

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

Initial Scoping Work and Protocol

Background

The police and ambulance services are challenged by the number of people with serious mental illness who have crises, and by the appropriateness of their response in some circumstances, given the limited training they have in mental health care. Often police officers have to decide management of mental health problems on the spot with limited options available other than temporary holding for assessment.

Over use of Section 136 (of the Mental Health Act 1983) may result in too many people being taken to a place of safety to protect themselves or others around them. They may end up in a police cell, which can be frightening, and may precipitate a worse outcome. However, it is also used as a means of expediting access to skilled psychiatric help 24/7. There is national concern over the over use, and possibly inappropriate use, of police cells and the Ministry of Justice has recommended that police consult a 'suitable health professional' prior to resorting to a section 136.

Previously, section 136 of the Mental Health Act explicitly applied to people encountered in a public place, with section 135 requiring a magistrate-issued warrant for a police officer to enter private premises to remove a person to a place of safety for assessment. In January 2017 the Policing and Crime Act introduced changes to sections 135 and 136 of the Mental Health Act 1983, to allow an assessment to take place in the premises/home under certain circumstances (s135) and removing the need to be in a place to which the public has access (s136).

Other changes include: (1) Police must consult mental health professionals, if practicable, before using s136; (2) police stations cannot be used as a place of safety for people under the age of 18; (3) police stations can only be used as a place of safety in specific "exceptional" circumstances for adults; (4) the period of detention is reduced from 72hrs to 24hrs with the possibility of a 12hr extension under certain defined circumstances.¹⁻³

The Mental Health Crisis Care Concordat (Department of Health and Concordat signatories, 2014) was established to promote local multi-agency arrangements to improve the quality of care for people experiencing a mental health crisis and ensures that they are diverted to health rather than police settings. Mental health street triage schemes (MHST) were established in a Department of Health pilot in 2013 and an evaluation published in 2016. The model is designed to allow police and mental health practitioners to jointly attend a mental health incident in order to reduce use of Section 136, and/or use of police cells, and hospitalization via the Emergency Department or acute mental health services. There is wide diversity in these models and little evidence of what works in what circumstances. This may mean there is duplication of services for those already known to mental health services, equally, it may lead to those who are not accessing services being in contact with skilled services they would not usually access. Research review that also takes into account what has

been learnt from other liaison and diversion schemes with greater longevity is required.

Street triage – as piloted in England - takes the form of mental health professionals supporting police officers when responding to emergency calls to cases which involve a person who may be suffering from a mental illness. These individuals often come into contact with the police despite not necessarily having committed an offence, and street triage interventions aim to direct these people to appropriate services, thereby avoiding inappropriate further interaction with the criminal justice system.⁴

Potentially overlapping with street triage, is the practice of employing mental health professionals in police Force Control Rooms. These professionals can help monitor emergency calls and provide advice and support to call handlers and officers on the ground when they are interacting with a person in mental distress or crisis.

A third approach, closely related to street triage, is the Crisis Intervention Team (CIT) model. This involves specially trained police officers who respond to calls involving suspected mental ill-health either alone or alongside mental health and addiction professionals. As with street triage, the aim is to divert persons with mental illnesses from the criminal justice system to mental health treatment where appropriate.⁵ While this approach was pioneered in the USA, there is increasing interest in the UK in mental health training for front line police officers.^{5, 6}

In contrast to street triage, “liaison and diversion” (L&D) services are typically concerned with helping people when they are suspected of having committed an offence. Teams of specialist mental health-trained staff are located at police custody suites or courts in order to assess and refer on to more appropriate mental health services outside the justice system. Alternatively, they may support an individual whilst they remain in the justice system if their index offence or risk means they cannot be diverted immediately.⁵ However, it is conceivable that in the future L&D service providers, in agreement with local police forces and health commissioners, could extend their role to cover street triage objectives.⁴

The proposed work will be concerned with “police-related mental health triage interventions” rather than “street triage” as it can be seen that “street triage” is often used to describe one specific form of intervention that belongs to a larger cluster of interventions with similar aims.

Initial scoping work

Scoping searches

Scoping searches were carried out in August 2017 to identify existing reviews, primary studies and on-going research relating to police-related mental health triage interventions. The following databases were searched: Epistimonikos (a source of systematic reviews relevant to health decision-making <https://www.epistemonikos.org/>), MEDLINE, ASSIA and PROSPERO. 498 records were identified and scanned for relevance. In addition, a variety of approaches for identifying further relevant material were utilised such as contact with experts, reference checking of relevant studies and web searching.

Results of scoping work

A summary of relevant records retrieved from the scoping searches is presented in Appendix 1.

Our initial scoping work identified five systematic reviews that describe and evaluate police-related mental health interventions.⁷⁻¹¹ In addition, a number of non-systematic literature reviews have also described relevant intervention models.¹²⁻¹⁵

The existing reviews incorporate overlapping literature searches, the most recent of which was completed in June 2016. While these reviews provide a useful overview of the existing evidence, they highlight the methodological inadequacy of many existing evaluations for drawing firm conclusions about the effectiveness of police-related mental health triage interventions. Consequently, a new systematic review of the literature on effectiveness is unlikely to add much additional knowledge.

In addition to these evaluations, several qualitative and mixed-methods primary studies focused on police-related mental health triage interventions have been published, though scoping searches did not identify any published syntheses of this data (see Appendix 1). A review of the existing primary research data in this area may be of value.

Research questions

What is the evidence base for models of police-related mental health triage interventions?

- i. Which models have been described in the literature (e.g. street triage, mental health professionals in police Force Control Rooms, CIT)?
- ii. What evidence is there on the effectiveness of these models?
- iii. What evidence is there on the acceptability and feasibility of these models?
- iv. What evidence is there on the barriers and facilitators relating to the implementation of these models?

Methods

Based on the findings of a scoping search, we propose a three-part evidence synthesis of police-related mental health triage interventions. This would comprise:

1. Meta-synthesis of evidence on the effectiveness of models:
 - a. Develop a taxonomy of evaluated police-related mental health triage interventions, and describe the different underlying intervention models.
 - b. Summarise quantitative evidence on the effects of police-related mental health triage interventions
2. Rapid evidence synthesis of UK-relevant qualitative data on implementation
3. Overall synthesis:

- a. Combine findings from the quantitative and qualitative components in a narrative synthesis
- b. Outline the evidence for what works in what circumstances and for whom, potentially setting the scene for further research (outside the scope of this project) to develop programme theories of the more successful models

1. Meta-synthesis of evidence on the effectiveness of models

We will undertake a meta-synthesis of existing reviews identified through our initial scoping searches (see above), supplemented with an updated search of the literature, to consolidate the most recent evidence on the effectiveness of known models of police-related mental health triage interventions.

Literature Searching

The literature search will aim to identify any recent reviews or primary evaluations of police-related mental health triage interventions. The search strategy used in the ongoing review by Park et al. on mental health triage for individuals in contact with the police who may be experiencing mental health crisis, will be used.⁹ The update search will be undertaken on all of the databases originally searched: ASSIA, Criminal Justice Abstracts, Embase, MEDLINE, PAIS, PsycINFO, Scopus, Social Care Online, Social Policy & Practice, Social Sciences Citation Index, and Social Services Abstracts. Searches will be limited to English language studies published from 2016 to the present. The search strategy for MEDLINE can be found in Appendix 2.

Additional web searching will be undertaken to inform all parts of the project. Relevant UK reports will be identified through searches of the following websites:

College of Policing (<http://www.college.police.uk/>)

Mental Health Foundation (<https://www.mentalhealth.org.uk/>)

Crisis Care Concordat (<http://www.crisiscareconcordat.org.uk/>)

Centre for Mental Health (<https://www.centreformentalhealth.org.uk/>)

A focused search of Google using the advanced search interface will also be undertaken to identify any further UK-relevant reports.

Population

Individuals who are perceived (by themselves, by others, or by police officers) to be suffering from mental illness or in mental health crisis and come into contact with the police.

Interventions

Reviews and recent studies will be included if they describe interventions that meet the following definition of police-related mental health triage:

- Police officers responding to calls involving individuals perceived to be suffering from mental illness or mental health crisis
- A judgement about the most appropriate route of care for the person concerned is made in the absence of suspected criminality or criminal charge (e.g. the use of L&D services to assess and refer individuals to an appropriate non-CJS treatment or support service would be relevant; L&D services related to out of court disposals, case management and sentencing would not)

Study design / comparators

Reviews/evidence syntheses and recent relevant primary studies will be included. Emphasis will be placed on reviews that use transparent or reproducible methods (as determined by the Database of Abstracts of Reviews of Effects criteria).¹⁶ Reviews failing to meet these standards will be more briefly summarised, tabulated and referenced. For recent primary studies, inclusion will be restricted to quantitative evaluative methods, either as a stand-alone methodology or as discrete part of a larger mixed-method study. Non-evaluative descriptive publications will be excluded but recorded for information.

Outcomes

Inclusion will not be restricted by outcome. Relevant outcomes might include:

- Rate of utilization of police cells / Section 135/6 of the Mental Health Act
- Quality and timeliness of assessment, referral and treatment
- Mental health outcomes
- Demand on police resources and police officer time
- Demand for community mental health services
- Rates of hospitalization via A&E or acute mental health services
- Level of service engagement
- Rates of reoffending or arrest
- Changes in case finding and access to health services (e.g. mental health, substance misuse, sexual health and contraception)
- Experience of services for service users
- Experiences of police, mental health staff (including future staff training needs) and other relevant stakeholders
- Costs to health and police services

Settings

Inclusion will not be restricted by country or setting.

Selection procedure

Three reviewers will screen the results of the literature searches in Endnote. Each record will initially be screened by a single reviewer. Clearly irrelevant records will be classified as “Reject”. The remaining records will be classified as “Get” or “Borderline”, dependent upon the reviewer’s confidence that the record meets the stated inclusion criteria. A second reviewer will check all “Get” and “Borderline” decisions, with disagreements resolved by consensus with a third reviewer.

