# Integrating Municipal Police Officers onto Assertive Community Treatment teams (IMPACT):

# Findings from the Victoria Police Department Database

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Erica Woodin, Ph.D. & Catherine Costigan, Ph.D.

Department of Psychology

University of Victoria


*About the Authors*

Erica Woodin, Ph.D., R.Psych and Catherine Costigan, Ph.D., R.Psych are faculty members in the Department of Psychology at the University of Victoria. Both authors have extensive experience conducting research on health and well-being. In addition, both authors hold doctorates in clinical psychology and are Registered Psychologists. The authors are unaffiliated with either Island Health or the Victoria Police Department.

Dr. Woodin can be reached at ewoodin@uvic.ca or 250-721-8590.

Dr. Costigan can be reached at costigan@uvic.ca or 250-721-7529.

*This report was prepared for*

Grant Hamilton, Inspector
Community Services Division
Victoria Police Department

Echo Kulpas, Manager
Community Specialized Outpatient Services (SI)
Island Health

*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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# PUBLIC IMPACT STATEMENT

People living with serious mental illnesses such as schizophrenia and bipolar disorder are at risk of repeated hospitalizations and involvement with the criminal justice system when they do not have adequate community supports. Outreach programs such as Assertive Community Treatment (ACT) are effective at reducing hospitalizations and supporting stability in the community, however health care staff are often unable to reach clients who are prone to violence or who live in unsafe housing. Since 2007, Victoria ACT teams have developed a new approach to address these limitations. In this model, police officers with an interest in working with individuals with serious mental illness are embedded onto ACT teams. These officers learn the mental health needs of clients and work with ACT staff to help clients maintain psychiatric stability, find stable housing, and avoid criminal justice involvement.

However, individuals with severe mental illness, and even those in ACT programs, are prone to experiencing negative interactions with police. For example, erratic behavior in the community is often viewed as criminal rather than as an indicator of unstable mental health. This problem is referred to as the *criminalization of mental illness*. Although the intent of the Victoria ACT model is to support client wellbeing, a potential concern is that any police involvement in mental health might inadvertently lead to greater criminalization for ACT clients due to the more frequent presence of officers in their lives.

In our study, we looked at data from the Victoria Police Department from 2007 to 2019 to determine if police involvement with ACT teams increased or decreased the chance of criminal justice involvement for clients. We found that overall police involvement went down for clients after joining the ACT program, especially for crime-related police interactions. The only type of police interaction that went up was encounters to support client mental health such as wellbeing checks. In addition, clients who were perceived by police to be racialized (for example, Indigenous, Black, or Asian) actually saw a steeper decrease in criminal police encounters after joining ACT than clients perceived to be white. Finally, clients with a history of violence experienced fewer police interactions related to violence and more mental health-related police support after joining ACT, suggesting that the Victoria ACT model successfully reduces risk of violence while also providing mental health support to clients who might not be able to be supported if police were not embedded on the teams.

The findings from this study are a bit counterintuitive at first glance: police involvement on a mental health team is actually associated with a *lower* risk of criminalizing mental illness, particularly for racialized clients. Instead, police focus shifts to mental health-related support. The Victoria ACT model appears to be a win-win: helping clients live in the community with less risk of criminalization while staff and community safety are also improved. Although we cannot know how this model would work in other communities with different social service supports or community-police relations, the Victoria ACT model does seem to produce positive results for local clients, staff, and community members.

# EXECUTIVE SUMMARY

The Assertive Community Treatment (ACT) program is designed to support individuals with serious mental health problems such as schizophrenia and bipolar disorder who need assistance to live successfully in the community. Traditional 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 standard ACT model decreases hospitalizations and increases quality of life for their clients[1], but ACT alone does not decrease clients' contact with the criminal justice system[2]. This is important, as people with serious mental health issues are at risk of having their behaviours viewed by police through a criminal lens rather than a mental health lens, which can put them at risk for potentially traumatic arrests and incarcerations. In addition, people living with serious mental health concerns who also have a history of violent behaviour, or who live in dangerous housing situations, may be deemed too high risk for ACT health care providers to attend to by themselves.

In Victoria, police officers have been integrated onto ACT teams since 2007. In the Victoria ACT model, police officers with an interest in supporting individuals with serious mental health concerns are integrated onto ACT teams with the goal of supporting clients to both maintain stability in the community as well as to avoid criminal justice involvement. Since 2017, we have been studying the benefits and drawbacks of the Victoria ACT model through interviews with clients and staff, as well as members of the social service, psychiatric emergency, and criminal justice communities. In our work, which is independent of both Island Health and the Victoria Police Department, we have interviewed ACT clients and staff and found that the Victoria ACT model is generally viewed as beneficial to clients in both crisis-oriented and preventative ways. These interview results are promising and support the continued use of the Victoria ACT model.

As a next step in our work, we sought to understand the experiences of a larger group of clients with a history of police involvement. For the current study, we entered into a research agreement with VicPD to access police contact information related to 448 clients (66% men, 83% white, 38% forensic history), providing us with information about clients' police occurrence data both before and after admission to the Victoria ACT program. We compared the average monthly rate of various occurrence types (Social Order, Emotionally Disturbed Person, Substance Use, Violence, and Mental Health-Related) from before to after admission to ACT and explored whether clients' forensic history or police-identified sex or race mattered in understanding their experiences in the ACT program. We also explored whether the odds of a mental health-related occurrence (versus criminal occurrence) were more likely when an ACT officer (versus patrol officer) was present or when more ACT officers were integrated onto the teams.

On average, the total monthly rate of police occurrences went down after clients were admitted to the Victoria ACT program, particularly for criminally-related occurrences (violence, social order, and

substance-related). Emotionally disturbed person occurrences also declined. The only type of occurrence to increase was mental health-related occurrences (e.g., wellness checks) suggesting that ACT officers are more likely to respond to client behaviours with a mental health-related response.

We did not find differences between men and women. However, we did find that clients identified by police to be racialized (e.g., Black, Indigenous, Asian) experienced more social order and substance-related occurrences than White clients before admission to ACT, but also experienced greater declines in these police interactions after joining ACT. We speculate that this difference may be explained by lowered police bias as erratic behaviours are viewed by ACT officers through a mental health lens. It may also be that racialized clients have access to greater psychiatric and housing stability because of ACT than would otherwise be available due to broader societal stigma and systemic racism. Collectively, these results suggest that the Victoria ACT model leads to less disruptive public behaviour and unwanted police attention for clients independent of their racialized status.

