

**Integrating Municipal Police Officers onto Assertive
Community Treatment teams (IMPACT):
Social Service, Criminal Justice, and Emergency
Health Care Perspectives**

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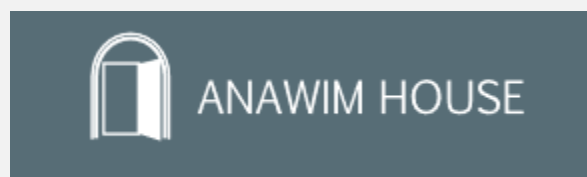
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We acknowledge with respect the Lekwungen-speaking peoples on whose traditional territory the University of Victoria stands and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day.

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EXECUTIVE SUMMARY

The Assertive Community Treatment (ACT) program is designed for individuals with serious mental health problems who need support to live in the community. ACT teams consist of a range of health professionals who make substantial effort to connect with these vulnerable individuals, including extensive outreach and home visitations. The ACT model has been found to decrease hospitalizations and increase quality of life for people with serious mental illnesses.

Since its inception in Victoria, between one and three police officers have been integrated with the ACT program. For the past two years, we have been conducting a research study of this integration. Our work is independent of both Island Health and the Victoria Police Department (VicPD). We have interviewed people with lived experience on ACT teams – the individuals with severe mental illness who receive services from the ACT program. We have also interviewed ACT staff from many disciplines (e.g., nurses, psychiatrists, addictions, support workers, social work). Most recently, we interviewed members of the Victoria social service, psychiatric emergency, and criminal justice communities individually. We also met four times with an Advisory Board which included individuals with lived experience, family members of individuals with lived experience, and social service providers. These interviews and Advisory Board meetings revealed overall support for police integration onto ACT teams. Concerns were raised about police involvement on ACT teams, particularly for individuals who have had traumatic experiences with police in the past. However, the balance of evidence indicated that police involvement on ACT teams supported better outcomes for individuals receiving ACT services than would have been achieved without officers.

ACT Officers are integral to supporting individuals to maintain stability and in providing assistance when individuals require a higher level of care, such as when hospitalization is required during active psychosis. Similar to our findings in our first report, we repeatedly heard that the long-term relationship formed between individuals on ACT teams and the ACT Officers is the cornerstone of perceived benefits. Our current work has highlighted the flexibility of the involvement of ACT Officers on ACT teams. The ACT Officers operate in both crisis-oriented and preventative ways, and both contexts provide unique benefits.

- *Crisis.* With respect to crisis response, ACT officers are on-call to assist other ACT team staff when an individual receiving services from the ACT program is becoming erratic or is in need of immediate assistance. The ACT Officers' de-escalation skills, combined with a pre-existing relationship with recipients of ACT services, result in better outcomes in crises. We learned that others, such as individuals who work in supported housing, sometimes call upon the ACT Officers in the community to assist with de-escalating situations that involve a person with an ACT team. Occasionally, the ACT Officers are even brought in when the individual in distress is *not* part of the ACT program. This attests to the skill and high regard that many in the community hold of ACT Officers.

- *Prevention/Ongoing engagement.* In addition to crisis responses, we heard countless examples of ACT Officers using the strength of their relationship with recipients of ACT services, combined with the authority of their role, to help *before* problems escalate into a crisis. For example, ACT Officers provide support to individuals on ACT teams who are at risk of losing housing or other social supports due to erratic or illegal behaviour. Instead of criminalizing behaviour caused by deteriorating mental health, we heard examples of officers working proactively with the ACT team to determine additional resources or interventions that might stabilize individuals in the community. This prevention-oriented approach has been demonstrated to significantly reduce police calls, arrests, and hospitalization, thus providing considerable cost savings to the community as well as a better quality of life to the individuals who are receiving services from ACT teams. Ongoing relationships with ACT Officers also make it much more likely that individuals will reach out to police if they are victimized.

The majority of perceived *drawbacks* of police officer integration on ACT teams stemmed from a lack of trust that some marginalized or vulnerable community members experience with the police. In situations where an individual or close friend or family member has had traumatic experiences with police officers in the past, the presence of an ACT Officer has the potential to re-trigger feelings of trauma or promote agitated behaviour. A general mistrust for the police in a particular community can also lead to the experience of stigma if one is observed interacting with an officer, including an ACT Officer. In some instances, at least at first, this can make it more difficult to establish an open and honest relationship with the multidisciplinary members of the ACT team if an officer is present.

Some are concerned that including police officers in mental health care treats individuals who have mental health challenges as criminals and increases the likelihood of legal consequences for behaviour related to mental illness. Our analyses, however, suggest that the opposite is true. Interviewees felt that the specific officers who are involved with the ACT program have a good understanding of mental illness and see behaviour through a mental health lens rather than a criminal lens (e.g., they ask *why* a behaviour is occurring before responding). This understanding of mental health helps to divert individuals from the criminal justice system and maintain them more appropriately within the health system instead. Furthermore, participants had difficulty identifying anyone else who could fulfill the functions of the ACT Officers. The ACT Officers provide a unique combination of a long-term stable relationship coupled with the authority that comes with being a police officer. Together, these qualities enable the ACT Officers to engage in a variety of activities that enhance wellbeing for individuals receiving services from ACT teams.

Our findings underscore the importance of individualizing treatment plans based on the unique needs and strengths of each person who is receiving ACT services. The decisions made within ACT teams about when and how ACT Officers are involved in care is different for each person receiving services on an ACT team. We heard several examples of how ACT teams take particular

care if there is a history of police mistrust, and our results reinforce the importance of continuing to do so.

Other models exist for involving (or not involving) police officers in mental health care, and these models should be considered alongside the current ACT model in Victoria. The best response to a mental health concern depends on the situation; the ACT model with police integration can co-exist with other models for addressing mental health concerns.

More broadly, we found that there is substantial room for improvement in relationships across different service sectors in the community, particularly with respect to how police are viewed. In some instances, it appears that different groups are working at cross-purposes to either increase or decrease police involvement and the vulnerable individuals receiving services from ACT teams risk being caught in the middle. A standing committee to address mental health care needs in the community that includes representatives from all sectors would be a first step to addressing some of the systemic factors that interfere with vulnerable individuals receiving the best care possible.

Finally, the ACT program exists in a context of considerable gaps in services for mental health and substance use as well as weak safety nets for people experiencing poverty and/or homelessness. One point of agreement across all perspectives was an overriding concern about the harm created by a lack of affordable housing and inadequate mental health treatment options. Ideally, everyone concerned with helping the vulnerable individuals in our community could join forces to advocate for broader changes at provincial and federal levels.

CONTEXT

Individuals are eligible for the Assertive Community Treatment (ACT) program if they are experiencing a serious and ongoing mental disorder, such as schizophrenia, bipolar disorder, or severe depression. Most Canadians with serious mental disorders lived in asylums until the 1950s, when the poor quality of institutional care, combined with the development of antipsychotic medication, led to a process of *deinstitutionalization* in which people with serious mental illnesses were encouraged to live independently.

Now, most Canadians with serious mental disorders live in their communities. These disorders, however, can make it hard at times to think clearly and to make healthy decisions. It can be a challenge to keep a job, take care of a home, or even to eat and take medications regularly. Individuals with severe mental illness are also vulnerable to being the victim of physical violence, sexual assault, and property crimes. After deinstitutionalization, many individuals with serious mental disorders experienced a revolving door of hospitalizations, arrests, victimization, and homelessness because their symptoms made it hard to function independently in society.

The ACT model was developed in the 1970s to help people with mental disorders live in the community. The ACT team is typically composed of a combination of psychiatrists, nurses, social workers, community outreach workers, and peer support workers. The goal is to create tailored treatment plans for each individual to help them live independently and safely and to reduce hospitalization and homelessness. ACT team members deliver outreach services to support successful community living. The ACT model is generally considered to be far less expensive, as well as less intrusive and traumatizing, than psychiatric hospitalization.

A common experience for people with serious mental disorders is alcohol and drug addiction, which can make it even more difficult to live independently and free of involvement of hospitals and the police. Substance use can make psychotic and mood symptoms even worse, leading to poor self-care and risky behaviour. Addiction can also lead to property or even violent crime to get enough money to support ongoing use. Some substances, such as alcohol and crystal methamphetamine, can cause violent outbursts in otherwise non-violent individuals. Traditional ACT teams work with individuals with addiction; however, unsafe living conditions or violent outbursts can make it difficult for ACT team members to reach some of the most vulnerable individuals in the community. As a result, many individuals with addiction, who would otherwise be eligible to receive ACT services, instead fall through the cracks of revolving-door admissions to hospital or jail.

Individuals with serious mental disorders living in community tend to come into contact with police officers for a number of reasons. They may seek police assistance if they are the victim of crime. If individuals become a risk to themselves or others, police are the only professionals with authorization to initiate psychiatric hospitalization. Disruptive public behaviour may lead to police

involvement. If addiction leads to property or violent crime, individuals with serious mental disorders can be arrested and incarcerated. Such experiences can be traumatic for individuals with serious mental disorders, many of whom have already experienced trauma in their lives, and could lead to further decline in their mental health.

The Victoria ACT program currently integrates three police officers onto the ACT teams so they can reach and work with individuals with serious mental disorders. The ACT Officers are available to everyone on the ACT teams, but they are mostly involved in caring for a small number of individuals who have a history of violent and/or criminal behaviour as well as mental illness. The ACT Officers are specifically recruited for their knowledge and experience in working with individuals with serious mental disorders, as well as for their de-escalation skills. ACT Officers are long-term, integrated members of the ACT teams and are called upon in situations in which there is a risk of criminal behaviour, violence, or victimization.