Studies classified as “Get” on the basis of title and abstract will be screened again, based on the full publication.

Records that were initially classified as “Borderline” but ultimately excluded will be listed in the appendices of the final project report.

Data extraction and risk of bias assessment

Key review and primary evaluation characteristics will be extracted and tabulated.

Risk of bias will be assessed using the ROBIS assessment tool and the Egan adapted criteria previously used in HS&DR meta-syntheses on informal carers and veterans with PTSD.¹⁷⁻¹⁹ The risk of bias of primary evaluations will be assessed using study design-specific tools.

Synthesis

The aims, characteristics, results and risk of bias of included reviews and recent primary evaluations will be tabulated and combined in a narrative synthesis. This will describe the most prominent models of intervention alongside evidence on the nature, strength and direction of observed effects for these interventions.

2. Rapid evidence synthesis of UK-relevant qualitative data implementation

A rapid evidence synthesis of qualitative and mixed-methods primary studies will be undertaken to identify factors affecting implementation. Given the differences in service organisation and wider cultural differences between countries, this part of the work will include UK and UK-relevant evidence.

Searching

A literature search will be undertaken to identify qualitative primary studies of police-related mental health triage interventions. The search strategy from the ongoing review by Park *et al* will be used with the addition of a previously tested search strategy designed to limit retrieval to qualitative studies.^{9, 20} Limits will be applied to restrict retrieval to English language studies published from 1990 onwards. The search will not be limited by geographical location or setting. The following databases will be searched: ASSIA, Criminal Justice Abstracts, MEDLINE, PsycINFO, and Social Sciences Citation Index. An example search strategy for MEDLINE can be found in Appendix 2. The MEDLINE strategy will be adapted to run on the other databases to be searched.

Population

Individuals who are perceived (by themselves, by others, or by police officers) to be suffering from mental illness or in mental health crisis and come into contact with the police.

Interventions

Studies will be included if they describe interventions that meet the following definition of police-related mental health triage:

- Police officers responding to calls involving individuals perceived to be suffering from mental illness or mental health crisis
- A judgement about the most appropriate route of care for the person concerned is made in the absence of suspected criminality or criminal charge (e.g. the use of L&D services to assess and refer individuals to an appropriate non-CJS treatment or support service would be relevant; L&D services related to out of court disposals, case management and sentencing would not)

Study design

Inclusion will be restricted to well-reported qualitative studies that collect data using specific qualitative techniques such as unstructured interviews, semi-structured interviews or focus groups, either as a stand-alone methodology or as discrete part of a larger mixed-method study, and analysed qualitatively (e.g. using thematic analysis, content analysis, or other recognised qualitative method). Studies that have collected data using qualitative methods but then analysed these data using quantitative methods will be excluded.

Outcomes

Inclusion will not be restricted by outcome. Possible outcomes might include:

- Stakeholder (including service users and providers) perspectives on the acceptability and feasibility of police-related mental health triage, with specific reference to:
 - Attitudes, beliefs and experiences about use of the intervention
 - Perceived facilitators and barriers to implementation (e.g. willingness, capability and capacity of both police and mental health workforces; organizational and procedural factors)
 - Health equity issues (e.g. for black and minority ethnic (BAME) communities, people without English as first language, people with neurodevelopmental disabilities)

Settings

Studies will be included if the interventions were implemented in the UK or relevant to UK contexts. The relevance of non-UK evidence to UK settings will be determined according to transparent criteria developed in consultation with stakeholders.

Selection procedure

Three reviewers will screen the results of the literature searches in Endnote. Each record will initially be screened by a single reviewer. Clearly irrelevant records will be classified as “Reject”. The remaining records will be classified as “Get” or “Borderline”, dependent upon the reviewer’s confidence that the record meets the stated inclusion criteria. A second reviewer will check all “Get” and “Borderline” decisions, with disagreements resolved by consensus with a third reviewer.

Studies classified as “Get” on the basis of title and abstract will be screened again, based on the full publication.

Records that were initially classified as “Borderline” but ultimately excluded will be listed in the appendices of the final project report.

Data coding and synthesis

Characteristics of included studies (e.g. Country of conduct, intervention model, delivery context) will be extracted and tabulated. All text reported in included studies’ results, discussion and conclusion sections will then be entered into NVivo software for analysis.²¹ Extracted texts will be inductively coded independently by two reviewers and analysed using thematic synthesis. Descriptive and analytical themes will be developed.

The methodological quality of included studies will be assessed the CASP checklist for qualitative research (adapted as necessary from <http://www.casp-uk.net/casp-tools-checklists>).

3. Overall synthesis

An overall narrative synthesis will draw together evidence from systematic reviews (classification of police-related mental health triage models and their effectiveness) with evidence from qualitative and mixed-methods studies (detailed model descriptions and implementation factors).

Where possible, plausible context-mechanism-outcome configurations (CMOCs) may be constructed to indicate which aspects of an intervention make it effective or ineffective and what contextual factors are needed to replicate the intervention in other areas²² setting the scene for further research (outside the scope of this project) to develop more complete programme theories of the more successful models.

Where there is an absence of adequate evidence, we will make clear and detailed recommendations for the design and conduct of any future evaluations in this area.

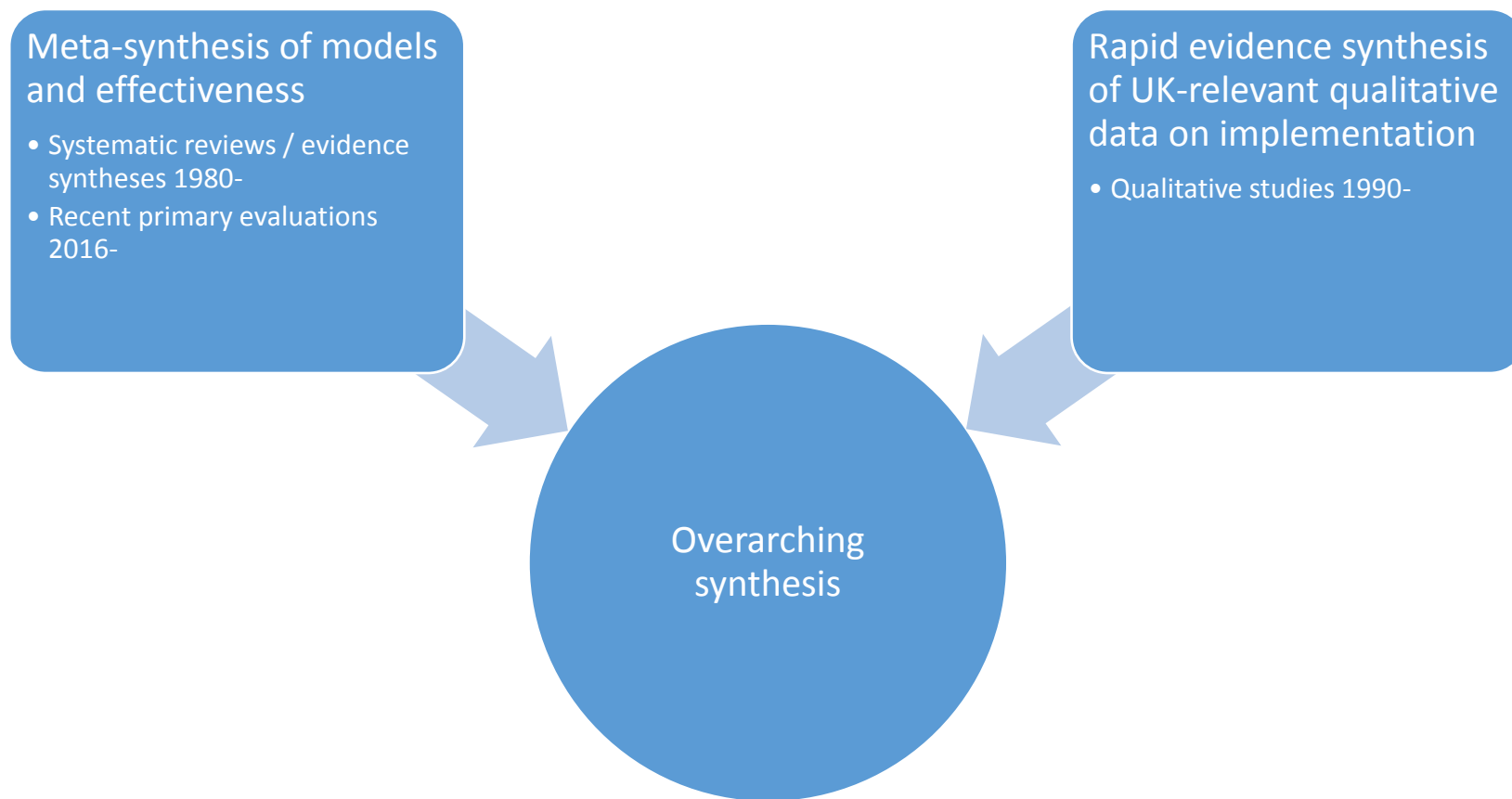


Figure 1: Planned structure of rapid evidence synthesis

External engagement

A large part of our proposed work will focus on qualitative research. This sets out broad inclusion criteria covering the perspectives of multi-stakeholders (including service users) in relation to police-related mental health triage. Given the depth of knowledge and understanding this research is likely to bring, we do not feel that bespoke public and patient involvement (PPI) would add significant value to the data collection and synthesis. However, PPI audiences will be considered when producing tailored outputs, and output-specific lay feedback will be obtained wherever this is feasible to do in a meaningful way.

