IMPROVING MENTAL HEALTH OUTCOMES THROUGH INNOVATIVE PROGRAMS AND POLICE PARTNERSHIPS

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GLOBAL LAW ENFORCEMENT & PUBLIC HEALTH ASSOCIATION INC.

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DIALOGUES ON PUBLIC HEALTH, LAW ENFORCEMENT AND COMMUNITY SOLUTIONS

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ABOUT THE BEHAVIORAL HEALTH FOUNDATION

The Behavioral Health Foundation is a nonprofit policy research center in the United States that is driving meaningful systems and policy change to reduce stigma and improve access to voluntary, evidence-based mental health and addiction care. For more information, please visit: behavioralhealthfoundation.org

CONFLICT OF INTEREST DISCLOSURE

Neither the Behavioral Health Foundation nor the author received funding for the writing of this research report. Elliot Pinsly, Chief Executive Officer at the Behavioral Health Foundation, is a volunteer co-convener for GLEPHA's Mental Health Special Interest Group (SIG). Elliot co-hosted the Mental Health themed session of the 2022 GLEPHA Marketplace of Ideas educational series.

ABOUT THIS REPORT

In September 2022, the Global Law Enforcement and Public Health Association held a major event series called the 'Marketplace of Ideas,' which showcased practical and innovative approaches to addressing public health issues that have traditionally been criminalized or over-policed, with a particular focus on policing and policing alternatives. The United Nations Office on Drugs and Crime was a major supporter of the event series.

This report summarizes the key learnings and discussions stemming from the event's session on 'Law Enforcement and Mental Health' in which four exciting programs from around the globe were selected to present their unique approaches to effectively and humanely improving mental health outcomes through police and public health partnerships.

In this report, we examine these four case studies to better understand the key elements of the programs, to discuss their common characteristics, and to demonstrate the importance of collaborating across sectors to change perspectives and improve community safety, health, and wellbeing outcomes.

A video recording of the full session can be viewed here: https://glepha.com/moi-video/

FINDING BETTER WAYS TO RESPOND TO PEOPLE FACING MENTAL HEALTH CHALLENGES

While mental health is clearly a health care issue, in many countries it is common for police to be the first responders when engaging with people who are experiencing a mental health crisis or distress. These police interactions are often not appropriate responses as they can exacerbate the mental health issue and may result in unnecessary arrest, involuntary detention, or other adverse outcomes (Wood & Watson 2017).

Around the world, mental health conditions and mental or neurological disorders remain disproportionately high among prison populations, and data suggests this proportion is rising (Penal Reform International 2022). A broad range of evidence demonstrates that a reliance on criminal justice systems to respond to substance use and mental health conditions is contributing to this rise (Peters, Wexler & Lurigio 2015).

For instance, 70% of people in Ireland's prisons live with a personality disorder, more than 40% of people in prison in Italy and 60% in the Netherlands suffer from at least one mental health disorder, and about 90% of people in prisons in the United Kingdom have at least one mental or substance use disorder (Jack et al. 2018). A recent study from Canada found that admission numbers of people who have both mental health needs and substance use disorders has doubled over the past eight years (Butler et al. 2022). Exceedingly high prevalence rates of incarcerated people with mental health conditions have also been found in Africa (Lovett et al. 2019), Asia (Chow et al. 2018; Union of Catholic Asian News 2022), and other parts of the world (Jack et al. 2019).

It has become increasingly clear that we need to provide alternatives to incarceration that help keep people with mental health conditions out of correctional facilities and in the community (Penal Reform International 2017). These include alternatives such as sensitization training for police

officers to defuse mental health situations in lieu of arrest, and diversion programs that connect people to a range of social and health services.

