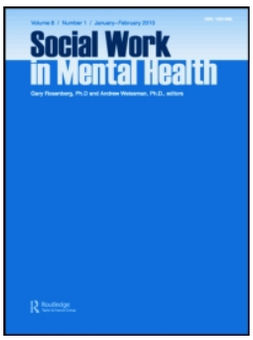

Social Work in Mental Health

ISSN: 1533-2985 (Print) 1533-2993 (Online) Journal homepage: http://www.tandfonline.com/loi/wsmh20

Police encounters among a community sample of children and youth accessing mental health services

Maria Liegghio, Trish Van Katwyk, Bonnie Freeman, Lea Caragata, Kathy Sdao-Jarvie, Kenneth Cory Brown & Angele Sandha

To cite this article: Maria Liegghio, Trish Van Katwyk, Bonnie Freeman, Lea Caragata, Kathy Sdao-Jarvie, Kenneth Cory Brown & Angele Sandha (2017) Police encounters among a community sample of children and youth accessing mental health services, Social Work in Mental Health, 15:1, 14-27, DOI: 10.1080/15332985.2016.1156043

To link to this article: http://dx.doi.org/10.1080/15332985.2016.1156043

Accepted author version posted online: 15 Mar 2016.
Published online: 15 Mar 2016.

SOCIAL WORK IN MENTAL HEALTH
2017, VOL. 15, NO. 1, 14–27
http://dx.doi.org/10.1080/15332985.2016.1156043

Routledge
Taylor & Francis Group

Police encounters among a community sample of children and youth accessing mental health services

Maria Liegghio, PhD[a], Trish Van Katwyk, PhD[b], Bonnie Freeman, PhD[c], Lea Caragata, PhD[d], Kathy Sdao-Jarvie, PhD[e], Kenneth Cory Brown, MSW[a], and Angele Sandha, MSW[a]

[a]School of Social Work, York University, Toronto, Ontario, Canada; [b]School of Social Work, University of Waterloo, Waterloo, Ontario, Canada; [c]School of Social Work, McMaster University, Hamilton, Ontario, Canada; [d]Faculty of Social Work, Wilfrid Laurier University, Kitchener, Ontario, Canada; [e]System Planning and Accountability, Peel Children's Centre, Mississauga, Ontario, Canada

ABSTRACT

Generally, within the Canadian context, scholarship on police encounters with persons living with mental illness has focused on the experiences of adults and not children and youth. In this article, we present preliminary work of a secondary data analysis of intake statistics collected over a 5-year period (2009–2014) and a thematic content analysis of qualitative intake notes collected over a 2-year period (2009–2011) about police involvement among a community sample of children and youth accessing mental health services. Of 8,920 intakes completed, 1,449 children and youth, birth to 24 years old, had had police involvement at the time of accessing mental health services. Over the 5 years, the average number of young people with police involvement at the time of accessing mental health services was 16%, or one in six children and youth. Analysis of the qualitative intake notes revealed two main reasons for police involvement: (1) support in the home for a distressed child, and (2) concerns about a child's conduct and behaviors in the community. The implications for social work practice and future research are discussed.

KEYWORDS

Adolescence; child and youth mental health; children; criminalization; crisis; mental health; police and police encounters; policing; stigma of mental illness

Introduction

Over the past decade within Canada, the issue of policing and police encounters among persons living with a mental health issue has received considerable public attention. Since 2009 there have been at least two provincial government inquests examining the deaths of adults living with a mental illness by police (refer to Braidwood Commission, 2009; Eden, 2014), as well as several national research initiatives aimed at improving the Canadian mental health and justice systems (refer to Brink et al., 2011; Chammartin, Ogaranko, & Froese, 2011; Coleman & Cotton, 2010; Cotton & Coleman, 2008). Moreover, in the summer of 2013 there were the media

CONTACT Maria Liegghio, PhD mlieg@yorku.ca School of Social Work, York University, 4700 Keele Street, S880, Ross Building South, Toronto, Ontario M3J 1P3, Canada.

images of a streetcar standoff between Toronto police and Sammy Yatim, an 18-year-old man appearing to show signs of emotional and mental distress. The standoff resulted in the shooting death of Mr. Yatim and a subsequent review of the use of lethal force with persons experiencing a mental health crisis by the Toronto Police Services (Iacobucci, 2014). Despite this attention, little empirical research is focused on the experiences young people living with a mental health issue have of police encounters representing a gap in the social work scholarship in mental health.