The purpose of the current study is to understand the benefits and drawbacks of police integration on ACT teams in Victoria, BC, from the perspective of individuals who are outside of the program, but who have first-hand contact with the ACT program. From this study, we are able to comment on the ability of the three officers on the ACT teams to support people with serious mental health concerns. Recommendations on police involvement in mental health care beyond the ACT model, as well as the topic of policing and homelessness in general, though important, are beyond the scope of this project.

WHAT DID WE DO?

Island Health and the Victoria Police Department first approached us in the spring of 2017 to conduct research on the impact of police officers on Assertive Community Treatment (ACT) teams. We agreed to do so on the condition that we would have full independence in reporting our findings. Because little research has explored the question of how police involvement affects ACT teams, we decided that the initial focus should be on understanding the experiences of those people who are directly involved: a) the individuals who have lived experience of receiving services from ACT teams, and b) ACT staff from multiple disciplinary backgrounds (such as nursing, addictions, and peer support). In Spring 2018 we released a report detailing our findings from these groups (<https://onlineacademiccommunity.uvic.ca/actpolice/>).

To further expand on our findings, we designed a follow-up study to provide us with more opportunities to hear from a broad range of voices. As with our first report, Island Health and the Victoria Police Department did not provide any financial resources or have any editorial control over what we present in this report. The work reported here was funded by a BC Crime Reduction and Crime Prevention grant. We also maintained the same anti-oppressive and trauma-informed approach that we adopted in the first phase of this research. We acted with an awareness of the power dynamics between us and our participants and made conscious efforts to disrupt this imbalance by recognizing the expertise of the interviewees. We made every attempt to provide a safe space for individuals to express their true opinions about ACT Officers without fear of judgment. For example, we presented clear information in the form of written and verbal informed consent. This consent information included an explanation that the interviews were confidential. We also emphasized the fact that we were not employed by Island Health or the Victoria Police Department. We approached each interview with curiosity and with the assumption that the interviewee was the most knowledgeable person in the interview. Thus, our questions were open-ended in order to provide space for individuals to share their unique perspectives. We also engaged in critical self-reflection throughout the research process, holding weekly research team meetings to ensure we were maintaining these principles.

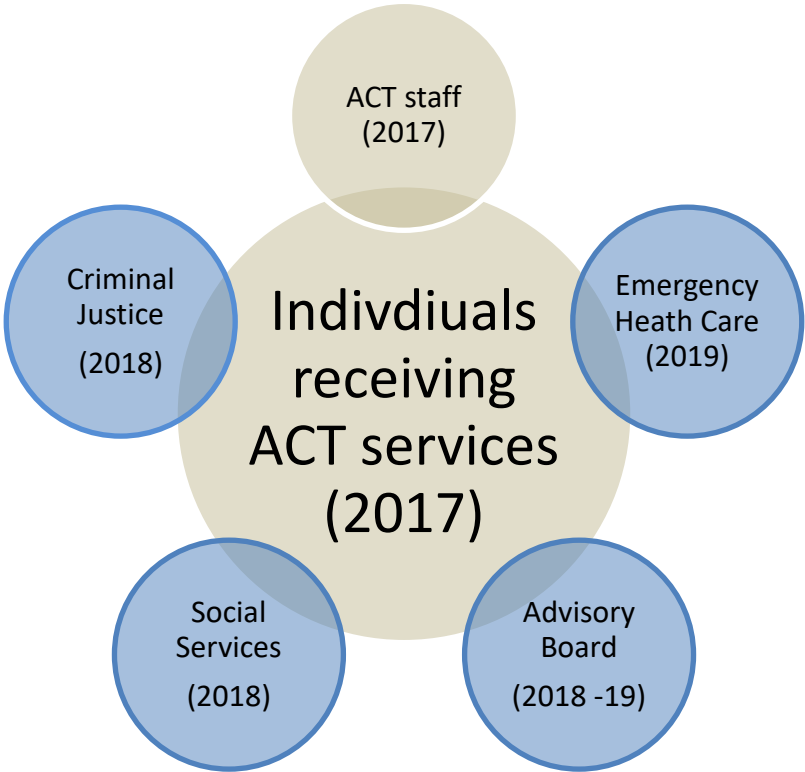
Participant Recruitment

We widened our lens to interview several groups who were not formally part of the ACT program but who had experience with officers on the ACT teams. We began by interviewing four individuals who receive services from the STEP program. The STEP program is a transitional program for individuals who were previously part of the ACT program but who are able to live successfully in the community with less intensive services. None of these individuals had direct experience with ACT officers and therefore were not able to comment directly on the use of ACT officers.

We next expanded our interviews to individuals in the community who are employed in a context that includes ongoing interactions with recipients of ACT services. These participants came from four sectors:

- *Social services* (6 staff from supported housing or other downtown service providers)
- *Criminal Justice* (4 staff in different roles at the Victoria Integrated Courts)
- *Emergency Health Care* (3 staff from Royal Jubilee Hospital Psychiatric Emergency Services)
- *Advisory Board Members* (9 members including a diverse collection of individuals with lived experience, family members of recipients of ACT program services, and social service providers)

Our sample size is consistent with recommendations for qualitative research. There was a strong consistency of themes (related to both benefits and drawbacks) across the interviews and Advisory Board focus groups. In fact, the themes we heard this time were quite consistent with the themes we heard during the interviews we conducted for our first report. This suggests that we had achieved a sufficient sample size.



Data Collection

We completed a one-on-one interview with each of the participants from Social Services, Criminal Justice, and Emergency Health Care, and held four focus groups with the Advisory Committee. The research team consisted of Drs. Costigan and Woodin, as well as three graduate students from the University of Victoria. The Research Ethics Boards of Island Health and the University of Victoria approved our research design.

Individual interviews. We recruited participants by sending out email announcements inviting various people in the community who had experience with the ACT program to participate in a confidential interview at a location that would be convenient to them. Invitations were typically sent from leads of organizations, so that potential participants knew the project had the organization's endorsement. In some instances, we also emailed people directly, so that people had multiple opportunities to hear about the research and participate. Interested participants contacted the research team directly, so that those same organizational leads would not know who actually participated. A graduate student conducted all interviews one-on-one in a confidential location of the interviewee's choosing. No incentives were offered for participating.

Prior to starting each interview, participants reviewed an informed consent form that explained their rights as research participants. We also verbally covered the key aspects of consent to ensure understanding, such as emphasizing the voluntary nature of participation and their right to skip a question or stop at any time without explanation. To encourage honest responding, we also discussed the ways in which we would protect their confidentiality and emphasized our independent role – we are not employees of Island Health or the Victoria Police Department, we would not share individual responses with anyone, and employers would not know who participated.

After this informed consent process, with the participant's permission, we turned on the digital recorder and began the interview. The questions were semi-structured and open-ended. For example, participants were asked, "From your perspective, what are some of the key benefits and drawbacks of having a police officer integrated with the ACT team?" and "Does police involvement on the ACT team affect the services that you are able to provide to your clients?" Interviews with participants generally lasted from 30 – 60 minutes.

The digital recordings were later transcribed, and these transcripts were analysed to capture the primary themes. Because interviews with individuals in the STEP program did not provide us with directly relevant information, we limited our data analysis to interviews with the social service, criminal justice, health care, and Advisory Board groups. All interviews were analyzed together and are presented together in this report. We have included quotes, but have not attempted to attribute them to specific individuals or even sometime roles, in the interest of maintaining confidentiality of participants. Throughout the report, to contrast with "ACT Officers" we refer to

other officers from the Victoria Police Department (or in some cases other unknown police departments) as “uniformed officers.”

Advisory Board meetings. In addition to individual interviews, we held four Advisory Board meetings, with the generous donation of space by Anawim House. These meetings were an opportunity to hear from a broad cross-section of individuals about their experiences and impressions of police officer involvement on ACT teams. The Advisory Board included individuals who were currently receiving services from an ACT team, individuals who had previously received services from an ACT team, family members, and social service providers from a broad cross section of agencies in Victoria. Advisory Board meetings lasted approximately two hours each. We benefited greatly from the expertise of the Advisory Board. Each meeting included a free exchange of ideas and opinions related to the ACT program and police officer integration on ACT. Care was taken at each meeting to set a safe environment for sharing, emphasizing the confidentiality and the validity of everyone’s opinions and contributions. Graduate student assistants took detailed notes of each meeting and the results that we present in this report reflect what we learned from the Advisory Board as well as the individual interviews. At a final meeting, the Advisory Board provided feedback on the interpretations and conclusions that we present in this report.

WHAT DID WE LEARN?

The majority of respondents had direct experience with the ACT Officers. One social service provider did not directly observe interactions between ACT Officers and service recipients of ACT, and instead based their responses on the reports of individuals they interacted with who were serviced by ACT teams.

Most striking was the similarity between our current findings and the results we presented in our first report based on interviews with ACT team members and those who received services from the ACT program.

Benefits

All participants who had direct experience with ACT Officers described benefits of officer integration onto ACT Teams. Interviewees differed with respect to which type of benefit they were most likely to highlight, with interviewees from the social service and health sectors being more likely to mention the benefits of harm prevention and interviewees from the criminal justice system more likely to identify the authority of ACT Officers as a benefit. In general, interviewees described the ACT Officers in terms such as “professional,” “committed,” and “fantastic,” and described their experiences with ACT officers in terms such as “definitely positive,” “good,” “working just fine,” and “definitely a benefit.”