This report showcases a number of alternatives to traditional policing models that more effectively respond to mental health issues by bringing together law enforcement and public health – two sectors that have traditionally not worked in collaboration. The four programs featured here as case studies were originally presented at a seminar on law enforcement and mental health that was part of an event series run by the Global Law Enforcement and Public Health Association. The programs, with their innovative approaches to leveraging the intersections of policing and mental health, span three continents:

- The Human-centred Engagement and Liaison Partnership (HELP) in Canada
- RedTraSex mental health pilot program in Latin America and the Caribbean
- The Muamko Mpya: Healing the Uniform program in Kenya
- Community & Law Enforcement Assisted Recovery (CLEAR) in the United States

After we at look at each of these case studies, we will examine key elements of these programs and discuss their common characteristics. In these examples, police work in close partnership with social and health services, and with people who have lived mental health experience, to develop effective approaches that respond to the unique needs of these key communities. Collectively, these programs demonstrate that police can be part of the solution to support people with mental health needs and can play a pivotal role in developing more appropriate and preventive interventions.

HUMAN-CENTRED ENGAGEMENT AND LIAISON PARTNERSHIP PROGRAM – ALBERTA, CANADA

In Edmonton, Alberta (Canada), the Human-centred Engagement and Liaison Partnership (HELP) program was developed in response to the traditional cycle of policing, arrest, and release of vulnerable people in the community. The HELP program was launched in January 2021 as a collaboration between the Edmonton Police Service and seven social sector partners. The main goal of the HELP program is to deflect individuals from criminal justice system involvement by adopting a supportive approach that takes into account the root causes and contributing factors underlying their circumstances (Junker 2021). The program's secondary goal is to build relationships between social services and police on the frontline.

The HELP Unit is made up of Team Leads, police officers, and "navigators" (non-police support workers) from a range of social service agency partners who are assigned to help connect people in the community to resources in line with their individual needs (Boothby 2021). Bringing together these different members of the team to work under the same roof helps to reduce the redundancy of services, identify gaps in services, and enable greater cross-sector collaboration.

Services and supports available at these integrated partnership sites span mental health, addiction, physical health, transportation, housing, employment, financial support, and basic life skills services. Notably, the objective of the HELP Unit is to not only identify an individual's unmet basic human needs – such as food, clothing, and shelter – but to provide them with the necessary means to address these needs. The team also assists participants with resolving past or ongoing court-related matters.

The Edmonton Police Service acts as the frontline for the community to access services through the HELP program and typically makes referrals

to services when police officers respond to callouts. Once on the scene, an officer may make a referral after determining that a situation – such as a mental health crisis or suspected substance use – may be better served by a HELP Navigator instead of a standard police response. When they are available to respond, a Navigator may be dispatched to the scene in partnership with a HELP Unit police constable to offer assistance to an individual in need. Other times, a police officer may bring an individual directly to the HELP Unit's co-located building, where the person can begin receiving immediate support. This partnership approach aligns community-based supports and services to the particular needs of each individual, diverting the person away from a pathway of further criminal justice involvement.

At the end of the program's first year in operation, the HELP Unit received close to 900 documented referrals. Over 70% of those referrals were made by police officers. The most common service need was housing-related assistance, followed by addiction and mental health support. According to data collected by the HELP Unit, the program's interventions have led to vast reductions in rates of criminal violations (-34%), behavioral health disorder indicators (-34%), and documented police contacts (-26%) among those who participated in the program (Kembel 2022).

Notably, the biggest improvements were observed for participants who were categorized as being in the "top 1%" of individuals arrested for minor criminal violations and those determined to have the most acute needs. This sub-group of participants experienced an impressive 64% reduction in criminal violations, a 56% reduction in behavioral health disorder indicators, and a 55% drop in police contacts (Kembel 2022). This first year of data demonstrates that the HELP program is making an

early and positive impact as the team continues working toward its core
aim – to better align services to meet individual health and social needs
without always relying on traditional police intervention.

REDTRASEX MENTAL HEALTH PILOT PROGRAM – LATIN AMERICA AND THE CARIBBEAN

The Network of Women Sex Workers of Latin America and the Caribbean – otherwise known as RedTraSex – is comprised of organizations whose members are current or former sex workers. Founded in 1997, the network includes organizations from 15 countries across the region that are dedicated to the empowerment and rights of sex workers (Reynaga, Trotta & Vega-Rivera 2022).