To address this gap, the aim of this article is to present preliminary work in its early stages examining the issue of policing and police encounters in child and youth mental health. In particular, we present a secondary quantitative data analysis of intake service statistics collected over a 5-year period (2009–2014) and a thematic content analysis of qualitative descriptive intake information, (referred to as "memos") collected over a 2-year period (2009–2011) documenting the extent and reasons of police involvement among a community sample of children and youth, birth to 24 years old, accessing mental health services. The data, stripped of all identifying information, was shared by a community-based child and youth mental health agency serving the Region of Peel, a large urban jurisdiction located near Toronto, Canada.

Literature review

Police encounters in child and youth mental health

Currently in both policy and practice, public statistics documenting the rate at which young people living with a mental health issue and their family members encounter and/or use police services as an emergency mental health response are relatively unknown. Furthermore, the nature and reasons for police involvement are also unknown—representing a major gap in our academic and professional social work knowledge in child and adolescent mental health. Generally, scholarship has focused on the experiences of adults and not necessarily of children and youth living with a mental health issue. For adults, estimates suggest that approximately 7–15% of police calls involve a person living with a mental illness (Cotton & Coleman, 2008) and that approximately 65% of adults newly admitted to inpatient and community psychiatric services had some sort of encounter with police over their lifetime (Brink et al., 2011). The reasons for police involvement include being a suspect of crime, a victim of crime, attempted suicide, and escorts to the hospital for psychiatric care (Coleman & Cotton, 2010; Cotton & Coleman, 2008). Other studies explored the perceptions adults with a mental health issue have of police and police interactions, the education and training police officers received about mental illness, and the human rights legislation that affect persons living with a mental health issue

(Brink et al., 2011; Chammartin et al., 2011; Coleman & Cotton, 2010; Cotton & Coleman, 2008).

More broadly, others have reported on the in/appropriateness of police approaches for intervening with psychiatrically distressed individuals (Morabito et al., 2012), and relatedly the effectiveness of police crisis intervention team training for diverting adults from the criminal justice system to the mental health system (Canada, Angell, & Watson, 2012). Based on adults' experiences, there are several important issues discussed about policing and police encounters. These concerns are about the inappropriate use of force and physical restraints, and the criminalization of mental illness and of persons living with a mental illness (Corrigan, Watson, Byrne, & Davis, 2005; Fry, O'Riordan, & Geanellos, 2002; Green, 1997; Morabito et al., 2012; Perez, Leifman & Estrada, 2003; Watson, Angell, Morabit, & Robinson, 2008). Criminalization of mental illness is cited as a major form of structural stigma and discrimination in which adults with mental health issues, for a number of reasons including a lack of community services (Fisher, Silver, & Wolff, 2006), become more likely to be treated by the criminal justice system instead of the mental health system (Chaimowitz, 2012; Corrigan et al., 2005; Gur, 2010).

As noted the rates, reasons, and effects of police involvement in the children's mental health field are relatively unknown. The little that is known exists as a patchwork embedded or implied within other areas, for example, in research examining criminal involvement through referrals to police and arrest rates among youth receiving mental health care (Robst, Armstrong, Dollard, & Rohrer, 2013; Stoep, Evens, & Taub, 1997); the mental health and/or substance use needs of convicted youth, who at some point in their encounters with the justice system had police involvement (Carswell, Maughan, Davis, Davenport, & Goddard, 2004; Chassin, 2008; Erickson & Butters, 2005; Odgers, Burnette, Chauhan, Moretti, & Reppucci, 2005; Townsend et al., 2010); or the stigma of mental illness in child and youth mental health (Liegghio, 2013). For instance, youth using community-based mental health services were nearly three times more likely to be referred to police, and generally, were more likely to be subsequently convicted for minor infractions; that is, vandalism, trespassing, and minor assaults/thefts (Stoep et al., 1997).

More recently, Robst et al. (2013) compared the arrest rates between older children and youth receiving inpatient psychiatric, group home, and foster home mental health treatment, finding youth in group home settings had higher arrest rates than youth in psychiatric settings. Among the reasons suggested for the differences were the policies and practices of the different settings with staff within group homes being more likely to involve police while staff in inpatient units were more likely to use other approaches to deter problem behaviors. Robst et al. also suggest

that the higher rates in community settings may relate to responding police officers becoming de-sensitized to the mental health issues of the young person, and thus more likely to lay charges on subsequent interactions. In other research Odgers et al. (2005) examined the mental health needs of youth already involved in the justice system and reported that 20% of young people (two thirds of males and three quarters of females) met the criteria for at least one diagnosis of a mental disorder. Although these findings are not directly about policing and police encounters, they do imply the potential criminalization and entrenchment of young people living with a mental health issue into the criminal justice system—a system ill-equipped to offer more than basic mental health care (Moskos, Olson, Halbern, & Gray, 2007).