Advisory group

We will call upon existing links and contacts to establish an advisory group of people who have a specific interest in this topic area. To date these have included Annie Irvine (lead evaluator of the Scarborough, Whitby and Ryedale Street Triage pilot), and colleagues involved in the ongoing 'Connect' collaboration between North Yorkshire Police, the University of York and the NHS. We will also explore the possibility of including contacts from Clinical Commissioning Groups (CCGs), third sector, mental health, social services, ambulance service and NHS 111.

The Advisory Group would help us to:

- Refine the definition of police-related mental health triage if necessary
- Identify the highest priority outcomes
- Identify UK-relevant data from the international literature
- Discuss findings
- Develop practical recommendations for the various stakeholder audiences
- Identify highest priority areas for further research

Dissemination plan

We will produce a full report for the NIHR HS&DR Journals Library. If appropriate, we will summarise the research for publication as an academic journal article and develop an Evidence Summary with sufficient flexibility to cascade implications for practice to key audiences (eg, service users, providers, commissioners). If possible, the Evidence Summary or similar accessible output will be co-produced with police contacts from the advisory group.

Previous work for a mental health audience has been disseminated through the [Mental Elf](#) blog of the National Elf Service website. We will pursue this as a channel for communicating the results of the proposed project. We have also made contact with [The Conversation](#) news platform, which delivers accessible research-based articles direct to the public. It also provides authors with metrics to help evaluate impact. We will explore opportunities to utilise this resource if we feel the findings are relevant to this channel.

We will contact the NIHR Communications team to identify other appropriate channels, alongside using CRD's social media to disseminate our research activity.

Draft timelines

	September	October	November	December	January	February	March	April	May
Scoping work and protocol development									
Advisory group recruitment									
Searching									
Screening/data extraction/coding									
Analysis/synthesis									
Report writing									
Dissemination and knowledge transfer activities									

References

1. Chalmers J. *Changes to sections 135 and 136 of the Mental Health Act are coming! An extremely brief summary*. Royal College of Psychiatrists; 2017. URL: <http://www.rcpsych.ac.uk/policyandparliamentary/changestos135and136mha.aspx> (accessed 4th October 2017).
2. *Mental Health Act 1983: Section 135*. National Archives. URL: <http://www.legislation.gov.uk/ukpga/1983/20/section/135> (accessed October 2017).
3. *Mental Health Act 1983: Section 136*. National Archives. URL: <http://www.legislation.gov.uk/ukpga/1983/20/section/136> (accessed October 2017).
4. *Liaison and Diversion. Frequently Asked Questions*. NHS England. URL: <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/ld-faqs/> (accessed 5th September 2017).
5. Kane E, Evans E, Shokraneh F. Effectiveness of current policing-related mental health interventions in England and Wales and Crisis Intervention Teams as a future potential model: a systematic review. *Syst Rev* 2017;**6**:85.
6. *Mental health training for non-mental health trained professionals. A systematic review of the effectiveness of mental health training programmes* York: University of York and Connect, Evidence Based Policing.
7. Kane E, Evans E, Shokraneh F. Effectiveness of current policing-related mental health interventions: a systematic review. *Crim Behav Ment Health* 2017. doi: 10.1002/cbm.2058
8. Paton F, Wright K, Ayre N, Dare C, Johnson S, Lloyd-Evans B, *et al*. Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care. *Health Technol Assess* 2016;**20**:1-162. <https://dx.doi.org/10.3310/hta20030>
9. Park A, Webber M, Booth A, Hughes-Morley A, Clarke A, Wright K. *Mental health triage for individuals in contact with the police who may be experiencing mental health crisis: a systematic review*. PROSPERO: CRD42016042008; 2016. URL: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016042008 (accessed 18th August 2017).
10. Booth A, Scantlebury A, Hughes-Morley A, Mitchell N, Wright K, Scott W, *et al*. Mental health training programmes for non-mental health trained professionals

- coming into contact with people with mental ill health: a systematic review of effectiveness. *BMC Psychiatry* 2017;**17**:196.
11. 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. York: York Trials Unit, Department of Health Sciences, University of York; 2017.
 12. Winters S, Magalhaes L, Kinsella EA. Interprofessional collaboration in mental health crisis response systems: a scoping review. *Disabil Rehabil* 2015;**37**:2212-24. <https://dx.doi.org/10.3109/09638288.2014.1002576>
 13. Cummins I, Edmondson D. Policing and street triage. *The Journal of Adult Protection* 2016;**18**:40-52.
 14. Shapiro GK, Cusi A, Kirst M, O'Campo P, Nakhost A, Stergiopoulos V. Co-responding police-mental health programs: a review. *Adm Policy Ment Health* 2015;**42**:606-20. <http://dx.doi.org/10.1007/s10488-014-0594-9>
 15. Watson AC. Research in the real world: studying Chicago Police Department's Crisis Intervention Team program. *Res Soc Work Pract* 2010;**20**:536-43. <http://dx.doi.org/10.1177/1049731510374201>
 16. Welcome to the CRD databases: About DARE. Centre for Reviews and Dissemination. URL: <https://www.crd.york.ac.uk/CRDWeb/AboutPage.asp> (accessed October 2017).
 17. Whiting P, Savović J, Higgins JPT, Caldwell DM, Reeves BC, Shea B, *et al*. ROBIS: A new tool to assess risk of bias in systematic reviews was developed. *J Clin Epidemiol* 2016;**69**:225-34. 10.1016/j.jclinepi.2015.06.005
 18. Thomas S, Dalton J, Harden M, Eastwood A, Parker G. Updated meta-review of evidence on support for carers. *Health Serv Deliv Res* 2017;**5**.
 19. Dalton J, Thomas S, Melton H, Harden M, Eastwood A. The provision of services in the UK for UK armed forces veterans with post-traumatic stress disorder (PTSD): a rapid evidence synthesis. *Health Serv Deliv Res* 2017:in press.
 20. Shaw RL, Booth A, Sutton AJ, Miller T, Smith JA, Young B, *et al*. Finding qualitative research: an evaluation of search strategies. *BMC Med Res Methodol* 2004;**4**:5. 10.1186/1471-2288-4-5
 21. Houghton C, Murphy K, Meehan B, Thomas J, Brooker D, Casey D. From screening to synthesis: using nvivo to enhance transparency in qualitative evidence synthesis. *J Clin Nurs* 2017;**26**:873-81. 10.1111/jocn.13443
 22. Pawson R, Tilley N. Realist evaluation. *Changes* 1997.
 23. Booth A, Wright K, Clarke A, Hughes-Morley A, McDaid C. *Mental health training programmes for non-mental health trained professionals coming into contact with people with mental ill health: protocol for a systematic review of effectiveness*. PROSPERO: CRD42015015981 2015. URL: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42015015981 (accessed 18th August 2017).
 24. Shokraneh F, Kane E, Evans E. *Effectiveness of current policing related mental health interventions in England and Wales and crisis intervention teams as a future potential model: a systematic review*. PROSPERO: CRD42017057039; 2017. URL: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42017057039 (accessed 18th August 2017).
 25. Meader N, Paton F, Woolacott N, Wright K. *Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care*.

- PROSPERO: CRD42014013279; 2014. URL: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42014013279 (accessed 18th August 2017).
26. Smith D, Ibrahim J, Aitken G, Woolford M, Cunningham N. *Systematic review of the techniques, guidelines and barriers to interviewing persons with dementia or cognitive impairment*. PROSPERO: CRD42016047622; 2016. URL: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016047622 (accessed 18th August 2017).
 27. Irvine AL, Allen L, Webber MP. *Evaluation of the Scarborough, Whitby and Ryedale Street Triage Service. Research report*. York: Department for Social Policy and Social Work, University of York; 2016.
 28. Kisely S, Campbell LA, Peddle S, Hare S, Pyche M, Spicer D, *et al*. A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. *Can J Psychiatry* 2010;**55**:662-8. <https://dx.doi.org/10.1177/070674371005501005>
 29. Lee SJ, Thomas P, Doulis C, Bowles D, Henderson K, Keppich-Arnold S, *et al*. Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit. *Int J Ment Health Nurs* 2015;**24**:538-46. <https://dx.doi.org/10.1111/inm.12153>
 30. Reveruzzi B, Pilling S. *Street triage. Report on the evaluation of nine pilot schemes in England*. London: Department of Clinical, Health and Educational Psychology, University College London; 2016.
 31. Senker S, Scott M. *Essex street triage evaluation December 2015*. Essex: Police and Crime Commissioner for Essex; 2016.
 32. *Study protocol: effectiveness of a training programme for police officers who come into contact with people with mental health problems: a pragmatic randomised controlled trial. (version 6.2)*. York: University of York and Connect, Evidence Based Policing; 2016.
 33. Afaq I, El-Mallakh RS, Glenn M, Podolskaya A, Reddi P, Rybakova T, *et al*. Psychiatric disposition of patients brought in by crisis intervention team police officers. *Community Ment Health J* 2005;**41**:223-8.
 34. Bahora M, Hanafi S, Chien VH, Compton MT. Preliminary evidence of effects of Crisis Intervention Team training on self-efficacy and social distance. *Adm Policy Ment Health* 2008;**35**:159-67. <http://dx.doi.org/10.1007/s10488-007-0153-8>
 35. Blevins KR, Lord V, Bjerregaard B. Evaluating Crisis Intervention Teams: possible impediments and recommendations. *Policing* 2014;**37**:484-500.
 36. Bonfine N, Ritter C, Munetz MR. Police officer perceptions of the impact of Crisis Intervention Team (CIT) programs. *Int J Law Psychiatry* 2014;**37**:341-50. <https://dx.doi.org/10.1016/j.ijlp.2014.02.004>
 37. Bonkiewicz L, M. Green A, Moyer K, Wright J. Left alone when the cops go home: evaluating a post-mental health crisis assistance program. *Policing* 2014;**37**:762-78.
 38. Broussard B, McGriff JA, Demir Neubert BN, D'Orio B, Compton MT. Characteristics of patients referred to psychiatric emergency services by crisis intervention team police officers. *Community Ment Health J* 2010;**46**:579-84. <https://dx.doi.org/10.1007/s10597-010-9295-3>
 39. Clayfield JC, Fletcher KE, Grudzinskas AJ, Jr. Development and validation of the Mental Health Attitude Survey for Police. *Community Ment Health J* 2011;**47**:742-51. <https://dx.doi.org/10.1007/s10597-011-9384-y>