Forensic clients with a history of violence before entering the ACT program experienced a greater reduction in violent occurrences and a greater increase in mental health-related occurrences after admission compared to non-forensic clients. This suggests that police integration onto ACT teams may reduce the risk of violence and increase safety for both staff and the public while also increasing police support of mental health and wellbeing for clients with a forensic history. This finding is particularly important because it shows that the Victoria ACT program can successfully engage with and support individuals with a forensic history in a way that traditional ACT programs are often unable to do.

Finally, the odds of mental health-related occurrences (versus criminal occurrences) were higher for clients when interacting with ACT officers (versus patrol officers) and when more ACT officers were integrated onto the teams. These findings are consistent with our previous study and further suggest that ACT officers are less likely than patrol officers to criminalize clients' mental health-related behaviours, possibly due to their focus on supporting clients' mental health as well as their greater knowledge and familiarity with client needs due to being embedded on a mental health team. In addition, more officers on the teams may enable each officer adequate time to engage in relationship building and prevention activities that reduce the chance that clients will engage in disruptive behaviours in the first place.

**Based on the results from this study, we conclude that the presence of police on Victoria ACT teams does not increase the criminalization of mental illness, but rather re-orients police interventions away from criminalization and towards support for mental health and wellbeing. Although any police interaction may be stressful, especially for clients with a history of traumatic police interactions, these findings suggest that interactions with ACT officers are less likely to result in a criminal occurrence and may therefore be preferable to criminally-focused interactions with unknown patrol officers. These results are also consistent with our past research and suggest that ACT officers can serve a preventative role for clients at risk of criminal justice involvement, supporting them to maintain psychiatric and housing stability in the community.**

# CONTEXT

Individuals are eligible for the Assertive Community Treatment (ACT) program if they are experiencing a serious and ongoing mental health concern, such as psychosis, bipolar disorder, or major depressive disorder. Most Canadians with serious mental disorders lived in asylums until the 1950s, when the inadequate and restrictive conditions 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.

Currently, most Canadians with serious mental illness live in their communities. Living with these disorders, which are often lifelong, can make it hard at times to think clearly or to make safe decisions. It can be a challenge to keep a job, take care of a home, or even to eat and take medications regularly. These individuals are also at risk of being victims of physical violence, sexual assault, and property crimes. After deinstitutionalization, many people experienced a revolving door of hospitalizations, arrests, victimization, and homelessness because their symptoms made it hard to function independently and safely in society and because existing community resources did not adequately replace the care of institutional settings.

The ACT model was developed in the 1970s to help people with serious mental illness live successfully in their communities. ACT teams are typically made up of mental health professionals including 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 considered far less expensive, intrusive, and traumatizing than psychiatric hospitalization.

Alcohol and drug use can make it even more difficult for people with serious mental illness to live independently and free of involvement with hospitals and police. Substance use can make symptoms worse, leading to poor self-care and risky behaviour, and can also lead to property or violent crime to obtain funds to support ongoing use. Some substances, such as alcohol and crystal methamphetamine, can cause violent outbursts in otherwise non-violent people. Overdoses of opiates such as fentanyl can cause permanent brain injury, leading to increases in impulsive and risky behaviour. ACT teams work with many people who use substances; however, unsafe living conditions or violent outbursts make it difficult to reach some

individuals. As a result, many people who use substances or who live in environments where substances use occurs at high rates fall through the cracks of the mental health care system.

Individuals with serious mental illness living in the community encounter police officers for a variety 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 authorized in British Columbia to initiate a psychiatric hospitalization. Individuals who act in disruptive or dangerous ways may become the focus of police involvement. If substance use leads to property or violent crime, individuals can be arrested and incarcerated. Such experiences can be traumatic for individuals with serious mental illness, many of whom have already experienced trauma in their lives, leading to further declines in their mental health.

The Victoria ACT program typically integrates one to three police officers onto ACT teams. ACT officers are available to everyone on the ACT teams, but they are mostly involved in caring for individuals who have a history of violent and/or criminal behaviour in addition to a mental illness. The ACT officers are selected for their knowledge and experience in working with individuals with serious mental illness, as well as for their de-escalation skills. ACT officers are long-term, integrated members of Victoria ACT teams and are called upon in situations in which there is a risk of criminal behaviour, violence, or victimization or when ACT teams provide outreach services to locations that might put staff members at risk of harm.

Island Health and the Victoria Police Department approached us to conduct independent research on the impact of police officers on Victoria ACT teams. Please see the Appendix for a summary of two previous studies conducted by our team that provide insights on the Victoria ACT model from a range of perspectives, including those of ACT clients, family members, staff, and police officers, as well as professionals in areas overlapping with the ACT program (e.g., social service, psychiatric emergency services, probation officers).

## The Current Study

The purpose of the current study was to understand the range of experiences Victoria ACT clients have with police officers. To do this, we examined changes in the amount and type of police contact experienced by clients from before to after admission to the Victoria ACT program. We examined changes in contact related to criminal behaviour such as violence and substance-related issues, as well as changes in mental health-related contact such as wellbeing checks and transportation to hospital under the Mental Health Act. Finally, we explored whether characteristics of clients (such as police-identified sex and race) as well as characteristics of police (such as ACT versus patrol officer and number of officers on the ACT

team) change any of these findings. From this study, we can comment on how clients' police experiences change from before to after admission to the Victoria ACT program.

# Our Current Project

To understand the experience of ACT clients with the Victoria Police Department (VicPD), we explored the interactions ACT clients have with VicPD both before and after admissions to the ACT program. To do this, we entered into a Research Agreement with VicPD to access police contact related to ACT clients. We removed all information that could identify ACT clients (including names and birthdates) from the file before we analysed our data.

Throughout the project, we met regularly with a Steering Committee made up of representatives from Island Health and VicPD, including individuals in leadership positions, an ACT Team Lead, and a VicPD database specialist. The Steering Committee provided our research team with feedback on each stage of study design and data analysis.