Finally, in a qualitative study exploring self and family stigma in child and youth mental health, Liegghio (2013) reported that an unexpected outcome was the extent to which the youth, caregivers, and siblings had had encounters with police. Of the 29 participants (7 youth, 15 caregivers, and 7 siblings), 62% had experiences of police involvement as an emergency mental health response. Although, generalizations cannot be made from this small sample, the rate was consistent with those reported for adults (refer to Brink et al., 2011). In all instances, police were called to deescalate a family dispute involving a distressed child. The descriptions of the encounters included: the use of "force" (i.e., hand-cuffs or physical restraints) with a child in emotional distress; youth feeling as though they were "doing something wrong"; caregivers feeling negatively judged as parents for not being "in-control" of their children; and siblings describing their own distress at witnessing police in their home or witnessing the handcuffed removal of their sibling for an escort to the hospital. Generally, police involvement was stigmatizing to the child and to caregivers and siblings, as family members.

The stigma of mental illness is a serious issue and is implicated as a major barrier and a critical reason that children, youth, and their caregivers avoid, delay, or not access mental health services (Hinshaw, 2005; Koro-Ljungberg & Bussing, 2009; Moskos et al., 2007; O'Reilly, Taylor, & Vostanis, 2009; Richardson, 2001; Samargia, Saewyc, & Elliot, 2006; Tuchman, 1996; Waddell & Godderis, 2005). In turn, the individual, familial, and social implications for not accessing mental health treatment are serious, ranging from exacerbated mental health issues, diminished self-esteem, loss of opportunities, and loss of life (Moskos et al., 2007; Munson, Floersch, & Townsend, 2009; O'Reilly et al., 2009; Zimmerman, 2005). To shed further light on these issues, we explore the extent to which a community sample of young people accessing mental health services had encounters with police and the reasons for that involvement.

Methods

Jurisdiction and mental health agency

The geographic jurisdiction from which the data was collected is the Region of Peel (Peel Region) a large urban area located near Toronto, Canada. Peel Region consists of the cities of Mississauga and Brampton, and the Town of Caledon and has a population of approximately 1.8 million residents (Statistics Canada, 2013). Comprised of diverse ethno-cultural and newcomer/immigrant groups, Peel reflects the racial and cultural diversity present in the rest of Canada (Liegghio, 2013). In addition, within the region, Peel Regional Police Services was identified as providing specialized training in child and youth mental health to their officers as first responders (Coleman & Cotton, 2010).

The setting from which the secondary data were collected was the largest accredited community-based child and youth mental health agency located in Peel Region (referred to as "the Centre"). The Centre has a longstanding history of providing a continuum of mental health services including: residential; day treatment; mobile crisis; and home, school, and community-based assessment and treatment services to children and youth from birth to 18 years old and their families. They also have a strategic alliance with a youth-serving agency, which provides mental health support to young people up to 24 years old. Within the region, the Centre is often the initial point of entry for young people and their caregivers to access mental health services. From intake, families can be referred to six other child and youth mental health agencies for assessment and treatment: four community-based agencies and two hospital-based programs. The Centre itself is one of the four agencies. Consequently, given its central role the Centre is an ideal setting from which to collect regional service statistics regarding the mental health issues and needs of children and youth accessing mental health services.

Data analysis

As preliminary work, a secondary data analysis was conducted of intake service statistics collected between January 2009 to June 2014 and qualitative memos collected between January 2009 to 2011 by the intake department at Peel Children's Centre. Because of time and resource constraints, only one third of the complete set of qualitative memos was analyzed. The intake question that caregivers and youth old enough to access services were asked to respond to was: "Has the child/youth ever been involved with police?" The response to the question was "yes" or "no." For yes responses, qualitative descriptions of the incidents, reasons for involvement, the child/youth's engagement in criminal behavior, and whether or not the child/youth was charged were documented in a

"memo." All data were stripped of identifying information. Descriptive statistics were calculated for the quantitative data, while the analysis of the subset of qualitative memos consisted of a thematic content analysis resulting in a list of main reasons and circumstances for which children and youth accessing mental health services had police involvement. Ethical clearance was obtained from the Office of Research Ethics at York University, Toronto, and also from Peel Children's Centre.