40. Compton MT, Demir Neubert BN, Broussard B, McGriff JA, Morgan R, Oliva JR. Use of force preferences and perceived effectiveness of actions among Crisis Intervention Team (CIT) police officers and non-CIT officers in an escalating psychiatric crisis involving a subject with schizophrenia. *Schizophr Bull* 2011;**37**:737-45. <https://dx.doi.org/10.1093/schbul/sbp146>
41. Demir B, Broussard B, Goulding SM, Compton MT. Beliefs about causes of schizophrenia among police officers before and after Crisis Intervention Team training. *Community Ment Health J* 2009;**45**:385-92. <http://dx.doi.org/10.1007/s10597-009-9194-7>
42. Ellis HA. Effects of a Crisis Intervention Team (CIT) training program upon police officers before and after Crisis Intervention Team training. *Arch Psychiatr Nurs* 2014;**28**:10-6. <https://dx.doi.org/10.1016/j.apnu.2013.10.003>
43. Heslin M, Callaghan L, Barrett B, Lea S, Eick S, Morgan J, *et al.* Costs of the police service and mental healthcare pathways experienced by individuals with enduring mental health needs. *Br J Psychiatry* 2017;**210**:157-64. <https://dx.doi.org/10.1192/bjp.bp.114.159129>
44. Heslin M, Callaghan L, Packwood M, Badu V, Byford S. Decision analytic model exploring the cost and cost-offset implications of street triage. *BMJ Open* 2016;**6**:e009670. <https://dx.doi.org/10.1136/bmjopen-2015-009670>
45. Huppert D, Griffiths M. Police Mental Health Partnership project: Police Ambulance Crisis Emergency Response (PACER) model development. *Australas Psychiatry* 2015;**23**:520-3. <https://dx.doi.org/10.1177/1039856215597533>
46. Keown P, French J, Gibson G, Newton E, Cull S, Brown P, *et al.* Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention. *BMJ Open* 2016;**6**:e011837. <https://dx.doi.org/10.1136/bmjopen-2016-011837>
47. Lamb HR, Shaner R, Elliott DM, DeCuir WJ, Jr., Foltz JT. Outcome for psychiatric emergency patients seen by an outreach police-mental health team. *Psychiatr Serv* 1995;**46**:1267-71. <https://dx.doi.org/10.1176/ps.46.12.1267>
48. Lamb HR, Shaner R, Elliott DM, DeCuir WJ, Jr., Foltz JT. Outcome for psychiatric emergency patients seen by an outreach police-mental health team. *New Dir Ment Health Serv* 2001:67-76.
49. Schaefer Morabito M, Watson A, Draine J. Police officer acceptance of new innovation: the case of crisis intervention teams. *Policing* 2013;**36**:421-36. <http://dx.doi.org/10.1108/13639511311329778>
50. Scott RL. Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. *Psychiatr Serv* 2000;**51**:1153-6. <https://dx.doi.org/10.1176/appi.ps.51.9.1153>
51. Steadman HJ, Deane MW, Borum R, Morrissey JP. Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatr Serv* 2000;**51**:645-9. <https://dx.doi.org/10.1176/appi.ps.51.5.645>
52. Tyuse SW, Cooper-Sadlo S, Underwood SE. Descriptive study of older adults encountered by crisis intervention team (CIT) law enforcement officers. *J Women Aging* 2017;**29**:281-93. <https://dx.doi.org/10.1080/08952841.2016.1174513>
53. Watson AC, Ottati VC, Morabito M, Draine J, Kerr AN, Angell B. Outcomes of police contacts with persons with mental illness: the impact of CIT. *Adm Policy Ment Health* 2010;**37**:302-17. <http://dx.doi.org/10.1007/s10488-009-0236-9>

54. Wells W, Schafer JA. Officer perceptions of police responses to persons with a mental illness. *Policing* 2006;**29**:578-601. <http://dx.doi.org/10.1108/13639510610711556>
55. Wierdsma AI, Poodt HD, Mulder CL. Effects of community-care networks on psychiatric emergency contacts, hospitalisation and involuntary admission. *J Epidemiol Community Health* 2007;**61**:613-8. <https://dx.doi.org/10.1136/jech.2005.044974>
56. Borum R, Deane MW, Steadman HJ, Morrissey J. Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness. *Behav Sci Law* 1998;**16**:393-405.
57. Bradbury J, Hutchinson M, Hurley J, Stasa H. Lived experience of involuntary transport under mental health legislation. *Int J Ment Health Nurs* 2016;**29**:29. <https://dx.doi.org/10.1111/inm.12284>
58. Brennan A, Warren N, Peterson V, Hollander Y, Boscarato K, Lee S. Collaboration in crisis: carer perspectives on police and mental health professional's responses to mental health crises. *Int J Ment Health Nurs* 2016;**25**:452-61. <https://dx.doi.org/10.1111/inm.12233>
59. Canada KE, Angell B, Watson AC. Intervening at the entry point: differences in how CIT trained and non-CIT trained officers describe responding to mental health-related calls. *Community Ment Health J* 2012;**48**:746-55. <http://dx.doi.org/10.1007/s10597-011-9430-9>
60. Dyer W, Steer M, Biddle P. Mental health street triage. *Policing* 2015;**9**:377-87. <http://dx.doi.org/10.1093/police/pav018>
61. Evangelista E, Lee S, Gallagher A, Peterson V, James J, Warren N, *et al.* Crisis averted: how consumers experienced a police and clinical early response (PACER) unit responding to a mental health crisis. *Int J Ment Health Nurs* 2016;**25**:367-76. <https://dx.doi.org/10.1111/inm.12218>
62. Hanafi S, Bahora M, Demir BN, Compton MT. Incorporating Crisis Intervention Team (CIT) knowledge and skills into the daily work of police officers: a focus group study. *Community Ment Health J* 2008;**44**:427-32. <http://dx.doi.org/10.1007/s10597-008-9145-8>
63. Horspool K, Drabble SJ, O'Cathain A. Implementing street triage: a qualitative study of collaboration between police and mental health services. *BMC Psychiatry* 2016;**16**:313. <https://dx.doi.org/10.1186/s12888-016-1026-z>
64. Kirst M, Francombe Pridham K, Narrandes R, Matheson F, Young L, Niedra K, *et al.* Examining implementation of mobile, police-mental health crisis intervention teams in a large urban center. *J Ment Health* 2015;**24**:369-74. <https://dx.doi.org/10.3109/09638237.2015.1036970>
65. McKenna B, Furness T, Oakes J, Brown S. Police and mental health clinician partnership in response to mental health crisis: A qualitative study. *Int J Ment Health Nurs* 2015;**24**:386-93. <https://dx.doi.org/10.1111/inm.12140>
66. Skubby D, Bonfine N, Novisky M, Munetz MR, Ritter C. Crisis Intervention Team (CIT) programs in rural communities: a focus group study. *Community Ment Health J* 2013;**49**:756-64. <http://dx.doi.org/10.1007/s10597-012-9517-y>
67. Watson AC, Angell B, Morabito MS, Robinson N. Defying negative expectations: dimensions of fair and respectful treatment by police officers as perceived by people with mental illness. *Adm Policy Ment Health* 2008;**35**:449-57. <http://dx.doi.org/10.1007/s10488-008-0188-5>
68. Bradbury JF, Ireland M, Stasa H. Mental health emergency transport: the pot-holed road to care. *Med J Aust* 2014;**200**:348-51.

69. Cole E. Triage teams are a streetwise success story. *Nurs Stand* 2014;**29**:20-2. <https://dx.doi.org/10.7748/ns.29.9.20.s25>
70. Compton MT, Broussard B, Hankerson-Dyson D, Krishan S, Stewart T, Oliva JR, *et al.* System- and policy-level challenges to full implementation of the Crisis Intervention Team (CIT) model. *J Police Crisis Negot* 2010;**10**:72-85. <https://dx.doi.org/10.1080/15332581003757347>
71. de Tribolet-Hardy F, Kesic D, Thomas SDM. Police management of mental health crisis situations in the community: status quo, current gaps and future directions. *Policing Soc* 2015;**25**:294.
72. Dyer W. Criminal Justice Diversion and Liaison Services: a path to success? *Social Policy and Society* 2012;**12**:31-45.
73. Steadman HJ, Morrisette D. Police responses to persons with mental illness: going beyond CIT training. *Psychiatr Serv* 2016;**67**:1054-6. <https://dx.doi.org/10.1176/appi.ps.201600348>
74. Steadman HJ, Stainbrook KA, Griffin P, Draine J, Dupont R, Horey C. A specialized crisis response site as a core element of police-based diversion programs. *Psychiatr Serv* 2001;**52**:219-22. <https://dx.doi.org/10.1176/appi.ps.52.2.219>
75. Watson AC, Fulambarker AJ. The Crisis Intervention Team Model of police response to mental health crises: a primer for mental health practitioners. *Best Pract Ment Health* 2012;**8**:71.
76. Wilson-Palmer K, Poole R. Street triage for mental health crises. *Br J Nurs* 2015;**24**:1026-7. <https://dx.doi.org/10.12968/bjon.2015.24.20.1026>
77. Great Britain. *Mental Health Act 1983. Part X Miscellaneous provisions: Section 136*. London: The Stationery Office; 1983.
78. *Place of safety monitoring report 2016*. Edinburgh: Mental Welfare Commission for Scotland; 2017.
79. Solar C, Smith M. *Austerity, decentralisation, and local governance: examining interagency working in the context of a new financial model in the UK*. York: Department of Politics, University of York; 2017.
80. *Mental health units to be set up by Dyfed-Powys Police*. BBC News; 2014. URL: <http://www.bbc.co.uk/news/uk-wales-25841668> (accessed 5th September 2017).
81. Chapman L, Clarke R. *Mental health triage pilot [Presentation]*. Birmingham: West Midlands Police and Birmingham and Solihull Mental Health NHS Foundation Trust.
82. *Connect mental health project logic model (v5 Jan 2017)*. York: University of York and Connect, Evidence Based Policing; 2017.
83. *Theory of change v2 Jan 2017*. York: University of York and Connect, Evidence Based Policing; 2017.
84. *Mental Health Crisis Care Concordat*. URL: <http://www.crisiscareconcordat.org.uk/> (accessed 5th September 2017).
85. Department of Health. *Press release. Extending the street triage scheme: new patrols with nurses and the police*. Department of Health; 2013. URL: <https://www.gov.uk/government/news/extending-the-street-triage-scheme-new-patrols-with-nurses-and-the-police> (accessed 5th September 2017).
86. Department of Health. *Mental Health Crisis Care Concordat. Improving outcomes for people experiencing mental health crisis*. London: Department of Health; 2017.
87. Leask D. *Police spearhead moves to revolutionise mental health front line*. The Herald; 2015. URL:

