staff as well as consultation with the Division of People Strategy, Equity & Culture about supporting U of T employees experiencing mental health challenges.

Overall, our targeted outreach engaged hundreds of individuals across dozens of groups. Additionally, an online feedback portal was established in the spring of 2021 and its availability, along with the work of the Review Committee, advertised through all the student communication channels. The portal questions and responses were anonymous and secured via UTOR ID login. Appendix E is a summary of the portal questions. We received 37 online responses, many of which were very detailed. The breakdown of respondents is given below.

Respondent Affiliation with the University of Toronto

- Student: 67%
- Staff: 24%
- Faculty: 3%
- Other: 6%

Respondent Campus Affiliation

- University of Toronto St. George (UTSG): 83%
- University of Toronto Mississauga (UTM): 9%
- University of Toronto Scarborough (UTSC): 8%
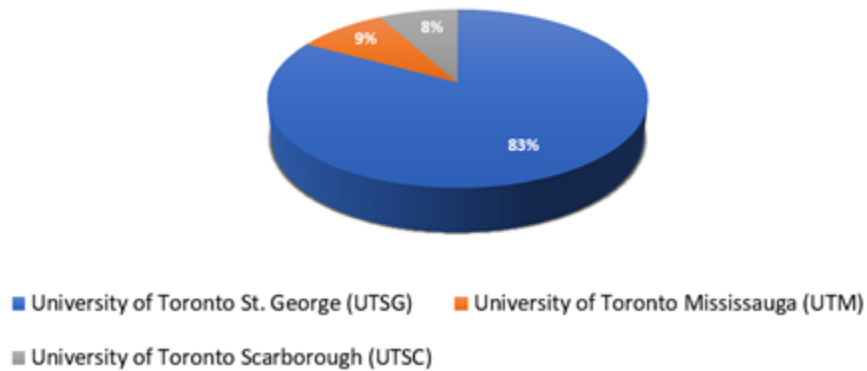
Finally, we engaged the U of T Innovation Hub to facilitate student-led consultations. The Innovation Hub used empathy-based, long-form interviewing techniques rooted in design

thinking to gain insight about student experiences and perceptions around institutional responses to mental health crises. Three feedback sessions were held in late September after being promoted through tri-campus communication channels and through grassroots outreach to equity-deserving student groups on all three campuses. A total of 12 students participated, giving rich feedback in a welcoming peer-to-peer setting.

Introduction

The University of Toronto is not the only post-secondary institution to experience challenges in identifying the most effective approaches and practices to support students in mental health crises. With the significant growth in student populations across the Canadian post-secondary sector, the number of students experiencing crisis-level mental health challenges has increased. There is evidence that this trend is exacerbated by shifts in student demographics and the changing role of universities.[4] The shift in demographics includes a much higher number of international students from almost every corner of the globe, resulting in a more diverse set of needs and expectations about what constitutes crisis support. Supporting students in mental health distress ideally involves a campus-wide approach focussed on prevention, training of student-facing staff and student peers, crisis awareness training of other staff and faculty, intersections with health and wellness centres, and the involvement of first responders in emergency cases. In every instance, including compassion, care, and empathy as part of a de-escalation approach is well known to produce more positive outcomes for the student in need.[5]

First responders to mental health crises during regular hours in post-secondary settings are often a combination of student peers, staff, faculty, and mental health professionals in health and wellness counselling centres. Campus police, or in the case of the University of Toronto, Campus Safety (including their Special Constables), are most generally called upon when there is a visible or perceived risk of self-harm or harm to others and, in many cases, during the after-hours period when the normal support networks are less available. Perhaps the greatest challenge of those involved, especially those with no specialized training, is assessing potential risks. It is widely recognized that, despite the very best intentions and training, the presence of uniformed officers and the perceived threat of apprehension and involuntary transport to an emergency department can escalate a crisis situation.[6] A recent commentary using data from selected post-secondary institutions indicates that there has been a 30-50% increase since 2014 in the number of university students who are apprehended and transported for care to mental health emergency departments.[6] This is part of an overall trend where the number of visits to mental health emergency departments by youth aged 5-24 has increased by 75% (measured between 2007 and 2017).[7] While the numbers have dropped significantly during 2020 and 2021 due to virtual learning, a return to campus will see the same increased level of concerns.

It is not surprising, then, that the role of first responders on post-secondary campuses, such as campus police, has become a focus of both research and action. EAB research on trends in post-secondary settings suggests there has been close examination of three models for differentiated

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[4] https://thewalrus.ca/inside-the-mental-health-crisis-facing-college-and-university-students/
[5] https://www.nationalobserver.com/2021/09/07/investigations/toronto-rethinks-mental-health-policing
[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6738459/
[7] https://projectprotech.ca/community-news/inside-the-mental-health-crisis-at-canadian-universities/

response to mental health crises:[8] a) campus police partnering with on-campus groups (e.g., campus counselling centres); b) the development of a separate "in-house" crisis response team, where campus police may only be in the background to ensure site/personal safety; and c) contracting with mental health service providers in partner community organizations. For example, the University of Guelph has adopted a hybrid approach in which a contracted mental health professional(s) from the Canadian Mental Health Association partners with their Campus Safety to form an after-hours (mostly) response team.[9] The Centre for Innovation in Campus Mental Health in Ontario has designed a toolkit to support faculty, staff, and administrations on whole campus approaches to mental health crisis response.[10] These, and other approaches such as mobile crisis response teams affiliated with municipal police services, reflect an overall trend in exploring and piloting new mental health crisis response approaches across North America generally, and in the City of Toronto in particular, in which police are de-tasked in the role of mental health responders.[11] [12] All of this is occurring in concert with discussions about best practices in training of first responders and the use of restraint in transporting those in crisis to emergency departments. These best practices span different municipalities and countries[13] [14] [15] and the post-secondary sector specifically.[16]

Like a physical health crisis, a mental health crisis can be devastating for students, and have significant impact on student peers, staff, and faculty who are in a supporting role. There are many definitions of a mental health crisis, including self-definitions (i.e., the service user themselves defines their experience and recovery), a risk-focused definition (i.e., people at risk of harming themselves or others), theoretical definitions, and negotiated definitions (i.e., a decision reached collaboratively between service user, carer, or professional). A well accepted risk-focussed definition is as follows: **a mental health crisis is any situation in which a person's behaviour puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community**. Many factors can lead to a mental health crisis.[17] Four key stages of the crisis pathway have been highlighted as best practice, namely: a) access to support before crisis point; b) urgent and

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[8] https://eab.com/insights/expert-insight/business-affairs/differentiated-mental-health-crisis-response-on-campus/

[9] https://wellness.uoguelph.ca/impact-program
[10] https://campusmentalhealth.ca/toolkits/crisis-response/
[11] https://static1.squarespace.com/static/5f29dc87171bd201ef5cf275/t/5fdbdc1c15119267ed92945a/1608244256195/Final+Report+on+Alternative+Crisis+Response+Models+for+Toronto.pdf
[12] https://www.camh.ca/en/camh-news-and-stories/camh-statement-on-police-interactions-with-people-in-mental-health-crisis
[13] https://vancouverpoliceboard.ca/police/policeboard/agenda/2021/1021/R-5-1-2110V05-Interim-Handcuffing-Policy-For-approval.pdf
[14] https://www.police1.com/chiefs-sheriffs/articles/persons-in-mental-health-crisis-a-primer-for-police-response-A0ZXruNf6DaNLzlR/
[15] https://rcem.ac.uk/wp-content/uploads/2021/11/Police_Use_of_Restraint_in_Mental_Health_and_LD_Settings.pdf
[16] https://www.policechiefmagazine.org/the-brief-training-campus-police-officers-to-respond-to-mental-health-crises/
[17] National Alliance of Mental Illness, "Navigating a Mental Health Crisis," 2018

emergency access to crisis care; c) quality of treatment and care when in crisis; and d) recovery and staying well/preventing future crises.[18]

At the University of Toronto, a student who indicates they are experiencing a mental health crisis has access to a variety supports; however, these supports have been identified as "siloed" and hard to navigate when a student is in the midst of a crisis situation. The supports offered vary depending on the time of day (working hours vs. after hours/weekends), the location (on campus, in residence, in community), the modality of support (in person vs. virtual/app support e.g., My SSP), and other related areas of support (financial distress, housing distress, sexual assault/distress, equity issues). Like many other communities, the 24/7 front-line "crisis system" at the University of Toronto has been situated primarily in the domain of Campus Safety. Students, staff, and faculty have shared in numerous consultations how much they viewed Campus Safety as an extremely valuable support and ready resource, with support provided in so many key areas involving ready consultation, advice, proactive support ahead of situations, the offering of a plainclothes officer in certain contexts, and the co-development of safety plans with campus staff. However, in the many consultations between April and October 2021 with engagement from student groups, representative members of the Health & Wellness/Counselling Centres on all three campuses, key hospital partners, and staff and faculty from various departments, colleges, and Faculties, a common and persistent message was highlighted and shared by so many across the globe: that a mental health crisis is not a crime, and therefore that mental health crises should be primarily responded to by mental health experts as front-line responders to better serve Indigenous and racialized communities, 2SLGBTQ+ people, people who live with a mental illness, and groups who have historically experienced systemic policing violence and brutality.

Students, staff, and faculty have called on the University of Toronto to re-imagine a non-police model of response to students in crisis that leverages clinical expertise, peer support, and a community, recovery-focussed,[19] and trauma-informed approach[20] to students in crisis. Members of our community told us that they have found a policing response to mental health crises to be frightening, criminalizing, inexpert, excessive, and stigmatizing. While the annual reports of the Campus Safety teams suggest that mental health incidents are small in number when compared to other types of incidents, we heard from staff and Special Constables that the complexity and time devoted to supporting students in need is significant and increasing.

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[18] https://www.ncbi.nlm.nih.gov/books/NBK338634/

[19] A recovery-oriented approach recognizes that each person is a unique individual with the right to determine his or her own path towards mental health and well-being. Second, it understands that we all live our lives in complex societies where many intersecting factors (biological, psychological, social, economic, cultural, and spiritual) have an impact on mental health and well-being. (Mental Health Commission of Canada, Guidelines for Recovery-Oriented Practice, 2015).

[20] Consensus definition is: "Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, Bassuk & Olivet, 2010).

Staff and faculty have highlighted that mental health clinical consultation and navigation after-hours and on weekends for students of concern are pressing needs, involving less first-line reliance on Campus Safety and increased consistency in the response to students across divisions and campuses experiencing after-hours mental health crises. During the weekdays (9 am-5 pm) staff and faculty can enlist the support of the Student Crisis Response team, but this support is not extended beyond daytime hours, and it is not a direct student-facing crisis service. Campus Safety across the three campuses have shared that they are often called into situations where the need for their services is not apparent, where their assistance is misaligned with the nature of the call, and where their presence adds to the complexity and stress of those involved and may exacerbate the situation. Tri-campus data from Campus Safety offices between 2017 and 2019 indicates a growing number of calls (a 20% increase) for mental health apprehensions on campus where they are the first responder, for transport support for Form 1s[21] within the Health and Wellness/Counselling centres, and for other voluntary transports of students for mental health calls (a 29% increase in total mental health apprehensions and transports). This increase has occurred in concert with Campus Safety's recent efforts to re-imagine new approaches to the hiring and training of Special Constables with community policing and social support backgrounds.