## Creation of the Occurrence Database

Our data set used information from the VicPD database on all ACT clients' police occurrences between January 1, 2008, and June 30, 2019. An *occurrence* is any police contact that has been entered into the police records system. The available information included demographic characteristics of ACT clients (e.g., police-identified sex and race, date admitted to the ACT program), and details of every occurrence from both before and after admission to the ACT program (e.g., whether the occurrence was assigned by an ACT or patrol officer, the type of occurrence). In addition, VicPD provided us with the number of police officers integrated into the ACT program over the dates represented by the current database.

### Occurrences

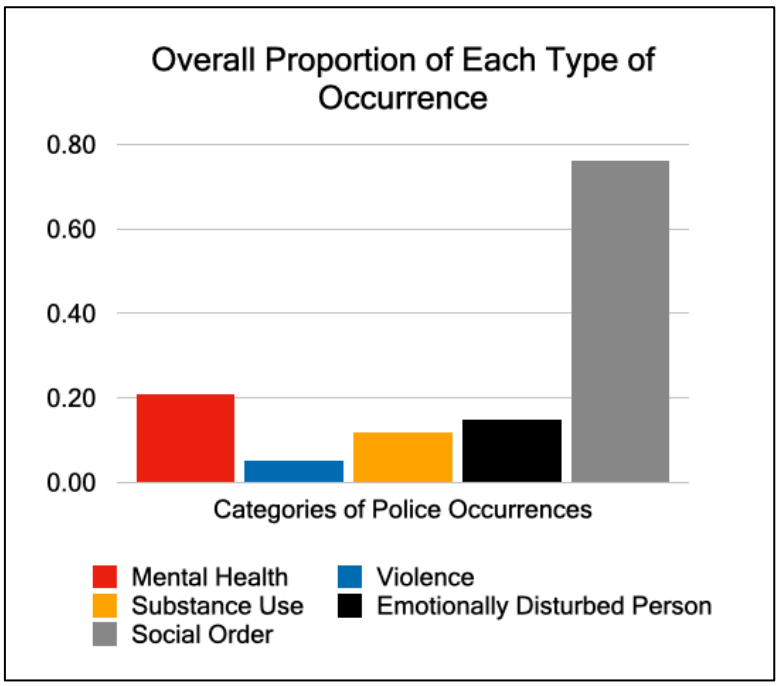
Both ACT officers and patrol officers document the nature of police contacts by coding occurrences following the Uniform Crime Reporting (UCR) system. In consultation with our Steering Committee, the occurrences most relevant to this study were organized into five types: Mental Health, Violence, Substance Use, Emotionally Disturbed Person, and Social Order (see Table 1). We did not include infrequent occurrences such as Traffic Violations.

*Table 1 Categories of Police Occurrences Created for This Study*

| Occurrence Type | Definition |
|---|---|
| Mental Health-Related | Transportation to hospital under the Mental Health Act, wellbeing checks, and calls to assist emergency health services in attending to a person in distress |
| Violent Offense | Physical and sexual assault, harassment, robbery, and threats |
| Substance Use-Related | Production, possession, trafficking, or misuse of substances and alcohol |
| Emotionally Disturbed Person | Calls to assist clients with severe mental illness in public spaces |
| Social Order | Calls to circumstances that disturb the social order, including public disturbances, fights, unwanted persons, panhandling, and bylaw infractions. |

By far the most common type of police occurrence experienced by ACT clients overall was Social Order. Mental Health-Related Occurrences were the next most common, followed by Emotionally Disturbed Person, Substance Use, and Violent occurrences (see Figure 1).

***Figure 1*** *Overall Proportion of Each Type of Occurrence for ACT Clients in General*

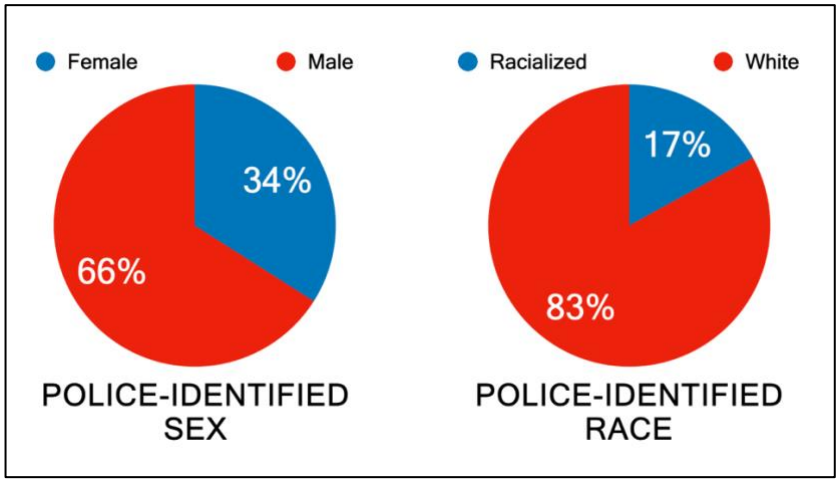


## Participants

Our final dataset contained 17,051 occurrences from 448 unique ACT clients who had at least one police occurrence between 2008 and 2019. ACT clients with police contact entered the program between the ages of 18 and 74, with an average age of 41 years old. Clients were in the ACT program for a median of 47 months.

The sex and race of ACT clients was reported by the police officer who created their file within the police documentation system, meaning that the recorded sex and race of ACT clients were identified by the police officer rather than self-identified by the client. Most ACT clients were identified by officers as White men (55%), followed by White women (28%), racialized men (11%), and finally racialized women (6%; Figure 2). Among the 77 racialized men and women, the majority were identified by police officers as Indigenous (55%) or Black (20%) with the rest identified as South Asian (10%), East Asian (9%), Middle Eastern (3%), and Other (3%).