http://www.heraldscotland.com/news/13202922.POLICE_spearhead_moves_to_revolutionise_mental_health_front_line/ (accessed 5th September 2017).

88. *Police matters and Section 136 of the Mental Health Act*. Mental Health Wales. URL: <http://www.mentalhealthwales.net/police-matters-and-section-136-of-the-mental-health-act/> (accessed 5th September 2017).
89. Cesnik BI, Pierce N, Puls M. Law enforcement and crisis intervention services: a critical relationship. *Suicide Life Threat Behav* 1977;**7**:211-5.
90. Dupont R, Cochran S. Police response to mental health emergencies-barriers to change. *J Am Acad Psychiatry Law* 2000;**28**:338-44.
91. Ellis HA. The Crisis Intervention Team: a revolutionary tool for law enforcement: the psychiatric-mental health nursing perspective. *J Psychosoc Nurs Ment Health Serv* 2011;**49**:37-43; quiz 5. <https://dx.doi.org/10.3928/02793695-20111004-01>
92. el-Mallakh RS, Wulfman G, Smock W, Blaser E. Implementation of a crisis intervention program for police response to mental health emergencies in Louisville. *J Ky Med Assoc* 2003;**101**:241-3.
93. Laing R, Halsey R, Donohue D, Newman C, Cashin A. Application of a model for the development of a mental health service delivery collaboration between police and the health service. *Issues Ment Health Nurs* 2009;**30**:337-41. <https://dx.doi.org/10.1080/01612840902754644>

Appendix 1: Rapid scoping and classification of literature

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Systematic Reviews		
Booth A, Scantlebury A, Hughes-Morley A, Mitchell N, Wright K, Scott W, <i>et al.</i> Mental health training programmes for non-mental health trained professionals coming into contact with people with mental ill health: a systematic review of effectiveness. <i>BMC psychiatry</i> 2017; 17 :196. ^{10, 23}	<p>Authors undertook a systematic review of the effectiveness of training programmes aimed at increasing knowledge, changing behaviour and/or attitudes of the trainees with regard to mental ill health, mental vulnerability, and learning disabilities.</p> <p>This review was conducted in the UK.</p> <p>The review Includes 1 Systematic Review (primary studies all conducted in USA); 19 primary studies: 12 RCTs, 3 prospective non- RCTs, 3 non-comparative studies conducted in England).</p> <p>Part of CONNECT project</p>	Systematic review
Booth A – Evidence Briefing on mental health training programmes for non-mental health trained professionals. ⁶	<p>This is a summary article based on the full systematic review by A. Booth et al</p> <p>Part of the Connect project (UK)</p>	Evidence briefing – summary of systematic review
Kane E, Evans E, Shokraneh F. Effectiveness of current policing-related mental health interventions in England and Wales and Crisis Intervention Teams as a future potential model: a systematic review. <i>Systematic reviews</i> 2017; 6 :85. ^{5, 24}	<p>The protocol states: “This will provide a baseline of research evidence for those who commission and provide services for individuals experiencing mental ill health and who are in contact with the justice system.”</p> <p>This study was conducted in the UK.</p>	Systematic review protocol

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Park Alice, Webber Martin, Booth Alison, Hughes-Morley Adwoa, Clarke Arabella, Wright Kath. Mental health triage for individuals in contact with the police who may be experiencing mental health crisis: a systematic review.⁹ https://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD4201604 2008</p>	<p>What evidence is available on the effectiveness of Mental Health Triage interventions for members of the public perceived to be experiencing mental health crisis, in terms of short- (under 6 months) and long-term (over 6 months) outcomes? How do individuals (service users, carers, family members, police officers, mental health professionals and other relevant professionals (e.g. paramedics)) perceive Mental Health Triage Interventions? PROSPERO record. This is still listed as ongoing although the expected completion date was March 2017 Part of Connect project - UK (Does not include Crisis Intervention Teams)</p>	<p>Systematic review</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Paton F, Wright K, Ayre N, Dare C, Johnson S, Lloyd-Evans B, <i>et al.</i> Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care. <i>Health Technol Assess</i> 2016;20:1-162.^{8, 25} https://dx.doi.org/10.3310/hta20030</p>	<p>The review aimed to conduct a rapid evidence synthesis evaluating the clinical effectiveness and cost-effectiveness of models of care at each of the four stages identified by the Crisis Concordat: access to support before crisis point; urgent & emergency access to crisis care; quality of treatment and care when in crisis; promoting recovery/preventing future crises. The review included 3 studies on Street Triage: 1 descriptive in Oldham, UK (Edmondson D, Cummins I. Oldham Mental Health Phone Triage/RAID Pilot Project. Evaluation Report. Manchester: Manchester Metropolitan University, University of Salford; 1 quasi experimental in Canada (Kisely S, Campbell LA, Peddle S, Hare S, Pyche M, Spicer D, et al. A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. <i>Can J Psychiatry</i> 2010;55:662–; and 1 quasi experimental in USA; The review also included studies of police officers receiving training (Steadman HJ, Deane MW, Borum R, Morrissey JP. Comparing outcomes of major models of police responses to mental health emergencies. <i>Psychiatr Serv</i> 2000;51:645–9. http://dx.doi.org/10.1176/appi.ps.51.5.645</p> <p>This HTA was conducted in the UK.</p>	<p>Health Technology Assessment (HTA).</p>
<p>Smith D, Ibrahim J, Aitken G, Woolford M, Cunningham N. Systematic review of the techniques, guidelines and barriers to interviewing persons with dementia or cognitive impairment. 2016.²⁶</p>	<p>Ongoing. Not explicitly street triage but includes police interviewing.</p> <p>The authors have been contacted but they are in the early stages of the review and there is no date for completion.</p>	<p>Systematic review</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
York Trials Unit, 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. March 2017 ¹¹	This protocol sets out the methods for a review that aims 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. Part of Connect project (UK)	Protocol of a systematic review
Scoping Review		
Winters S, Magalhaes L, Kinsella EA. Interprofessional collaboration in mental health crisis response systems: a scoping review. <i>Disability & Rehabilitation</i> 2015; 37 :2212-24. ¹² https://dx.doi.org/10.3109/09638288.2014.1002576	The aim of this scoping review is to contribute to understanding the current state of knowledge related to IPC (interprofessional collaboration) in Mental Health Crisis Response Systems. This study was conducted in Canada. Summary of findings “Review of the literature identified 18 articles for inclusion, 5 experimental or exploratory papers, 7 models of care, and 6 discussion papers. Analysis identified the following themes: Support for interprofessional collaboration, quest for improved care delivery system, merging distinct visions of care, and challenges to interprofessional collaboration.”	Scoping review

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Literature Reviews		
Cummins I, Edmondson D. Policing and street triage. <i>The Journal of Adult Protection</i> 2016; 18 :40-52. ¹³	The purpose of this paper was to examine the current policy and practice in the area of policing and street triage. It then goes on to explore the models of mental health triage that have been developed to try and improve working between mental health services and the police. This review was conducted in the UK.	Literature review (not systematic)
Shapiro GK, Cusi A, Kirst M, O'Campo P, Nakhost A, Stergiopoulos V. Co-responding Police-Mental Health Programs: A Review. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> 2015; 42 :606-20. ¹⁴ http://dx.doi.org/10.1007/s10488-014-0594-9	A review of corresponding police-mental health programs was conducted to synthesize the published literature, identify promising practices, and determine gaps in the literature to guide future studies. This study was conducted in Canada.	Literature review (not systematic)
Mixed methods studies (quantitative and qualitative data and/or literature review)		
Irvine Annie Louise, Allen Lyndsey, Webber, Martin Paul (2016) Evaluation of the Scarborough, Whitby and Ryedale Street Triage Service. Research Report. Department for Social Policy and Social Work, University of York ²⁷	This report presents the findings of an evaluation of a Street Triage pilot in Scarborough, Whitby and Ryedale (SWR). The SWR Street Triage service was one of nine Department of Health funded pilots. The SWR pilot ran from 24th March 2014 to 23rd March 2015 and was delivered in partnership by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North Yorkshire Police (NYP). This study was conducted in the UK.	Mixed methods