At the University of Toronto, on all three campuses (95,055 students), the Health and Wellness/Counselling centres have been working relentlessly to address the broad range of student needs for mental health, physical health, and substance use care, and to align with student preferences, often acting as "hubs" for care. However, there has been a growing number of students presenting to Health and Wellness/Counselling services with acute, crisis-driven, and complex psychiatric presentations which are not able to be adequately supported by campus centres and require the issuing of a Form 1 in some contexts; visits to the hospital emergency departments; and in some cases, inpatient admissions. Between 2017 and 2019, the number of Form 1s issued within the three Health & Wellness/Counselling Centres rose from 75 (2017) to 94 (2018) and 102 (2019) [a 36 % increase]. In these situations, the Health & Wellness/Counselling Centres relied on Campus Safety to transport the student to the nearby hospital, and students, leadership, and representative staff within the Centres have expressed a clear need for alternative methods of transportation that do not rely solely on Campus Safety.

It is clear that a consolidated and coordinated approach to crisis on campus that is consistent across day, evening, and night as well as weekends (24/7) does not currently exist at the University of Toronto.

Finally, we heard clear expressions across the full range of stakeholders that empathy and care for student community members who may find themselves in crisis is a shared responsibility. The sharing of both the successes and challenges of responding to/supporting crises incidents

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[21] Under the Mental Health Act of Ontario [The *Mental Health Act* (the Act) is an Ontario law which regulates the administration of mental health care.], a Form 1 allows a physician to place an individual in a psychiatric facility for up to 72 hours to undergo a psychiatric assessment. The purpose of the psychiatric assessment is to determine whether an individual requires care and supervision that a psychiatric hospital can provide. A physician completes a Form 1 when they assess an individual to meet criteria for being at risk to themselves or others, or is/has shown a lack of competence to care for self and there is reason to believe that the person is suffering from a mental disorder that could result in serious harm to self or others or serious physical impairment of self.

extends across the institution from the first responders to student services staff, student peers, faculty, and University administration.

Findings & Recommendations

A. Incorporating mental health education and equity, diversity, inclusion, and anti-racism resources

A1. Recommendation for the University to establish a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework for the Campus Safety teams in partnership with PSEC Equity Offices and relevant partners in the campus community.

Competencies can be defined as knowledge, skills, abilities, behaviours, and attributes to fulfill a certain role. An Education Competency Framework outlines the observable knowledge or skills that individuals ought to attain in an education program. The development of a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework will provide an opportunity for Campus Safety to identify the skills and knowledge in these areas that team members should possess to ensure they can provide inclusive safety services to the University community.

Members of the Review Committee heard from interviewees of each Campus Safety team that while they were indeed seeking and engaging in various education modules for their staff members, there was no Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework guiding the selection and evaluation of the modules they were receiving, except for any legally mandated modules staff were required to take. The absence of a framework has led to Campus Safety teams across the campuses acquiring mental health and equity, diversity, inclusion, and anti-racism education to varying degrees and with varying frequency. The development and implementation of a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework will be a grounding document for education planning across the three teams to enable increased consistency regarding training program delivery and expectations.

Feedback received from interview participants highlighted current inconsistencies in the degree of access that team members have to mental health trainings that integrate equity, diversity, inclusion, and anti-racism principles and that are applicable specifically to the role of Campus Safety. Moreover, inconsistencies exist across the tri-campus teams regarding which members should receive mental health and equity, diversity, inclusion, and anti-racism trainings, with whom they should partner for these trainings, and the frequency with which these trainings are received. A Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework is a tool that can begin the process of building consistencies within the education portfolio across the tri-campus Campus Safety teams. This framework will highlight the skills and knowledge base that needs to be emphasized and prioritized for the respective roles within the Campus Safety

teams. It is recommended that all members of the Campus Safety teams—including Special Constables, Building Patrol Officers, parking enforcement, administrative staff, and leadership—be included in the establishment of the Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework.

The development of a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework will support the Campus Safety leadership in assessing and evaluating the education modules provided to their teams. To that end, measuring equitable, inclusive, and anti-racist thinking and practice can be challenging. Successful completion of an education program grounded in equity, diversity, inclusion, and anti-racism principles is an obvious, although not infallible, approach. The importance of education in strengthening the work and services of Campus Safety should not be minimized, but education alone is not effective and cannot operate in a silo.

It is recommended that the Campus Safety teams work with the Division of People Strategy, Equity & Culture to implement a participatory process for the development of the Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework. This process will allow for members of the Campus Safety teams, key partners, and community stakeholders to contribute to the intersectional Competency Framework and ultimately enrich the training programs that Campus Safety teams members currently receive.

Action Items:

i. **Seek U of T stakeholders' feedback and conduct rigorous evaluations when implementing trainings, programs, procedures, equipment, and practices.**

Students, staff, and faculty working towards equity for marginalized communities indicated that they would like to have the opportunity to inform the training and competencies required by Campus Safety Special Constables who are serving their community. They also stated that there is no public access to training evaluations used by Campus Safety Special Constables, emphasizing that the posting of the training descriptions and sharing of a clear evaluation framework would be helpful. This would assist our university community in learning about the training competencies and expectations of Campus Safety officials. Through our consultations we also became aware of campus community uncertainty of training adherence by Campus Safety Special Constables. To ensure training adherence and effectiveness, ongoing assessment in the format of rigorous process and outcome evaluation should be required before and after implementing trainings, programs, procedures, equipment, and practices.

Furthermore, it was noted that students with lived experience of mental health and/or addiction should play a key role, along with continued input from subject matter experts, in the development and review of Campus Safety members' training. Some examples that were shared as key components of a curriculum of de-escalation training

were: supporting the unique needs of international students; supporting students with disabilities; de-escalation at a University event with community involvement; supporting students in the context of sexual violence; and supporting racialized and Indigenous students on campus.

ii. Establish a system of accountability with the Office of the Vice-President, People Strategy, Equity & Culture whereby Special Constable training engages a mutually agreed upon subset of trainings that are reported annually.

The University tri-campus community expressed the need for transparent accountability measures around training. They strongly suggested that these measures be explored and implemented, including through annual reporting and review along with considerations of funding allocation when there are gross gaps in training completion by Campus Safety teams.

A2. Recommendation for Campus Safety to integrate and evaluate mental health and equity, diversity, inclusion, and anti-racism content into training programs.

There is a need for deeper integration of equity, diversity, inclusion, and anti-racism competencies and mental health knowledges throughout the education programs for Campus Safety team members. Using a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework (see Recommendation A1) will provide Campus Safety leadership with the tools to evaluate and question content in all the training programs they seek from internal and external vendors/facilitators.

The Working Group recognizes that Campus Safety has received several mental health- and equity, diversity, inclusion, and anti-racism-related training sessions over the past years. These training programs have been delivered by both internal and external facilitators. Upon reviewing some of the mental health modules delivered to Campus Safety, the following were made clear:

1. The mental health-specific modules did not demonstrate its content development as being grounded within equity, diversity, inclusion, and anti-racism-related frameworks. This was evident with the absence of key connections being made with specific topic areas within the presentation modules and a lack of connection to racialized/marginalized/underrepresented communities and their unique experiences; and
2. Some of the documentation specific to anti-oppression, anti-racism, and anti-discrimination did not demonstrate an explicit connection in the presentation modules to the realities and experiences of mental illnesses and stigma as it relates to the post-secondary context.

The Working Group acknowledges that training slide decks do not shed a fulsome light on the discussions or learning that would have taken place during the training sessions and, as such, it is possible that connections to equity, diversity, inclusion, and anti-racism-related

content and material were integrated in the dialogue and/or the facilitated exercises. With that said, there are many opportunities observed within the mental health-related training slide decks where explicit connections could be reinforced to integrate equity, diversity, inclusion, and anti-racism-related content and principles.

Further, the Working Group recommends that mental health- and equity, diversity, inclusion, and anti-racism-related content, resources, and skill-building not be isolated to their own sessions. Mental health content and equity, diversity, inclusion, and anti-racism principles must be integrated throughout all modules and courses that Campus Safety receives, including workshops such as *Communications*, *Note-taking*, *Rapid Decision-making, Implicit Bias*, and *De-escalation* workshops.

This recommendation also applies to training modules that are facilitated by internal partners and stakeholders to the University. It is recommended that Campus Safety leadership connect with their internal stakeholders and engage in a review of the in-house training that is received to ensure that it is reflective of the equity, diversity, inclusion, and anti-racism-related frameworks (see Recommendation A1) and applicable to the role and function of providing safety services.

Action Items:

i. **Ensure that training procedures and policies for all Campus Safety staff include aspects of supporting student mental health crises.**

Through our consultations and from our review of the training documents provided by Campus Safety, we deduced the importance of mandating a subset of trainings related to mental health crisis response for all Campus Safety Special Constables working on our three campuses. These topics should be covered as onboarding pre-field training and in an ongoing fashion with emphasis on scenario-based and role-play learning on topics related to responding to students in mental health crises. Specifically, these scenarios should take into account the varying needs of students from groups who have been systemically disadvantaged, over-surveilled, and traumatized by policing. They should also consider the nuances of the Special Constable role within Campus Safety and the University community.

Those we consulted emphasized the importance of including the following topics in training efforts:
- Communication strategies, including responding with transparency in decision-making, showing empathy, preserving dignity, and ensuring respect
- Procedural justice training revolving around accountability and legitimacy (fair, neutral, trustworthy motives, etc.)
- Recognizing when policing presence may not be the most appropriate solution and recognizing the power imbalance inherent in policing/law enforcement interactions
- The history of policing violence and police brutality on marginalized communities and effectively working with marginalized community members

- Cultural competency training based on the composition of students on the campus they serve and specific to the needs of international students and 2SLGBTQ+, Indigenous, and racialized communities specifically. These types of training should be developed and delivered in consultation with these cultural and peer groups.
- Indigenous Cultural Safety/Competency training. Feedback from participants indicated there is a need for training in this area.
- De-escalation with a specific focus on how to diffuse situations pertaining to disability-related behaviours and in a culturally appropriate manner
- Motivational interviewing
- Mental health stigma
- Mental health literacy
- How mental health crises manifest themselves
- Personal bias training
- The use of restraints for people who are experiencing mental health distress
- How to ensure an appropriate, safe, and empathetic transport is made to the hospital
- The array of mental health disorders and concerns (e.g., Mental Health First Aid, Dr. Corey Keyes' Dual Continuum Model of Mental Health)
- How to respond to suicide ideation and the varying levels of risk that may warrant varying subsequent actions
- Working alongside and utilizing peer and civilian supports during apprehensions under the Mental Health Act

It was stressed that employing trauma-informed de-escalation approaches utilizing scenario-based training and campus-specific contexts was a key priority moving forward.

ii. **Engage in cross-unit training opportunities with staff members within Health & Wellness/Counselling Centres to promote relationship-building and enhance their collaborative approach to employing trauma-informed de-escalation approaches to supporting students within a Health & Wellness/Counselling Centre context.**

Across all consultative groups, the need for facilitating regular cross-training opportunities for Campus Safety team members to engage in training in partnership with the Health & Wellness/Counselling Centres was highlighted.

