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Evidence Based Policing



UNIVERSITY
of York

Inter-agency collaboration to help people with mental health problems

A systematic scoping review of inter-agency collaboration models for people with mental health problems in contact with the police



Why did we do this study?

- Between 20-45% of police time is spent engaging with people experiencing mental health problems
- The Mental Health Act requires the police to work with other agencies in managing people with mental health problems
- It is not clear what evidence there is about inter-agency collaboration between the police and other agencies for people with mental health problems
- We aimed to identify and map existing evidence on inter-agency collaboration between the police and other law enforcement, mental health services, emergency services, statutory services and third sector agencies

What evidence did we look at?

We searched 10 electronic databases, the websites of key organisations, contacted the College of Policing and searched the reference lists of included articles for additional publications. We identified:

- 126 studies from Australia, Canada, Denmark, France, Ireland, Netherlands, UK and USA
- Most studies were: single service evaluations (38%), descriptions of models (28%), mixed methods evaluations of models (18%), controlled before and after studies (12%), surveys (10%) and qualitative evaluations (9%)

What did we find?

- Most studies looked at outcomes for agencies such as arrest and diversion rates; or the views of staff such as police officers
- 14 different models of inter-agency collaboration were described, each involved between 2 and 13 agencies
- The police most frequently collaborated with mental health clinicians, mental health services and other criminal justice agencies
- We describe common inter-agency models overleaf





Common inter-agency collaboration models

The models of inter-agency collaboration were: pre-arrest diversion, co-response (36 studies), post-booking jail diversion (30 studies), information sharing agreement models (13 studies), court diversion (11 studies), co-location (5 studies), Service integration model, comprehensive systems organisation, Special protective measures, consultation model, Joint investigation training, Re-entry programmes and the Integrated model. In the following sections we describe the most commonly-reported models.

Pre-arrest diversion

- Pre-arrest diversion models (reported by 43 studies) involve police officers who have special mental health training, serving as the first-line police response to mental health crises in the community and acting as liaisons to the mental health system
- The purpose of pre-arrest diversion models is to equip police officers to better manage situations involving people with mental health, substance abuse, and/or homelessness problems, and to offer treatment as an alternative to arrest
- The most widely reported pre-arrest diversion model is the US-based Crisis Intervention Team (CIT) model, which involves collaboration between police, emergency services, and treatment providers such as hospital emergency departments, and specialised mental health services. CIT trained officers work in partnership with mental health professionals to assist people with mental illness, family members, and other police officers

Co-response

- In co-response model, a shared protocol pairs specially trained police officers with mental health professionals to attend police call outs involving people with mental health problems. The aims are to provide assistance to people in mental health crisis and prevent them being unnecessarily taken into custody or hospital. An example of this model is the UK based 'Street Triage', where a dedicated police officer and psychiatric nurse together attend the scene of incidents requiring support for mental health needs. In Street Triage police call handlers allocate incidents to the Street Triage team if the incident requires additional mental health support.

Post-booking jail diversion

- Post-booking jail diversion is a multi-agency liaison scheme, comprising of rapid screening and mental health assessment of people arrested at the earliest point of contact with the criminal justice system, plus a mechanism for appropriate referral or diversion to health, treatment, social and community services
- An example is Diversion at the Point of Arrest (DAPA), a UK based model in which people arrested and detained at police stations are assessed by a community psychiatric nurse, who then act as the co-ordinator for the involvement of other mental health care workers and services as needed

Information sharing agreement models

- In this model information about people with mental health problems are shared between police and other agencies; or between the individual with mental health problems and the police and other agencies. The reported aims of information models were to improve support to people with mental health problems; foster better relations between agencies and between the police and people with mental health problems; identify hard-to-find at risk people with mental health problems; and protect the public from offenders with mental health problems
- An example is the Multi-Agency Public Protection Arrangements (MAPPA) which aims to protect the public from harm by sexual and violent offenders, who may have mental health problems. Agency composition includes the police, other law enforcement agencies and mental health services. MAPPA agencies work together by: identifying individuals who should be under MAPPA; managing such individuals; multi-agency storing and sharing information about offenders; disclosure of information to the public about individual offenders in particular circumstances; risk assessment and management; multiagency meetings and case reviews

Court diversion models

- In court diversion, offenders are 'diverted' from prosecution and into a specialised community-based service. Court diversion occurs following arrest whilst the individual is initially detained, during initial hearings, or while being assisted by pre-trial services offer community based alternatives to standard prosecution
- An example of such a service is 'Liaison and diversion', which identifies and supports people with mental health problems, learning difficulties and other vulnerabilities in police stations and courts

Co-location

- In this model, mental health professionals are employed by police departments to provide on-site and telephone consultations to officers in the field.
- An example of this is the 'Police Liaison Forum'. Another variant of the co-location model involves a dedicated police officer being based in an office within a mental health hospital

Implications for future research

- We found an absence of high quality evidence on the effectiveness of inter-agency collaboration models, despite the fact that models such as street triage are now routinely implemented within policing
- More research is needed to examine the efficacy, effectiveness, cost effectiveness, barriers and benefits of interagency collaboration models
- Studies in this area should move from simple descriptions of models of care to prospective exploratory and experimental evaluations that include primary and secondary outcomes
- We identified sufficient literature for some models such as pre-arrest diversion, co-response and post-booking diversion which warrant more in-depth evaluation in a systematic review
- Evaluations of the cost-effectiveness of such models would be important from a policy perspective, since one of the key drivers for inter-agency collaboration is to streamline services and improve efficiency particularly in the current UK context of austerity

Strengths and Limitations

- This is the first, broad scoping review to map the evidence available for interagency collaboration models between the police and other agencies, for people with apparent mental health problems.
- We undertook rigorous searches for the available literature, including grey literature, led by an information specialist with input from the team, including a police officer.
- Two reviewers independently undertook study selection and the data extraction and study coding was checked by a second researcher to ensure robustness in these processes.
- The lack of an assessment of study quality and synthesis of the findings means we were unable to make conclusions about the effectiveness of individual models.

Conclusions

- We identified 14 different inter-agency collaboration models catering for a range of mental health related interactions.
- All but one of these models involved the police and mental health services or professionals.
- Several models have sufficient literature to warrant full systematic reviews of their effectiveness, while others need robust evaluation, by RCT where appropriate.
- Future evaluations should focus on health related outcomes and the impact on key stakeholders.

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