

Integrating Municipal Police Officers onto Assertive Community Treatment Teams (IMPACT) Study

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The IMPACT Study

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 every effort to connect with these vulnerable individuals, including extensive outreach and home visits. ACT has been shown to reduce hospitalizations and increase the quality of life for people with serious mental illness. Since its inception in Victoria, BC, at least one police officer at a time has been integrated with the ACT program.

During the past two years, we have conducted a research study entitled *Integrating Municipal Police Officers on Assertive Community Treatment Teams (IMPACT) Study* to determine various stakeholders' perceptions of the benefits and drawbacks of police integration on ACT teams in Victoria, BC. Our work is independent of both Island Health and the Victoria Police Department. We first interviewed ACT recipients – individuals with severe mental illness who receive services from the ACT program. We then interviewed ACT staff (e.g., nurses, psychiatrists, addictions, peer support workers, social workers). Most recently, we interviewed members of the Victoria social service, psychiatric emergency, and criminal justice communities. We also met repeatedly with an Advisory Board consisting of current and former ACT recipients, family members of ACT recipients, and social service providers.

IMPACT Findings

Benefits

We consistently heard that the *long-term relationships* formed between ACT recipients and the ACT Officers are the cornerstone of effective police integration, a finding that replicates findings from our last report. Other benefits of ACT Officer integration included their *embeddedness* in the health care team, their unique *authority* to advocate for services for recipients, their ability to work *preventatively* to reduce the risk of psychiatric or criminal relapse, the *increased safety* for both ACT recipients and providers, and the *reduced system burden* (e.g., fewer arrests) that accompanies police integration. The balance of evidence clearly demonstrated that police involvement on ACT teams supported better outcomes for individuals receiving ACT services than would have been achieved without officers.

Potential Drawbacks

Drawbacks were reported less commonly than benefits. The majority of perceived drawbacks of police officer integration 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, 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 a recipient is observed interacting with an ACT Officer. In some instances, this may make it more difficult to establish an open and honest relationship with the multidisciplinary members of the ACT team if an officer is present.

Crisis Versus Prevention Roles

Crisis response. ACT Officers are on-call to assist ACT team staff when an ACT recipient is behaving erratically or in need of immediate assistance. Study participants reported that ACT Officers' de-escalation skills, combined with pre-existing relationships with ACT recipients, resulted in safer and less traumatizing outcomes during psychiatric crises.

Prevention. We heard countless examples of ACT Officers using the strength of their relationship with ACT recipients, combined with the authority of their role, to help *before* problems escalate into crisis. 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 (e.g., housing) that might stabilize individuals in the community. This prevention-oriented approach significantly reduces police calls, arrests, and hospitalizations, providing considerable cost savings to the community as well as better quality of life for ACT recipients. Ongoing relationships with ACT Officers also make it more likely that recipients will reach out to police if they are victimized.

IMPACT Frequently Asked Questions

Does Police Integration Criminalize Mental Health?

A common concern is that including police officers in mental health care criminalizes mental illness and increases the likelihood of legal consequences for psychiatrically distressed individuals. Our study, however, suggests 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). ACT Officers work actively to divert recipients from the criminal justice system and maintain their wellbeing in the community. Intense and ongoing mental health treatment is far more likely to improve recipient and community wellbeing than revolving-door incarceration without treatment.

Could Another Professional Fulfill the Role of ACT Police?

Study participants had difficulty identifying anyone else who could fulfill the functions of the ACT Officers. The ACT Officers provide a unique combination of long-term stable relationships 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 ACT recipients (e.g., writing protection orders, securing housing, emergency hospitalization).

IMPACT Recommendations

✓ Enhance the Capacity of the Police to Build Relationships with Vulnerable Individuals and Communities

There is value in improving the overall ability of the police service to interact effectively and compassionately with individuals living with serious mental illness. Towards this end, ACT Officers themselves could play a significant formal role in sharing their knowledge with other police officers. More generally, the police building relationships with marginalized communities (e.g., through friendly soccer games) is a valuable way of reducing fear and stigma, enhancing the effectiveness of crisis response, and increasing the willingness of individuals to seek help.

✓ Recognize Different Models of Police Involvement for Different Needs

Other models exist for involving (or not involving) police officers in mental health care, and these models should be considered alongside the current Victoria ACT model. The best response to a mental health concern depends on the situation; the police integrated ACT model can co-exist with other models for addressing mental health needs. A prevention model such as the Victoria ACT program requires multiple officers. Officers can only respond reactively to crises if they are spread too thin, which loses the advantage of the prevention model.

✓ Individualize Care Plans on ACT Teams

Our findings underscore the importance of individualizing treatment plans based on the unique needs of each ACT recipient. The decisions made within ACT teams about when and how ACT Officers are involved in care is different for each person receiving services. 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.

✓ Build Bridges Across the Systems that Interact with ACT Teams

There is room for improvement in relationships across different service sectors in the community, particularly in terms of how police are viewed. In some instances, different groups may be working at cross-purposes to either increase or decrease police involvement, and vulnerable ACT recipients risk being caught in the middle. A standing committee dedicated to addressing mental health care needs in the community that includes representatives from all sectors would begin to address some of the systemic factors that interfere with vulnerable individuals receiving the best care possible.

✓ Advocate for Systems Change

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. Everyone shared an overriding concern about the harm created by a lack of affordable housing and inadequate mental health treatment options. There is a need for everyone concerned with helping the vulnerable individuals in our community to join forces to advocate for broader systemic changes at provincial and federal levels.

See the full report here: <https://onlineacademiccommunity.uvic.ca/actpolice/>