RedTraSex aims to strengthen the relationships between sex workers, the police, and other community organizations. Violence against sex workers is common, and some of the violence is committed by police (Gonzalez 2016). With the help of a liaison person who works with the police, the organization is striving to overcome barriers related to stigma, improve the perception of sex workers in society, and change "macho" patriarchal attitudes in the community. The primary objective of the network is to gain legal recognition for sex workers and provide training for both sex workers and communities, including sensitivity training for law enforcement and government officials. In the trainings, participants learn how to have dialogue with sex workers and how to gain their trust, with the aim of helping them rather than punishing them (Gonzalez 2016).

The COVID-19 pandemic added new complications for sex workers including an increase of abusive customers and harassment from the police (Herchenroeder 2021). Sex workers had to comply with COVID-19 guidelines, shield themselves and their families from contracting the virus, and rely on a customer base that had less money to spend with the decline in local economies. In Bolivia, for example, many sex workers lacked access to government benefit programs and other safeguards that are typically available to workers and business owners in other industries (Amnesty International 2021). Through consultations with the Bolivian sex worker community, RedTraSex found that the mental health of sex

workers had been highly impacted as a result of the COVID-19 pandemic and related policies (Reynaga, Trotta & Vega-Rivera 2022). The network realized that the need for mental health care had become urgent.

In addition to running its existing sensitivity training for police and government officials, RedTraSex began piloting an innovative mental health intervention program in 11 countries in early 2022 (Reynaga 2022). This new program pairs RedTraSex members (sex workers) with mental health services to help them cope with the stress, vulnerability, and violence that they experience working in an often unregulated or loosely regulated and highly stigmatized industry. Individual and group counseling is available to RedTraSex members through the organization's partnerships with mental health professionals, and members are invited to attend mental health workshops held on a monthly basis.

With the increase in mental health distress stemming from the COVID-19 pandemic, RedTraSex's new pilot program functions as a lifeline for sex workers. The program's short-term goals include providing individuals with mental health support and helping them learn how to better support themselves and each other emotionally and mentally, especially in light of the adversity they often face from the government, the police, and broader society. Long-term, the project aims to improve access to comprehensive health services and other resources by opening more doors to health professionals, the police, and other government agencies.

RedTraSex's mental health program helps sex workers address their trauma and internalized feelings of stigma. Through sensitivity training, RedTraSex is gradually making progress in shifting the attitudes of police officers. The pilot program is making a positive impact on the health and wellbeing of the network's members and has improved the relationship between law enforcement officers, sex workers, and health services.

MUAMKO MPYA: HEALING THE UNIFORM – NAIROBI, KENYA

Defining trauma

"Trauma is often a result of violence, which may be caused by nature (natural disaster) or humans (person to person, person to group, or group to group). Violence can be aimed at one person, a group, or a whole society."

"Trauma is a deep wound that happens when something abnormally shocking, painful, or harmful occurs and leaves us feeling overwhelmed and threatened (physically, emotionally, mentally, or spiritually). In the same way that the body can heal from physical wounds, the emotional wounds can also be healed. If we ignore the wounds, however, they will get worse."

(Green String Network 2020)

The Muamko Mpya: Healing the Uniform initiative is a joint effort between the Green String Network, an NGO based in Nairobi, and the Kenyan National Police Service to enhance the mental health and overall wellbeing of law enforcement officers. The program, which is colloquially referred to as "medicine for traumatized officers," uses trauma-informed practices to empower individual officers with the tools necessary for healing. The ultimate goal of the program is to improve the health, wellbeing, and safety of police officers, their families, police departments, and the communities they serve.

In Kenya, violence is widely prevalent and causes significant physical and emotional trauma, negatively impacting the mental health and wellbeing

of individuals and communities, including police officers. Many police officers are subjected to excessive job-related stress, including first-hand exposure to violence. The high-stress nature of police work – including responding to incidents such as suicides, murders, and fatal accidents – is often compounded when the effects of trauma are ignored. Police may struggle to seek help and support for their mental health, contributing to high rates of suicide, divorce, and drug addiction.

Consultations between Green String Network and National Kenyan Police Service began in 2018, which highlighted the need for peer-to-peer support in healing and social reconciliation, the development of curriculum material, and the training of a cadre of police officers to function as a resource to support the healing programs of the police service (Green String Network 2020).

