

What models or mechanisms for inter-agency collaboration between the police or law enforcement and other statutory agencies for people with mental problems have been evaluated, and what evidence is available on their effectiveness? A systematic scoping review

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Conflicts of interest

None

Background

Inter-agency collaboration, also known as ‘integrated’, ‘multi-agency’ or ‘inter-professional’ collaboration [1, 2], among others, takes many forms [3]. Regardless of the form, inter-agency collaboration involves three core principles of *information sharing*, *joint decision making* and *coordinated intervention* [4]. In the UK and internationally, there has been increasing policy, legislation and research focus on inter-agency collaboration for people with mental health problems who come into contact with the police and other statutory agencies [4-10]. The Mental Health Act, 1983, as amended by the Mental Health Act 2007 [6, 7], required the Department of Health to issue a Code of Practice, which charged statutory agencies with establishing ‘joint protocols’ for a range of Mental Health Act duties. These formed a jointly agreed policy for the management of patients with mental health problems [11].

Inter-agency collaboration involves three core principles of information sharing, joint decision making and coordinated intervention [4, 12]. There are different forms of inter-agency collaboration,

ranging from a low level of joint decision making with limited shared resources to multifaceted, fully-integrated services [13, 14]. Inter-agency collaboration aims to help the police and other agencies to manage apparent mental health problems and improve outcomes, such as a reduction in the number of people taken into police custody under Section 136 of the Mental Health Act as a place of safety and improving effectiveness and/or cost-effectiveness of services [15] [16].

‘Serious case reviews’ emerging from tragic incidents have often identified the need for increased inter-agency collaboration, particularly the need for ‘*an integrated multi-agency approach to risk assessments, information sharing and support planning*’ [17]. Here, it is recognised that working together to improve provision for people suffering from mental health problems who come into contact with the police and other services is both a necessity and a priority [4, 11]. The aims of inter-agency collaboration are to help the police and other statutory agencies to manage apparent mental health problems and improve outcomes, such as a reduction in the number of people taken into police custody under Section 136 of the Mental Health Act [16].

A review of interagency collaborative practices between the police or law enforcement agencies and other organisations is important because individuals who use mental health services tend to require access to a range of services. To date there have been few systematic reviews of inter-agency collaboration models, with no current registered ongoing review; thus their impact in terms of effectiveness remains unclear. One review identified guidance and research related to information-sharing practices within mental health services and the organisations they work in partnership with [18]. This review focused on the UK-setting included peer-reviewed literature and good practice guidance documents related to information sharing for adults, published within the past 15 years. Other published reviews based on empirical data have focused on inter-agency working in general, rather than specifically focusing on the police. Thus while the police and other law enforcement agencies might feature, this has not been their primary focus [2, 3, 19, 20].

Our goal is to undertake a systematic scoping review of inter-agency collaboration models for people who appear to be suffering from mental health disorder between the police or other law enforcement organisations and emergency services, statutory agencies and third sector organisations.

Systematic scoping review aims and objectives

We aim to identify and map the existing research evidence evaluating and describing inter-agency collaboration between the police or law enforcement and emergency services, statutory services and third sector agencies for people who appear to be suffering from mental health disorder.

Our specific objectives are to identify and map:

1. Models or mechanisms for inter-agency collaboration that have been described and/or evaluated

2. The broad areas and issues covered
3. Views and experiences of the collaborative models

Rationale for undertaking a systematic scoping review

We have opted to undertake a systematic scoping review rather than a full systematic review because the extent, range and nature of the available literature on inter-agency communication and information sharing between the police and other agencies is unclear. Scoping reviews ‘aim to map *rapidly* the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before’ [21] (p. 194; emphasis in original).

METHODS

We will undertake a systematic scoping review of the evidence. This will follow the usual stages of a systematic review, except for quality assessment of studies and will provide a map of the evidence identified rather than a synthesis of their findings [22].

Inclusion criteria

The following types of studies will be included:

Population

Inter-agency collaboration between the police and other organisations who deal with members of the public who appear to be suffering from mental disorder, mental vulnerability or learning disability.

- We use the term ‘police’ to refer to law enforcement agencies broadly, including regional and national police forces as well as bodies with limited executive powers and their staff. Examples from the UK include regional police forces, the British Transport Police and the UK Border Force.
- Our operational definition of ‘mental disorder’ adopts that of the 1983 Mental Health Act [23], which refers to ‘people who appear to be suffering from mental disorder’ rather than people with a known diagnosis of mental illness.
- The following additional definitions, based on the National Policing Improvement Agency (NPIA) ‘Guidance on responding to people with mental ill health or learning disabilities’, will be used [24]. ‘Mental ill health’ is used as a broad term to encompass all other mental health terms, including mental health disorders, mental illness, and mental health needs. ‘Mental disorder’ is defined as ‘any disorder or disability of the mind’ and includes conditions such as schizophrenia, depression, bipolar disorder, anxiety disorder, obsessive-compulsive disorder, personality disorders, eating disorders and dementia. Not all mental disorders meet the criteria for the exercise of powers under the Mental Health Act. ‘Mentally vulnerable’ is defined in Police terms as people who ‘because of their mental state or capacity may not understand the significance of what is said to them (for example in the form of questions) or

of their replies' [25]. Learning disabilities are caused by the way the brain develops and affects the way a person learns and communicates. Their needs and disability may not be obvious but they may be extremely vulnerable: learning disabilities frequently co-occur with mental ill health.