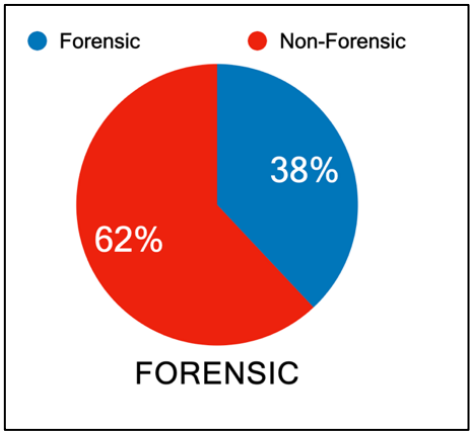
***Figure 2*** *Proportion of ACT Clients by Police-Identified Sex and Race*




## Forensic History

Clients with a forensic history (i.e., a history of violent police occurrences) may be more likely to experience contact with police, particularly because these clients often have ACT police written into their care plans. We were interested in understanding if clients with a forensic history had greater police contact than clients without a forensic history, as well as whether the type of police contact would be more likely to be of a criminal nature. We defined *forensic history* as at least one violent occurrence *before* admission to the ACT program. We created this variable because earlier research has shown that a history of violence is a predictor of future arrests among justice-involved ACT clients. By this definition, 38% of ACT clients with police involvement were considered forensic (Figure 3).

***Figure 3*** *Proportion of ACT Clients with a Forensic History*




## Number of ACT Officers

Table 2 shows the number of ACT officers integrated into Victoria ACT teams over time. VICOT refers to the Victoria Integrated Community Outreach Team, which was a forensic-only ACT team serving clients with a criminal history that ran from 2007 to 2010, at which point forensic clients were admitted across all four ACT teams.

***Table 2*** *Number of officers on ACT teams from November 2007 to September 2019*

| Dates | Number of ACT officers on ACT teams |
|---|---|
| November 1, 2007 – December 31, 2009 | 2 ACT officers for VICOT team only |
| January 1, 2010 – September 30, 2010 | 1 ACT officer for VICOT team only |
| October 1, 2010 – December 31, 2010 | 2 ACT officers for VICOT team only |
| January 1, 2011 – June 30, 2016 | 1 ACT officer serving all teams |
| July 1, 2016 – March 31, 2017 | 2 ACT officers serving all teams |
| April 1, 2017 – June 30, 2019 | 3 ACT officers serving all teams |

## Our Research Questions and Predictions

Drawing from our previous research projects (see Appendix), as well as our discussions with various community partners, we developed two predictions that guided our approach:

- Based on findings from our previous interviews (see Appendix), as well as on past research with Forensic-only ACT teams led by other research teams, we predicted that criminal occurrences would decrease, and mental health-related occurrences would increase, following admission to Victoria ACT. We also predicted that the decrease in criminal occurrences would be higher for clients with a forensic history.
- Also based on information from our past interviews, we predicted that ACT officers would be more likely to engage in mental health-related occurrences than patrol officers and that a greater number of ACT officers on the teams would be associated with a greater proportion of mental health-related occurrences.

We did not make specific predictions about how clients of different police-identified sexes and races would experience police in Victoria, however we tested for sex and racial differences in our findings.

## Community Consultations

We sought consultation with community partners from VicPD, Island Health, and members of the racialized community in Victoria who were knowledgeable about mental health and policing with racialized populations. The results of the study were shown to each community partner to receive their feedback and insight into how they would interpret the results from their respective group. Their interpretations of the findings are noted where appropriate in the following section.

# What We Found

## 1. Changes in Occurrences from Before to After Admission to ACT Program

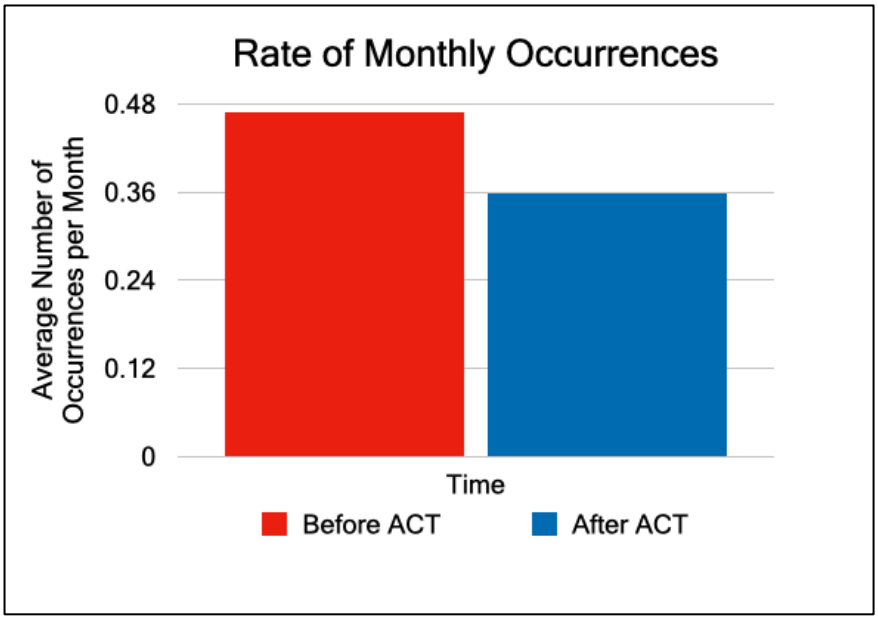
We first explored how clients' total number of occurrences changed from before to after admission to the ACT program. In many cases, these changes differed depending on characteristics of the ACT clients (e.g., police-identified sex or race) or the ACT program (e.g., number of ACT police integrated on teams). We report data as a whole as well as in subgroups when the results are significantly different based on characteristics of clients or police.

Because clients differ on the number of total months of police data both before and after admission to the ACT program, we divided the total number of occurrences by the number of months of police data for each client. This allowed us to compute the *rate of monthly occurrences* for each client, separately for before and after ACT admission.