The Muamko Mpya program was adapted specifically for police officers from Green String Network's existing Kumekucha program, a broader community-led intervention that seeks to address the consequences of violence on wellbeing by leveraging a trauma-informed approach. Using certified Peer Facilitators, the new police officer-specific program uses storytelling and the sharing of personal experiences as a way to build collective social healing. Peer Facilitators are fellow police officers who help to equip their teams with the tools they need to develop coping strategies to maintain their mental, emotional, and physical wellbeing.

The Muamko Mpya program establishes safe spaces for police officers to:
1. Delve into the issue of violence and counter-violence with empathy and understanding.
2. Thoughtfully examine the effects and impacts of trauma on both themselves and the community.
3. Encourage healing through peer-to-peer support.
4. Strengthen social connections to improve individual and collective resilience and wellbeing.
5. Promote positive relationships between police and the community.

Since its launch in 2019, the Muamko Mpya program has run sessions for over 500 police officers and there are plans to expand the program on account of its early successes (Yoder-Maina 2022). By recognizing the traumatic experiences facing police officers on the job, the program has sparked a cultural shift within the Kenyan National Police Service and is leading to improved mental health among police officers and, in turn, greater community wellbeing.

COMMUNITY LAW ENFORCEMENT ASSISTED RECOVERY PROGRAM – MASSACHUSETTS, UNITED STATES

To address a marked increase of opioid overdose deaths, the police in Winthrop, Massachusetts (United States), reviewed logs of #911 calls that had been made to emergency services and in 2014 declared that the "documented human suffering" noted in these logs could not be ignored. As questions emerged as to whether anything was being done to respond to some of these calls for help, the Winthrop Police Department launched the Community Law Enforcement Assisted Recovery (CLEAR) program.

The CLEAR program was formalized in 2017 as a partnership between the Winthrop Police and the Winthrop Department of Public Health and Clinical Services. The program was designed to "prevent people from ending up in coffins and cages" by providing alternatives to more punitive criminal justice consequences, with an emphasis on individualized paths to recovery and access to supportive resources (Town of Winthrop 2022).

Potential program participants are identified by the Police Department based on call log history and records showing that an individual has previously been involved in a wellbeing check, a landlord/tenant dispute, domestic violence, or food insecurity issues. When deemed to be an appropriate fit for the CLEAR program, a designated outreach officer then contacts the individual to offer them resources, support, and/or assistance in accessing mental health or drug addiction services. Guided by a four "north stars" approach – harm reduction, officer discretion, community outreach, and fostering individual relationships – the CLEAR program helps to link individuals with recovery services available through a wide network of community partners.

The CLEAR program operates using a roundtable approach in which team members regularly meet to share information and discuss individual cases, with the mutual goal of supporting vulnerable community

members. The team has continued to evolve and currently consists of members from the Department of Health, police and fire departments, community mental health agencies, recovery organizations, social service providers, and clinical social workers. 'Peer Recovery Coaches' – that is, specially trained individuals with lived mental health or substance use experience – play a central role within the team and often take the lead in working directly with program participants. The role of a Peer Recovery Coach is to provide program participants with emotional support and help connect them with services, including housing, drug treatment and recovery programs, and other community resources.

Through the development of the CLEAR program, the Winthrop Police have proactively taken steps to bring together the law enforcement, public health, and social welfare sectors to provide wrap-around services for local residents struggling with mental health and substance use challenges. Through a national mentoring initiative funded through the United States Department of Justice, Winthrop is now educating other jurisdictions on how to implement this type of recovery model (Plummer 2020).