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Kisely S, Campbell LA, Peddle S, Hare S, Pyche M, Spicer D, <i>et al.</i> A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. <i>Can J Psychiatry</i> 2010;55:662-8.²⁸ https://dx.doi.org/10.1177/070674371005501005</p>	<p>Authors used a mixed-methods design encompassing: a controlled before-and-after quantitative comparison of the intervention area with a control area without access to such a service, for 1 year before and 2 years after program implementation; and qualitative assessments of the views of service recipients, families, police officers, and health staff at baseline and 2 years afterward.</p> <p>This study was conducted in Canada.</p>	<p>Mixed methods</p>
<p>Lee SJ, Thomas P, Doulis C, Bowles D, Henderson K, Keppich-Arnold S, <i>et al.</i> Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit. <i>International Journal of Mental Health Nursing</i> 2015;24:538-46.²⁹ https://dx.doi.org/10.1111/inm.12153 https://dx.doi.org/10.1111/mec.13956</p>	<p>The current study conducted an evaluation of an Australian joint police-mental health mobile response unit that aimed to improve the delivery of a community-based crisis response. Activity data were audited to demonstrate utilization and outcomes for referred people.</p> <p>This study was conducted in Australia.</p>	<p>Mixed methods</p>
<p>Reveruzzi B, Pilling S. Street Triage Report on the evaluation of nine pilot schemes in England. Department of Clinical, Health and Educational Psychology, University College London. 2016³⁰</p>	<p>The evaluation includes a description of the nine pilot schemes together with a quantitative and qualitative analysis of the data.</p> <p>This study was conducted in the UK.</p>	<p>Mixed methods</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Senker S, Scott M. Essex Street Triage Evaluation December 2015 (Unpublished) ³¹	<p>This is a draft final report of a street triage project conducted in Essex in 2015. The background provides some information on service provision in other counties in England. The report includes a cost/benefit analysis. The evaluation was conducted by TONIC, independent company commissioned by the local authority to conduct the research.</p> <p>This study was conducted in the UK.</p>	Mixed methods
Watson AC. Research in the Real World: Studying Chicago Police Department's Crisis Intervention Team Program. <i>Res Soc Work Pract</i> 2010; 20 :536-43. ¹⁵ http://dx.doi.org/10.1177/1049731510374201	<p>The study reviews emerging literature, presents a conceptual model of Crisis Intervention Teams (CIT) effectiveness, and describes a study of CIT in Chicago.</p> <p>This study was conducted in the USA</p>	Mixed methods
RCT		
Booth, McDaid et al Effectiveness of a training programme for Police Officers who come into contact with people with mental health problems: a pragmatic randomised controlled trial. Review Protocol ³²	<p>The trial will aim to investigate whether the specialised training intervention better equips front line officers to deal with individuals with mental ill-health and reduces demand on police resources.</p> <p>Part of Connect project (UK)</p>	Trial protocol

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Other quantitative study designs		
<p>Afaq I, El-Mallakh RS, Glenn M, Podolskaya A, Reddi P, Rybakova T, et al. Psychiatric disposition of patients brought in by crisis intervention team police officers. <i>Community Ment Health J</i> 2005;41:223-8.³³</p>	<p>The aim of the study was to determine the characteristics of the individuals brought to the emergency psychiatric service (EPS) by CIT (crisis intervention team) officers, a comparative (CIT vs. mental inquest warrant [MIW, a citizen-initiated court order to bring someone for psychiatric evaluation because of concerns regarding dangerousness] vs non-CIT/non-MIW), descriptive evaluation was performed.</p> <p>This study was conducted in the USA</p>	<p>Quantitative study (comparative observational)</p>
<p>Bahora M, Hanafi S, Chien VH, Compton MT. Preliminary Evidence of Effects of Crisis Intervention Team Training on Self-Efficacy and Social Distance. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> 2008;35:159-67.³⁴ http://dx.doi.org/10.1007/s10488-007-0153-8</p>	<p>This study had two main objectives: (1) To assess perceptions of self-efficacy and desired social distance of control officers and officers entering Crisis Intervention Team (CIT) training with regard to individuals with psychiatric syndromes (depression and schizophrenia) and individuals with substance dependence (alcohol and cocaine), and (2) To examine the effects, if any, of CIT training on self-efficacy and social distance.</p> <p>This study was conducted in the USA</p>	<p>Quantitative study (survey)</p>
<p>Blevins KR, Lord V, Bjerregaard B. Evaluating Crisis Intervention Teams: possible impediments and recommendations. <i>Policing</i> 2014;37:484-500.³⁵</p>	<p>The purpose of this paper is to explore why empirical studies examining the effectiveness of Crisis Intervention Team (CIT) programs are nominal.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study (survey)</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Bonfine N, Ritter C, Munetz MR. Police officer perceptions of the impact of Crisis Intervention Team (CIT) programs. <i>International Journal of Law & Psychiatry</i> 2014;37:341-50.³⁶ https://dx.doi.org/10.1016/j.ijlp.2014.02.004</p>	<p>This study examines 57 CIT (Crisis Intervention Team) officers' experiences with mental illness and attitudes about CIT. Specifically, authors assessed how personal and professional exposure to mental illness associates with officers' perceptions about CIT generally, as well as with opinions about the officers' confidence in their abilities and the perceived effectiveness of the police department in responding to individuals in mental health crisis This study was conducted in the USA.</p>	<p>Qualitative study</p>
<p>Bonkiewicz L, M. Green A, Moyer K, Wright J. Left alone when the cops go home: evaluating a post-mental health crisis assistance program. <i>Policing</i> 2014;37:762-78.³⁷</p>	<p>The purpose of this paper is to evaluate a police department's Post-Crisis Assistance Program (PCAP) for consumers who experienced a police-abated mental health crisis. The authors analysed three questions: First, does PCAP reduce a consumer's future mental health calls for service? Second, does PCAP reduce a consumer's odds of being arrested? Third, does PCAP reduce the odds of a consumer being taken into emergency protective custody? This study was conducted in the USA.</p>	<p>Quantitative study (propensity score matching on records)</p>
<p>Broussard B, McGriff JA, Demir Neubert BN, D'Orion B, Compton MT. Characteristics of patients referred to psychiatric emergency services by crisis intervention team police officers. <i>Community Ment Health J</i> 2010;46:579-84.³⁸</p>	<p>A retrospective chart review of patients referred to Psychiatric Emergency Services (PES). Research questions were: (1) What types of patients do CIT (Crisis intervention team)-trained officers refer to PES?, and (2) Do meaningful differences exist between patients referred by family members, non-CIT officers, and CIT-trained officers? This study was conducted in USA.</p>	<p>Quantitative study (retrospective chart review)</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Clayfield JC, Fletcher KE, Grudzinskas AJ, Jr. Development and validation of the Mental Health Attitude Survey for Police. <i>Community Ment Health J</i> 2011;47:742-51.³⁹ https://dx.doi.org/10.1007/s10597-011-9384-y</p>	<p>This article describes the development Mental Health Attitude Survey for Police (MHASP), a modification and compilation of previously developed and newly developed items, which can be used to measure the effectiveness of mental health crisis training curricula in improving police attitudes toward persons with mental illnesses. A sample of 412 police officers from a major city police department in the northeast USA anonymously completed the MHASP. This study was conducted in the USA</p>	<p>Quantitative study (survey)</p>
<p>Compton MT, Demir Neubert BN, Broussard B, McGriff JA, Morgan R, Oliva JR. Use of force preferences and perceived effectiveness of actions among Crisis Intervention Team (CIT) police officers and non-CIT officers in an escalating psychiatric crisis involving a subject with schizophrenia. <i>Schizophr Bull</i> 2011;37:737-45.⁴⁰ https://dx.doi.org/10.1093/schbul/sbp146</p>	<p>This study tested the hypotheses that CIT-trained officers would select a lower level of force, identify nonphysical actions as more effective, and perceive physical force as less effective in an escalating psychiatric crisis, compared with non-Crisis Intervention Team-trained officers. This study was conducted in the USA</p>	<p>Quantitative study (survey)</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Demir B, Broussard B, Goulding SM, Compton MT. Beliefs about Causes of Schizophrenia among Police Officers Before and After Crisis Intervention Team Training. <i>Community Ment Health J</i> 2009; 45 :385-92. ⁴¹ http://dx.doi.org/10.1007/s10597-009-9194-7	This study examined the ways in which beliefs about the causes of schizophrenia change after crisis intervention team (CIT) training of police officers. This study was conducted in Australia.	Quantitative study (pre-post survey)
Ellis HA. Effects of a Crisis Intervention Team (CIT) training program upon police officers before and after Crisis Intervention Team training. <i>Arch Psychiatr Nurs</i> 2014; 28 :10-6. ⁴² https://dx.doi.org/10.1016/j.apnu.2013.10.003	The purpose of this study was to determine the effect of Crisis Intervention Team training on police officers' knowledge, perception, and attitude toward persons with mental illness. This study was conducted in the USA	Quantitative study (described as an explorative, quasi-experimental descriptive design)
Heslin M, Callaghan L, Barrett B, Lea S, Eick S, Morgan J, <i>et al.</i> Costs of the police service and mental healthcare pathways experienced by individuals with enduring mental health needs. <i>Br J Psychiatry</i> 2017; 210 :157-64. ⁴³ https://dx.doi.org/10.1192/bjp.bp.114.159129	To map and cost pathways through mental health and police services, and to model the cost impact of implementing key policy recommendations. This study was conducted in the UK.	Quantitative study (described as a case-linkage study)