Stable Relationships

Consistent with our previous report, the ongoing, supportive relationships that ACT Officers form with individuals on the ACT teams were seen by participants as an essential part of successful police integration. Participants commented that the officers are ***empathic and understanding***, form ***strong rapport*** with clients, and are good at ***compassionate limit-setting***.

“I know they’re not social workers, but I also know being a principle and always working with people in need, that the more work up front you can do and build a relationship, the better you are off in times of crisis.”

An important piece of the relationship building is the ongoing nature of the relationship. The ***stability of the ACT Officers*** was consistently seen as a strength among the people we interviewed in terms of building long-term, trusting, supportive relationships. In fact, some interviewees noted that there was far more turnover among the Island Health ACT team staff than among the ACT Officers.

“The fact that they’re a constant in the clients’ life is helpful too, because they’ll see them every week or every couple of weeks. They’re always with the other ACT team members that they trust, so that builds that rapport.”

Several participants noted the contrast between ACT Officers’ ongoing relationships with recipients of ACT services compared to interacting with unknown uniformed officers. This ongoing relationship can help ***prevent escalation*** from occurring because the ACT Officers have a great deal of rapport with individuals and can also tailor their de-escalation approach to suit the individual needs of each person.

“If we just have patrol officers, and it’s nothing against patrol officers, they go call to call to call, but they don’t have the knowledge and the background, they don’t have the information on what supports are out there, and they don’t know the clients.”

Participants noted that relationship-building was important for setting a foundation for ***effective crisis response***. Because the ACT Officers and the recipients of ACT services have an ongoing relationship, in a crisis, the ACT Officer is able to act on their knowledge of the person in crisis as an individual, rather than make assumptions about the person based on appearance or stereotypes.

“The way they are dealing with the people, there is dignity and respect. On average, I don’t see strong arming.... We need to let people know what is really happening. Let people know this is what they are doing and the training they have.” – Social Service Provider

Several participants noted that a stable relationship was important for ***compassionate limit-setting***. ACT Officers communicate the importance of not crossing certain lines into unacceptable behaviour, but also have the flexibility to overlook lower level criminal offenses if it would be clearly harmful to the individual’s wellbeing to arrest or incarcerate them.

“There’s rules, there’s guidelines, there’s things in place, but [the ACT Officers] are also smart enough to know that... things can be bent or changed. They’re pretty good at making sure that people know that there’s a line and that the line shouldn’t be crossed. They can work within that with the clients themselves to kind of keep the behaviour where it needs to be.”

Other participants noted that stable relationships with ACT Officers ***reduced the risk of traumatic interactions***. Further, individuals with previous police-related trauma may come to view officers in a more positive light. Participants also noted that officers were only involved when needed and wanted, so if police involvement was expected to make a situation worse, they would defer to other professionals unless staff safety could not be guaranteed.

“When the ACT team has officers associated with it that are pretty adept at functioning from that standpoint, and they stick around, and they get known, that seems to be the one way that that trust and that kind of trauma can get flipped around a little bit.”

Improving Safety

Another theme that emerged again this year was that the integration of ACT Officers improved safety for a number of groups, including staff and recipients of services, as well as the larger Victoria community.

“I think the safety aspect of it from my perspective for both the individual being served and the worker is paramount.” - Emergency Health Care

Many interviewees described **safety for ACT team staff** as important because individuals receiving services on ACT teams sometimes have a history of violence. A key aspect of safety for ACT staff is the ability to travel safely to deliver treatment, either to individuals who might be violent or to housing locations that are considered too dangerous for ACT staff to visit without police escort.

“Having an officer present when you’re moving into a space or a situation, especially working with folks in their home, having the opportunity to have an officer present for when we don’t know what we’re walking into and ... maybe there are things where we don’t have the skills or the capacity to manage what we’re going to find, is great. Or even when we just need support to do so.” – Social Service Provider

ACT Officers were also described as providing additional support to increase **safety for individuals receiving ACT services**. Individuals receiving ACT services are at risk of being the victims of crimes, particularly when they are experiencing symptoms of psychosis. Interviewees noted that individuals with ACT teams are far more likely to raise

“That one client that was assaulted, he’s specifically very vulnerable, and so you know, the ACT team’s aware of that. So the cases where he is taken advantage of, I think it is actually helpful that they’re watching more for that maybe. So, it is a benefit.” – Social Service Provider

issues of victimization to ACT Officers than they are to uniformed officers and that ACT Officers can increase monitoring or connect them with additional resources if they are in fear.

ACT Officers' presence can also increase **safety during hospitalizations**. Having a known ACT Officer escort someone to the hospital and sit with them until they are admitted means that the person will not have to interact with an unknown officer or hospital security guard during a time in which the individual may be particularly vulnerable to traumatic or escalating encounters with treatment professionals due to their psychiatric state.

"They have rapport with the patients and it's led to less violent episodes and our security doesn't have to get involved. So the [ACT Officers] can actually do the de-escalation which is helpful." – Emergency Health Care

A new aspect of the safety theme that emerged this year was improved **safety to society**. Several interviewees mentioned that providing police-integrated ACT treatment to individuals with a history of violence or criminal behaviour was more effective at keeping communities safe in the long term than ignoring the individuals or repeatedly incarcerating them.

"We want the society to be safe and happy and, you know, [ACT clients] are a part of that. And so, it doesn't help by ignoring them or locking them up or any of that, it helps by changing [our response to mental illness]." – Victoria Integrated Court

Embeddedness

Our past report highlighted that ACT Officers are viewed as integral, trusted members of the ACT team whose involvement results in better services. In the current research, this theme extended to include ACT Officers' connections with other agencies. ACT Officers were identified as being a useful bridge of communication between Island Health and other agencies.

"I've had a lot of really good experiences with police in general here and the way that they've sort of helped us. They've just been very open in the building and that's been a big part of the ACT team, with the policing as well." – Social Service Provider

In the Victoria Integrated Court, ACT Officers were described as “fair-minded” and “supportive of the participant” in providing information to the court about the individual’s current level of functioning. Interviewees stated that their embeddedness helps with *open communication about clients’ needs*. ACT Officers were often able to *advocate for clients* by describing their recent attempts to make improvements in their life.

“From a police officer’s perspective, they could have arrested almost everybody we worked with, but we had a bigger goal, if you will...to try to get people stabilized and change their behaviour. And so not committing crimes, you know, not going to the hospital, the emergency all the time. We were trying to assist them in making shifts. So, all of the [ACT] officers that I worked with were able to make that shift.” – Victoria Integrated Court

Interviewees also noted that ACT Officers’ embeddedness with other systems has the benefit of *changing ACT officers’ perspectives on mental health*. This change in perspective also goes in the other direction as a result of ACT Officers’ embeddedness, with individuals in other service agencies realizing that *ACT Officers can be trusted* to come into a situation without immediately making an arrest or somehow escalating the problem.

A key aspect of embeddedness with the ACT team is a *fast and compassionate response*, which is made possible by their integration and dedication to the ACT teams. ACT Officers do not have to attend to non-ACT calls, and so have the availability and knowledge to move quickly and effectively during crisis situations. This fast response is helpful for preventing individuals from escalating in ways that might cause harm to themselves or others.

“They respond more to us [than uniformed police officers] and they are more collaborative. If we say this is going on, [the ACT Officer says], ‘What can we do?’, ‘How can we work to help support this person?’” – Social Service Provider

Preventing Harm

Similar to our last report, interviewees discussed how ACT Officers can *identify and prevent problems before they escalate*, instead of waiting to react to individuals who are already destabilized, and that they did so in a caring way. A key aspect of ACT Officer’s prevention efforts is having a good sense of the person’s history and needs. They work proactively and flexibly to create a solution to help the individual change problematic behaviour. Their responses are adapted to individuals’ concerns, including reducing officers’ obvious presence when possible to reduce

backlash in the community to police presence.

“[The ACT Officers have] got their record in their head, and they must read it before they come here because they’re usually pretty good and say ‘this has been an area where you’ve struggled in the past, and you know, what can we do to help you with that and what is it you’re not getting, how are you not getting your needs met that’s making this behaviour happen?’” – Social Service Provider

Psychiatric Emergency Services staff noted that when ACT Officers initiate involuntary hospitalizations, the process can go more smoothly or be used more deliberately than when uniformed officers do so because of the existing relationships. This involvement can **decrease trauma or escalation during involuntary hospitalizations**.

Finding and keeping housing is considered by the ACT program to be a key part of helping individuals stay stable in the community. Interviewees reported that ACT Officers were more likely than other police to **help individuals stay in their homes** when they were in psychological distress.

“Instead of getting pulled into the station, or arrested, or maybe nothing happening and when it getting worse for the client, a plan was put into place and an action taken and in the long run it helped to maintain his housing.” – Social Service Provider

For some individuals on ACT teams, preventing harm might mean that ACT Officers are more **creative about how to stop victimization** while also respecting the stigma that can come from being seen speaking with police.