A3. **Recommendation for Campus Safety teams to have a designated person responsible for the development, implementation, and evaluation of the Education Plan in consultation with Equity offices.**

The Review Committee understands the extensive work, time, and resources needed to coordinate, implement, and evaluate an education program that is built upon the fundamental principles of equity, diversity, inclusion, and anti-racism and one that is

applicable to the field of safety services. To that end, we recommend that the University establish a full-time, continuing Education Coordinator position within the Office of Safety and High Risk that supports the tri-campus Campus Safety teams by leading the development and implementation of a comprehensive Education Plan and Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework (see Recommendation A1). This role will support the implementation of the recommendations outlined in this report as it relates to the education and evaluation programs as well as ensure the overall coordination of the education sessions Campus Safety teams are required to complete. The successful candidate for such a role must demonstrate a comprehensive understanding of equity, diversity, inclusion, and anti-racism, anti-oppression, and decolonial theoretical frameworks and how they are to be applied in a safety services context. Moreover, this role can support the many calls from community members to establish a comprehensive evaluation process to assess the impact of the education programs that Campus Safety team members receive. This role can also be crucial in coordinating a robust training program for new Campus Safety staff members, particularly given the high turnover landscape within which Campus Safety teams operate.

Building on work already underway in Campus Safety offices, a dedicated position to support the education landscape of the Campus Safety team will allow for innovative education initiatives, including the coordination of e-learning modules, networking, training simulations, and in-person workshops as well as increased community engagement opportunities for Campus Safety team members to continue building deeper ties and connections with the University community.

Action Items:

i. **Plan to include provisions to engage new staff within the first six months of commencing their roles.**

   Develop a flexible and adaptive Onboarding and Education Plan for Campus Safety staff to ensure key equity, diversity, inclusion, and anti-racism and mental health trainings are received within the first six months of hiring.

A4. Recommendation for University senior leadership to endorse an Education Forum for Campus Safety teams.

Feedback gathered from the interviews demonstrated a concrete need for Campus Safety personnel to have increased opportunities to connect with one another across the campuses. Although many attempts are made to create spaces and opportunities for the tri-campus Campus Safety teams to engage in education training sessions together, the Working Group learned that there are barriers in doing so due to scheduling issues and the nature of shift work. With that said, the opportunity to learn from one's colleagues and to share leading practices, tools, and resources in the areas of safety services, mental health, and equity, diversity, inclusion, and anti-racism is quite valuable. To that end, the Working

Group recommends that senior leadership across the three campuses endorse a one-day education forum for Campus Safety tri-campus teams to gather and collectively learn from leading mental health experts, EDI community leaders/practitioners, and safety services personnel engaged in mental health- and equity, diversity, inclusion, and anti-racism-related work. The Working Group members would recommend that such a forum be held annually or in a manner that accommodates 24/7 shift work. An endorsement from senior leadership will provide resources and a pathway to allow Campus Safety leadership teams to grant their staff the opportunity to attend the one-day forum while still ensuring the University campuses are secured.

A5. Recommendation for the University to have consultants in the areas of police reform and community safety conduct a further review related to better serving Indigenous and racialized communities, 2SLGBTQ+ people, people who live with a mental illness, and other groups who have historically experienced systemic policing violence and brutality.

To bolster and advance the work undertaken by this Review Committee, we recommend an in-depth review conducted with external consultants in the areas of police reform related to better serving Indigenous and racialized communities, 2SLGBTQ+ people, people who live with a mental illness, and other groups who have historically experienced systemic policing violence and brutality. This review should be completed in collaboration with the Office of the Vice-Provost, Students and the Office of the Vice-President, People Strategy, Equity & Culture. This evidence-based review should focus on the internal practices, procedures, and protocols of Campus Safety which impact the ways students (particularly Black students, Indigenous students, racialized students, neurodiverse students, students living with mental illness, and students facing mental health challenges) are supported by Campus Safety. We, as a Review Committee, recognize the importance of this type of in-depth review and wish for it to be done with additional rigour, intentionality, and expertise.

Action Item:

i. **Institute a periodic (every three years) review process of Campus Safety case files that fall under the Mental Health Act to investigate racial biases and for Campus Safety to start collecting race-based data.**

Research shows that racial biases are real and acted upon particularly in policing environments. A recent review by the Ontario Human Rights Commission on policing and Black lives provides a strong framework for change.[22] To that end, it is recommended that the University and Campus Safety teams conduct a periodic review/audit of apprehension under the Mental Health Act approximately every three years. Going forward, there is the call for the collection of race-based data

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[22] http://www.ohrc.on.ca/en/framework-change-address-systemic-racism-policing

from mental health crisis incidents that follows University policy on the collection, use, and sharing of raced-based information.

B. Embracing changes to Campus Safety that will enhance students' choice, autonomy, and dignity

B1. Recommendation for the University and Campus Safety to implement practices and policies to support flexible, clinical, and trauma-informed ways to transfer students from U of T campus locations to crisis care facilities.

<u>**Action Items:**</u>

i. Review and revise referral protocols to include emergency care options beyond hospital emergency departments.

We recommend that Campus Safety referral protocols for students who are in mental health crises occurring outside of campus health service centres include referral options beyond hospital emergency departments. While the committee is aware this is the current practice in some Campus Safety units where de-escalation has been successful, this action item calls for tri-campus consistency of alternative care referrals. Options include:
- Health & Wellness/Counselling Centres on campus (during business hours), if available for consultation, for more acute assessment, and/or safety planning.
- Student Crisis Response team, if available for consultation, urgent assessment, and/or safety planning.
- Gerstein Crisis Centre (Toronto), which offers services for adults (16+) dealing with mental health and/or substance use challenges and are currently in crisis. This service includes a telephone crisis line, mobile crisis team, community-based crisis beds, short-term follow-up support, referrals, and more.
- Youthdale Crisis and Mobile Support Team (Toronto), which offers services for children, youth, emerging adults (6-24 years), and their families struggling with complex mental health needs. This service includes a telephone crisis line, a crisis and mobile support team, inpatient services, live-in programs, day programs, referrals, and more.

ii. Develop parameters for Campus Safety involvement in the transfer to, and release from, emergency care options that ensure an effective and informed crisis care response.

Students, staff, and faculty at the University expressed dissatisfaction and discomfort with the practice of involving Campus Safety in the transportation of students experiencing mental health crises to a crisis care facility. It has been noted that Campus Safety involvement in these transfers should only be in rare situations where there is a risk of harm for an accompanying person or the student in crisis and/or if there is a non-compliance flight risk. There was agreement that when escorts are made by Campus Safety Special Constables, restraints should only be used in rare circumstances where

violence is present, and when possible, officers should be in plain clothes. Almost unanimously, those we consulted with felt that the default should always be voluntary transports rather than mandated transports. Should a Campus Safety Special Constable need to transport a student to hospital, this should be done in an unmarked car whose configuration is compatible for offering the range of supports required. The provision of an unmarked car should be given as an option by dispatch and advertised as an offering in Campus Safety's public education efforts, including on their webpages. (Note: The use of an unmarked vehicle is currently an option available on the U of T Scarborough Campus.)

Case management and release protocols need to include how Campus Safety Special Constables should conduct their duties while escorting a student to emergency psychiatric care and what happens after a student is released from the hospital. Students indicated that it would be helpful to have had a plan in place for how they would get home after being released. The new Acute Care navigation model now in place will help connect the student with their family physician or mental health care professionals on campus or in the community for continued care. As a suggestion, students said that the University should develop an information sheet outlining what to expect while at the hospital since the experience of being apprehended under the Mental Health Act is overwhelming and, in the moment, it can be challenging to take in all the information. Students expressed that the discharge process at the hospital can feel like they are left unsupported and alone in stewarding their path to well-being. In some instances, students indicated that they were not made aware of the resources, including on-campus supports, that will help with their re-entry into their academic life (e.g., advisors, Accessibility Services, Student Crisis Response team, etc.).

We heard from Campus Safety that they have made it a practice to ensure that a conversation about the process takes place prior to transporting students to a hospital when these occur within Health, Wellness & Counselling Centres. This same approach, including the provision of an information sheet, should be consistently applied on all campuses during apprehensions made under the Mental Health Act.

iii. **Develop a clear policy and accompanying staffing/logistics for the transfer of students from Health & Wellness/Counselling Centres to crisis care facilities.**

Alternative transport methods must be considered other than the sole reliance on Campus Safety as the default method of transportation. At the University of Toronto, on all three campuses, Campus Safety teams are routinely involved in acute mental health transfers from the Health & Wellness/Counselling centres. Clinicians at the University have increasingly expressed discomfort with the constitutive practice of involving law enforcement personnel in mental health student transfers. There is an acknowledgement that the issue at hand is to balance the clear need to respect the dignity of the student with the ongoing concern for safety. It has been noted that within the Health & Wellness/Counselling Centres, a clinically-driven approach to dealing with a mental health crisis is recommended, where the Special Constable is not the driver in decision-making. There remain numerous options for transporting students to hospital in these

circumstances. The Mental Health Act is not prescriptive and does not require the individual to be accompanied by Special Constables. Clinical judgment should guide decisions about mode of transport. Options for transport may include the student being accompanied by a health professional and family member/peer and being driven in an unmarked car if Campus Safety is involved. It is well recognized that police involvement in the care of individuals with mental illness can be stigmatizing and should be minimized where possible.

iv. **Develop a protocol that aims for Campus Safety Special Constable consultation with a mental health professional for apprehensions made under the Mental Health Act prior to transferring the student to a crisis care facility.**

Campus Safety Special Constables are conferred authorities to enforce sections of the Mental Health Act. Through our consultations, we heard from campus community members that the decision to apprehend under the Mental Health Act should always be made in consultation with a mental health professional. Currently, when these types of apprehensions are made outside of U of T's Health & Wellness/Counselling Centres, this is not always the case, especially after hours. Through consultation with a mental health professional the University can ensure that an appropriate referral to a crisis care facility is made and follow-up care is put in place.

Campus Safety staff should establish a practice whereby confirmation is made of a connection to a mental health professional at the University who can liaise with campus services and, where needed, community services to ensure the student in crisis is connected into ongoing care. Some students, staff, and faculty indicated that the case should remain open until there is assurance of a connection to an ongoing source of support and the student confirms that the connection was helpful. This model will require case management by a mental health professional or a mental health resource navigator and should be explored further.