- People who appear to be suffering from mental disorder or be mentally vulnerable can be children, adolescents and adults. Adolescence is defined as the period including and between 10–19 years as defined by the World Health Organization [26].

Intervention

Models of inter-agency collaboration between the police and other organisations relating to people who appear to be suffering from mental disorder.

- A number of different terms have been used to describe inter-agency and inter-professional models. These include 'multi-agency partnerships', 'inter-professional collaboration', 'integrated care', 'inter-agency working' and 'joint working' [3, 27, 28]. Although these terms are often used interchangeably, they can refer to rather distinctive forms of activity. The prefix 'multi-' (e.g. multi-agency) is sometimes used to refer to specific collaborative activities around an individual person [29]; while 'inter-' (e.g. inter-agency) tends to have a more inclusive meaning, referring to collaborative activities across the wider network of professional relationships and structures. 'Inter-professional' may vary from 'inter-agency' in that the former refers to collaborative working across individuals (potentially at the same site), while the latter refers to collaborative working across services. 'Integration' is sometimes used to refer to the highest level of synthesis [30].
- For consistency, in this protocol we use the term 'inter-agency collaboration' to refer to a broad range of collaborative activities and models across professional relationships and structures, which include the core principles of information sharing, joint decision making and coordinated intervention.
- Organisations collaborating with the police refer to any agency or organisation, professional agencies statutory or otherwise, involved in the care of people who appear to be suffering from mental health problems. This can include other emergency services such as the ambulance service, accident and emergency, crisis resolution and home treatment teams, etc.; other health care providers such as early intervention in psychosis services; or 'third sector organisations', which are defined by the National Audit Office as voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives [31]. Examples of 'third sector organisations' are 'patient' and 'carer' organisations which represent and support patients and the family, friends and significant others of people with mental health problems. These are not professional workers employed by social services, NHS Trusts or other agencies.
- We will include models that focus, either exclusively or predominantly, on close collaboration between the police and at least one other collaborating organisation that offers help to people with mental health problems. This will include models that focus on multi-agency working at a single site; models that focus on collaboration across child and

adult mental health services; and models where inter-agency collaboration was one of several other components, provided there is a clear reporting of the inter-agency collaboration component.

Comparator(s)

Any comparator will be included, as will studies with no comparator.

Outcomes

All outcomes will be eligible given that the purpose of this review is to map the available evidence. Outcomes measured may include perceived benefits such as enhanced effectiveness of services and joint problem solving. This can include: impact on service users, such as improved access to services, through speedier and more appropriate referral; mental health outcomes; and early intervention.

Context

Inter-agency collaboration models can be in the context of any of the following: the national level; county or state wide; cities or rural setting; private or public services or settings; or in homes, police stations, on the street, safe havens, schools, accident and emergency, etc.

Both UK-based evidence and international literature from OECD countries will be included.

Study Design

Eligible studies will include empirical evaluations or descriptions of models of inter-agency collaboration. Other relevant legislation and good practice guidance will be included, where these have been subject to empirical evaluation.

- Evidence from empirically-based research and evaluation, both qualitative and quantitative, provided there is systematic collection and analysis of data. Examples of eligible studies will include systematic reviews; randomised controlled trials; non-randomised controlled trials; observational studies such as cohort, interrupted time series and case studies describing or evaluating an intervention to determine the range of approaches that have been tried and described, and ideally, potentially promising or unacceptable approaches
- We will include qualitative studies exploring issues around inter-agency collaboration, such as barriers or facilitators around implementing inter-agency models
- Any study describing different types of inter-agency collaboration, for example, formal descriptions such as case studies. Descriptions of experiences of interagency collaboration, beyond hypothesising about what might work, opinion pieces or editorial style articles

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- Evaluations of guidance documents for collaborative working between agencies that provide health and/or social care for people with mental health problems (e.g. criminal justice agencies; social services, welfare benefits agencies)
- Evaluations of implementation of guidance documents related to general health care services or intended for all services operating under the auspices of the National Health Service; however only those relevant to inter-agency collaboration between the police or other law enforcement within a mental health context will be included

Exclusion criteria

The following will be excluded:

- Substance abuse studies, without including individuals with co-occurring mental health problems
- Diagrammatical and mathematical modelling of inter-agency collaboration models for organisations
- Patient-doctor or patient-clinician shared decision making.
- Inter-agency collaboration between professional healthcare agencies, without the involvement of the police as one of the agencies

Search strategy

The searches will be carried out by an experienced information specialist (KW) who will remove duplicates.