How the Community Law Enforcement Assisted Recovery (CLEAR) Program Works
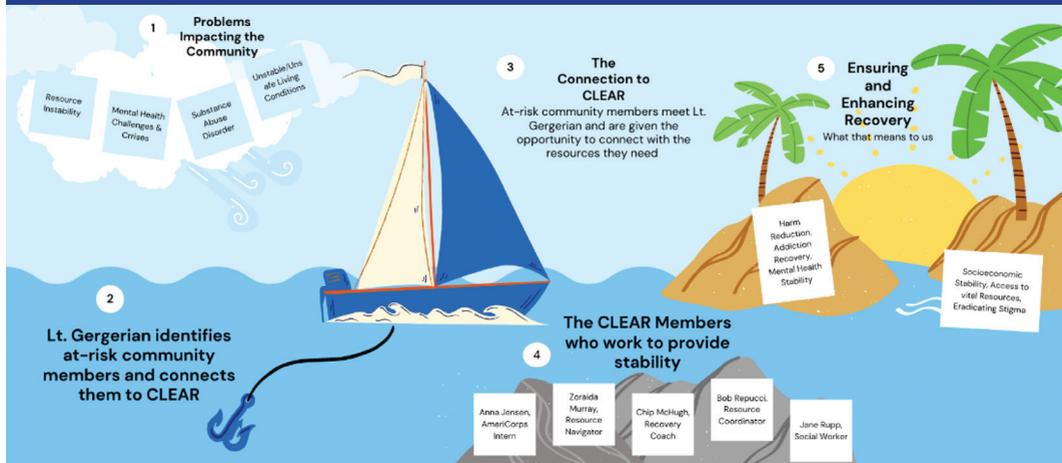
WHAT CAN WE LEARN FROM THESE CASE STUDIES?

The four case study programs featured in this report provide a glimpse into how different communities and organizations have begun making strides in developing alternatives to traditional policing models that more appropriately respond to the needs of people experiencing mental health crisis and distress. The case studies demonstrate that there is no "right" way nor a one-size-fits-all approach when it comes to designing programs that connect vulnerable individuals to appropriate care and support services.

The programs and police partnerships showcased here – the HELP program in Canada, RedTraSex's pilot program in Latin America and the Caribbean, Muamko Mpya in Kenya, and the CLEAR program in the United States – vary widely in their approach and are targeted toward different populations. Yet there are a number of common factors that contribute to the success of these initiatives that we should learn from and can help to illuminate the roadmap to better mental health outcomes.

Cross-sector collaboration

The four case study programs blend public health and public safety through a human-centered approach. These programs recognize that it is not possible for one entity to effectively tackle complex problems alone, whether it be a community health department, a non-profit organization, or a law enforcement agency. Instead, the programs establish partnerships with a range of organizations and individuals in their communities and orient their work toward meeting mutual shared goals.

For example, the HELP program in Canada is a collaboration between the police service and social and health service agencies. Through this partnership, the program connects people to the help they need and diverts them away from the criminal justice system. The program's

co-located partnership building site and roundtable approach brings representatives from different sectors together in the same physical space. As another example, in Bolivia and other neighboring countries in Latin America, the RedTraSex network designed a collaborative program between mental health professionals and sex workers, which has empowered sex workers to build more healthy and restorative relationships with the police.

Cross-sectoral and interagency collaboration brings different perspectives, expertise, and options to the table. A police officer who repeatedly sees vulnerable individuals caught in an 'arrest, release, and repeat cycle' may not believe that change is possible until that officer is exposed to other ways of ways of thinking. Through the HELP and CLEAR programs, the police have developed cross-sector partnerships which enable them to help individuals with mental health challenges stuck in this "revolving door" to access care and support services. The HELP and CLEAR studies demonstrate that spending time with mental health professionals, social service providers, and people with lived mental health experience can help police officers gain a more nuanced understanding of the situation, the barriers faced by people with lived experience, and the benefits of finding alternative solutions.

Aligning the most appropriate interventions to address individual and community needs

All four case study programs made efforts to align the unique and complex needs of individuals and communities with the most appropriate interventions. What is considered 'appropriate' will depend on the support each individual requires or may differ depending on what is culturally relevant. For instance, as an approach to help police officers heal from trauma, the Muamko Mpya: Healing the Uniform program draws on storytelling and art as a way for officers to discuss their experiences. These modalities may not work in every setting or in every context, but in the Kenyan-based program storytelling is a practice commonly embedded within local cultural traditions.