Putting these follow-up plans in place was something that students wished they had when:

- they were released without being admitted to the hospital, or
- they were discharged from the hospital after receiving care.

Recommendations in Section C of this report identify how this may be achieved and resourced.

v. **Establish a practice of engaging familiar supports while responding to incidents where students are experiencing mental health crises.**

Students indicated that having someone familiar to them present during mental health crisis interactions with Campus Safety Special Constables may make it less intimidating, may lend additional context for the situation, and may put in place a system of ongoing support. We recommend that when possible and appropriate,

Campus Safety Special Constables should ask the student if there is someone they would like to have present to support them through the encounter.

Staff also felt that having a staff member from the student's Faculty or college present and/or informed would ensure that follow-up care can be provided to the student (e.g., academic advising, accommodations, petitions, resource navigation, and/or voluntary leaves of absence). Some students indicated that the practice of having a staff member from a Dean's or Chair's office respond to a crisis could create additional stress for the student about their academic future; thus, more investigation into how to achieve this balance is required.

Staff members who work in residences also shared that effective outcomes are best supported when the professional residence life staff are made aware of the situation as soon as possible to facilitate a collaborative and supportive approach at the time of crisis. This practice may:

- help ensure that bystanders are cared for if traumatized
- be helpful when trying to manage crowds
- support with providing appropriate connections to the Don and friends of the student in crisis.

Engaging local supports in a residence building context could involve finding ways to ensure that the staff member on-call, or the Dean of Residence Life, is always informed of calls being responded to within their buildings. Residence staff indicated that while this practice does exist, it is not consistent. We recommend an operational protocol to be developed collaboratively with the Deans of Students and Residence Life staff.

vi. Establish a method of direct payment from the University which ensures the cost for transportation to a crisis care facility from a campus location is covered by the University, especially when a student is transported involuntarily.

Participants of our consultations shared that there have been incidents where the student in crisis has had to absorb the cost of ambulance or taxi fees when being transported to a hospital for emergency psychiatric care from locations outside of the University Health & Wellness/Counselling Centres. We recommend that the costs for transportation to a hospital for psychiatric emergency care from a campus location be reimbursed by the University, especially when someone is transported involuntarily.

B2. Recommendation for Campus Safety to develop and support a tri-campus policy that aspires to achieve zero restraint practices and the reporting of restraint incidents for acute transfers.

Action Items:

i. Develop standard operating procedures and utilize a risk assessment tool that outlines the parameters for specific restraint use and practice (e.g., flex cuff use,

handcuff use, hand positioning in the front vs. back).

At the University of Toronto, historically, Campus Safety teams on all three campuses have practised discretionary handcuffing. Health & Wellness clinicians, staff, and students receiving care have shared the negative impacts, shame, trauma, and distress around the use of physical restraints in the form of handcuffing, where students feel far less inclined to seek care in the future when in distress. The longitudinal experience of the Health & Wellness/Counselling clinical teams is that students seen in the wellness centres requiring transport for further psychiatric evaluation pose negligible risks to others. While routine handcuffing is no longer practised on all three campuses at the University of Toronto, there remains significant variability in restraint-use practices. Clinicians acknowledge that the use of restraints has declined over the past three years, but it is noted that it still occurs in situations where there is no clinical indication. Law enforcement staff have rationalized restraint-use as necessary for the protection of students and staff. Our stakeholders strongly expressed that there is no justification for the practice of routine restraint-use of students, especially considering widespread calls for judicious use of physical restraints in mental health crises.[23] [24] [25]

Campus Safety Special Constables shared concerns that in the event of a negative occurrence while responding to a student having a mental health crisis, they may not receive the support they feel is needed in that context. In recent years, the addition of Campus Safety vehicles with a secure locking system and internal barrier have helped reduced the need for use of physical restraint.

A clear policy on assessing the need for restraint is required. Furthermore, in acute crisis situations where the decision to use restraints for a student experiencing a mental health crisis has been made, the reason for use should always be clearly communicated to the student.

ii. **Establish a method of reporting restraint use for review by Health & Wellness /Counselling Centres in situations that take place in their clinics and by the Vice-Provost, Students, or their designate, for apprehensions made under the Mental Health Act elsewhere on the three campuses.**

A method of reporting the use of physical restraint with documented justification (e.g., duration of restraint, reason for restraint) for all mental health crisis calls, especially apprehensions made under the Mental Health Act, should be conducted in an ongoing fashion. For restraints used during calls to the Health & Wellness/Counselling Centres, these reports should be reviewed by designated staff at the Health &

[23] https://www.police1.com/chiefs-sheriffs/articles/persons-in-mental-health-crisis-a-primer-for-police-response-A0ZXruNf6DaNLzlR/
[24] https://www.policechiefmagazine.org/the-brief-training-campus-police-officers-to-respond-to-mental-health-crises/
[25] https://www.camh.ca/en/camh-news-and-stories/camh-statement-on-police-interactions-with-people-in-mental-health-crisis

Wellness/Counselling Centres. For all situations that take place outside of the Health & Wellness/Counselling Centre settings, these reports should be reviewed by the Vice-Provost, Students or their designate. With review of restraint use, we hope to ensure that restraint use is reserved for only the most acute situations. Through whole campus accountability, together we can aspire to a zero-restraint approach.

iii. **Create a debriefing protocol within Campus Safety whereby all instances of restraints used during an apprehension under the Mental Health Act are to be overseen by and debriefed with a senior member of the Campus Safety Special Constable team.**

Through our consultations with Campus Safety, we learned that some of the tri-campus Campus Safety Special Constable teams have a practice in place whereby every time restraints are used, the Special Constables involved are required to debrief the incident with a senior member of the Campus Safety team. We heard that this debriefing has been helpful in ensuring consistent application of best practices to prioritize the safety of the student and the officer. We recommend a protocol be established for all campuses that ensures consistent application, particularly for apprehensions under the Mental Health Act.

B3. **Recommendation for Campus Safety to adopt arrival practices, uniforms, and equipment that reorient their role in a mental health crisis away from a law enforcement approach and towards an approach that prioritizes care and empathy.**

Action Items:

i. **Special Constables responding to mental health crisis calls to arrive in plain clothes, without a baton, and in an unmarked vehicle.**

Through our consultations, those we spoke with made it clear that mental health crises are not criminal offences. Many of the students, staff, and faculty consulted felt that Special Constable uniforms, the carrying of a collapsing baton, and the use of marked cars signify law enforcement rather than the provision of support and care. These can trigger unnecessary and unwanted attention, perpetuating stigma for those living with a mental illness and discouraging help-seeking behaviours for those who need support.

In addition, the U of T campus community should be made aware of the uniform and vehicle options that can be requested when calling upon Campus Safety in the following ways: by the dispatch responder; in ongoing public education provided to all campuses; and through the Campus Safety webpages.

ii. **Establish adequate spaces to enable Campus Safety's role in supporting crisis response.**

Several recommendations in this report call on Campus Safety to engage in new or extended practices of responding to mental health crises. While the committee did not

tour spaces in the three Campus Safety locations, we understand there is significant inequity in the quality of space that would facilitate, for example, even the simple task of converting to plain clothes. In addition, some of the current spaces that are available do not have adequate space to "decompress" and debrief after incidents or have cell service for adequate communication. A space assessment should be conducted across all three campuses to ensure space supports the successful implementation of the many action items.

iii. **Develop procedures that allow for the number of Campus Safety Special Constables arriving at the scene of a mental health crisis call to be minimal, especially when the call does not involve an active intervention of a suicide attempt.**

Through our consultations, some staff and students recounted instances where several officers have attended mental health calls that did not warrant those numbers. They shared that having this many officers present felt overbearing and unnecessary given the specific situations. There was a call for greater consistency and that no more than 2-3 officers attend (including Special Constables-in-Training). The committee recognized that at certain times and locations only one Special Constable may be on call.

iv. **Develop protocols and undergo training that can better support Campus Safety dispatchers to elicit accurate details of the need for violence de-escalation from a caller.**

Dispatchers are important decision-makers in mental health crises. Their training and approach are thereby important to the outcomes of student mental health crisis incidents on our campuses. Assessing the potential for self-harm or harm to others in a call for support is very challenging. Stakeholders shared stories demonstrating that the definition of violence and the definition of a weapon can vary from person to person (e.g., a water bottle has been defined as a weapon). To ensure that the Special Constable(s) attending a call can be best prepared to respond, it is important that the dispatcher has all the tools necessary to elicit a clear picture of the perceived threat of a weapon involved or violence.

v. **Implement practices that consider student privacy during the crisis and, where possible, relocate a student in crisis to areas that avoid unnecessary spectacle.**

We heard of instances where bystanders have unintentionally contributed to the stress of a crisis or "spectacle" by taking on the role of an audience. Responders should prioritize the student in crisis safety and privacy, avoiding unnecessary spaces which may draw additional bystanders. While the person in crisis is receiving support, bystanders should also be encouraged to respect the sensitivity and privacy of the situation.

vi. **Campus Safety-Building Security or Campus Safety Special Constables who are securing the location where a recent suicide attempt occurred to be in plain clothes or with minimal uniform accompanied by support staff.**

From our consultations we heard that students and staff who have encountered locations where a recent suicide attempt occurred have found uniformed Campus Safety Special Constables and Campus Safety-Building Security's presence to be intimidating. If Campus Safety Special Constables and Campus Safety-Building Security are required to be there for the purposes of ensuring safety, we recommend that they be in plain clothes. Additionally, we recommend that counsellors, chaplains, and/or other support staff be present and identified by sign, lanyard or clothing to accompany Campus Safety -Building Security or Campus Safety Special Constables in these instances or, where determined possible, in lieu of them.

B4. Recommendation for Campus Safety to dedicate ongoing efforts to build trust with the U of T tri-campus community.

Action Items:

i. Campus Safety to reintroduce themselves to the U of T community.

Staff, faculty, and students felt that the 2021 rebranding of Campus Safety which offered a shift in language from "policing" to "safety" should be accompanied by a larger cultural shift that deepens the efforts of Campus Safety to engage in community relationship building and inclusive practices. There was a wide-spread desire for Campus Safety's work to be oriented away from law enforcement and towards ensuring the safety of all members of the U of T community (psychological safety included) if they were going to embrace this new name. We noted some of these changes are already underway, but there is the need to fully embrace a "community safety" role. One example given was awareness by students, staff, and faculty of the professional backgrounds of responding Special Constables (e.g., social worker background) and their authority under other legislation. There is a call to better share and document, beyond annual reports to the University Affairs Board, these changes. This helps ensure accountability.

ii. Dedicate ongoing efforts and prioritize opportunities for strengthening the relationships between Campus Safety and their campus partners.