### Total Occurrences

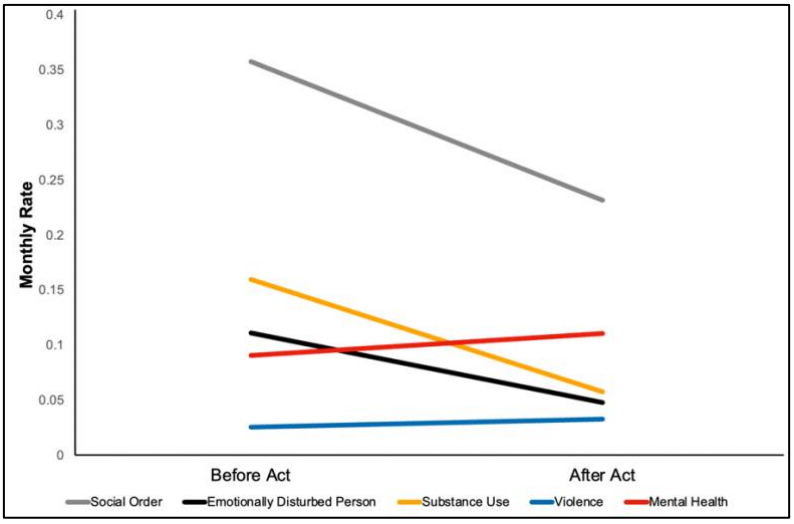
Overall, rates of monthly occurrences decreased significantly for individuals from before to after admission to the ACT program, from an average of one occurrence every two months to one occurrence every three months (Figure 4).

***Figure 4*** *Changes in Total Occurrences from Before to After Admission to the ACT Program*



Although the overall rates of monthly occurrences decreased from before to after admission to the ACT program, the pattern varied by the type of occurrence (Figure 5).

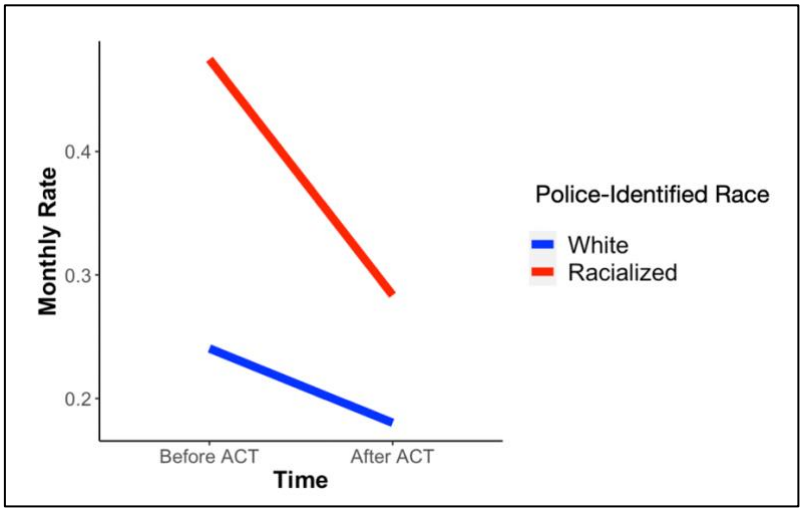
***Figure 5*** *Changes in Each Type of Occurrence from Before to After Admission to the ACT Program*




## Social Order Occurrences

Social order occurrences were the most frequent type overall. On average, social order occurrences decreased from before to after admission to the ACT program for racialized clients from an average of one every two months to an average of one every three months after admission. White clients experienced fewer social order occurrences than racialized clients overall (less than one every three months), but the gap between racial groups was smaller after admission to the ACT program. There were no differences in police-identified sex or forensic history (Figure 6).

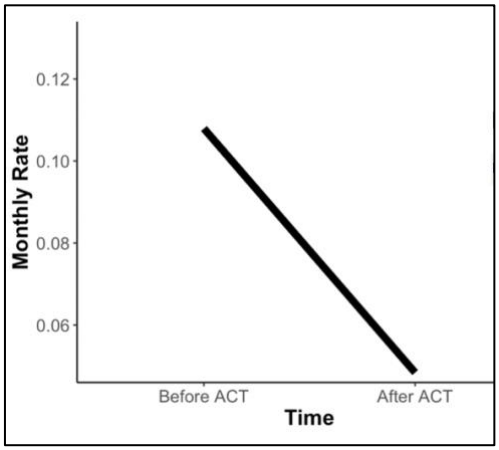
***Figure 6*** *Changes in Social Order Occurrences for White and Racialized Clients*



### Emotionally Disturbed Person Occurrences

Emotionally disturbed person occurrences were much less common overall. The average level decreased significantly from once every nine months before admission to a negligible amount after admission for all clients. There were no differences across police-identified sex, race, or forensic history (Figure 7).

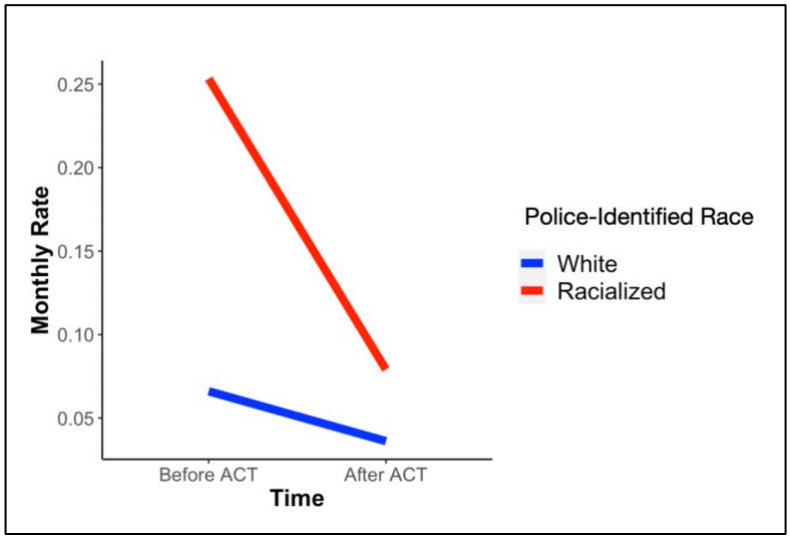
***Figure 7*** *Changes in Emotionally Disturbed Person Occurrences*




### Substance-Related Occurrences

Substance-related occurrences were also somewhat less common, occurring less than once every three months. On average, substance-related occurrences remained similar from before to after admission to the ACT program for White clients but decreased for racialized clients: Similar to the findings for social order, racialized clients experienced far more substance-related occurrences than White clients before ACT but had similar substance-related occurrences after ACT (Figure 8).