Aligning the most appropriate intervention also entails making sure that the first responder to an incident is the best suited form of response. Police officers are not always equipped with the time, knowledge, or connections they need to help individuals experiencing a mental health crisis. Sending a health care professional to match the health care needs of an individual is essential, whenever possible. In Alberta, Canada, for instance, police officers have the discretion to call the HELP Unit when a non-police professional in the team may be a better fit to provide a person with assistance. This case study demonstrates that when community-based organizations partner with law enforcement agencies and work together hand-in-hand, a different and more appropriate type of mental health response can emerge.

Tailoring interventions to meet the specific needs of a community also means developing programs to address the mental health needs of police. The Muamko Mpya program takes an upstream prevention approach to improve police and community interactions by directly addressing the mental health and wellbeing of police officers. Equipping police officers with the tools, knowledge, and resources to cope with their own trauma and stress can help to heal trauma and can have the added benefit of strengthening the relationships between officers and the communities they serve.

Shifting attitudes to challenge the status quo

The challenge of linking up vulnerable individuals to appropriate care and support is not always due to a lack of available services. The challenge can stem instead from deeply entrenched attitudes that result in stigma and discrimination. Individuals in the community who experience mental health crises, who struggle with drug addiction, or who are engaged in behavior considered to be "socially questionable" are often faced with discrimination that that makes it difficult for them to receive support or access services. Negative encounters with the police can reinforce this stigma further. Changing police perceptions and attitudes is an important part of the picture and often requires a shift in thinking that challenges the existing status quo.

The HELP and CLEAR programs tackle stigma and discrimination by building multidisciplinary teams in which police officers work alongside people with lived mental health experience as team members. This arrangement sensitizes the different members of the team as they are exposed to and learn from one another's experiences. In the RedTraSex case study, dominant views held by mainstream society toward sex work adversely impact the relationships between police officers and sex workers. The discrimination experienced by sex workers can, in turn, result in low self-esteem and poor mental health. RedTraSex's program aims to empower sex workers to shift the negative self-image they have of themselves to a more positive one, while simultaneously seeking to improve police attitudes and behaviors toward sex workers through police sensitivity training.

Collecting data and evaluating programs

It is important to design and scale-up programs based on data-driven evidence. As these case study programs and other innovations continue to emerge and expand, developing a plan for data collection and the evaluation of program outcomes is essential to ensure their long-term success and sustainability.

CONCLUSION

Improving mental health outcomes for vulnerable individuals requires committed and ongoing collaboration between the law enforcement and public health sectors. Prioritizing the provision of social and health services typically leads to better community mental health outcomes and helps prevent the involvement of the criminal justice system.

Cross-sectoral collaborations should focus on aligning the right resources and services to the specific needs of individuals and vulnerable communities, and should focus on ensuring the most appropriate responders – in many cases, non-police personnel such as crisis workers or other mental health professionals – are paired with individuals at the earliest possible points of intervention. While police officers play a critical role in keeping communities safe and healthy, we have seen from the case studies showcased here that law enforcement is often not the best suited entity to respond to an incident when someone in the community experiences a mental health crises or distress. Fortunately, there are a range of new and innovative policing approaches that are currently being tested, with much that we can learn from these programs as we pave the way forward.

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GLEPHA LAW ENFORCEMENT AND MENTAL HEALTH SPECIAL INTEREST GROUP

If you are interested in finding out more about the topics explored in this report, please consider joining the GLEPHA Law Enforcement and Mental Health Special Interest Group. The Group aims to: (a) Improve the outcomes of law enforcement interactions with people who may be experiencing a mental health crisis or distress in the community and (b) align health care and social resources to reduce the role of law enforcement in responding to mental health situations.

The purpose of the Group is to identify and share innovative solutions and build an evidence base for effective approaches that improve mental health and wellbeing outcomes by bringing together a diverse group of people with lived experience, carers/families, law enforcement officers, mental health providers, educators, researchers, and policy experts.

To inquire about participating in this Special Interest Group or collaborating with our passionate team of experts, please visit: https://glepha.com/special-interest-groups/law-enforcement-and-mental-health-sig/.

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