Police-related mental health triage interventions: a rapid evidence synthesis

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The volume of crisis calls related to people with serious mental illness is an increasing challenge for police services. Police officers are often the first responders to mental health-related incidents and consequently become a common gateway to care.

Mental health street triage schemes were established in a Department of Health pilot in 2013. Police-related mental health triage (PRMHT) or “Street triage” – as piloted in England – typically takes the form of mental health professionals supporting police officers when responding to emergency calls involving a person who may be suffering from a mental illness.

The research reported here is the product of the Department of Health funded evaluation of nine street triage pilots, supplemented by five other small scale Department of Health funded evaluation of nine street triage pilots, and an additional 136 rates, places of safety, and process data, to inform future HS&DR calls for new research.

On the basis of the evidence included in this rapid evidence synthesis, future evaluations would be more informative if they addressed the following:

### FUTURE RESEARCH PRIORITIES

- Clearly articulate the objectives of the PRMHT intervention
- Involve all stakeholders (including people with mental health issues) in the design and evaluation of interventions to help identify these objectives
- Quantitative data should extend beyond section 136 rates, places of safety, and process data, to measuring the outcomes that are most important to the police, mental health and social care services, and individual service users
- Evaluations should take into consideration the medium- and longer-term effects of PRMHT interventions
- Commissioners and funders of research need to provide adequate funding to allow collection of suitable data
- It is likely that better data collection processes will be needed. However, these processes should not be overly burdensome to frontline police or health staff
- Where possible, study designs should have an appropriate concurrent comparator
- Qualitative data may help better understand which approaches work best and why, but should capture dissenting views as well as those of advocates
- Any future cost-effectiveness analysis of PRMHT should take a multi-agency perspective to understand the relative impact of introducing a particular model on the resource use across police, health and social services

### SOURCES OF EVIDENCE

- Meta-synthesis of models of effectiveness
- Systematic reviews/ evidence syntheses 1980 -
- Recent primary evaluations 2016 -
- Rapid evidence synthesis of UK-relevant qualitative data on implementation
- Qualitative studies 1990 -

### OVERALL SYNTHESIS

Five systematic reviews (6 articles), eight primary studies reporting quantitative data, and eight primary studies (9 articles) reporting qualitative data were included in the rapid evidence synthesis. The majority of qualitative evidence came from a Department of Health funded evaluation of nine street triage pilots, supplemented by five other small scale pilot evaluations.

Most systematic reviews and primary studies were at risk of multiple biases due to their designs and/or lack of reporting of methods. The volume of qualitative evidence presented in PRMHT studies was relatively limited. Even within the Department of Health-funded evaluation of pilots, some of the sub-themes were based on statements from just one or two individuals.

### EFFECTIVENESS

There is little robust evidence on the effectiveness of PRMHT models. The limited evidence available from the qualitative studies suggests fewer formal detentions, higher hospital admission rates, increased likelihood of follow-up by secondary mental health services if patients are not admitted, and an increase in the use of health based places of safety. However, the results were not entirely consistent. There is minimally reported, inconsistent and conflicting evidence on the effects of PRMHT interventions on quality/timeliness of assessment, mental health treatment, access to services, demand for police resources and number of repeated contacts with individuals. There is an absence of reliable quantitative evidence for other relevant outcomes.

### FEASIBILITY

Success may relate to making the most appropriate and efficient use of both police and NHS resources. Some barriers to successful outcome lay outside the control of police or even PRMHT staff (e.g. lack of coordination between neighbouring NHS Trusts).

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