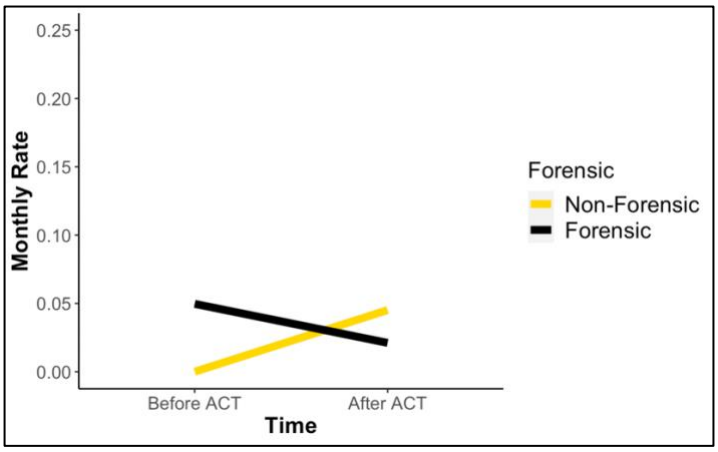
***Figure 8*** *Changes in Substance-Related Occurrences for White and Racialized Clients*



### Violent Occurrences

Violent occurrences were the least common type overall. On average, violent occurrences decreased slightly from before to after admission to the ACT program for forensic clients and increased slightly for non-forensic clients, however the overall levels of violent occurrences remained very low (less than once every twenty months on average) for all clients. This was true regardless of police-identified race or sex (Figure 9).

***Figure 9*** *Changes in Violent Occurrences for Forensic and Non-Forensic Clients*

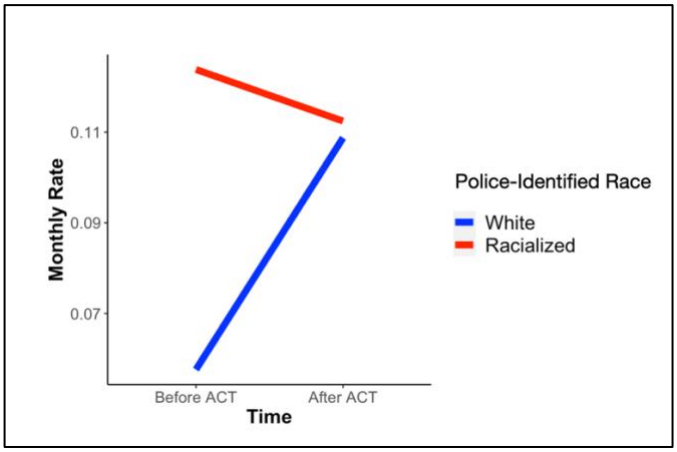



### Mental Health-Related Occurrences

On average, mental health-related occurrences were relatively rare but were the only occurrence category to increase from an overall rate of once every fourteen months before admission to once every nine months after admission to the ACT program.

However, the overall increase in Mental Health-Related Occurrences after admission to the ACT program was only seen for White individuals. Racialized individuals experienced higher levels of Mental Health-Related Occurrences than White clients before the ACT program and similar levels after admission to ACT (Figure 10).

***Figure 10*** *Changes in Mental Health-Related Occurrences for White and Racialized Clients*



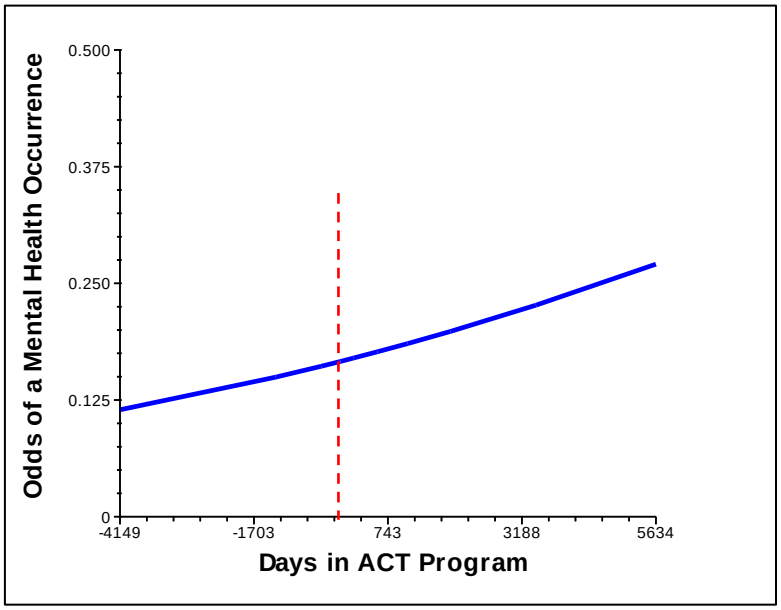
## 2. Changes in the Odds of Mental Health vs. Criminal Occurrences over Time

We next explored how the odds of clients' mental health-related occurrences (versus criminal occurrences such as violent or substance-related) changed from before to after admission to the ACT team. Rather than capturing the overall frequency of an occurrence, these variables address the question of: *When there is a police occurrence, what is the likelihood that it is mental health-related rather than criminally related*? This helps us understand the extent to which clients' interactions with police are experienced through a mental health lens. We also explored whether these changes differed depending on characteristics of the ACT clients (e.g., forensic status) or of the ACT program (e.g., number of police integrated on teams). Because there were some differences in clients' experiences based on race in earlier analyses, we controlled for police-identified racialized status in these analyses.

### Total Odds of Mental Health-Related Occurrences

Overall, the odds of experiencing a mental health-related occurrence (rather than a criminal occurrence) went up for clients after joining the ACT program. Even though the overall odds of a mental health-related occurrence were low, we saw that the odds increased from approximately 13% to closer to 25% of all occurrences over time (Figure 11).