“[An ACT client] can say to them, ‘Yeah it’s gotten way worse, I’m having a hard time maintaining my boundaries, I’ve had these people around and it’s really hard for me to engage safely when they’re here,’ and to have that officer get creative and be like ... ‘Do you want me to talk with those people or is that gonna put you at risk?’ ‘Do you want me to write you this letter or give you my card and put it on your door so these folks see it and they leave?’. That capacity to be creative and to understand that ... to be seen to be associated with the police in the community makes people more at risk, is huge in creating more spaces for there to be positive outcomes.” – Social Service Provider

Authority

Another consistent benefit heard through both the previous and current report was the authority that comes with being a police officer. As members of the police service, the ACT Officers have the power to give consequences. Many interviewees reported that individuals receiving services from the ACT program listen to the ACT Officers more than they listen to other care providers because of their authority. Some interviewees felt that the presence of an ACT Officer has a calming effect, as individuals receiving ACT services are less likely to escalate or “act out” when an ACT Officer is present. As a result, there are fewer disruptive exchanges that interfere with the person meeting their goals and there is greater compliance with treatment.

Interviewees noted that the authoritative presence of ACT Officers was enough in many cases to **encourage productive behaviours** such as medication compliance, on-time court appearances, and appropriate interactions with service staff and fellow residents – behaviours that reduce the risk of hospitalization or incarceration. Interviewees noted that the presence of an ACT Officer can be particularly helpful in situations in which individuals may be behaving erratically due to crystal meth or other substance use.

“It’s more sending a message, offering a client support, before it turns into a situation where they have to come and arrest them and take them somewhere, either [apprehension] or to jail.”– Social Service Provider

At a practical level, police officers are the **only professionals authorized under the Mental Health Act to apprehend individuals** in need of hospitalization due to an immediate risk of harm to themselves or others. Again, a known and trusted officer was considered by interviewees to be preferable in that situation to an unknown uniformed officer.

“No one else can [apprehend] a patient so that’s a key part. And doing that actual outreach, if physicians were more capable and willing to go out in the community and actually lay eyes on people then maybe the police officers’ role could be decreased. But then still, even if that physician went and saw someone, the cops would still have to come and scoop the patient up.” – Emergency Health Care

More broadly, a key benefit of ACT Officer authority comes with ***providing support to health care providers***, particularly when visiting individuals with a history of violence or individuals living in potentially dangerous situations. A key mandate of the ACT program is outreach to vulnerable individuals and ACT Officer involvement helps the ACT team to engage actively with individuals in possibly hazardous circumstances.

“If somebody’s going in our buildings ... to go see somebody by themselves, if there’s history of violence, then ... that extra layer of authority might be positive for the person going.”– Social Service Provider

Another aspect of the authority theme that came through strongly this year is the concept of police authority as a way to leverage ***tangible benefits such as housing***, for example, by communicating a sense of urgency to housing decision-makers about the importance of individuals in the ACT program receiving housing as a part of their treatment plan. Their authority also helps to achieve ***intangible benefits such as increased respect and accommodation*** within institutional systems. That is, ACT Officers use their authority to overcome gaps in health and social services and help individuals get additional resources and respect that are often difficult for individuals with serious mental illness to achieve.

“When you’re there with somebody who is seen as having very, very little power and you’re showing up in a position of power and you’re seen as being there to bear witness I think it impacts how people treat [the situation]”– Social Services Provider

Reduce System Burden

Finally, we heard repeatedly that the presence of ACT Officers significantly ***reduced the burden on other elements of the social service and criminal justice systems***. Interviewees emphasized that there can be the significant reductions in expensive and potentially traumatizing hospital admissions for individuals who become involved with the ACT program.

“We have people who have significant substance use issues here who have had like tens upon tens of upwards of like 50 hospital presentations in a month and then they get connected with one of the ACT teams and they get that extra support of having case management from the health care provider as well as having the ACT Officer there to facilitate any sort of care that they would need or at least need to be present for, and it completely decreases the hospital presentations.” – Victoria Integrated Court

Another aspect of this theme was **reducing the burden on uniformed officers** who otherwise would respond to calls related to the ACT teams, but with much less knowledge and expertise in working with individuals with serious mental illness.

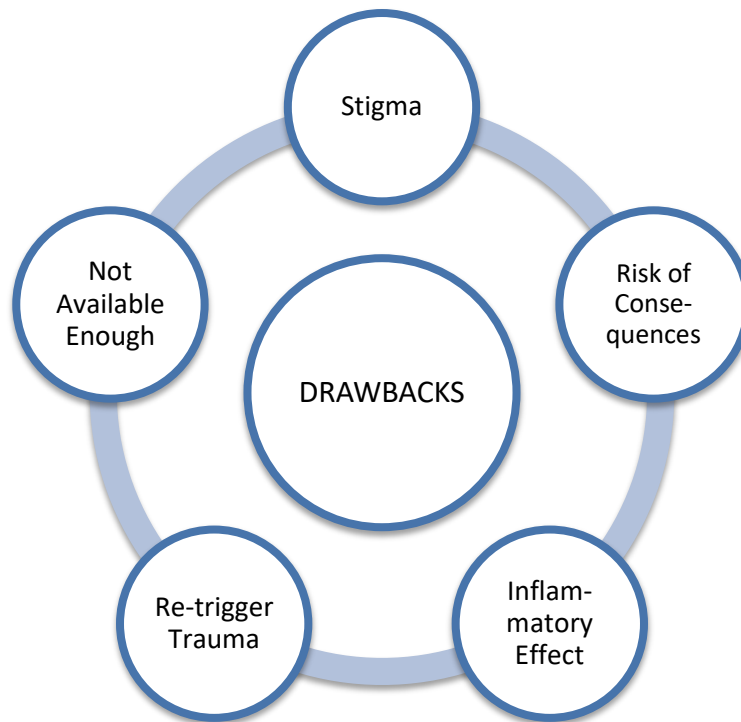
Finally, ACT Officers are seen as particularly **important for individuals with more disruptive behaviours** who otherwise would not be able to access ACT services but who may be causing the greatest burden on mental health and criminal justice services.

“What we often talk about too is system transference, like someone’s always going to have to pay for this. And I think if the police, they tend to - because of the nature of the environment – they’re spending a lot of time dealing with these clients anyways, so if you don’t have the kind of proactive things that [the ACT Officers] are doing, you’re just going to end up somehow... like someone else is going to have to pick up the workload, and it usually ends up being patrol that ends up dealing with that.” – Emergency Health Services

“I think it’s so cost effective. Absolutely. 100%. And even seeing people who aren’t connected with any sort of resource and the amount of times that they’re presenting to the emergency department and like it costing upwards of say a thousand dollars for each presentation, as opposed to having them connected with a team and having that team be able to interact with them daily and have their... you know, ‘Is it a housing issue?’, ‘Is it a social issue?’, ‘Is it like a law or legal issue?’ ... [can we] address it outside of hospital and get you connected with whatever it is that would help you increase your wellness. And if that’s having the ACT Officers present, I mean, initially and then maybe as you become more well you don’t need the ACT Officers’ involvement as much, then I think that’s fine but there’s definitely clients who you cannot interact with if there’s not police involvement.” – Emergency Health Services

Drawbacks

Criminal justice and health care respondents recognized some challenges with police officer integration on ACT teams. However, for these groups, the overall picture was one of beneficial effects of police on ACT teams and positive experiences with the ACT Officers themselves. Within the social service sector, there were also many overall positive views, but these respondents reported the most concerns with police officer involvement on ACT teams. The most negative view came from the respondent without firsthand experience of the ACT Officers. For this person, the officers were seen as decidedly harmful. A few other social service respondents regretted that officers were involved in mental health care, but a) also saw times when officer involvement was beneficial and/or b) did not see an alternative in the current system. Several social service providers thought that police officers on ACT teams were not a good use of funds, and that police were only involved on ACT teams because of a lack of resources as well as many gaps in the system overall. Similar to the perceived benefits, the drawbacks discussed were consistent with the themes we heard in our original set of interviews.



Stigma

Several social service interviewees discussed the *stigma* that individuals receiving services from the ACT program may feel by having a police officer involved. For some, the issue is one of perception – that there is a natural resistance to being involved with police. One interviewee expressed concern that the presence of police officers on the ACT teams sends the implicit message that individuals with mental health issues are violent and dangerous, which did not match the interviewee’s experience with individuals on ACT. Others voiced similar concern that it is possible that the mere fact that a police officer is involved could make a person feel that they are seen as a criminal, even if the officers themselves are positive and helpful.

*“...if a police officer is attached to something then by that you are somehow a criminal, like just, you know what I mean? I think, and so there’s got to be a stigma related to that” –
Social Service Worker*

“...there’s this image of a mentally ill person being flailing and wild and running through the streets and violent and dangerous and none of my clients, none of my clients are violent and dangerous.” – Social Service Worker

Because of the negative reputation of police in some marginalized communities, these same social service workers voiced concern that individuals who are seen interacting with the police *may receive “backlash” from others*, such as suspicion that they are informants or “rats.” One interviewee did note that most people understand that the person being visited did not make the choice to include police. A few people spoke to the nuanced experiences of some individuals receiving services from ACT teams – the need to maintain an image of not liking the police, but at the same time finding themselves appreciating or benefiting from the assistance of ACT Officers. Interestingly, one person also reflected this tension for social service workers: not wanting to be perceived by fellow employees as liking the police, even if they are perceived as at least sometimes helpful.

Risk of Consequences

The police undeniably have greater power, and this reality can theoretically create challenges. Both Victoria Integrated Court (VIC) and Social Service interviewees mentioned the potential *increased risk of consequences* for the individuals receiving services from ACT teams due to police officer involvement. For the VIC members, the concern was the possibility that the Crown potentially has more information available to them than would be typical. Another VIC interviewee acknowledged this risk, but also felt that trust builds among the people within the system so that this concern rarely comes to fruition.