The committee noted that Campus Safety recognizes the importance of dedicating ongoing efforts towards relationship-building to ultimately improve the support students receive when they are in mental health crises. However, students, staff, and faculty indicated that Campus Safety has a fractured past relationship to overcome before being able to be viewed as a source of support by all members of the campus community. Trauma and mistrust revolve around instances of apprehension under the Mental Health Act and the use of restraint. This leads to students not disclosing their need for support.

Continued efforts are required to build trust with the community on an ongoing basis and outside of crisis situations. To accomplish this, Campus Safety may want to consider whether it is possible to put in place a dedicated staff role that has

responsibilities to the community to ensure relationships are maintained between Campus Safety and various campus partners. This role would be akin to a community engagement coordinator and tasks such as education campaigns, committee involvement, and partnership building would be within their portfolio.

We recommend that Campus Safety develop a strategic plan to ensure ongoing communication, relationship-development, and trust-building between their service and the groups and offices they collaborate with across all three campuses. This is especially important in the case of the Office of Safety and High Risk, Campus Safety, Residence Life groups, and Health and Wellness/Counselling centres, among many others.

Specific to our consultations with Health & Wellness/Counselling Centre, there was consistent feedback provided to facilitate consistent and regular connections between the teams, in supporting as-needed debriefing sessions; inter-professional team meetings; concurrent, co-designed educational sessions/training; and team-building exercises. There would be a shared responsibility from both Health & Wellness/Counselling Centres and the Campus Safety teams to ensure these connections occur. Members of the Health & Wellness/Counselling teams consistently shared an ongoing commitment to supporting existing strong relationships between Campus Safety and the clinical teams on campus. Clinical, administrative, and reception team members of the Health & Wellness/Counselling Centres highlighted how Campus Safety was seen as a valuable support and ready resource, not only during requests for transport of a student on a Form 1 or a mental health apprehension. Team members spoke to the consultative nature of Campus Safety, providing advice on the telephone, offering proactive support ahead of situations, offering a plainclothes officer for support in certain unpredictable contexts, and helping to formulate safety plans for staff who required support in certain unsafe contexts.

iii. **Detail program and service offerings on the Campus Safety website and through ongoing communication efforts.**

Students, staff, and faculty recommended that Campus Safety provide the University community with the following information on their website and through other ongoing communications:
- A detailed description of Campus Safety and the programs and services provided, including the range of helping professionals that can be called upon to support in a mental health crisis
- Outline the types of trainings completed and the outcomes of rigorous training evaluations (demonstrating changes in beliefs/knowledge/confidence/ability and ongoing adherence to new protocols)
- Considerations a caller can potentially request (e.g., plainclothes officers, unmarked vehicles, racialized officers, officers who are women, 2SLGBTQ+ officers)
- Example scripts on how to frame the involvement of Campus Safety Special Constables to students in need
- Potential outcomes of involving a Campus Safety Special Constable

- An outline of questions that the dispatcher may ask and the rationale and reasoning for asking these questions
- The connection and distinction between Toronto Police Services, Peel Police Services, and Campus Safety
- Campus Safety's protocols and considerations for apprehending under the Mental Health Act

iv. **Liaise with other U of T Communications departments to promote the variety of mental health resources that are available on campus.**

Through our consultations we learned that students would like to have the University post more frequently on social media about the variety of mental health resources that are available to students. We recommend that Campus Safety Communications liaise with other U of T Communications departments to incorporate more posts on their social media that amplify and promote the mental health resources available to U of T students.

B5. Recommendation for the University and Campus Safety to implement staffing and structural revisions that contribute to student mental health crisis response and care.

Action Items:

i. **Review Campus Safety's current reporting structure and consider changes that could further integrate Campus Safety, the Community Safety Office, and the Office of Safety and High Risk.**

The University should explore the current reporting structure of Campus Safety (reporting into Facilities & Services with a dotted report to the Vice-President, People Strategy, Equity & Culture) and determine if it is necessary and/or advantageous to find ways of that integrate the overall priority of "Campus Safety" under one umbrella/division. This consideration may allow for a centralized reporting process for all three Campus Safety teams and may promote further collaboration between the Community Safety Office and the Office of Safety and High Risk.

ii. **Implement a Central Director staff role that oversees tri-campus operations.**

The need for a Central Director was expressed in one of our consultations with staff at the University. This Central Director would be a high-level safety strategist and manager working with all Campus Safety managers across the tri-campuses to ensure consistency in policies and procedures. This centralized role should be someone who can relate to, understand, and build relationships with Toronto and Peel Police while also knowing and understanding the complexities of working within the University. This person would be an expert on the evolving trends and implementation of new approaches to responding to mental health crises, would coordinate and enhance recruitment strategies that improve retention of well-trained Campus Safety staff, and would lead to the implementation of the recommendations from this review.

iii. **Implement and evaluate special hiring programs to ensure Campus Safety responder teams meet our campuses' unique needs and reflect the U of T community in the range of diversity that we embody.**

In our consultations with Campus Safety Directors, we noted the commitment to recruitment strategies that reflect the diversity and skill sets needed for all aspects of Campus Safety operations. This action item is to further develop and implement hiring programs and campaigns that focus on ensuring the responder team reflects the U of T community in the range of diversity that our campus embodies and that is evaluated regularly across all three campuses. This recommendation could involve the creation of a special program as defined by the [Ontario Human Right Commission](#) and should be guided by the expertise of the Division of People Strategy, Equity & Culture and other campus efforts.

iv. **Include mental health professionals and student groups who have been historically disadvantaged by policing systems in Campus Safety Special Constable hiring processes.**

The recruitment/hiring practices of Campus Safety Special Constables should include an advisory panel comprising:
- Mental health professionals (e.g., social workers, psychiatrists, psychologists) who approach their work from a trauma-informed lens.
- Staff who work on mental health programs, provide support, and/or provide mental health service delivery at the University (e.g., Health & Wellness/Counselling Centre staff, Critical Incident Coordinators, Mental Health Program Officers, Deans of Students).
- Students from campus community groups that have been historically disadvantaged by policing systems (e.g., Indigenous and racialized communities and 2SLGBTQ+ students).

B6. **Recommendation for the University and Campus Safety to establish ongoing review mechanisms to foster University-wide accountability.**

Action Items:

i. **Review policies and protocols that result in the involvement of Campus Safety.**

To provide increased clarity to Campus Safety and the broader U of T tri-campus community on the role of Campus Safety in supporting student mental health crises, the University should review policies and protocols that point to the involvement of Campus Safety and evaluate if some of these should be replaced with alternative resources such as My SSP, H&W/HCC/HWC, Student Crisis Response team, etc.

Some policies brought to our attention that may require immediate review are:

- Exam Invigilator protocol that involves Campus Safety in cases of disruption by students experiencing mental health distress;
- Research ethics requirements that state the need to call Campus Safety when a student interview subject responds in a way that states they are at risk of suicide; and
- Consideration of other Identify, Assist, Refer (IAR) protocols.

Also, with the goal of community engagement, it was shared that Campus Safety Special Constables should use every opportunity to display and share the range of services they offer, as well as materials on how to engage with their services in the context of a crisis. In addition, it was noted that Campus Safety Special Constables should include non-police support options (e.g. My SSP, Gerstein Crisis Centre, peer responders) into their communication materials of supports offered. We also recommend where possible that Campus Safety work towards incorporating peer-responders into the support network offered at these types of events (e.g., University of Toronto's Emergency First Response Team (UTEFR) at UTSG, Erindale College Special Response Team (ECSPErt) at UTM, and Emergency Medical Response Group (EMERG) at UTSC).

ii. **The Office of the Vice-Provost, Students and the Office of the Vice-President, People Strategy, Equity & Culture to host an ongoing opportunity for testimonials and feedback from students, staff, librarians, and faculty on the services provided by Campus Safety.**

Participants in our consultations remarked on the desire to have more understanding and input regarding the roles, responsibilities, and accountability of Campus Safety to the broader University. Currently feedback is usually directed towards the Campus Safety offices on the respective campus. We recommend an ongoing system of input and dialogue that meets the needs of understanding and accountability. This could take many forms, including online feedback; an advisory committee comprised of students, staff, and faculty; and/or an annual event at which feedback and Campus Safety's accountability to change were discussed.

B7. **Recommendation for the University's and Campus Safety's leadership to ensure strong mental health support pathways for Campus Safety staff as first responders.**

Action Items:

i. **Assess/Review and Enhance Training for Senior Campus Safety Directors and Corporals, Including Debriefing Protocols.**

Special Constables and Campus Safety Directors both indicated the importance of debriefing sessions, particularly following traumatic incidents. Debriefing is seen as a way of sharing the challenges associated with either single incidents or the cumulative

effect of multiple stressful interactions. While debriefings may naturally focus on documenting the facts of a mental health crisis situation, we were not able to determine if debriefing approaches and the sharing of health and wellness support information was consistently applied across all three campuses. This action item is to ensure that all three Campus Safety Directors have access to training that involves reviews of internal and external support programs. We heard that training curriculum in these areas changes almost annually and it can be difficult to remain current. These trainings/reviews should focus on how well targeted or tailored the support is for first responders. Prevention training programs, such as the #FirstRespondersFirst, gives details on the roles of senior leadership in this regard. Resources like the Boots on the Ground Peer Support for First Responders 24/7 helpline are available, but should be evaluated for both approaches and successes. Similarly, if service providers through EFAP are promoted as helping employees and family connect to counsellors and mental health professionals, then the availability and expertise of appropriate counsellors should be assessed. Finally, we heard that feedback from all those who have taken advantage of any of these support programs is of significant value when there are opportunities to share experiences.

ii. **Provide Campus Safety staff with access to mental health professionals following crisis situations.**

We heard from Campus Safety staff that immediate access to a trained counsellor could help in dealing with the immediate effects of a crisis incident. The pre-COVID approach to in-the-moment crisis support would rely on booking face-to-face interactions, and that could take time to arrange. Not dissimilar to supporting students through My SSP, resources such as LifeWorks counselling as well as the 24/7 Boots on the Ground program are viable options. There may be other choices of direct support programs with access to a counsellor. These need to be inventoried and, where appropriate, explored in terms of quality and access issues.

iii. **Establish a peer-to-peer support program for Campus Safety staff in each Campus Safety site.**

The challenges and stresses of an on-the-job safety services role can be best understood by colleagues who have had the same campus-specific experiences. The importance of "recognizing a person who has walked in their shoes" is the mantra of the national Badge of Life Canada peer support initiative.[26] The Beyond the Blue program has a Canada-wide mandate related to supporting families of officers.[27] This recommendation involves identifying an existing Campus Safety staff member to be specially trained and act in the role of peer support. The person(s) should have an educational background that facilitates listening and recommending pathways and connections to resources both internal and external to the University. The lead peers at each campus should have the opportunity to connect with each other and share best practices.