***Figure 11*** *Overall Odds of Mental Health-Related Occurrences across Time*

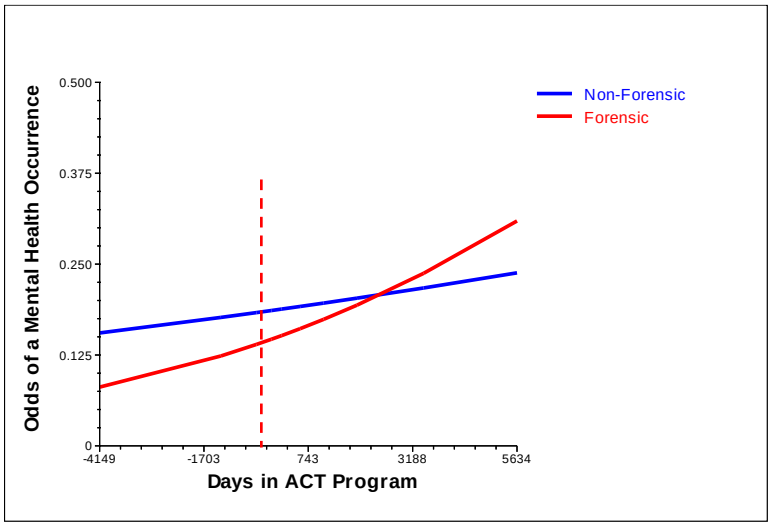



**Dashed vertical line stands for the first day on the ACT program.*

### Forensic versus Non-Forensic Clients

Figure 12 shows that the odds of experiencing a mental health-related versus criminal occurrence increased more for forensic clients compared to non-forensic clients (who remained relatively stable over time).

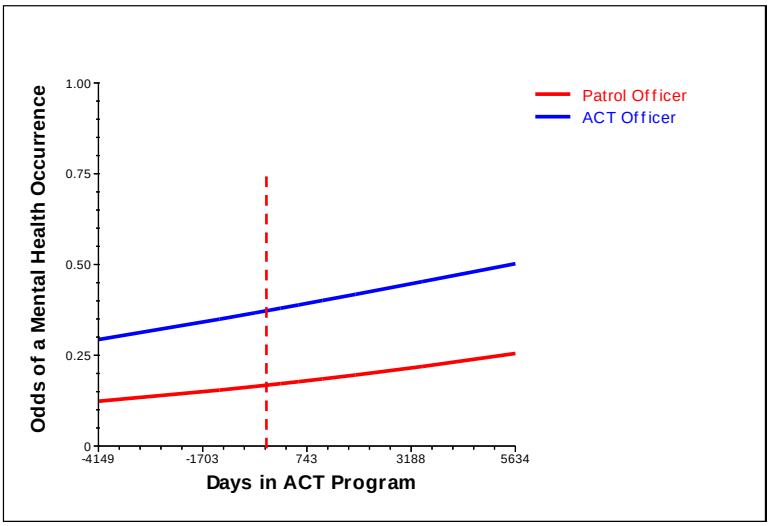
***Figure 12*** *Odds of Mental Health-Related Occurrences across Time for Forensic and Non-Forensic Clients*




## Patrol Versus ACT Officer

Clients were approximately twice as likely to experience a mental health-related occurrence with an ACT officer compared to a patrol officer both before and after admission to the ACT program (Figure 13).

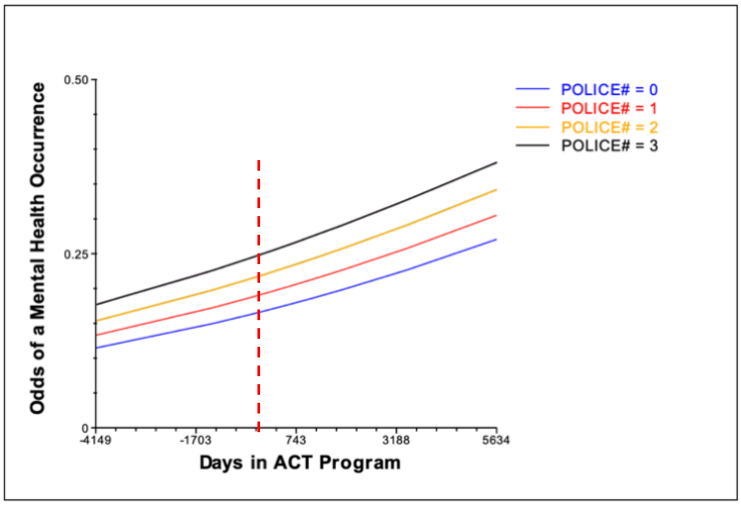
***Figure 13*** *Odds of Mental Health-Related Occurrences across Time for interactions involving Patrol Officers versus ACT Officers*



### Number of Police on ACT Team

When there were more ACT officers assigned to the program, clients were more likely to experience mental health-related versus criminal occurrences than when fewer officers were assigned to the program. This difference was more pronounced over time, meaning that the odds of a mental health-related occurrence increased even more with more officers after clients were admitted to the ACT program (Figure 14).

***Figure 14*** *Odds of Mental Health-Related Occurrences across Time for interactions involving Patrol Officers versus ACT Officers*



# Summary of Our Findings

Overall, the 448 ACT clients represented in this study experienced at least one police occurrence between 2008 and 2019. On average, ACT clients experienced fewer police occurrences after being admitted to the ACT program, although there were differences across the type of occurrence, as well as characteristics of the clients:

- Social order occurrences were the most common, both before and after admission to ACT, whereas other categories (substance-related, emotionally disturbed, and mental health-related) were less common, and one category (violent occurrence) was quite rare.
- Substance-related and social order occurrences decreased for racialized clients but not White clients.
- Emotionally disturbed person occurrences decreased for all clients.
- Violent occurrences declined for forensic clients while increasing somewhat for non-forensic clients. Overall, however, violent occurrences remained a small proportion of total occurrences.
- Monthly rates of mental health-related occurrences increased for White clients but remained relatively stable for racialized clients after admission to ACT.

In addition, consistent with our predictions, the overall odds of experiencing a mental health-related occurrence (compared to a criminal occurrence) increased over time for ACT clients. Again, this increase varied depending on characteristics of the clients and police involved:

- Forensic clients experienced a greater increase in the odds of experiencing mental health-related (versus criminal) occurrences across time compared to non-forensic clients.
- ACT clients were more likely to experience a mental health-related occurrence when an ACT officer versus patrol officer was present.
- ACT clients were more likely to experience a mental health-related occurrence when more officers were integrated onto the ACT team at the time of the occurrence.

# Discussion of Findings

In sum, we found that ACT clients had less police contact overall after joining the ACT program, and that the contact they did have was more likely to be of a mental health-related nature. This is consistent with findings from interviews we conducted previously with ACT staff, clients, and associated community professionals (see Appendix) that the presence of ACT officers helps to shift police perception of ACT clients' behaviours from a criminal to a mental health lens. This is also consistent with findings from our earlier interviews that demands on both criminal justice and health resources tend to go down for clients admitted to the Victoria ACT program.