Limitations

The main limitation of the research relates to the sample and sampling procedures. Because the data was collected from a single site and within a single jurisdiction, the findings cannot be generalized broadly outside of the organization and the Region of Peel. Therefore, it would be important to collect and examine the service statistics for other service organizations within Peel, such as police services, as well as statistics from other jurisdictions (outside of Peel) to compare whether or not similar trends and/or patterns occur. As well, because the data set is of service statistics extracted from client files organized around the reporting needs of the agency (primarily for funding and not necessarily for the purpose of research), important information about the sample could not be included in the analysis because it was not collected by the agency. In particular, information about the child's age and gender were collected, therefore these characteristics were included in the analysis, however, other important characteristics, such as type of mental health issue, race, immigration status, ethnicity, or socioeconomic status were not systematically collected, and therefore could not be included in the analysis.

Findings

The secondary statistical analysis revealed that over a 5-year period, from 2009 to 2014, there was 8,920 intakes completed of children and youth from birth to 24 years old accessing mental health services. Of those children and youth, 1,449 had experienced police involvement at the time of intake. The average over the 5 years was 16% or one in six children and youth accessing mental health services had had police involvement. Boys/males (62%, n = 897) were approximately 1.5 times more likely than girls/females (38%, n = 552) to have police involvement. As well, 7.7% (n = 111) were between 2 and 9 years old; 24.4% (n = 339) were between 10 and 13 years old; 63.8% (n = 925) were between 14 and 17 years old; and 5.1% (n = 74) were between 18 and 24 years old. As mentioned, other demographic information (i.e., race, socioeconomic status, and immigration status) was not reliably collected, therefore could not be included in the analysis.

As a subset of one third of the total memos collected, there were a total of 567 descriptive memos (from 2009 to 2011) included in the qualitative analysis of the reasons or circumstances for police involvement. Analysis of these qualitative memos fell into two main categories of reasons or circumstances police were involved: (1) support in the home for a distressed child and (2) concerns about the child's conduct and behaviors in the community.

Support for a distressed child

The main reason identified for police involvement was for support to deal with a distressed child and/or because of concerns about a child's behavior in the home. The types of behaviors for which police were called included: leaving the home without permission/missing; destroying property; verbal and physical aggression toward family members (parents and siblings); and/or saying or making suicidal gestures. In circumstances where the reasons were because of concerns about self-harming and suicidal statements, the child or youth was escorted to the hospital for an emergency mental health assessment. In circumstances where the concern was about a family conflict, the police intervened by deescalating the situation. In multiple contacts, or subsequent interactions with older youth (14–16 years old), police were more likely to lay charges against the youth that included: assault, attempted assault, and/or uttering threats. For younger children (under 9 years old) police involvement was most often because of a domestic dispute between adults within the family to which the child was a witness.

Concerns about a child's conduct and behaviors in the community

The second main reason identified for police involvement was to respond to concerns about a child's conduct and behaviors in the community. The concerns about behaviors included: destruction of property; allegations of criminal involvement with theft/shoplifting; verbal and physical aggression toward peers/community members; and/or drug and alcohol-related concerns (i.e., disorderly conduct related to alcohol or drug use, drug possession, drinking under age, etc.). Again, consistent with the previous theme, in the circumstances of older children (14–16 years old), police were more likely to lay charges against the youth for their behaviors in the community. The charges included: break and enter, theft/shoplifting, uttering threats, assault, and/or drug or alcohol-related offenses. It was not clear from the analysis of the qualitative memos whether or not these children were identified prior to or during the time of police involvement as potentially "having a mental health issue" or if the young person's mental health status was taken into consideration when charges were laid for their behaviors.

In light of these findings, the recommendations cited in the adult literature about the importance of training and education for officers about mental health and distress seem relevant. As first responders, it is important for police officers to have appropriate knowledge about mental health, wellbeing, and distress and in particular about children and youth in order to identify and effectively intervene with behaviors as mental health versus criminal concerns (Canada et al., 2012; Cotton & Coleman, 2008). Officer training in mental health and crisis intervention was identified as instrumental in shifting negative views that mental health issues were a matter of personal and/or family misconduct resulting in a decrease of stigmatization by police officers (Chopko, 2011; Demir, Broussard, Goulding, & Compton, 2009).