From the social service point of view, a drawback was the stress created by the risk of ***facing consequences for illegal behavior***. In addition, one social service worker talked about the ***stress of being restrained*** for forced medication administration, something which is traumatizing for the individual and people around them who witness the interaction. Social service providers also expressed concern that recipients of ACT services ***might not be as open***

with their teams because the police are involved and that the presence of officers on ACT teams made it more difficult for individuals receiving services from ACT teams to form trusting relationships. But here again, others noted that these relationships evolve over time, and that the stable presence of the ACT Officers is often beneficial in overcoming the challenges of the inherent difference in power. Some social services interviewees disagreed that this was a drawback, stating instead that people quickly see that the ACT Officers are not there to lay charges, they are there to support. These perspectives stress that the risk of consequences was only hypothetical, and that the ACT Officers quickly build credibility.

“...when someone doesn’t even want to be seen with a police officer, much less trust them, um, yeah it’s... again, it’s just someone who’s capable of holding by force, it’s a little difficult to like welcome that, with a gun on them, right?” – Social Service Worker

“Being seen to be a team that includes officers, I think it would have a pretty substantial impact on folks’ experience of trust. Um, and I know that the ACT team works to, um, communicate to folks that trust can still be had and that officers are a part of the team but in a different way, and it’s kind of... it’s difficult to overcome optics, I think to a degree.” – Social Service Worker

Inflammatory Effect on Behaviour

At least one interviewee from each group (social services, VIC, and emergency services) mentioned the possibility that the presence of a police officer has the ***potential to escalate a situation***. This was seen to be particularly likely for individuals who feel they have no choice about being on an ACT team. The lack of trust some individuals have for police officers overall, based on their own personal experiences and stories passed down within families and within marginalized communities, underlies the potential inflammatory effect. For example, there may be a perception that people are “bringing the muscle” when police are included or that whatever is happening is particularly serious to require police involvement. Some interviewees said that the only time they have seen escalation of behaviour due to police involvement is when someone is being taken to hospital against their will. Sometimes interviewees made the point that the lack of trust in the police was temporary – that “at first” there was a lack of trust, but that experience with the ACT Officers specifically was able to counteract that initial lack of trust with time.

Nonetheless, some individuals who receive services from ACT teams feel suspicion, and at times, antagonism, towards the police. As a result, the inclusion of a police officer in an ACT team interaction can agitate behavior. Several interviewees who made this point also reflected that the benefits of having an ACT Officer involved outweighed these concerns.

“If you have any sort of, you know, idea about the sort of street community, most of them don’t think very highly of the police, So, you know, workers show up with a police officer and they’re coming in to talk to somebody, especially if people see other people in the building, then it’s not gonna... they’re not gonna be very agreeable to that situation.” – Social Service Worker

Re-trigger Trauma

A lack of trust in the police overall can also result in police presence potentially re-triggering past traumas. The majority of social service providers discussed this potential drawback. For vulnerable individuals who have experienced trauma and powerlessness in their lives, the mere presence of a police officer – and the powers that come with that role – can be traumatic.

“I have some concerns about them just coming in and freely walking the halls, ‘cos you know it’s not... it can send people the other way as well, and when someone’s affected like these clients are, and they’ve had a lot of trauma in their life, that can also be trigger trauma. And even though everybody’s already working really hard at that, that’s still an officer walking the hall.” – Social Service Worker

This is a significant challenge for police officers, including those on the ACT teams, as it is not based on anything specific that they, themselves, are necessarily doing.

Not Available Enough

A few social service workers mentioned that they felt the ACT Officers are not available enough – either that there should be more dedicated officers on the ACT teams and/or that their hours should be expanded. Two VIC interviewees made similar comments, although in their cases, they were reflecting feedback they had received from other members of the ACT team. Officer involvement with Victoria Integrated Courts was less affected because the courts operate during normal business hours and assisting in court proceedings at VIC is a priority for the ACT Officers.

“Their hours aren’t great – they’re Monday to Friday 8:00 until 4:00, so if there is an incident that happens after 4pm or on the weekends, which is when there’s less staff, less qualified staff, and um, less supports available, they’re not available.” – Social Service Worker

Subgroups who Benefit the Most and Least from ACT Officer Involvement

We asked respondents whether there were any groups of individuals (for example, based on particular mental health diagnoses, or substance use, race, gender, etc.) who would be particularly helped or harmed by having police officers on ACT teams.

Most Benefitted

In general, interviewees felt there was utility to having ACT Officers embedded on all ACT teams, even if not all individuals on ACT teams were in need of services.

“I believe that the police, or the integrated police should be working at all the teams, and they do actually at this point, because it can be helpful, it’s like an addictions recovery worker, they should be having them on all the teams. Like it’s all sort of a piece that we need for all of it because they’re... some clients maybe never have any legal issues, and that’s fine, and they may never meet an integrated police officer. But for the ones that we do use it for, which is probably eighty percent of our clientele, at least, it is of value.” – Social Service Worker

Interviewees did not feel that any characteristics, such as gender, age, indigeneity, or racialization predicted who would benefit most from having ACT Officers as part of the team. Instead, interviewees pointed to an individual’s **level of functioning** as being a more important determinant. Interviewees felt that individuals who were functioning at a lower level benefitted from the integration of ACT Officers. This includes individuals with **co-occurring mental health and addiction** issues, and those who are particularly **in need of outreach services**. The presence of ACT Officers made it more likely for these individuals to be accepted onto ACT teams and facilitated outreach to more dangerous living situations.

“They’re the clients who struggle with housing, struggle with mental health, struggle with addictions. Those are the clients who tend to really do the best with it. Some of them are cognitively challenged, and they really need that sense... they need people in their lives that are regular, predictable, able to provide the array of services that they need. They’re the clients who would struggle to do that on their own.” – Victoria Integrated Court

Further, individuals who are *fearful due to paranoia or a risk of victimization* may feel comforted and protected by the presence of ACT Officers. Knowing that there is a trusted, compassionate officer who can assist in the case of danger or assault or who can intervene when risk of victimization is high can help promote psychiatric stabilization for fearful ACT clients.

“That one client I was saying that was assaulted, he’s specifically very vulnerable, and so you know, ...the ACT team’s aware of that, so the cases where he is taken advantage of, I think it is actually helpful that they’re watching more for that maybe. So, it is a benefit.” – Social Service Worker

Least Benefitted

As with benefits, some respondents did not identify any particular types of people who might experience more drawbacks. They felt that if police were involved, they must be needed.

“... if the person is like, you know, “okay that didn’t go well for me”, uh, typically it’s because the police took them to the hospital and they didn’t want to go. But they required it. If the police are there, it’s usually because the person’s now off their baseline.” – Social Service Worker

Other respondents identified various *vulnerable or marginalized communities* as particularly likely to experience negative effects from police involvement, due to a history of negative experiences with the police that have taught them that the police are not safe. These communities include individuals who are experiencing homeless, indigenous peoples, black people, LGBTQ

“It’s always going to be problematic. It’s a culture, right? Like, police are, like, especially for indigenous folks, like, police have quite the history, you know?”

“I haven’t heard anyone say anything positive about police involvement, like that’s just not the street culture. Like the street community does not appreciate police involvement, right?”

individuals, women, and sex workers. For many of these communities, to hear that the police are coming carries negative connotations. Unconscious biases may operate which encourage more force or power from police because of how disadvantaged or street entrenched individuals look.

One social service interviewee felt strongly that the presence of police would always escalate matters when interacting with the homeless population. Another interviewee described how the downtown homeless population already feels targeted and watched by the police. Having an officer on an ACT team increases their sense of being targeted.

A second group identified as being potentially most likely to experience negative effects of police involvement on ACT are ***individuals who have criminal records, or are violent, and or who are currently using substances such as crystal methamphetamine***. These are the same individuals who often require the most intensive police involvement (e.g., for the safety of ACT staff and others who support the individual). One person at VIC described how police presence has been a negative trigger for people before the court who were currently committing crimes and “seriously into drug use,” to the extent that this person involved police as little as possible in those specific situations. Other interviewees noted that individuals with a history of serious violence could benefit, but only if they were motivated to make changes to their behaviour and were open to receiving the support of ACT Officers to help them do so.

With respect to this latter group, some concern was raised in the emergency services sector that inclusion of individuals on ACT teams who are using substances or who are diagnosed with personality disorders is ***changing the nature of the ACT teams*** away from the original treatment model. There is a dilemma here, because individuals with mental illness and a history of serious violence would not be admitted to ACT teams without the availability of ACT Officers. There are not enough alternative treatment options, which puts pressure on ACT teams to expand the parameters of their services. Thus, on the one hand, police officers on ACT teams make the inclusion of individuals with violent or criminal backgrounds on ACT teams more feasible, providing a treatment avenue where none would otherwise exist. On the other hand, concern was raised that doing so is inching the ACT teams farther and farther away from the original evidence-based model of health care.

“But, you know, if you’re still using crack, crystal meth, dealing with drug dealers, just being seen with the police can be dangerous.”

Overall, the relationship between the police and various communities that are served by the ACT program are complex. Some social service workers expressed optimism and noted the positive changes they have observed in the police and justice system. On the other hand, one social service worker was notably pessimistic, not seeing any way in which police could improve their relationships with Indigenous Peoples or the street community.