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[26] https://badgeoflifecanada.org/peer-support-groups/
[27] https://www.canadabeyondtheblue.com/

C. Developing an alternative, non-policing approach to responding to students in mental health crises, with the adoption of a consistent tri-campus approach to crisis intervention during regular working hours that connects and extends to after-hours and weekend crisis support

C1. **Recommendation for the University to establish a non-Campus Safety-/non-police-affiliated crisis response service that is underpinned by a trauma-informed, recovery-oriented approach and is committed to principles of anti-racism and anti-oppression.**

Students experiencing mental health crises should be provided with an in-person and/or virtual clinical assessment and referred to appropriate care and ongoing supports. From our consultations we heard that students, staff, and faculty were reluctantly defaulting to calling Campus Safety after-hours because Campus Safety was deemed the only option available. However, they didn't feel that it was the right option for their concerns as a student experiencing a mental health crisis. Some staff indicated that they were choosing to call Campus Safety only because they were concerned about liability and job security even though they knew that this was not the response needed. Through our consultations it was also evident that students, staff, and faculty knew that the involvement of police in a mental health crisis can be retraumatizing for some, especially since U of T is made up of community members from across the globe and from domestic students who come from communities that have historically had fractious relations with police. Since mental health crises are treated differently by police across the world (e.g., expressions or attempts of suicide are a crime in some countries), the involvement of police may be more harmful than helpful to a person who requires support.

Action Items:

i. Establish a framework that leads to implementation for a best-practice, alternative, non-policing approach to responding to students in mental health crises on all three U of T campuses.

For the U of T context, there are a number of approaches to consider; for example, the creation of a new service, re-envisioning services like the Student Crisis Response team, embedding a mental health professional and peer worker within Campus Safety, and partnering with established community organizations to support an after-hours clinical crisis response.

As the University considers funding models for the implementation of this recommendation, they should be aware of our consultations and reports (e.g., 2021 Report from the UTSU on Campus Police) calling for redirecting funding towards preventative measures.

In the model selected, our consultations with students, staff, and faculty have asked for some of the following for this alternative service:

- allow students to call the service in a similar way that staff/faculty currently can (e.g., one common number for students, staff, and faculty)
- extend the service's hours of availability
- allow campus visitors to be the recipient of this service (e.g., a visitor in residence).

ii. **Establish the key roles and responsibilities in the alternative crisis response model.**

The crisis response service should be grounded in a value system that ensures dignity by empowering students to choose options that will keep them safe and set them on a journey to better health and well-being. The crisis response service should be available to support students via in-person support on campus, and, where needed, using virtual assessment and care. There should be a "no wrong door" intake practice so that regardless of where students seek help on any campus, a directed referral is made to the crisis response team. A "no wrong door" intake practice would ensure that students requiring the support they need will be able to be connected immediately. This type of practice would require that anyone (including students) can engage the crisis response team to initiate support for a U of T student. Appendix D specifies in greater detail the key roles and responsibilities that need to be considered.

iii. **Establish a committee with key stakeholder representation to determine which community organizations would be best suited to partner in the establishment of a trauma-informed, non-Campus Safety crisis response service.**

There are a number of community organizations that have expertise in partnering with organizations, including post-secondary institutions, to support youth and students in crisis. Initial meetings in November 2021 with CMHA (Toronto), CMHA (Durham), and LOFT Community Services were held, with full support to move forward for consideration of a partnership program with the University of Toronto.

C2. **Recommendation for the University to review and enhance current pathways and develop alternative non-police/non-Campus Safety Special Constable response options for conducting student wellness checks for students of concern**.

Action Items:

i. **Enhance current pathways and develop alternative non-Campus Safety response options for performing student wellness checks for unwell, missing, or absent students.**

We wish to recognize that the Student Crisis Response team offers staff, faculty, and librarians a good pathway for initiating and following up on wellness checks for students during the Monday to Friday 9 am-5 pm timeframe. However, outside of these hours and for students, staff, faculty, and librarians wishing to engage a wellness check, there is a need for a non-Campus Safety approach whereby the alternative response

service would be key.

ii. **Review and develop protocols regarding wellness checks on students who are out of the country.**

- Currently wellness checks for domestic students who are abroad on University activities, or the well-being of our international students back home and who are brought to the attention of members of the University community, may be investigated by different University offices. In some circumstances this involves Campus Safety or staff being directed to reach out via international law enforcement channels. The committee heard that a better understanding by staff, faculty, and students regarding investigation protocols would benefit from a review and better awareness of these procedures by staff.

iii. **Establish clear guidelines for, and an evaluation process of, wellness checks initiated by staff and faculty tri-campus.**

This was viewed as important as students and staff remain unclear as to what to expect when wellness checks are conducted by first responders.

C3. **Recommendation for the University to incorporate peer-to-peer supports as options for extended-hour mental health crisis response.**

Action Items:

i. **Perform an environmental scan of peer-to-peer support options in the community and post-secondary institutions.**

It became clear in our consultations that the availability of peer support in supporting a mental health crisis has assisted in de-escalation and reduced the number of transfers needed to emergency departments and community crisis centres. Furthermore, peer support minimizes stigma; embodies the principles of equity, diversity, inclusion, and anti-racism; and is aligned with the needs of Indigenous and racialized communities and 2SLGBTQ+ student communities. Consultation has occurred within the City of Toronto's new non-policing pilot project[28] and LOFT Community Service (with much expertise in peer support training) to support peer workers as front-line responders to mental health crises co-responders. An initial pilot of a non-Campus Safety response model was in the planning stage at the Scarborough Campus, but, due to the COVID-19 pandemic and the hope for a tri-campus review and plan, it was not fully implemented. After-hours peer-driven crisis counselling satellite services have been explored, for example, between Western University Students' Council, Western Society of Graduate Students, Western Student Health, King's University College, Fanshawe College

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[28] https://www.toronto.ca/legdocs/mmis/2021/ex/bgrd/backgroundfile-160016.pdf

Student Union, Fanshawe Counselling and Accessibility Services, Fanshawe Peer Supports, and CMHA Middlesex.[29]

The environmental scan of peer-to-peer support offerings should accomplish the following:
- Assess whether off-campus offerings are adequately resourced to provide this type of support
- Determine opportunities for promotion to staff, faculty, librarians, and students
- Ensure the streamlining of service options

ii. **Once complete, the University and Campus Safety should consider the following, which would enhance peer engagement and can inform a tri-campus approach:**

- Supporting the following groups in building their capacity to respond to mental health distress & crisis in their current models of support and increasing student, staff, and faculty awareness of their current peer-to-peer service offerings:
  - University of Toronto's Emergency First Response Team (UTEFR) at UTSG
  - Erindale College Special Response Team (ECSPErt) at UTM
  - Emergency Medical Response Group (EMERG) at UTSC
- Explore the potential of expanding the current offerings of UTEFR, ESCPErt, and EMERG by working with the Student Unions to set up Emergency First Response Teams similar to those at McMaster, Queen's, Dalhousie, or Western
- Partnering with togetherall (webinar)
- Setting up a Nightline

C4. **Recommendation for the University to adopt a tri-campus approach to supporting students in mental health crises.**

Action Items:

i. **Develop clear policies and protocols related to staff and faculty's involvement in assisting students in gaining access to emergency mental health supports.**

Policies and protocols should include an evidence-based approach to supporting a student in crisis.

ii. **Ensure all U of T student-facing staff, librarians, and faculty have access to education and training on how to respond to a student in crisis.**

We heard from students, staff, and faculty about the important role that student-facing staff (including para-professional staff) and faculty play in supporting student mental

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[29] https://campusmentalhealth.ca/wp-content/uploads/2018/02/B1-1-Regency-Salon-B-Campus-Community-Collaboration-Lori-Hassall-and-Team.pdf

health and how the training of these integral members of our community could lead to the prevention of student mental health crises. This type of training is not currently mandated, but could include (and is not limited to) the following:

- Identify, Assist, Refer (IAR), followed by a debrief with their supervisor, a staff member who is local to their areas/Faculty/college who works towards strengthening capacity to support student mental health, or the H&W/HWC/HCC for role contextualization.
- Three University Resources to Assist Students in Distress: SCRAP, CSO and CP
- Online Sexual Violence Prevention Education Module
- Guidance on when it is appropriate to call Campus Safety or 911, and when other non-policing/non-Campus Safety referrals would offer better and more sustainable sources of care.
  - Through our consultation we learned that while some staff/faculty are concerned about the possible mistreatment of a student by policing-authorities, they are fearful of job-security repercussions and therefore uncertain of being the liaison with policing services (Campus Safety Special Constables and local police). This training should also outline whether staff are mandated to call Campus Safety or if it is acceptable for them to engage a non-police crisis response services (offered internally and externally to the University).
- Awareness of local and central frameworks and protocols that relate to the management of critical incidents (e.g., Faculty Critical Incident Frameworks, Protocol for Dealing with the Death of a Student) and what a staff/faculty member's role might be in ensuring the appropriate personnel are made aware of the protocols.
- Anti-racism and anti-oppression capacity-building which outlines the potential bias that some may have when choosing to call Campus Safety or local police on students who are in mental health distress. For example:
  - From our consultations, we heard concerns suggesting that the way staff/faculty have perceived the student in crisis has depended on their identity. From participant accounts, this has led staff/faculty to engage Campus Safety more often in situations involving Black and Brown students.
  - From our consultations, we heard multiple accounts of Black students, staff, faculty, and visiting lecturers being perceived as trespassers in U of T buildings and spaces, resulting in Campus Safety being called.
- De-escalation with a specific focus on how to diffuse situations pertaining to disability-related behaviours.
  - Through our consultations, we were reminded that in many situations, effective intervention can mean the difference between peaceful conflict resolution and a full-blown crisis.
  - Note: the current version of IAR is not sufficient in this regard.

iii. **Develop a clear, standardized acute care coordination and navigation system between the University of Toronto and acute care hospital systems, with the implementation of a clear memorandum of understanding to facilitate a simplified**

consent process and sharing of information to support the collaborative partnering of care for students navigating the acute care system.

University of Toronto students who access the acute care hospital system through visits to the hospital Emergency Department or admissions to the Acute Care Inpatient Units require careful system navigation/care coordination to support their ongoing mental health needs and guided path as they transition back to the post-secondary learning environment. In addition, students within the post-secondary context who are identified by the Health & Wellness/Counselling Centres or Student Crisis Response team as needing access to the acute care system due to acute/complex mental health concerns require system navigation and case management support in accessing appropriate hospital and/or community services.

To address the growing number of students who have more acute and complex mental health needs, the University of Toronto has established a partnership with CAMH to build a coordinated system of support for students who require a higher intensity of mental health support. In addition, Scarborough Health Network and Trillium Hospital Partners have offered to assist in developing a coordinated acute care system to support U of T students.

Consultations revealed that currently there is an inconsistent pattern of communication and liaison between hospital emergency departments and campus health & wellness supports. Despite ongoing relationship-building between the emergency departments and campus partners (CAMH Emergency Department/Scarborough Health Network Emergency Department and Crisis Team), communication is inconsistent, planning around students is ad-hoc or non-existent, and there is no formal partnered system to support acute care navigation, tracking of cases, and communication between hospital and campus. There is a clear need to develop a standardized framework for timely contact, handover, tracking, and communication around students accessing the Acute Care System.