Implications for social work practice and future research

Overall, the findings suggest that at least one in six children and youth have had police involvement at the time of accessing community-based mental health services. The main reasons for the involvement—support for a distressed child, unmanageable conflict with parents, and community-based behavioral concerns—are indicative of the types of mental health challenges faced by children, youth, and their caregivers. As an important consideration for social work practice and research it is worth noting that, as presented, the findings promote a primarily behavioral understanding of these challenges, specifically as "distressed" and/or "distressing" behaviors in the home or in the community. From the perspectives of stigma, childhood disability, and children's rights scholars, behavioral (as well as bio-medical) approaches for understanding children and youth, child development, and childhoods are heavily critiqued for creating the conditions of young people's discrimination, exclusion, and marginalization within society (Curran, 2013; Goodley & Runswick-Cole, 2010; LeFrancois & Coppock, 2014; Watson, 2012). In particular, behavior-focused approaches are criticized for the ways personal conditions, struggles, or impairment become problematized and individualized to the child, youth, and their family and decontextualized from the broader social and institutional conditions that surround their lives (Goodley & Runswick-Cole, 2010; Polvere, 2014). In the case of police encounters, relying on behavioral understandings may contribute to behavior-prompted responses, such as addressing distressing behaviors by laying criminal charges, thus leading to the criminalization of children and youth experiencing mental health challenges.

Social work practice in child and youth mental health

Generally, there appears to be little attention paid and few opportunities to discuss and debrief the experiences young people and their family members

have of police encounters in social work practice in child and youth mental health (Liegghio & Jaswal, 2015). In practice, although there is some consensus about the merits of crisis intervention services, the research is again fragmented and based on the experiences of adults. Crisis intervention services are considered to be least intrusive, provide effective support for both the person and family, as well as divert people away from emergency room visits, involvement with police, and/or costly out-of-home placements (Dion, Kennedy, Cloutier, & Gray, 2010; Doulas & Lurigio, 2010; Ruffin, Spencer, Abel, Gage, & Miles, 1993; Shulman & Athey, 1993). Moreover, there are significant concerns about the lack of coordination between systems, such as the child and youth mental health and police systems (Doulas & Lurigio, 2010; Duvall, Young, & Kays-Burden, 2012). The results are the fragmented delivery of services with young people and their families not receiving the appropriate support in a timely fashion (Duvall et al., 2012; Samargia et al., 2006). As mentioned the suffering associated with a lack of adequate support includes exacerbated mental health issues and strained family relationships (Liegghio, 2013; Zimmerman, 2005) and being diverted to other systems, such as the youth justice and/or child protection systems (Doulas & Lurigio, 2010; Moskos et al., 2007).

As a consideration for social work practice, there is an emerging recognition of the need to develop with children, youth, and their caregivers the necessary crisis responses and interventions required in the situations for which they would turn to the police for support. Alternative and additional responses can be envisioned, so that the police response is not the only option available to parents, their distressed children, and the community. Liegghio and Jaswal (2015) propose one such practice, suggesting that parents be provided with stigma-informed crisis intervention training. Through stigma-informed crisis intervention training parents may be better equipped to identify and respond to their children's experiences of distress, while understanding the stigma of mental illness as a structural and organizing condition of their personal experiences. Such an approach fits well with "holistic crisis planning," a strengths-based and child/family-centred approach to crisis prevention and planning premised on the principles that the child, youth and their family members are fully engaged in the process of developing with formal and informal networks safety and advance directive plans for responding to the personal crisis situations (Peel Services Collaborative, 2014).[1] The aim of holistic crisis planning is for the child, youth, and their caregivers to be empowered to respond to unsafe situations utilizing plans in which their perspectives, needs, and preferences are central (Portico: Canada's Mental Health and Addiction Network, 2015).

Future research

In order to move beyond a behavior-focused response and perspective, further research needs to explore specifically the experiences that children

and youth have with police encounters. With research that explores the experiences of children and youth involved in the mental health system, knowledge about children and their developmental trajectories could be incorporated into the crisis response, and could involve caregivers, who provide a pivotal function that cannot be adequately described in adult-based knowledge about mental health concerns. Ongoing research, which includes the perspectives of children, youth and their caregivers could provide invaluable insight and become foundational to the knowledge and training opportunities for mental health and police services. For example, the current research findings show the ages of the children and youth who were involved with the police for mental health distress. The highest percentage of involvement was for youth between 14 and 17 years old. The lowest percentage of involvement was for youth between 18 and 25 years old. Further research could explore the significance of development, social constructions of children and youth, and the types of systems that are activated due to the age of the children involved.