FREQUENTLY ASKED QUESTIONS

1. Does police involvement on an ACT team “criminalize” mental health?

A frequently expressed concern is that the presence of police officers on a health care service a) sends the message, implicitly or explicitly, that the individual receiving care is dangerous or is a criminal, and b) subjects the individual to a greater likelihood of coercive control or arrest. Our results suggest that this is not the case. As one participant in the social service community member stated, *“Anyone who understands the ACT team knows that this isn’t what happens.”*

As discussed above, in certain circumstances, there is legitimate concern that bringing a police officer along for an outreach health care visit sends the message to the individual that they are dangerous. And sometimes, the ACT officers do exert some control. This is most evident when the ACT officers are required to bring an individual to the hospital for an involuntary admission. Other times, due to the effects of substances or psychosis, the individual presents a risk of violence to the health care team. These types of instances rely on the authority of the police, and in that respect, could be seen as exerting control that is contrary to health care relationships. However, these examples describe times when police involvement is unavoidable because of circumstances such as involuntary hospitalization. In these situations in which police are involved, our findings suggest that it is considerably better for the individual if the police officer is known to them (i.e., one of the ACT Officers) than if the officer is a less familiar uniformed officer. The stable presence of ACT Officers on teams has typically resulted in a level of trust that helps de-escalate tensions in these challenging circumstances, to the benefit of everyone. The ACT Officers ask *why* a behavior occurring, and work with that understanding, rather than just imposing punitive measures. Rather than criminalizing mental health challenges, the presence of officers on the ACT teams diverts people from the criminal justice system by keeping them within the health care system.

The concern that ACT Officers *only* or even *primarily* operate in an “enforcement” capacity, prioritizing arrest and criminal charges, is not supported by our findings. The vast majority of people interviewed provided examples and experiences that suggest that the ACT Officers do not treat mental health issues as criminal issues. In fact, our findings suggest that one of the strengths of integrated ACT Officers is that they come to know many of the individuals receiving care from ACT teams very well. The majority of every stakeholder group we interviewed identified the strong relationships that ACT Officers form with individuals on ACT teams as the key strength of the model. This stable relationship helps the officers understand potentially erratic behavior in the context of mental health and addictions rather than criminality. In this way, even in more crisis-driven situations, the ACT Officers are less likely to respond to erratic or potentially violent behavior with punishment/arrest than perhaps a uniformed officer would. Instead, the ACT officers are more likely to respond in a way that

is supportive. Their involvement on ACT teams is intended to help keep individuals out of jail, not to seek out opportunities to put them in jail.

Further, the ACT Officers are not only involved in crisis-driven situations. The ACT Officers contribute to the ACT teams in the role of supporting mental health goals; they do not lead with an enforcement mandate. Many times, the ACT Officer's role is to help keep the individual safe. Our interviews suggest that the ACT officers impose legal sanctions only when absolutely necessary and when doing so is believed to be in the individual's best long-term interests. Further, when the ACT team makes the decision that an individual could benefit most from hospitalization, an ACT Officer who is familiar and trusted is far less likely to traumatize an individual whose mental health is decompensating than an unknown uniformed officer who may not have the same degree of skill in interacting with an individual in severe mental health crisis.

2. Could anyone else fulfill the role of the ACT Officer?

We asked this of each person we interviewed and did not receive any clear or consistent message of how the contribution of the ACT Officer to the ACT team could be replaced with a person in a different role. Some aspects of the ACT Officers' roles overlap with others on the ACT team, such as building trusting relationships and supporting the individual's stability in the community. In that respect, the officers are not unique.

*“There’s probably better ways to do things than having police on mental health teams, I do, but honestly, I think we’re a long way from the structure that would allow for it.” –
Social Service Worker*

The few voices that were in favour of replacing ACT Officers included the following points:

- Everyone (on ACT teams and in other sectors) should have strong de-escalation skills – that teams should not require the police involvement for that purpose.
- If the police are required to make workplaces safer for staff, then perhaps the staff should “find a new line of work” (if they require the police to feel safe).
- Police are sometimes needed for wellness checks, but not always; sometimes wellness checks could be done by a nurse, as long as there were two people present.
- Peer support should be utilized instead of police presence.

Examples of several robust peer support models were provided, in which individuals with lived experience play an integral role in providing support and practical assistance (e.g., driving to appointments). The examples were compelling, but the peer support roles do not cover the range of functions that ACT Officers fulfill on ACT teams. In addition, other participants

raised concerns about reliance of peer support alone in the context of severe mental illness, noting that peer support workers would require substantial training and would risk quick burn out.

Overall, we more often heard the opinion that no one else could fulfill the role of the ACT Officers.

Our results suggest that the ACT Officers are uniquely positioned to fulfill functions such as:

- Supporting the individual through Victoria Integrated Court proceedings to achieve the most supportive outcomes.
- Responding to potentially violent situations.
- Accompanying the individual to the hospital if deemed medically necessary (a role defined under the Mental Health Act and restricted to police officers).
- Attending to ACT clients' reports of criminal victimization or harassment.

“No, I absolutely do not think that by increasing nurses or increasing social workers or increasing mental health workers, do I think that they could fulfill the same role. Zero per cent.” – Emergency Health Care

We also heard that ACT Officers are particularly effective at things such as:

- Adding urgency to situations, such as securing and maintaining supportive housing for individuals most in need.
- Sending the message that a situation is serious in ways that effectively get the attention of ACT clients (e.g., to comply with a housing regulation so that they do not get evicted).
- Providing a bridge between the health system, social service agencies, and the criminal justice system.
- Preventing repeated hospitalizations, the need for crisis response services, or involvement with the criminal justice system.

Most often, the view that no one else could fulfill the role stemmed from the fact that no one else carries the authority of police officers. This view was expressed by interviewees from every sector:

- *“Police have the most access to the most of anything, including the psyc ward. They are well connected and knowledgeable about community services, and the police consult more than anyone else.” (Social Services)*
- *“No, because when you do need them in the ‘this is the law and you need to do this’ way, they bring that authority that a social worker or I or a peer worker is not going to bring and can’t bring.” (Family member)*

- *“To say, I think, it should just be social workers doing all of this, is to not acknowledge how much power is held by officers in the justice system in Canada. And to be able to access that power through people who are able to, sort of, engage in ways that do less harm is, I think, a huge benefit.” (Social Services)*

Others felt police involvement is necessary since no one else would be willing and able to show up in a crisis in the middle of the night. The closest example of someone who could step into the ACT Officer role is a Community Resource Officer (CRO), as these individuals are similarly effective at outreach and relationship building. However, the CROs are police officers just like the ACT Officers (and unlike ACT Officers, they wear a uniform). Also, because CROs are not dedicated to the ACT team, response times would go up and so responses would likely be crisis-driven versus prevention-oriented.

3. What would the impact be if the current ACT Officers were cut or eliminated?

Removing the ACT Officers from the teams will affect the experiences of current recipients of ACT services. If officers are removed from the ACT teams, there will be less stability in the relationships between vulnerable individuals receiving services from the ACT program and police officers. The trust that often develops between recipients of ACT services and the ACT Officers can be critical in minimizing the extent to which police involvement re-triggers past traumas. Some individuals on ACT teams will have contact with police officers whether or not there are integrated ACT Officers. For these individuals, if the ACT Officers are removed from the teams, encounters with the police will cause greater stress because uniformed officers they do not know, and may not trust, will attend to them. In addition, they will interact with officers who do not know their history and who do not have knowledge of their specific mental health concerns. Finally, they would be attended to by an officer who may have less knowledge and training about how to best intervene with individuals who experience mental health challenges. For example, many people receiving ACT services are on extended leave status from the hospital; if their mental health deteriorates and they need to return to the hospital, this will be done by a uniformed officer and may increase the likelihood of physical altercations and stress. All of these factors place the individual who is receiving services from the ACT team at a disadvantage, as interacting with an unfamiliar officer is more likely to cause stress for the individual and more likely to be experienced as punitive and threatening.

Removing the ACT Officers from the teams will also affect the services that can be offered. For example, when there was only one officer serving all of the ACT teams, the officer was only able to respond to crisis/emergent situations. The preventative benefits were largely not achieved with only one officer. As one interviewee stated, *“I remember when we only had one police officer on the team, ‘cos there was for the longest time just one that was attached to VICOT ... and then that person was, you know, being pulled in a bunch of different directions*

and so they had to expand it. So even with one it wasn't enough, and we had to kind of get several police officers."

Removing the officers from the teams would also require the ACT teams to look closely at how they interact with recipients of ACT services, and personal contact may be reduced (e.g., more services occurring in an office or behind a counter). Removing officers from the ACT program also means that fewer vulnerable individuals would receive services from the ACT program because individuals who have a severe mental disorder and who also have a history of violence may not be admitted into the program in the first place. Some individuals currently receiving services from the ACT program may be discharged from the ACT program, reducing the support available to them. In addition, the ACT teams are not allowed to go to certain locations without police escort (according to Island Health rules). Thus, outreach services would be curtailed, or the ACT team would be accompanied by a uniformed officer (or perhaps two), which could create greater disturbance for the person receiving help. Finally, individuals appearing before the Victoria Integrated Court may not receive as much support as they would have otherwise. As one interviewee from Victoria Integrated Court said, *"If they weren't there, the information would be less timely, less up to date and less complete. Yeah. That's the same with probation, with the mental health workers, everybody brings something to bear."*

As one participant bluntly stated, removing officers from ACT teams would "criminalize mental health" concerns. This statement may be counterintuitive but reflects the fact that ACT Officers divert individuals from the criminal justice system. The ACT Officers understand mental illness and are able to humanize the "criminality" that may be seen in this population, looking beyond the surface behaviours to try to understand why the behaviour is happening. Regular uniformed officers are less likely to have the time or the training to do the same. Instead of removing officers we often heard the perspective that "we need more support, not less."