In addition, hand-offs between Campus Safety and the emergency department staff can be lengthy, with long waits being distressing for students, and reducing the operational capacity of Campus Safety to respond to other calls. Recent changes at the CAMH Emergency Department have allowed a separate police drop-off point with a 30-minute-or-less transfer window as the expected goal in patient care.

While the partnership with the acute care system (hospital emergency departments, etc.) is important, our committee is aware of a growing number of community agencies that should be considered in the support of a student in crisis, such as the Gerstein Centre.

D.   Role of Campus Safety in other duties and non-policing alternatives for some services

The Review Committee heard a number of suggestions from stakeholders that were not directly related to our mandate and/or fell outside the scope of authority of Campus Safety in supporting the well-being of students, staff, and faculty through transparency, choice,

and training.

D1. Recommendation for the University to provide non-police alternatives for services related to other campus functions.

> **Action Items:**

i. Include non-Campus Safety options for on-campus travel accompaniment programs.

Currently Campus Safety provides a free service called Travel Safer, which offers a Building Patroller or Special Constable to escort U of T community members to and from any location on campus and abutting TTC stations. Students within our consultations shared that travel accompaniment programs may be underutilized due to the lack of non-Campus Safety options available to request. We recommend a review of these programs in comparison with similar services offered at other universities (such as [Walk Smart](#) at Mohawk College, which offers peer-to-peer accompaniments) to determine whether alternative options could be made available.

ii. Develop protocols and procedural guidelines for staff and faculty regarding peaceful protest responses that do not include police or Campus Safety.

Staff shared with us the need to have protocols and procedural guidelines regarding the response to peaceful protest taking place on U of T property that does not involve contacting Campus Safety or local police. Staff wished for responses that instead engaged skilled negotiators from one of the following offices who can discuss the groups' concerns in addition to weighing in and acting in accordance with reputational and safety risks:

- Office of the Vice-President and Provost
- Office of the Vice-Provost, Students
- Office of Vice-President, People Strategy, Equity & Culture
- Office of Safety and High Risk
- Related Equity Office pertaining to the protesting group's concerns
- Related Dean's Office pertaining to the protesting group's concerns

iii. Revise protocols for Campus Safety who are tasked with confirming a student, staff, faculty, or visitor's status on U of T campuses.

Students in our consultations shared that encounters with Campus Safety can be extremely intimidating, and some suggested that this role should not be the responsibility of Campus Safety. Others suggested that building staff, where available, might be more appropriate for an initial encounter. During encounters by Campus Safety with individuals/students who are perceived to be trespassing on campus, there is the fear that the details of the encounter will be shared with their academic units, thereby jeopardizing their academic success and enrolment status. To reduce this sense

of fear, students suggested that those tasked with confirming a student, staff, faculty, or visitor's status on U of T campuses should state with whom the information of the encounter will be shared and what should happen in the event they refuse to answer.

iv. **Make available non-police response options, or non-uniformed Campus Safety response options, for students, staff, and faculty to request assistance from when there is someone that they suspect is a trespasser in campus buildings, especially when there is no threat to personal safety.**

Through our consultations with students, staff, and faculty, multiple participants expressed their discomfort with involving uniformed Campus Safety in situations where there was a person whom they suspected was a trespasser and requested alternative options.

v. **Explicitly highlight/include in protocols and policies the expectations of Campus Safety education and training to ensure that apparent trespassers within U of T buildings who seem to be utilizing the space as shelter when experiencing homelessness a) be engaged/treated with dignity and respect and b) be adequately referred to nearby resources for additional and ongoing support.**

Participants in the consultations recounted instances when Campus Safety Special Constables disrespectfully treated a person who was experiencing homelessness and did not provide options for local shelter.

D2. Recommendation for the University to review and modify Campus Safety practices on how they respond to calls by students, staff, and faculty requesting access to locked rooms, buildings, and inaccessible lockers.

Students shared that the presence of Special Constables can be intimidating to members of our community. Racialized students have expressed experiencing problematic/offensive/unwanted behaviours and the belief that they are over-surveilled by Campus Safety. As a result, many students, specifically racialized students, are reluctant to involve Campus Safety in instances where they might need access to locked rooms, buildings, and inaccessible lockers. We recommend that there be personnel who are not Campus Safety Special Constables responding to calls by students, staff, and faculty requesting access to locked rooms, buildings, and inaccessible lockers. If it is determined that Campus Safety-Building Security should respond to these requests, we suggest that they identify themselves as "Building Access and Safety" staff and wear a distinctly different uniform from that of Campus Safety Special Constables.

D3. Recommendation for the University to highly encourage all U of T staff and faculty to receive anti-racism training to reduce instances of racialized campus community members being perceived as trespassers.

Through our consultations, we heard from staff and students about instances of racialized, usually Black, students and guest lecturers being mistaken for trespassers in U of T buildings and Campus Safety being called to address them. These situations can be traumatizing and make racialized/Black members of the U of T campus community feel unwelcome. To prevent situations like these from occurring in the future, we feel it is paramount that U of T staff and faculty be provided with anti-Black racism and Indigenous sensitivity training that aims to address this situation. This type of training should be curated and approved by the Anti-Racism & Cultural Diversity Office (ARCDO) and the Equity, Diversity & Inclusion Offices (EDIO).

Conclusion

The recommendations presented in this report are the outcome of many conversations, submissions, and general feedback from stakeholders across the three campuses during the past six months. They include welcome input from partnering hospitals and other external knowledge experts and mental health support agencies. The Review Committee wishes to thank everyone who contributed to visioning the next steps that will enhance supporting students experiencing mental health crises. The Review Committee and Working Group members brought a wealth of expertise to this effort and helped guide the process from start to finish. The recommendations cover the range of both short-term and long-term goals. There is recognition of the need for sustained efforts that build upon progress already achieved over the last several years in re-imagining mental health and well-being support for our students. We look forward to seeing the response to the recommendations, not only from the University, but also from those involved in supporting our community when in immediate need.

Throughout the process we became aware of the significant dedication, expertise, and commitment of those whose work directly supports students experiencing mental health distress. Our conversations with the Campus Safety teams, with the Health & Wellness/Counselling Centres, with front-line and student-facing staff, with student groups, and with University units that are here to ensure the safety and support of our community, all demonstrated clearly how difficult this work can be. It is critical not only to be well-prepared and empowered to help others, but also to prepare others to help themselves. The hope is that these recommendations will contribute to these goals. The University of Toronto is not alone in facing these challenges and there is much to learn from many collaborators and partners. Our thanks to the work of the Presidential and Provostial Task Force on Student Mental Health that helped guide this review. We also thank the Vice-President, People Strategy, Equity & Culture and the Vice-Provost, Students for making this review a priority.

Appendix A – Committee/Working Group Mandates & Membership

Working Group 1
Mandate
Assess health and wellness supports on each of our campuses as well as community-based resources (such as the Centre for Addiction and Mental Health), addressing:

- how Campus Safety engages with these resources in crisis situations
- adjustments to existing procedures and processes that should be made, if any, to provide appropriate transition to mental health professionals
- a review of pilots (proposed and currently underway) across our tri-campus community, with respect to responding to community members in crisis. This would include constable services skill set, recruiting practices, and response protocols.

Membership
Andrea Levinson – Working Group Lead
Director, Psychiatric Care, Health and Wellness Student Life Programs and Services, University of Toronto

Julius Haag
Assistant Professor, Department of Sociology, University of Toronto

Marwa Hussein
Undergraduate Student, Faculty of Arts & Science, University of Toronto

Denis Margalik
Graduate Student, Institute of Biomedical Engineering, Faculty of Applied Science & Engineering, University of Toronto

Working Group 2
Mandate
Review the current structure, where Special Constables are called upon to intervene and manage situations regarding community members in situations that may represent a safety risk to self or others, and consider the implications of interactions that may result in encounters with individuals who are or may be experiencing mental health crises. The review will focus more specifically on:

- existing policies, practices, procedures, and services employed by Special Constables on all three campuses to address encounters with individuals in mental health distress
- how information is captured regarding these incidents, consistency of information across the three campuses, and any changes necessary for data and information management for such incidents
- the kind of training Special Constables receive in defusing and de-escalating crisis situations
- adjustments, if any, that are required to any of the above to ensure Special Constables have the supports needed to engage with individuals in mental health crises

- alternate models or structures the University should consider to better support students in mental health crises.

Membership
Melissa Fernandes – Working Group Lead
Mental Health Programs Officer, Faculty of Applied Science & Engineering, University of Toronto

Isaiah Murray
Undergraduate Student, Department of Statistical Sciences and Department of Psychology, University of Toronto Scarborough

Vishar Yaghoubian
Undergraduate Student, Faculty of Arts and Science, Woodsworth College, University of Toronto

Mitra Yakubi
Undergraduate Student, Department of Biology and Department of Sociology, University of Toronto Mississauga

Working Group 3
Mandate
Evaluate how the principles of equity, diversity, and inclusion and their intersection with mental health for individuals of diverse backgrounds inform the approach that Campus Safety takes in engaging individuals experiencing mental health crises. The evaluation will address:
- the extent to which Special Constables are trained on biases about mental illness and accompanying stigma
- the extent to which Special Constables are trained on the intersection of equity, diversity, and inclusion and mental health; and
- any additional training required, including the general topics or areas that should be considered.

Membership
Jodie Glean – Working Group Lead
Director, Anti-Racism & Cultural Diversity Office, Division of People Strategy, Equity & Culture, University of Toronto

Benjamin Eraze
Alumnus, Faculty of Arts and Science, Woodsworth College, University of Toronto

Working Group 4

Mandate

Taking into consideration the fact that Special Constables can engage as first responders to a variety of stressful, hazardous, and/or traumatic events, which can lead to mental health strain, evaluate:

- what resources, practices, and training are in place to support mental health wellness for Special Constables
- what additional mental health supports are required, if any.

Membership

Joseph Desloges – Committee Chair & Working Group Lead
Professor, Department of Geography and Planning, University of Toronto

Gary Pitcher (until August 2021)
Special Advisor to CAO, University of Toronto Scarborough

The work of the Review Committee was supported by knowledge expert Kwame McKenzie, Director of Health Equity, CAMH, CEO of Wellesley Institute and Professor, Department of Psychiatry, University of Toronto.