Additionally, as preliminary work this research was not able to provide other descriptive information such race, gender, socioeconomic status, immigration status, ethnicity, and type of mental health diagnosis, while this information could enhance our perspective in meaningful ways, and allow theory and practice to develop that relies on more aspects of the child and youth experience than their behavior. In particular, there is a need to learn more about the experiences of racialized youth. For instance, within the Canadian context First Nations, Métis, and Inuit youth living with a mental health issue were six times more likely to be incarcerated compared to their non-Aboriginal peers (Odgers et al., 2005) suggesting that rather than being supported within mainstream mental health services, Aboriginal children, youth, caregivers, families, and communities may be diverted and thus entrenched in other systems, specifically in the youth justice system. For First Nations, Métis, and Inuit peoples, support within an understanding of the effects of colonization, legislative policies (i.e., the Indian Act), and racism over generations are vital. This overrepresentation and the need for adequate and effective supports remain an ongoing social issue within Canadian society and represent an important need for further research.

Finally, scholarship on the experiences children and youth have of specialized crisis, mental health services is also limited. The limits of the scholarship on crisis services are similar to the limits of the scholarship on police encounters in child and youth mental health—a patchwork embedded or implied within other areas and based primarily on the adult experience. Children and youth are distinct from adults due to the many sites in society that they occupy. School systems, child protection supports, formalized recreational activities, and a multitude of social services geared towards children and youth are the entry points into many

aspects of social life. Research that creates knowledge about mental health issues as they are specifically experienced by children and youth would substantially support each of these entry points, and could also inspire coordination across these locations in order to provide the most relevant and, therefore, effective response to and with children, youth and caregivers whose efforts are to remain resilient in their involvement in the mental health system.

Acknowledgments

We acknowledge and thank Peel Children's Centre for facilitating access to the anonymized intake data and to Janice Jordon, Decision Support Specialist, for generating the computer reports used for our secondary analyses.

Note

1. Holistic crisis planning is an approach adopted within Peel Region by the Peel Service Collaborative, consisting of a network of 60 social service agencies across service sectors (i.e., police, crisis, child protection, mental health, youth justice, hospital, and settlement services) working together to improve access and coordination of mental health and addiction services for children, youth, and their families in Peel Region (Peel Service Collaborative, 2014).

References

Braidwood Commission. (2009). *Restoring public confidence: Restricting the use of conducted energy weapons in British Columbia*. Victoria, British Columbia: Author. Retrieved from http://www.braidwoodinquiry.ca/report

Brink, J., Livingston, J., Desmarais, S., Greaves, C., Maxwell, V., Michalak, E., … Weaver, C. (2011). *A study of how people with mental illness perceive and interact with the police*. Calgary, Alberta: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission

Canada, K., Angell, B., & Watson, A. (2012). Intervening at the entry point: Differences in how CIT trained and non-CIT trained officers describe responding to mental health-related calls. *Community Mental Health Journal*, *48*, 746–755. doi:10.1007/s10597-011-9430-9

Carswell, K., Maughan, B., Davis, H., Davenport, F., & Goddard, N. (2004). The psychosocial needs of young offenders and adolescents from an inner city area. *Journal of Adolescence*, *27*, 415–428. doi:10.1016/j.adolescence.2004.04.003

Chaimowitz, G. (2012). The criminalization of people with mental illness. *Canadian Journal of Psychiatry*, *57*(2), 1–7.

Chammartin, N., Ogaranko, C., & Froese, B. (2011). *Equality, dignity and inclusion: Legislation that enhances human rights for people living with mental illness*. Alberta, Canada: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission

Chassin, L. (2008). Juvenile justice and substance use. *The Future of Children*, *18*(2), 165–183. doi:10.1353/foc.0.0017

Chopko, B. A. (2011). Walk in balance: Training crisis intervention team police officers as compassionate warriors. *Journal of Creativity in Mental Health*, *6*(4), 315–328. doi:10.1080/15401383.2011.630304

Coleman, T., & Cotton, D. (2010). *Police interactions with persons with a mental illness: Police learning in an environment of contemporary policing*. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca/English/system/files/private/Law_Police_Interactions_Mental_Illness_Report_ENG_0.pdf?terminitial=24

Corrigan, P., Watson, A., Byrne, P., & Davis, K. (2005). Mental illness stigma: Problem of public health or social justice? *Social Work*, *50*(4), 363–368. doi:10.1093/sw/50.4.363

Cotton, D., & Coleman, T. (2008). *A study of police academy training and evaluation for new police officers related to working with people with mental illness*. Calgary, Alberta: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission

Curran, T. (2013). Disabled children's childhood studies: Alternative relations and forms of authority. In T. Curran & K. Runswick-Cole (Eds.), *Disabled children's childhood studies: Critical approaches in a global context* (pp. 121–135). Basingstoke, England: Palgrave Macmillan.