4. Do these findings apply to all aspects of police involvement with mental health?

No. The ACT program is just one health care program designed to meet mental health needs in the community. It is just one example of how police officers intersect with individuals who have mental health concerns. Our findings are limited to this specific program. It is important to differentiate among various ways in which police are involved with vulnerable populations in the community and avoid all-or-nothing statements in either direction (i.e., that the police are always helpful or that the police always cause harm).

The ACT program is designed specifically to provide ongoing care and stabilization for individuals with severe and persistent mental illness, and hence ongoing and prevention-based care is essential to avert repeated crises or deterioration. A different model of care is needed for individuals with more transient or intermittent mental health concerns. This includes a

different level of police involvement. Individuals who have achieved a greater level of stability and wellbeing require less (or in some cases, no) police involvement. This was highlighted by our interviews with people in the STEP program, who had “graduated” from the ACT program and who had no direct experience with police involvement.

Our results suggest that the way in which police officers are integrated onto ACT teams is having a positive effect. Our findings also offer guidance regarding the conditions under which police officer involvement adds value to a health care team (e.g., the importance of relationships, embeddedness, stability) that could inform other efforts to address the intersection of mental health and substance use issues. In the ACT model, the police officers who are integrated onto ACT teams have chosen this assignment because of their interests and beliefs about mental disorders; this is not a position that any uniformed officer might rotate through. In addition, the ACT Officers have been selected for their empathy, respect for dignity, and their understanding of the ways in which mental health disorders may show up in erratic behaviour.

There is a large continuum of needs in our community, and there is substantial room for mental health and substance use services that do not include police integration. However, that does not mean that police involvement is never appropriate or advantageous, and it is not a rationale for dismantling a program that is helping vulnerable people.

LIMITATIONS

Several limitations to the current study are important to note. First, our study did not include a control group of individuals without police officers as part of their ACT team because all teams in Victoria have access to ACT Officers. For that reason, it is not possible to know if perceptions of benefits or drawbacks of ACT Officers might be due in part to other changes in the ACT program or in society over time, and not specifically to police impact. We also do not know if perceptions of benefits or drawback are due to biases of the interviewees, such as their overall positive or negative attitudes towards policing and mental health. Although we did not have a formal control group, some interviewees were able to compare their perceptions of instances in which individuals were attended to by no officers, uniformed officers, or ACT Officers. These contrasts provide a bit of an internal comparison of the three approaches. However, they do not represent an experiment in which police are randomly assigned to be involved in some situations and not others.

Second, our sample size of 22 individuals, drawn from a variety of health, social, and criminal justice systems, as well as several individuals with lived experience in the ACT program, is relatively small in the context of the number of people who interact with the ACT program in Victoria. The goal of qualitative research, however, is to collect a sample of in-depth interviews until a saturation point is reached in which no new themes emerge from the data. This saturation point is estimated to be roughly 16 interviews, but can vary based on the complexity of the topic and diversity of the interviewees. A key piece of evidence showing that we achieved saturation in this study is that the themes that emerged from the interviews were captured repeatedly by statements from individuals from various perspectives and experiences. Further, most themes were consistent with themes heard from the previous report and the new themes that emerged were understandable in the context of interviewees who often saw the impact of ACT Officers in related contexts (e.g., health care and corrections workers noting reductions in hospitalizations and incarcerations). Importantly, the consistency in themes observed across different perspectives included the critical voice of the individuals with lived experience on ACT teams. These individuals made up only 18% of the current sample, but accounted for approximately half of the sample from the previous report.

Third, qualitative research does not aim to generalize findings to other populations. Our study is specific to the officers who are currently a part of the Victoria ACT program. We are not able to generalize our findings to other officers, ACT programs, mental health services, or geographical regions. The themes that emerged from this research only answer the specific question of the benefits and drawbacks of the integration of the three current officers onto ACT teams in Victoria.

NEXT STEPS

We plan to supplement the current findings with several additional research methods that will continue to provide a broad-based perspective on the integration of police onto ACT teams. First, we are interviewing family members and others who are central in the lives of the recipients of ACT services, because these significant relationships can provide a window on how individuals have experienced police involvement over time and in various stages of their psychiatric illness (e.g., both periods of wellbeing and deterioration).

Second, we are currently conducting an anonymous online survey of current ACT staff to follow up on several additional questions that have emerged from our research to date. This format will also provide space for individuals who might have been reluctant or unable to participate in the initial in-person interviews that were conducted in 2017 to share their perspectives.

Third, we will supplement our qualitative findings with a quantitative study of databases with numerical data regarding the frequency of ACT clients' hospitalizations, incarcerations, interactions with crisis response services, and other aspects of service use. We plan to look at changes over time for individuals on ACT teams to see if changes in their service use can be predicted by changes in their involvement with the ACT program, as well as the number of ACT Officers currently on the team. We will also be able to compare service use during periods in which there was only one officer integrated with the ACT program, compared to years in which there have been three officers.

Fourth, we would like to conduct a study in which we follow people who are new to an ACT team over time from the point of entering the program. We would like to explore how individuals experience the ACT Officers in both crisis and non-crisis situations. By talking with the same person on multiple occasions, we will be able to get first-hand accounts of ACT Officer interactions as they happen, rather than relying on global retrospective impressions. This will allow us to understand how the relationship between individuals on ACT teams and ACT Officers changes over time. We will also be able to specifically examine crisis experiences that involve ACT Officers, versus situations in which uniformed officers are involved, or situations in which no officers are present. Doing so will help us understand further, from the perspective of the person with mental illness, the ways in which ACT Officers add to or detract from wellbeing and quality of life.

CONCLUSIONS AND RECOMMENDATIONS

On balance, our evidence suggests that the ACT Officers are adding to more positive outcomes for individuals who receive services from the ACT program. Continual improvement of mental health and substance use treatment is essential, including open dialogue about the situations in which police can contribute, and the situations that do not require or benefit from police involvement. However, police should not be excluded purely on principle; the advantages and disadvantages of police involvement should be explicitly considered in each situation.

The evidence suggests police integration on ACT teams has an overall benefit. The ACT model is not perfect, and the involvement of police officers on the ACT teams is not without challenges. It is incorrect, however, to say that individuals with ACT teams will not engage with the police or that they do not experience benefit or even welcome the assistance. At the same time, it is important to acknowledge that negative perceptions of the police exist in some segments of the community, and that these perceptions make it more difficult to experience the benefits of police involvement.

The ACT Officers are not the first line of professionals who are delivering mental health care. Instead, the picture that emerged is that the ACT Officers serve an effective support function on ACT teams that is not met in any other way. Because they are fulfilling a unique role on the ACT teams, there is concern that removing the limited police resources from the ACT program without new health and social service resources in place would be akin to pulling off the bandage without a plan to treat the underlying condition.

We encourage an ongoing dialogue to consider other models of community mental health care, but this dialogue must include a focus on prevention and long-term care for individuals with enduring mental health concerns. Otherwise, we risk returning to a model of crisis response and revolving door hospitalizations and incarcerations that would be extremely expensive to maintain and that would further harm already vulnerable individuals in our community.

The health care system, social service agencies, and the criminal justice system have historically worked independently and sometimes at odds with each other to promote a robust community. Given that our society has moved to deinstitutionalize individuals with serious mental illness, our community needs to come together to support individuals who have the most difficulty living independently due to mental health concerns. This is an opportunity to forge more collaborative, compassionate, and tailored solutions for vulnerable individuals in our community. Such coordination, however, requires that individuals from different professions and worldviews find ways to talk and learn across differences rather than attempt to impose one solution on a complex challenge.

Although not meant to be comprehensive, we offer five recommendations.

1 Individualized Care Plans on ACT teams

We heard evidence for the beneficial effects of police involvement. There were also examples of times when police involvement is counter-indicated. This pattern underscores the core importance of *individualizing the care* of each individual on an ACT team based on their level of functioning and past experiences with police. Individualized care is already a defining feature of the ACT model and part of the ACT team’s typical operating procedures. We highlight it here anyway to underscore the importance of tailoring treatment to an individual, looking closely at individual needs. As one social service worker said, “*Not all ACT clients need a cop; some need two.*” Individuals are typically on ACT teams over extended periods. As a result, people’s history and current needs are well known (compared to crisis-orientated services). This makes it easier to tailor the care to the individual.

There are many possible “intensities” of the involvement of an ACT Officer with a person receiving services from the ACT program. The ACT Officer is written in as a formal part of the care plan for only a minority of individuals. On the other hand, many individuals with an ACT team interact with the ACT Officers in at least some limited capacity. Tailoring a care plan with respect to police involvement should include a consideration of criminal history and the likely benefits to the individual. Some of the questions that should be addressed include: Will the therapeutic relationship with the ACT Officer be experienced more as caring than enforcement? What is the potential for re-triggering past trauma, or of agitating behaviour? This tailoring should also take into account the intersectional identities that the person holds (e.g., based on gender identity, race, indigeneity, social class, etc.) with a recognition of the historical relations each identity may have with policing. In addition, individualized care plans should be re-visited with regularity. There may be difficult times, for example, that require an assertive response, but restrictions should be re-visited and lifted as soon as possible when individuals are more stable.