Electronic sources

We will search the following research databases: Criminal Justice Abstracts (CJA); MEDLINE; Embase; PsycINFO; ASSIA; CENTRAL; Cochrane Database of Systematic Reviews and Database of Abstracts of Reviews of Effects; Social Science Citation Index; ERIC; Campbell Library; Social Care Online; , Social Care Online. We will scan the list of reviews maintained by the Cochrane Effective Practice and Organisation of Care Group for reviews relevant to our project. We will use the advanced search function in Google to identify relevant documents. The websites of major organisations such as College of Policing and Society for Evidence Based Policing will also be searched and/or we will contact them for relevant studies.

Search terms

Initial searches will be carried out using terms related to:

- Title (TI) = (integr* or multiagen* or multi-agen* or multiprofession* or multi-profession* or interprofession* or inter-profession* or partnership or joint-working or cooperative or co-operative or multidisciplin* or multi-disciplin* or interagen* or inter-agen* or interdisciplin*

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or inter-disciplin* or transdisciplin* or trans-disciplin* or 'agency cooperation' or collaborat* or interfac* or cross-agen* or cross-department or cross-disciplinary or 'knowledge transfer' or knowledge or resources or 'decision making' or 'memorandum of understanding' or 'communities of practice' or communication or information or 'mechanisms of information sharing' or 'technology information sharing' or 'risk management' or 'information governance' or 'information sharing' or 'single assessment process' or 'information sharing agreements' or 'information integration' or 'knowledge sharing', AND

- Title (TI) = Police or policing or law enforcement or enforcement or criminal justice or youth justice or probation or crime or diversion programme or jail diversion or liaison programme or
- Topic (TS) = (mental or psych* or couns*) or conduct disorder AND
- Factors/ views/ experiences information sharing AND mental health
- Publication year (PY) = (1995 onwards).

Other sources

We will check the reference lists of relevant papers identified electronically. We will search for grey literature, reviews of policy and case studies which offer good practice examples.

All relevant agencies (e.g. signatories to the Mental Health Crisis Care Concordat) will be approached for evaluations of their models/mechanisms for inter-agency communications (i.e. Police, social services, health and mental health services including crisis teams, ambulance services, local authorities, charities and support groups etc.).

Restrictions

An English language only restriction will be used. Due to changing context of data protection legislation, studies will be restricted to those published from 1995 onwards.

Study selection and data extraction

Study selection will be performed independently by two researchers. Discrepancies will be resolved by discussion or by recourse to a third researcher.

Data extraction forms will be designed by two researchers, piloted on a small selection of studies and adjusted as necessary. One researcher will data extract and classify the included studies and a second researcher will check the data and classifications. Discrepancies will be resolved by discussion or by recourse to a third researcher. Where necessary, authors will be contacted for missing or unclear data.

Key information for extraction will include:

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- Type of study – RCT, non-randomised trial, case study, qualitative study, etc.
- Model of inter-agency working including whether focus is on information sharing, joint decision-making, co-ordinated intervention or a combination of these
- Target audience – agencies involved, professional groups; level of experience of participants; method of recruitment; the population the collaboration aims to help (broad spectrum of ‘mental health problem’ or specific group (e.g. learning disabilities)
- Study setting and context – (country; health care unit; community; police station; etc.)
- Purpose of information sharing strategy, communication model; content of model; planned outcomes
- Agency composition of the sample
- Outcomes evaluated
- Information regarding the perspective of the person with mental health problem or their carers

Strategy for collating, summarising and reporting the data

We will undertake mapping of the literature. Following the framework suggested by Arksey [32], we will firstly present basic numerical analysis of the extent, nature and distribution of the studies. We will produce tables and chart maps for: the geographic distribution of studies, agencies involved and the care recipient groups; the range of inter-agency models included in the review; the research methods adopted and outcomes measures used.

Secondly, we will present the studies thematically, according to the different types of inter-agency collaboration models. The intervention type will become the primary unit of analysis and our final report will be organised around these.

To ensure a consistent approach to reporting findings, a template will be developed and applied to each type of collaboration model. This template will include the following sections: type of collaboration model, sample sizes, participants, research methods, outcomes, evidence relating to effectiveness, economic aspects, geographic location, gaps in the evidence. Depending on the numbers of studies identified, qualitative studies may be reported separately.

Dissemination plans

A summary report (no more than 4 sides of A4) will be prepared in plain English for appropriate distribution within the wider project and beyond as agreed with the collaborators from North Yorkshire Police. An electronic copy will be made available on the project website.

A full formal report of the scoping review, including the methods used, will be prepared for publication in a peer reviewed journal. A link of this will be made available on the Connect project website: www.connectebp.org. We will also disseminate findings through conference presentations.

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