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Heslin M, Callaghan L, Packwood M, Badu V, Byford S. Decision analytic model exploring the cost and cost-offset implications of street triage. <i>BMJ Open</i> 2016;6:e009670. ⁴⁴ https://dx.doi.org/10.1136/bmjopen-2015-009670</p>	<p>To determine if street triage is effective at reducing the total number of people with mental health needs detained under section 136, and is associated with cost savings compared to usual police response.</p> <p>This study was conducted in the UK</p>	<p>Quantitative study</p>
<p>Huppert D, Griffiths M. Police Mental Health Partnership project: Police Ambulance Crisis Emergency Response (PACER) model development. <i>Australasian Psychiatry</i> 2015;23:520-3. ⁴⁵ https://dx.doi.org/10.1177/1039856215597533</p>	<p>Reviewed internationally recognized models of police interactions with people experiencing mental health crises that are sometimes complex and associated with adverse experience for the person in crisis, their family and emergency service personnel. Developed, implemented and reviewed a partnership model trial between mental health and emergency services that offers alternative response pathways with improved outcomes in care.</p> <p>This study was conducted in the USA</p>	<p>Quantitative study</p>
<p>Keown P, French J, Gibson G, Newton E, Cull S, Brown P, <i>et al.</i> Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention. <i>BMJ Open</i> 2016;6:e011837. ⁴⁶ https://dx.doi.org/10.1136/bmjopen-2016-011837</p>	<p>To describe the impact of Street Triage on the number and rate of Section 136 Mental Health Act (S136) detentions in one NHS Mental Health and Disability Trust (Northumberland, Tyne and Wear).</p> <p>This study was conducted in the UK.</p>	<p>Quantitative study (comparative descriptive study)</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Lamb HR, Shaner R, Elliott DM, DeCuir WJ, Jr., Foltz JT. Outcome for psychiatric emergency patients seen by an outreach police-mental health team. <i>Psychiatr Serv</i> 1995;46:1267-71.⁴⁷</p> <p>https://dx.doi.org/10.1176/ps.46.12.1267</p>	<p>The study examined whether outreach teams of mental health professionals and police officers could assess and make appropriate dispositions for psychiatric emergency cases in the community and whether such teams could reduce criminalization of mentally ill persons.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study (retrospective record review)</p>
<p>Lamb HR, Shaner R, Elliott DM, DeCuir WJ, Jr., Foltz JT. Outcome for psychiatric emergency patients seen by an outreach police--mental health team. <i>New Dir Ment Health Serv</i> 2001:67-76.⁴⁸</p>	<p>No further information available.</p> <p>Set in USA</p>	<p>Unclear – unable to locate paper</p>
<p>Melissa Schaefer M, Watson A, Draine J. Police officer acceptance of new innovation: the case of crisis intervention teams. <i>Policing</i> 2013;36:421-36.⁴⁹</p> <p>http://dx.doi.org/10.1108/13639511311329778</p>	<p>The purpose of this paper is to examine the predictors of officer attitudes toward Crisis Intervention Teams, a new innovation designed to improve police response to people with mental illnesses.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study (retrospective data analysis)</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Scott RL. Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. <i>Psychiatr Serv</i> 2000;51:1153-6.⁵⁰ https://dx.doi.org/10.1176/appi.ps.51.9.1153</p>	<p>The effectiveness and efficiency of a mobile crisis program in handling 911 calls identified as psychiatric emergencies were evaluated, and the satisfaction of consumers and police officers with the program was rated.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study (retrospective record review)</p>
<p>Steadman HJ, Deane MW, Borum R, Morrissey JP. Comparing outcomes of major models of police responses to mental health emergencies. <i>Psychiatr Serv</i> 2000;51:645-9.⁵¹ https://dx.doi.org/10.1176/appi.ps.51.5.645</p>	<p>The study compared three models of police responses to incidents involving people thought to have mental illnesses to determine how often specialized professionals responded and how often they were able to resolve cases without arrest</p> <p>This study was conducted in the USA</p>	<p>Quantitative study (retrospective record review)</p>
<p>Tyuse SW, Cooper-Sadlo S, Underwood SE. Descriptive study of older adults encountered by crisis intervention team (CIT) law enforcement officers. <i>Journal of Women & Aging</i> 2017;29:281-93.⁵² https://dx.doi.org/10.1080/08952841.2016.1174513</p>	<p>This article provides a profile of older adults encountered by Crisis Intervention Team officers, identifies the reasons for the 911 call for assistance, and finds what predictors are associated with outcomes of those encounters.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Watson AC, Ottati VC, Morabito M, Draine J, Kerr AN, Angell B. Outcomes of Police Contacts with Persons with Mental Illness: The impact of CIT. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> 2010;37:302-17.⁵³ http://dx.doi.org/10.1007/s10488-009-0236-9</p>	<p>The study examine the effectiveness of fielding Crisis Intervention Teams (CIT) trained and supported officers for influencing call outcomes using data from patrol officers in four Chicago Police districts.</p> <p>This study was conducted in the USA</p>	<p>Quantitative study</p>
<p>Wells W, Schafer JA. Officer perceptions of police responses to persons with a mental illness. <i>Policing</i> 2006;29:578-601.⁵⁴ http://dx.doi.org/10.1108/13639510610711556</p>	<p>The study explores police officer perceptions of their contacts with the “mentally ill” and examine outcomes of an innovative police training program designed to improve police handling of cases involving the “mentally ill”.</p> <p>This study was conducted in the USA.</p>	<p>Quantitative study (survey)</p>
<p>Wierdsma AI, Poodt HD, Mulder CL. Effects of community-care networks on psychiatric emergency contacts, hospitalisation and involuntary admission. <i>Journal of Epidemiology & Community Health</i> 2007;61:613-8.⁵⁵ https://dx.doi.org/10.1136/jech.2005.044974</p>	<p>To evaluate the effects of community-care networks on psychiatric emergency contacts, hospitalisation and involuntary admission.</p> <p>This study was conducted in the Netherlands.</p>	<p>Quantitative study (described as an ecological intervention design) using comparative neighbourhoods</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Qualitative studies		
Borum R, Deane MW, Steadman HJ, Morrissey J. Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness. <i>Behav Sci Law</i> 1998; 16 :393-405. ⁵⁶	Authors sampled sworn police officers from three law enforcement agencies (n = 452), each of which had different system responses to mentally ill people in crisis. One department relied on field assistance from a mobile mental health crisis team, a second had a team of officers specially trained in crisis intervention and management of mentally ill people in crisis, and a third had a team of in-house social workers to assist in responding to calls. This study was conducted in the USA.	Qualitative study
Bradbury J, Hutchinson M, Hurley J, Stasa H. Lived experience of involuntary transport under mental health legislation. <i>International Journal of Mental Health Nursing</i> 2016; 29 :29. ⁵⁷ https://dx.doi.org/10.1111/inm.12284	The study aims to explore a lack of clarity through qualitative analysis of interviews with people with the lived experience of involuntary transport under the Mental Health Act (Australia). This study was conducted in Australia.	Qualitative study
Brennan A, Warren N, Peterson V, Hollander Y, Boscarato K, Lee S. Collaboration in crisis: Carer perspectives on police and mental health professional's responses to mental health crises. <i>International Journal of Mental Health Nursing</i> 2016; 25 :452-61. ⁵⁸ https://dx.doi.org/10.1111/inm.12233	“Comparatively, little research has explored how carers experience the crisis, the professional response and how the nature of the response, in turn, impacts carers. The current study was conducted to explore these issues during individual interviews with nine carers who had previous contact with police and mental health services during a crisis response.” This study was conducted in Australia	Qualitative study

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Canada KE, Angell B, Watson AC. Intervening at the Entry Point: Differences in How CIT Trained and Non-CIT Trained Officers Describe Responding to Mental Health-Related Calls. <i>Community Ment Health J</i> 2012; 48 :746-55. ⁵⁹ http://dx.doi.org/10.1007/s10597-011-9430-9	Report findings from a qualitative study regarding CIT in Chicago. This study was conducted in the USA	Qualitative
Dyer W, Steer M, Biddle P. Mental Health Street Triage. ⁶⁰	This article explores the implementation of Cleveland Police’s pilot Street Triage (ST) service. The service aimed to reduce the number of section 136 detentions under the Mental Health Act and improve referral pathways for those presenting with mental health issues. The initiative was funded by Tees, Esk, and Wear Valleys NHS Foundation Trust. Dedicated ST mental health nurses accompanied police officers to incidents where it was suspected that mental health issues were a presenting concern. Semi-structured interviews were conducted with 16 strategic and operational stakeholders to review whether the project was successful. Analysis was supplemented with secondary data from the ST Team. Authors conclude that there were significantly fewer section 136 detentions, and identify continuing challenges. This study was conducted in the UK.	Qualitative study (process evaluation and critical analysis of how/whether the service aims are being achieved)

