


OTTAWA POLICE SERVICE MENTAL HEALTH ADVISORY COUNCIL- MHAC TERMS OF REFERENCE


Ottawa Community Partners in collaboration with the Ottawa Police Service



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Mental Health Advisory Council
MHAC

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MHAC Terms of Reference

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1. Background

The **Mental Health Advisory Council (MHAC)** is being established in response to the recommendations from the Abdirahman Abdi Inquest and as part of the Ottawa Police Service's Mental Health Change Initiative. The MHAC functions as a consultative and community-led advisory body, formed to inform OPS in the development of trauma-informed, culturally responsive, and equity-focused approaches to supporting individuals experiencing mental health and substance use crises, who OPS members interact with as part of their policing responsibilities.

2. Purpose


The purpose of the MHAC is to:

- Advise, consult, and provide input on OPS mental health crisis response policies, procedures, and training.
 - Foster collaboration between OPS, diverse community interest holders, mental health organizations, the Ottawa Guiding Council on Mental Health and Substance Use, the OPS Community Equity Council (CEC) and the OPS Use of Force Community Panel.
 - Center lived and living experience in OPS training design, evaluation, and practice improvements.
 - Identify systemic gaps and recommend measures that improve equitable outcomes and reduce harm in police responses.
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3. Objectives

The MHAC will:

- Provide strategic advice to inform OPS's evolving mental health strategies.



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- Offer input on the development and delivery of bias-free, trauma-informed de-escalation and use-of-force training.
 - Review and recommend updates to OPS policies and procedures impacting individuals in crisis.
 - Contribute to the design of data collection and evaluation frameworks.
 - Strengthen community trust through open dialogue, transparency, and relationship-building.
 - Advise on relevant areas such as the content of training (e.g. Active Bystandership for Law Enforcement (ABLE); technology (e.g. body-worn cameras); and mental health and substance use (MH/SU) tracking.
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4. Definitions


Mental Health: “Mental health is the state of your psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health. It does not mean the same thing as mental illness. However, poor mental health can lead to mental and physical illness.” *Source: [About mental health - Canada.ca](#)*

Substance Use: “People use substances, such as controlled and illegal drugs, cannabis, tobacco/nicotine and alcohol for different reasons, including: medical purposes, religious or ceremonial purposes, personal enjoyment, and/or to cope with stress, trauma or pain. Substance use is different for everyone and can be viewed on a spectrum with varying stages of benefits and harms.” *Source: [About substance use - Canada.ca](#)*

5. Council Composition

The MHAC may consist of approximately **15 members**, including but not limited to:

- OPS representatives (including senior leadership)
- Community Equity Council (CEC) delegates
- Mental health professionals and advocates
- Indigenous, Black, racialized, faith-based, and newcomer community leaders



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- Individuals with lived/living experience of mental health or substance use challenges

5.1 Co-Chairs

- MHAC will be co-chaired by one community representative and one OPS representative.
- The Community Co-Chair will be selected by MHAC community members.
- The OPS Co-Chair will be appointed by OPS, ideally someone in a leadership role related to mental health, training, or community engagement.
- Co-Chairs are responsible for facilitating meetings, guiding the workplan, and ensuring meaningful participation.


5.2 MHAC Coordinator

OPS will be responsible for assigning a staff member (s), preferably from but not limited to the Mental Health Strategy Team or the EDI unit, to serve as MHAC Coordinator, responsible for:

- Managing communications and meeting logistics
- Drafting agendas and supporting documentation
- Collaborating with Co-Chairs to manage the workplan and council operations
- Completing reports and coordinating between MHAC and OPS Change Agents.

6. Terms of Membership

- Community members will serve two-year terms, renewable once (up to four years total). A two-year break is required before reapplying.
 - OPS members will be appointed based on relevant roles for a 2-year term. If a position changes, knowledge transfer will be prioritized to maintain continuity.
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7. Roles and Responsibilities

All MHAC members are expected to:

- Attend and actively participate in scheduled meetings
- Share expertise, lived experience, and insights relevant to community and mental health needs
- Review and advise on OPS training materials, data practices, and operational policies
- Contribute to the development of advisory recommendations for OPS leadership and the Police Services Board
- Collaborate with other community-based groups and OPS units that are working on mental health and substance use service responses in Ottawa.
- Uphold principles of equity, respect, confidentiality, and collaboration

8. Meetings

- MHAC will meet bi-monthly, or more frequently as required
 - Working groups may be created to focus on specific issues (e.g., training, policy, data)
 - Agendas will be circulated in advance; minutes and action items will be documented and shared
 - Meetings may be held in-person, virtually, or in a hybrid format, depending on accessibility and member availability
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9. Meeting Protocols

9.1 Consensus-Based Approach

- MHAC will strive for consensus. Where full agreement is not reached, diverse perspectives will be documented. *(see Appendix A for the Consensus model)*

9.2 Conflict Resolution

- MHAC will use respectful dialogue and shared values (including "The Four Agreements") to address conflict.
- If needed, Co-Chairs may involve a neutral facilitator, CEC representative, or EDI advisor.

9.3 Conflict of Interest

- Members must declare any real or perceived conflict of interest. Co-Chairs will manage such situations with transparency. *(see Appendix A: Consensus model)*

9.4 Guests and Observers

- Due to the strategic nature of MHAC discussions, meetings will not be open to the public. Guests may be invited for specific, pre-approved purposes only.

9.5 Resources and Advisors


- With prior acceptance from the council members, resource people can be invited to the meetings to advise on their deliberations.

9.6 Withdrawal or Removal

- Members who do not uphold MHAC values or who undermine its advisory role may be asked to withdraw, following dialogue with the Co-Chairs.

10. Confidentiality and Ethics

- Community members and OPS members will sign a confidentiality agreement and ethics statement. *(see Appendix C: MHAC Confidentiality and Ethics Agreement)*
 - OPS members must be in good standing and meet internal standards.
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11. Compensation


- Honorariums will be provided to community members in recognition of their time and expenses.
- Expectations include active participation during and between meetings, including document review and preparation.

12. Information Sharing, Transparency and Accountability

- Through the Coordinator, MHAC will report quarterly to the OPS Executive and the Ottawa Police Services Board through the Mental Health Change Initiative Team
- The OPS Executive lead, on behalf of MHAC, will report to the Board, CEC and other relevant community interest holders (e.g. Guiding Council)
- MHAC remains accountable to the OPS Change Initiative, OPS Executive, and Police Services Board, with an emphasis on community-informed practice.
- OPS is committed to timely and transparent responses to MHAC recommendations.
- There will be regular updates provided to the community with a minimum of annual reports presented to the Ottawa Police Services Board and put on the CEC Website.

13. Review and Evaluation

- The Terms of Reference will be reviewed annually to ensure ongoing relevance.
- MHAC's impact will be evaluated through:
 - Implementation of recommendations
 - Changes to policy, training, or response protocols
 - Feedback from community interest holders
 - Quantitative and qualitative outcome measures relating to:
 - Mental Health crisis responses and substance use crisis responses
 - Referrals to appropriate community-based agencies.



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14. Appendices

Appendix A: *Consensus model*

Appendix B: *Conflicts of Interest*

Appendix C: *MHAC Confidentiality and Ethics Agreement*