Additionally, these findings may also reflect greater psychological and/or housing stability for clients because of admission to the ACT program. That is, clients whose basic needs are met may be less likely to engage in disruptive behaviours in public that lead to calls for police intervention. Earlier studies examining ACT programs without police integration, however, have not shown reductions in criminal justice involvement, suggesting that the presence of ACT officers may play an important role in the reduced criminal occurrences seen for ACT clients in Victoria.

Helping ACT clients with psychiatric and housing stability may be a crucial way in which officers come to view clients' behaviour as related to their mental health challenges rather than as criminal in nature. As we heard in our previous study (see Appendix), ACT officers may be more likely to re-consider whether criminal sanctions are in the best interest of clients' mental health and to actively work to prevent clients' arrests and incarcerations by engaging in activities such as support for housing and other social services. Essentially, ACT officers may come to see clients as people to be supported instead of problems to be dealt with, which can lead to better outcomes for clients. Because of the long-term nature of the ACT program, ACT officers are also able to see the results of their efforts and may be able to more effectively judge whether criminal sanctions would be helpful or harmful for each client.

Notably, individuals identified by police to be racialized (e.g., Black, Indigenous, Asian) experienced higher pre-ACT levels of both social order and substance-related occurrences, but greater declines after admission to the ACT program. These data suggest that joining the ACT program was associated with a narrowing of the racial gap in these occurrences to the point at which rates were similar to the experiences of police-identified white clients. One possibility is that the racial gap before admission to ACT reflects the well-established police bias across Canada towards misperceiving racialized individuals' behaviour as criminal[3] and that the

reduction in criminal occurrences for racialized clients may reflect less police bias towards individuals' disruptive behaviours once they are viewed through a mental health lens. Another possibility is that, due to broader societal stigma and systemic racism, racialized clients may have had fewer community resources available to them before admission to ACT and may therefore have been more likely to benefit from the psychiatric and housing stability provided through the ACT program. In turn, greater stability may mean that clients are less likely to come to the attention of police after admission because their behaviours are less erratic or because they are less likely to be visible on the street. These findings suggest that police involvement on ACT is helpful in the context of larger social issues and racial inequalities impacting individuals with serious mental illness.

Further, we found that forensic clients seemed to benefit from admission to the Victoria ACT program, and experienced both a greater decline in violent occurrences and a greater increase in the proportion of mental health-related occurrences over time compared to non-forensic clients. These findings suggest that not only does the Victoria ACT program reduce the risk of violent behaviours that may put both ACT staff and the general public in danger, but also that forensic clients are more likely to experience an increase in police interactions with a mental health focus after admission. Individuals with a forensic history are often not admitted to traditional ACT programs due to concerns for the safety of health care staff during outreach activities, so the ability of the Victoria ACT program to both admit these hard to reach individuals and to increase police mental health-related interventions is a unique and important outcome. In addition, because the Victoria ACT program spreads forensic admissions across all teams, rather than sequestering clients on specialized forensic ACT teams, there is a lower risk of stigma for forensic clients as well as a lower risk of burnout for ACT staff.

Finally, the odds of mental health-related occurrences (versus criminal occurrences) were higher for clients when interacting with ACT officers (versus patrol officers) and at times when more officers were integrated onto ACT teams. This is consistent with our previous interviews and provides further evidence that ACT officers are more likely to view client behaviours through a mental health lens and to respond in a manner that supports their stability and wellbeing in the community. In addition, our past interviews suggested that more officers on ACT teams leads to a greater preventative and mental health focus, as ACT teams do not need to rely as much on unknown patrol officers to fill gaps in police need. This was shown in our current results as well with more officers being associated with a greater chance that an ACT client would experience a mental health-related occurrence when interacting with police. In our past interviews, ACT staff explained that when there was adequate police staffing on teams,

officers were able to engage in more preventative and relationship-building activities to avert criminal behaviours rather than needing to focus their time only on emergency response.

We should also note that these results are only applicable to ACT clients with records available in the VicPD database. Some ACT clients have never interacted with police officers. It is also possible that some clients may have police records in other jurisdictions that we did not have access to. Therefore, our findings are limited to clients with VicPD involvement either before or after admission to the ACT program. Further, this study did not directly compare clients in traditional ACT with the Victoria police-integrated ACT model, and so we do not know which findings are only due to police involvement and not to other unique aspects of the Victoria ACT program or the Victoria community.

**In conclusion, these findings suggest that the presence of police on ACT teams does not increase the criminalization of mental illness, but rather shifts police focus to supporting mental health-related interventions. This may be especially true for forensic and racialized ACT clients, who seem to benefit most from interacting with known officers who are aware of their mental health needs.**

# Appendix

## Our Previous Projects

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 if we would have full independence in reporting our findings. Our work is independently funded by the BC Crime Reduction and Crime Prevention grant program and the Social Sciences and Humanities Research Council Partnership grant program with no financial support from Island Health or the Victoria Police Department. We have maintained an anti-oppressive and trauma-informed approach in our work. We have also engaged in critical self-reflection throughout the research process, holding weekly research team meetings to ensure we are maintaining these principles.

Because little research has explored the question of how police involvement affects ACT teams, our initial focus was 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 professions (such as nursing, addictions, and peer support). In Spring 2018 we released a report detailing our findings from these groups.

We next interviewed individuals working in the community who have ongoing interactions with ACT clients: social service (e.g., supported housing and other downtown service providers), criminal justice (e.g., staff at the Victoria Integrated Courts), emergency health care (e.g., staff from Royal Jubilee Hospital Psychiatric Emergency Services), and our advisory board members (e.g., a diverse collection of individuals with lived experience, family members of recipients of ACT program services, and social service providers). In Spring 2019 we released a second report detailing our findings from these groups.

View Previous IMPACT Reports Here

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[3]Wortley, S., & Owusu-Bempah, A. (2012). Race, ethnicity, crime and criminal justice in Canada. In *Race, ethnicity, crime and criminal justice in the Americas* (pp. 11–40). Springer.