Demir, B., Broussard, B., Goulding, S. M., & Compton, M. T. (2009). Beliefs about causes of schizophrenia among police officers before and after crisis intervention team training. *Community Mental Health Journal*, *45*(5), 385–392. doi:10.1007/s10597-009-9194-7

Dion, J., Kennedy, A., Cloutier, P., & Gray, C. (2010). Evaluating crisis intervention services for youth within an emergency department: A view from within. *Child Care in Practice*, *16*(3), 241–256. doi:10.1080/13575271003789356

Doulas, A., & Lurigio, A. J. (2010). Youth crisis intervention teams (CITs): A response to the fragmentation of the educational, mental health, and juvenile justice systems. *Journal of Police Crisis Negotiations*, *10*, 241–263. doi:10.1080/15332586.2010.481893

Duvall, J., Young, K., & Kays-Burden, A. (2012). *No more, no less: Brief mental health services for children and youth*. Ottawa, ON: Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from http://www.excellenceforchildandyouth.ca/sites/default/files/policy_brief_mental_health_services_1.pdf

Eden, D. (2014). *Verdict explanation: Inquest into the deaths of Reyal Jardine-Douglas, Sylvia Klibingaitis and Michael Elgin Jr*. Toronto, Ontario: Office of the Chief Coroner. Retrieved from http://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/OCC_pubs.html

Erickson, P., & Butters, J. (2005). How does the Canadian juvenile justice system respond to detained youth with substance use associated problems? Gaps, challenges, and emerging issues. *Substance Use & Misuse*, *40*, 953–973. doi:10.1081/JA-200058855

Fisher, W., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research. *Administration and Policy in Mental Health and Mental Health Services Research*, *33*(5), 544–557. doi:10.1007/s10488-006-0072-0

Fry, A., O'Riordan, D., & Geanellos, R. (2002). Social control agents or front-line carers for people with mental health problems: Police and mental health services in Sydney, Australia. *Health and Social Care in the Community*, *10*(4), 277–286. doi:10.1046/j.1365-2524.2002.00371.x

Goodley, D., & Runswick-Cole, K. (2010). Len Barton, inclusion and critical disability studies: Theorising disabled childhoods. *International Studies in Sociology of Education*, *20*(4), 273–290. doi:10.1080/09620214.2010.530851

Green, T. (1997). Police as frontline mental health workers: The decision to arrest or refer to mental health agencies. *International Journal of Law and Psychiatry*, *20*(4), 469–486. doi:10.1016/S0160-2527(97)00011-3

Gur, O. (2010). Persons with mental illness in the criminal justice system: Police interventions to prevent violence and criminalization. *Journal of Police Crisis Negotiations*, *10*(1–2), 220–240. doi:10.1080/15332581003799752

Hinshaw, S. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology & Psychiatry*, *46*(7), 714–734. doi:10.1111/jcpp.2005.46.issue-7

Iacobucci, F. (2014). *Police encounters with people in crisis*. Toronto, ON: An independent review conducted by the Honourable Frank Iacobucci for the Chief of Police, William Blair, Toronto Police Service. Retrieved from http://www.tpsreview.ca/docs/Police-Encounters-With-People-In-Crisis.pdf

Koro-Ljungberg, M., & Bussing, R. (2009). The management of courtesy stigma in the lives of children with teenagers with ADHD. *Journal of Family Issues*, *30*, 1175–1200.

LeFrançois, B., & Coppock, V. (2014). Psychiatrised children and their rights: Starting the conversation. *Children & Society*, *28*, 165–171.

Liegghio, M. (2013). *The stigma of mental illness: Learning from the situated knowledge of psychiatrized youth, caregivers and young siblings*. (Doctoral thesis). Faculty of Social Work, Wilfrid Laurier University, Waterloo, ON.

Liegghio, M., & Jaswal, P. (2015). Police encounters in child and youth mental health: Could stigma informed crisis intervention training (CIT) for parents help? *Journal of Social Work Practice*, *29*(3), 301–319. doi:10.1080/02650533.2015.1050654

Morabito, M., Kerr, A., Watson, A., Draine, J., Ottati, V., & Angell, B. (2012). Crisis intervention teams and people with mental illness: Exploring the factors that influence the use of force. *Crime & Delinquency*, *58*(1), 57–77. doi:10.1177/0011128710372456

Moskos, M., Olson, L., Halbern, S., & Gray, D. (2007). Utah youth suicide study: Barriers to mental health treatment for adolescents. *Suicide and Life-threatening Behavior*, *37*(2), 179–186. doi:10.1521/suli.2007.37.issue-2

Munson, M., Floersch, J., & Townsend, L. (2009). Attitudes toward mental health services and illness perceptions among adolescents with mood disorders. *Child and Adolescent Social Work Journal*, *26*(5), 447–466. doi:10.1007/s10560-009-0174-0

Odgers, C., Burnette, M., Chauhan, P., Moretti, M., & Reppucci, D. (2005). Misdiagnosing the problem: Mental health profiles of incarcerated juveniles. *The Canadian Child and Adolescent Psychiatry Review*, *14*(1), 26–29.