Appendix B – People & Groups Interviewed

Professor Akwasi Owusu-Bempah
Campus Safety Directors
Campus Safety Directors & their Chief Administrative Officers
Campus Safety Staff
Centre for Addiction and Mental Health (CAMH)
EDI Directors within the Division of People Strategy, Equity & Culture (formerly Human Resources & Equity)
Engineering Equity Diversity & Inclusion Action Group (EEDIAG)
Health & Counselling Centre University of Toronto Mississauga
Health & Wellness Centre University of Toronto Scarborough
Health & Wellness Centre University of Toronto St. George
Health Students Fight Back
Mental Health Advisory Committee (UTSC)
Office of Safety & High Risk
Reach Out Response Network
Residence Life Functional Group
Scarborough Health Network
Student Crisis Response team
Student Progress and Support team
Student Life Community of Practice: Equity, Diversity, Inclusion, Accessibility & Indigenous Initiatives
Students for Barrier-Free Access
University of Toronto Mississauga Students' Union (UTMSU)
Scarborough Campus Students' Union (SCSU)
University of Toronto Students' Union (St. George) (UTSU)
U of T Mental Health Policy Council
Trillium Health Partners
Wholistic Health and Wellbeing CoP

Appendix C – Definitions

Anti-Racism
Anti-Racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.

Human Rights
In Ontario, every person has the right to engage in services free from discrimination and harassment regardless of race, colour, ethnic origin, citizenship, ancestry, place of origin, creed/religion, sex, gender identity, gender expression, disability, marital status, family status, sexual orientation, age, record of offences, and receipt of public assistance, as established under the Ontario Human Rights Code. Each person is entitled to a life of dignity, equality, and respect. It is important that employees engage in and/or reinforce their learning on their roles and responsibilities to inclusion through a human rights lens.

Respect for Reconciliation with Indigenous peoples
Reconciliation refers to a process of building and sustaining respectful, ethical relationships between Indigenous peoples and the rest of Canada based on mutual understanding and respect.

Bias-Free
Bias is defined as a subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, which influences the ability of an individual or group to evaluate a particular situation objectively or accurately.

Diversity
Diversity refers to difference. In a broad societal equity, diversity, and inclusivity context, diversity refers to demographic or identity diversity, including that based on the protected grounds in human rights legislation. Diversity encompasses identities as well as differences in education, perspectives, opinions, experiences, skills, and learning opportunities.

Equity
Equity refers to the ongoing intentional and systemic approach to remove historic and current barriers for Indigenous peoples and equity-deserving groups. Equitable policies and practices enable access, representation, opportunities, and meaningful participation of socially diverse people who have experienced historical and current day systemic barriers, including groups such as women, racialized peoples, Indigenous peoples, persons with (dis)Abilities, and 2SLGBTQ+ people.

Inclusion
Inclusion means that we value and cultivate full and meaningful engagement with communities who have been historically and structurally excluded. Inclusion refers to enabling all individuals within the work environment to gain access to and to enjoy the opportunities the work environment has to offer, and to have diverse representation throughout the organization and in decision-making roles.

Intersectionality

An intersectional approach to equity, diversity, and inclusivity begins from the understanding that an individual encompasses many identities (race, class, gender, sexuality, disability, nationality, religion, language, age) and that these identities do not exist separately or in isolation from each other. Instead, our identities are interwoven and affect each other. Intersectionality focuses on how multiple, interwoven identities shape experiences of social belonging, cultural representations, our social and political institutions, and our work environments.

Accessibility

Accessibility refers to the degree to which our physical structures and organizational culture are (re)designed to enable the full, meaningful, and equitable engagement of all members of the workforce and the communities the organization serves. Accessibility includes, but is much broader than, ramped access to buildings. It also includes, for example, designing for physical, financial, sensory, social, and language-level access.

Source: Definitions adapted from [University of Alberta Equity, Diversity, and Inclusion Strategic Plan](#)

Appendix D – Specific Considerations for the Roles and Responsibilities of an Alternative non-Campus Safety Crisis Response Service

- The crisis response service should have access to the interdisciplinary expertise of mental health professionals with the inclusion of peer support workers and cultural and spiritual community leaders; for example, to consider including a sexual violence disclosure advisor, paramedic, peer-to-peer worker, and an Indigenous elder. When Campus Safety and the crisis response service are attending a call together, a mental health clinician's assessment should inform the decision of whether or not to apprehend the student in crisis.

- Where there is minimal perceived threat of violence, the crisis response service would respond to and de-escalate mental health crises without the need for Campus Safety involvement.

- The crisis response service should be available to escort students to a hospital for emergency psychiatric care in a way that preserves their dignity and autonomy while also ensuring the safety of the student and the supporting staff. These escorts might be in the context of transferring students from the health and counselling/wellness centres after a Form 1 has been issued, or if the student voluntarily wishes to seek emergency psychiatric care and they might be at locations other than tri-campus counselling/wellness centres.

- Training of the crisis response service staff should be comprehensive and be informed by best practices. For example, the scenario and role-based training recommendations provided by the Reach Out Response Network to the City of Toronto[30] ensure accountability and build trust with the services.

- The crisis response service should provide support and coordination to bystanders at the time of a public mental health crisis. Students, staff, and faculty identified the separate needs of bystanders that, in the context of a mental health crisis, warrant dedicated health professional support at the time of the incident and in follow-up to an incident.

- Outside of regular business hours, the crisis response team should include professionals who are able to receive disclosures of sexual assault and liaise with the Sexual Violence Prevention & Support Centre accordingly.

- The crisis response service should function separately from academic units, as students in crisis should not have to weigh their need to receive help against the possibility of jeopardizing their academic success. Academic units should be able to access the service to refer a student to the crisis response service.

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[30]
https://static1.squarespace.com/static/5f29dc87171bd201ef5cf275/t/5fdbdc1c15119267ed92945a/1608244256195/Final+Report+on+Alternative+Crisis+Response+Models+for+Toronto.pdf

- The crisis response service should be equipped and trained to respond to calls involving substance misuse (e.g., carry naloxone, defibrillators, be trained in Advanced First Aid).

- Crisis responders should be supported in the liaison with services across all campuses (e.g., Health & Counselling/Wellness Centres, Accessibility Services, Sexual Violence Prevention & Support Centre) to establish post-crisis support for the student.

- The crisis response service should establish a method of collecting and sharing their service-use data with various offices across the University to establish preventative and proactive measure to mitigate future incidents. This may require the collection of demographic data from its service users to determine preventative measures through the analysis of disaggregate data. This practice would support Recommendation #2 of the Striving Towards Black Inclusivity Report (2019).[31] Reports of disaggregate data may be helpful to the offices that support aspects of student identities and those that promote equity (e.g., Office of the Vice-President, People Strategy, Equity & Culture; Centre for International Experience; Sexual & Gender Diversity Office; Anti-Racism & Cultural Diversity Office; Multi-Faith Centre). Additionally, the crisis response service should have multiple channels through which they attain feedback (e.g., follow-up surveys, townhalls with U of T community members, online anonymous feedback forms).

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[31] https://www.engineering.utoronto.ca/files/2020/02/Striving-Toward-Black-Inclusivity-Report-to-U-of-T-FASE.pdf

Appendix E – Online Feedback Form Questions

1. Do you have any comments on the current structure where Special Constables are called upon to intervene and manage situations regarding U of T campus and community members in situations with individuals who may be in mental health crises and/or who may be at risk of harming themselves or others?

2. Do you have any experiences/thoughts/comments around how a mental health emergency is managed in the on-campus health and wellness centres (St. George/UTSC/UTM) or off-campus mental health emergency settings and how Campus Safety have been called to assist/transport students in mental health crises?

3. How should the principles of equity, diversity, inclusion, and anti-racism be embedded in the approach that Campus Safety take in engaging with individuals in mental health crises?

4. What supports and resources should be available for members of Campus Safety who engage as first responders in a variety of stressful, hazardous, and/or traumatic events which can lead to mental health strain?

5. Please provide any additional feedback that you want us to consider as part of this review.

Additional information:

- Please indicate your affiliation with the University of Toronto (student, faculty, staff, other)
- Please indicate your campus affiliation (St. George, UTM, UTSC)

Appendix F – Summary of Recommendations

A. Incorporating mental health education and equity, diversity, inclusion, and anti-racism resources

A1. Recommendation for the University to establish a Mental Health and Equity, Diversity, Inclusion, and Anti-Racism Training Competency Framework for the Campus Safety teams in partnership with PSEC Equity Offices and relevant partners in the campus community.

A2. Recommendation for Campus Safety to integrate and evaluate mental health and equity, diversity, inclusion, and anti-racism content into training programs.

A3. Recommendation for Campus Safety teams to have a designated person responsible for the development, implementation, and evaluation of the Education Plan in consultation with Equity offices.

A4. Recommendation for University senior leadership to endorse an Education Forum for Campus Safety teams.

A5. Recommendation for the University to have consultants in the areas of police reform and community safety conduct a further review related to better serving Indigenous and racialized communities, 2SLGBTQ+ people, people who live with a mental illness, and other groups who have historically experienced systemic policing violence and brutality.

B. Embracing changes to Campus Safety that will enhance students' choice, autonomy, and dignity

B1. Recommendation for the University and Campus Safety to implement practices and policies to support flexible, clinical, and trauma-informed ways to transfer students from U of T campus locations to crisis care facilities.

B2. Recommendation for Campus Safety to develop and support a tri-campus policy that aspires to achieve zero restraint practices and the reporting of restraint incidents for acute transfers.

B3. Recommendation for Campus Safety to adopt arrival practices, uniforms, and equipment that reorient their role in a mental health crisis away from a law enforcement approach and towards an approach that prioritizes care and empathy.

B4. Recommendation for Campus Safety to dedicate ongoing efforts to build trust with the U of T tri-campus community.

B5. Recommendation for the University and Campus Safety to implement staffing and structural revisions that contribute to student mental health crisis response and care.

B6. Recommendation for the University and Campus Safety to establish ongoing review mechanisms to foster University-wide accountability.

B7. Recommendation for the University's and Campus Safety's leadership to ensure strong mental health support pathways for Campus Safety staff as first responders.

C. Developing an alternative, non-policing approach to responding to students in mental health crises, with the adoption of a consistent tri-campus approach to crisis intervention during regular working hours that connects and extends to after-hours and weekend crisis support

C1. Recommendation for the University to establish a non-Campus Safety-/non-police-affiliated crisis response service that is underpinned by a trauma-informed, recovery-oriented approach and is committed to principles of anti-racism and anti-oppression.

C2. Recommendation for the University to review and enhance current pathways and develop alternative non-police/non-Campus Safety Special Constable response options for conducting student wellness checks for students of concern.

C3. Recommendation for the University to incorporate peer-to-peer supports as options for extended-hour mental health crisis response.

C4. Recommendation for the University to adopt a tri-campus approach to supporting students in mental health crises.

D. Role of Campus Safety in other duties and non-policing alternatives for some services

D1. Recommendation for the University to provide non-police alternatives for services related to other campus functions.

D2. Recommendation for the University to review and modify Campus Safety practices on how they respond to calls by students, staff, and faculty requesting access to locked rooms, buildings, and inaccessible lockers.

D3. Recommendation for the University to highly encourage all U of T staff and faculty to receive anti-racism training to reduce instances of racialized campus community members being perceived as trespassers.