2 Recognize Different Models of Police Involvement for Different Needs

The question of police involvement on ACT teams must be understood in the context of the ACT program, which is a long-term program to stabilize individuals with severe and chronic mental health conditions in the community. It is not a crisis-oriented model. Crisis-oriented and long-term models serve different needs in the community – one cannot replace the other.

A core component of the long-term care provided by ACT teams is *prevention*. The ACT program achieves its goal of stabilizing individuals in the community in part by helping to prevent deterioration and destabilization. The ACT Officers play an important role in that prevention. Crisis-oriented models are reactive to an acute situation, with less focus on prevention or long-term relationships. Police officers may be involved in both crisis-oriented

and long-term models of care, but the benefits and drawbacks of police officer involvement may be weighted quite differently in these two instances. Many of the concerns about police involvement may be particularly relevant to acute situations (e.g., re-triggering trauma) and can be mitigated in the context of long-term relationships. The ACT model includes both acute crisis and long-term involvement for police officers and cannot be readily compared with programs that are only crisis-oriented.

The value of police involvement with mental health and substance use may depend on many factors, including the severity of the mental health or substance use issue, and the context of the intervention (e.g., crisis-oriented, long-term). Police involvement with mental health and substance use can be conceptualized on a continuum: from leading the response to no involvement at all. For some situations, such as a threat of violence, police may be one of the first responders. In other situations, peer supports, mental health clinicians, nurses, or others may take the lead, often without any police involvement.

The ACT program model of integrated police officers can exist alongside innovative models of community-based responses to mental health needs (e.g., peer-driven interventions). The ACT model itself includes peer supports on the ACT team, and thus is a mixed peer-professional intervention. However, peer supports do not replace professional support in the context of chronic mental illness – both are valuable. Peer support is invaluable for offering non-judgmental understanding. And as one interviewee stated, people who have had similar experiences are less likely to use power or force. In the context of the chronic vulnerability that characterizes individuals with severe mental illness, however, peer support alone is likely insufficient. As one participant stated, *“Peer support is someone to hang onto; but he is not the help pushing the person forward. If he did that, it would ruin the support.”*

3 Enhance the Capacity of the Police to Respond to Mental Illness

Police are often on the front line of responding to crises. The current crystal meth and fentanyl crises in Victoria have only increased the risk of unpredictable behaviour that can accompany deteriorating mental health. Thus, the need is greater than ever to have police officers who can differentiate between mental health and addictions versus criminality. For example, an individual threatening violence may be doing so because they want to take advantage of someone, but may also be doing so because they are experiencing paranoid delusions that make them believe the other person is out to get them. Ideally, police officers would be able to consider all of the possibilities and respond appropriately.

More generally, there is value in improving the ability of the police service overall to interact effectively and compassionately with vulnerable and marginalized populations. Towards this end, the ACT Officers themselves could play a significant role in sharing their knowledge with other police officers. Some of this already happens informally, but the process could be

formalized. The majority of the drawbacks of police involvement on ACT stem from the legacy of past negative experiences with police officers, both individually (e.g., past traumatic experiences with police) and collectively (e.g., so that people do not want to be seen talking with police officers). Many people included in this study commented on how the police service in general has improved considerably in the last 10 -15 years. They reflected on a cultural change that is taking place in the police service in terms of what it means to be a police officer, moving from primarily enforcement to community-engagement and prevention. Continued improvement would have the specific impact of further reducing any potential drawbacks of officer integration onto ACT teams. Although the ACT Officers in particular have excellent knowledge of mental health, several participants discussed the importance of *all* police officers having an understanding of mental health and addictions. As one social service provider stated, *“It shouldn’t be the luck of the draw, which officer shows up.”*

A systemic look at police interaction with marginalized populations would be valuable in its own right and would enhance the benefits of police integration on ACT teams. Individuals with ACT teams would also benefit if greater trust were established between the police and other groups. This includes downtown social service providers who work every day with vulnerable and marginalized members of the community. In addition, there was discussion with some participants about the ways in which police are building relationships with diverse communities in Victoria, and ways in which this effort could be expanded. There was considerable support for the value of police engagement with people from marginalized communities in fun, relationship-building capacities (e.g., playing soccer with youth, coming for lunch and interacting with children or elders). This type of relationship-building has the potential to break down barriers and encourage individuals to see the police in a different light when they show up in crises or other acute situations.

4 Build Bridges across the Systems that Interact with the ACT Teams

The ACT program exists in Victoria within a broad web of agencies that are committed to serving vulnerable members of the community. As one social service worker stated, *“The focus should be the system, not just the police.”* In that regard, our impression is that some important relationships within the community are broken. We heard a need for there to be a place where people can sit down together and communicate across sectors.

Currently there appear to be two “sides.” One side in favour of the police and the other opposed. This does not serve vulnerable individuals well because of the uncertainty this creates about the continued presence of police on their teams. A challenge for the future is to think deeply and critically about how to build bridges between these two perspectives so that policy makers can make informed decisions and individuals with severe mental illness can receive the best care possible. As mentioned above, there is clear evidence that the police are changing, and that police involvement can benefit vulnerable individuals. We also heard evidence of

situations where trust has built up between police and some social service providers. Yet deep divisions remain, and these divisions do not serve individuals such as those on ACT teams well. Indeed, it is often difficult for individuals on ACT teams and others to voice support for police given the social pressure to reject police involvement in mental health. We need to create systems that work for everyone; enduring change requires some degree of bridge-building between divergent perspectives.

Although beyond the scope of this research, we also heard ample examples of other challenges and frustrations within the broader system in Victoria that had nothing to do with the police. For instance, we heard concerns about how Island Health interacts with social services with respect to housing. Within the social service community, we heard concerns that people will be discouraged from seeing the police as a resource, and will not seek them out when needed, due to a blanket rejection of the police as a whole by other segments of the social services. Other concerns revolved around the capacity of the health care system to address the needs in the community. This included a lack of openings within the ACT program, poor flow between services, lack of substance use rehabilitation services, and an insufficient number of staff at the hospital. As a result, we heard frustration that ACT services were hard to access and that emergency staff did not admit ill people to the hospital when they were apprehended despite an acute need of assistance. Finally, we heard concerns about a lack of mental health services for people in the helping professions (e.g., trauma services for people who work in social services, so that they do not have to take private leaves of absence). Although much broader than the specific question we began with related to the integration of police on ACT teams, these issues all intersect with the experience of individuals who have severe mental illness. For example, burn-out among ACT team members leads to absenteeism and staff turn-over, which negatively impacts the individuals who are receiving ACT services. Thus, addressing these broader systems issues would benefit everyone.

We recommend a *Mental Health Standing Committee* or some other mechanism (e.g., building on a structure that already exists) that could allow for on-going dialogue across the relevant sectors (e.g. health, social service, law enforcement, criminal justice, community advocacy). Part of the function of this committee could be information-sharing. For example, we heard frustration from the social service community with respect to their perception that Island Health frequently changes the names of programs, and the community does not know whom to call when serious mental health issues arise. We also heard concerns from social services that the Pandora area is over-policed. Representatives on this committee could bring information back to their individual organizations. Our understanding is that conversations across sectors generally happen informally, if at all, or in reaction to specific events. A regular avenue for providing and receiving information would be valuable. This standing committee could also address broad issues related to the services that are available in the system and attempt to address gaps. We heard a number of perspectives on who in our community is “falling by the wayside” because services are not available. For example, we heard many times

that there are people in need of assistance, but who do not meet the mandate of the ACT program, either because they are not “severe” enough or because their presenting issues fall outside the ACT mandate. Because there are not adequate alternatives in our community, the ACT program stretches its boundaries to offer services beyond their mandate, which may have unintended consequences. A standing committee could provide a coordinated analysis of existing gaps in service.

5 Advocate for Systems Change

Innovative thinking about mental health care should occur in the context of addressing other systemic issues such as the lack of affordable housing. The ACT program exists in a broader community context in which mental health and substance use are highly stigmatized and treatments are underfunded. The system does not have enough resources to address adequately the needs of people with serious mental health and substance use disorders. The community needs more services for people who are less high need than the ACT program accepts, which may help *prevent* individuals from ever reaching the ACT program at all. There is a pressing need to advocate for increased health care funding in order to increase inpatient and outpatient services.

In addition, social safety nets are inadequate; housing is unaffordable and disability compensation is insufficient, which further marginalizes vulnerable individuals, such as those who receive services from the ACT program. We consistently heard the core importance of safe and stable housing for people’s health and the pervasive negative toll of the housing crisis in the lives of vulnerable people. Further, therapy for mental health conditions such as Post-Traumatic Stress Disorder (PTSD) that often accompany serious mental illnesses can improve quality of life, but is expensive and not typically available to low-income communities. Continued advocacy and improvement in these areas will have far-reaching benefits in the health care and criminal justice systems. These are complex issues that can have unintended consequences if not done well, and therefore there is value in having many perspectives at the table as solutions are discussed.

It would be beneficial if community members could speak with one voice to advocate for changes on the many issues that everyone agree on. The larger systems issues cut across many Ministries, including mental health, health, housing, and poverty reduction. There is clear consensus that changes in mental health services are needed. Harnessing the wisdom and passion of individuals across the spectrum of care, support, advocacy, and enforcement services is the best way to create a coherent, coordinated plan for change. Ultimately, it will take all members of the community working in tandem to create a safe and supportive place for our most vulnerable members.