O'Reilly, M., Taylor, H., & Vostanis, P. (2009). "Nuts, schiz, psycho": An exploration of young homeless people's perceptions and dilemmas of defining mental health. *Social Science & Medicine*, *68*, 1737–1744. doi:10.1016/j.socscimed.2009.02.033

Peel Service Collaborative. (2014). *The HCP Approach: Holistic crisis planning for children youth, and families: A Companion guide for providers*. Retrieved from https://www.porticonetwork.ca/documents/21686/33120/HCP+crisis+planning+guide/79dfaf63-21c4-4a2d-84a9-0a7b54d974b5

Perez, A., Leifman, S., & Estrada, A. (2003). Reversing the criminalization of mental illness. *Crime & Delinquency*, *49*(1), 62–78. doi:10.1177/0011128702239236

Polvere, L. (2014). Agency in institutionalised youth: A critical inquiry. *Children & Society*, *28*, 182–193. doi:10.1111/chso.2014.28.issue-3

Portico: Canada's Mental Health and Addiction Network. (2015). *Holistic crisis planning principles*. Retrieved from https://www.porticonetwork.ca/tools/toolkits/hcp-toolkit/hcp-principles

Richardson, L. (2001). Seeking and obtaining mental health services: What do parents expect? *Archives of Psychiatric Nursing*, *15*(5), 223–231. doi:10.1053/apnu.2001.27019

Robst, J., Armstrong, M., Dollard, N., & Rohrer, L. (2013). Arrests among youth after out-of-home mental health treatment: Comparisons across community and residential treatment settings. *Criminal Behaviour and Mental Health*, *23*, 162–176. doi:10.1002/cbm.v23.3

Ruffin, J., Spencer, R., Abel, A., Gage, J., & Miles, L. (1993). Crisis stabilization services for children and adolescents: A brokerage model to reduce admissions to state psychiatric facilities. *Community Mental Health Journal*, *29*(5), 433–440. doi:10.1007/BF00754411

Samargia, L., Saewyc, E., & Elliot, B. (2006). Foregone mental health care and self-reported access barriers among adolescents. *The Journal of School Nursing*, *22*(1), 17–24. doi:10.1177/10598405060220010401

Shulman, D., & Athey, M. (1993). Youth emergency services: Total community effort, a multisystem approach. *Child Welfare League*, *72*(2), 171–179.

Statistics Canada. (2013). *Peel, RM, Ontario (Code 3521) (table). National Household Survey (NHS) Profile. 2011 national household survey* (Statistics Canada Catalogue no. 99-004-XWE). Retrieved from http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E

Stoep, A., Evens, C., & Taub, J. (1997). I. Risk of juvenile justice system referral among children in a public mental health system. *The Journal of Behavioral Health Services & Research*, *24*(4), 428–442. doi:10.1007/BF02790504

Townsend, E., Walker, D., Sargeant, S., Vostanis, P., Hawton, K., Stocker, O., & Sithole, J. (2010). Systematic review and meta-analysis of interventions relevant for young offenders with mood disorders, anxiety disorders, or self-harm. *Journal of Adolescence*, *33*, 9–20. doi:10.1016/j.adolescence.2009.05.015

Tuchman, G. (1996). ESS presidential address, 1995—Invisible differences: On the management of children in postindustrial society. *Sociological Forum*, *11*(1), 3–23. doi:10.1007/BF02408299

Waddell, C., & Godderis, R. (2005). Rethinking evidence-based practice for children's mental health. *Evidence Based Mental Health*, *8*(3), 60–62. doi:10.1136/ebmh.8.3.60

Watson, A., Angell, B., Morabit, M., & Robinson, N. (2008). Defying negative expectations: Dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, *35*(6), 449–457. doi:10.1007/s10488-008-0188-5

Watson, N. (2012). Theorising the lives of disabled children: How can disability theory help? *Children & Society*, *26*, 192–202. doi:10.1111/chso.2012.26.issue-3

Zimmerman, F. (2005). Social and economic determinants of disparities in professional help-seeking for child mental health problems: Evidence from a national sample. *Health Research and Educational Trust*, *40*(5), 1514–1533.