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Evangelista E, Lee S, Gallagher A, Peterson V, James J, Warren N, <i>et al.</i> Crisis averted: How consumers experienced a police and clinical early response (PACER) unit responding to a mental health crisis. <i>International Journal of Mental Health Nursing</i> 2016;25:367-76.⁶¹ https://dx.doi.org/10.1111/inm.12218</p>	<p>The purpose of this study was to ascertain the experiences and opinions of consumers about the way police and mental health services worked together, specifically via the Alfred Police and Clinical Early Response (A-PACER) model, to assist people experiencing a mental health crisis. This study was conducted in Australia</p>	<p>Qualitative study</p>
<p>Hanafi S, Bahora M, Demir BN, Compton MT. Incorporating Crisis Intervention Team (CIT) Knowledge and Skills into the Daily Work of Police Officers: A Focus Group Study. <i>Community Ment Health J</i> 2008;44:427-32.⁶² http://dx.doi.org/10.1007/s10597-008-9145-8</p>	<p>The aim of this study was to evaluate the effectiveness of Crisis Intervention Team (CIT) training for police officers This study was conducted in the USA.</p>	<p>Qualitative study</p>
<p>Horspool K, Drabble SJ, O'Cathain A. Implementing street triage: a qualitative study of collaboration between police and mental health services. <i>BMC Psychiatry</i> 2016;16:313.⁶³ https://dx.doi.org/10.1186/s12888-016-1026-z</p>	<p>Authors examined the design and potential impact of two services, along with factors that hindered and facilitated the implementation of the services. This study was conducted in the UK.</p>	<p>Qualitative study</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Kirst M, Francombe Pridham K, Narrandes R, Matheson F, Young L, Niedra K, <i>et al.</i> Examining implementation of mobile, police-mental health crisis intervention teams in a large urban center. <i>J Ment Health</i> 2015;24:369-74.⁶⁴ https://dx.doi.org/10.3109/09638237.2015.1036970</p>	<p>This evaluation study aimed to understand processes of implementation of a multi-site Mobile Crisis Intervention Team program in a large urban centre and to identify program strengths and challenges, as well as levels of satisfaction in service delivery.</p> <p>This study was conducted in Canada</p>	<p>Qualitative study</p>
<p>McKenna B, Furness T, Oakes J, Brown S. Police and mental health clinician partnership in response to mental health crisis: A qualitative study. <i>International Journal of Mental Health Nursing</i> 2015;24:386-93.⁶⁵ https://dx.doi.org/10.1111/inm.12140</p>	<p>The aim of this study was to describe the perceptions of major stakeholders on the ability of the team to reduce behavioural escalation and improve the service utilization of people in mental health crisis.</p> <p>This study was conducted in Australia</p>	<p>Qualitative study</p>
<p>Skubby D, Bonfine N, Novisky M, Munetz MR, Ritter C. Crisis Intervention Team (CIT) Programs in Rural Communities: A Focus Group Study. <i>Community Ment Health J</i> 2013;49:756-64.⁶⁶ http://dx.doi.org/10.1007/s10597-012-9517-y</p>	<p>This study sought to better understand the collaborative process of program development in rural, urban and suburban communities that are working towards jail diversion programs. This relates to crisis intervention teams and street triage rather than liaison & diversion programs.</p> <p>This study is one part of a larger, ongoing research programme surrounding the development of community jail diversion initiatives for individuals with mental illness.</p> <p>This study was conducted in the USA.</p>	<p>Qualitative study</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Watson AC, Angell B, Morabito MS, Robinson N. Defying Negative Expectations: Dimensions of Fair and Respectful Treatment by Police Officers as Perceived by People with Mental Illness. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> 2008; 35 :449-57. ⁶⁷ http://dx.doi.org/10.1007/s10488-008-0188-5	The study explores how police encounters are experienced by consumers themselves This study was conducted in the USA.	Qualitative study
Descriptive		
Bradbury JF, Ireland M, Stasa H. Mental health emergency transport: the pot-holed road to care. <i>Med J Aust</i> 2014; 200 :348-51. ⁶⁸	“Police have, historically, been the first point of contact for people experiencing a mental health crisis in the Australian community. Changes in the NSW Mental Health Act 2007 extended the powers and responsibilities for involuntary transport to paramedics and accredited mental health practitioners.” This article relates to Australia.	Descriptive
Cole E. Triage teams are a streetwise success story. <i>Nurs Stand</i> 2014; 29 :20-2 ⁶⁹ . https://dx.doi.org/10.7748/ns.29.9.20.s25	This is a two page article describing the success of street triage teams in the UK.	Descriptive

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Compton MT, Broussard B, Hankerson-Dyson D, Krishan S, Stewart T, Oliva JR, <i>et al.</i> System- and Policy-Level Challenges to Full Implementation of the Crisis Intervention Team (CIT) Model. <i>Journal of Police Crisis Negotiations: an International Journal</i> 2010;10:72-85.⁷⁰ https://dx.doi.org/10.1080/15332581003757347</p>	<p>“Several system- and policy-level obstacles can make successful implementation of Crisis intervention teams (CIT) difficult in many communities. Three such challenges are addressed in this article: insufficient training and policies for dispatchers, poor availability of psychiatric emergency receiving facilities, and complexities related to implementation of CIT in rural settings.”</p> <p>This study is set in the USA</p>	<p>Descriptive</p>
<p>de Tribolet-Hardy F, Kesic D, Thomas SDM. Police management of mental health crisis situations in the community: status quo, current gaps and future directions. <i>Policing & Society</i> 2015;25:294.⁷¹</p>	<p>This paper considers the application of principles widely used to conceptualise and address violent and aggressive behaviour in psychiatric settings and examines if and to what extent they may be applicable to the police resolution of community-based mental health crisis encounters.</p> <p>This study was conducted in Australia</p>	<p>Descriptive</p>
<p>Dyer W. Criminal Justice Diversion and Liaison Services: A Path to Success? <i>Social Policy & Society</i> 2012.⁷²</p>	<p>Diversion services for adult mentally disordered offenders are back in the limelight twenty years after their original development. This article argues there are a number of important lessons to be learnt. Services of this kind ‘process’ different people in different ways with different outcomes. Current developments therefore need to provide an holistic, patient-centred approach across the whole offender pathway, which meets the needs of different groups of people. What works for some might not work for others, but patterns can be mapped and good and bad pathways identified and used to inform good practice and service improvement. Note: Liaison & Diversion rather than street triage. This study was conducted in the UK.</p>	<p>Descriptive discussion piece</p>

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Steadman HJ, Morrissette D. Police Responses to Persons With Mental Illness: Going Beyond CIT Training. <i>Psychiatr Serv</i> 2016; 67 :1054-6. ⁷³ https://dx.doi.org/10.1176/appi.ps.201600348	The authors summarize issues discussed at a Substance Abuse and Mental Health Services Administration workshop at which participants highlighted the importance of going beyond Crisis Intervention Team training to most effectively include police in a crisis care continuum model. This study was conducted in the USA.	Descriptive
Steadman HJ, Stainbrook KA, Griffin P, Draine J, Dupont R, Horey C. A specialized crisis response site as a core element of police-based diversion programs. <i>Psychiatr Serv</i> 2001; 52 :219-22. ⁷⁴ https://dx.doi.org/10.1176/appi.ps.52.2.219	This paper describes three of the diversion programs participating in the Substance Abuse and Mental Health Services Administration jail diversion knowledge development application initiative that demonstrate the importance of specialized crisis response sites. This study was conducted in the USA.	Descriptive
Watson AC, Fulambarker AJ. The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. <i>Best Practices in Mental Health</i> 2012; 8 :71. ⁷⁵	This article introduces the Crisis Intervention Team (CIT) Model as a collaborative approach to safely and effectively address the needs of persons with mental illnesses, link them to appropriate services, and divert them from the criminal justice system if appropriate. It discusses the key elements of the CIT model, implementation and its related challenges, as well as variations of the model. This study was conducted in the USA	Descriptive
Wilson-Palmer K, Poole R. Street triage for mental health crises. <i>Br J Nurs</i> 2015; 24 :1026-7. ⁷⁶ https://dx.doi.org/10.12968/bjon.2015.24.20.1026	Brief case study example of Devon Street Triage model. This study was conducted in the UK.	Descriptive (case study example)

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Policy documents etc		
Legislation – Westminster government Section 136 Mental Health Act 1983 ⁷⁷ http://www.legislation.gov.uk/ukpga/1983/20/section/136	This link provides the wording for Section 136 of the Mental Health Act 1983	Web-link
Mental Welfare Commission for Scotland (MWCS), Place of Safety Monitoring Report. 2016 ⁷⁸	To look at information submitted by the police and to identify any significant issues warranting further investigation by MWCS or the Police. This report covers the period from May to July 2016.	Descriptive report
Parliament - Police and health service collaboration. 2015 https://publications.parliament.uk/pa/cm201415/cmselect/cmhaff/202/20206.htm ⁷⁸	This link provides some detail on Street Triage, Liaison and Diversion, Hospital coverage etc.	Descriptive
Solar C, Smith M. Austerity, Decentralisation, and local governance: examining interagency working in policing and mental health. ⁷⁹ https://www.psa.ac.uk/sites/default/files/conference/papers/2016/Austerity%20and%20interagency%20draft%20of%20PSA%202016.pdf (PSA Is Political Studies Association).	In this policy brief authors explore the case of policing and mental health crisis policy-making in North Yorkshire, an intertwined problem that has put law enforcement agencies to deal with a multitude of local services. Part of Connect project	Policy Brief

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Other relevant documents or links		
BBC News item ⁸⁰ http://www.bbc.co.uk/news/uk-wales-25841668	A news report on the introduction in Wales of street triage – called Mobile Assessment and Support Team (MAST)	Descriptive
Birmingham & Solihull NHS, Mental Health Triage Pilot ⁸¹	This is an presentation on the triage model used in the Birmingham & Solihull NHS Mental Health NHS Foundation Trust	Presentation
CONNECT – Evidence Based Policing summary notes @ 8.8.17 (Alison Booth's project)	These are notes taken from the CONNECT project web site. Part of Connect project	Word Document
CONNECT Mental Health Project Logic Model ⁸²	A logic model detailing: situation, research aims, inputs, outputs, outcomes and impact. Part of Connect project	Logic Model
CONNECT Evidence based policing 2017 ⁸³	A theory of change diagram Part of Connect project	Theory of change diagram
Crisis Care Concordat ⁸⁴ http://www.crisiscareconcordat.org.uk /	The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.	Website

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Department of Health Extending the street triage scheme: new patrols with nurses and the police. August 2013 ⁸⁵ https://www.gov.uk/government/news/extending-the-street-triage-scheme-new-patrols-with-nurses-and-the-police https://www.gov.uk/government/news/mental-health-nurses-to-join-police-on-the-beat (June 2013)	Norman Lambe, Care & Support Minister announced that Five new police forces have been selected to pilot a scheme aimed at improving the way people with mental health problems are treated during emergencies.	Press release – website link
Department of Health. Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis. 2014 ⁸⁶	The Concordat is about how signatories can work together to deliver a high quality response when people of all ages with mental health problems urgently need help.	Guidance
Herald Scotland ⁸⁷ http://www.heraldscotland.com/news/13202922.POLICE_spearhead_moves_to_revolutionise_mental_health_front_line/	A news report on the introduction of a community triage pilot launched in Greater Glasgow between Greater Glasgow & Clyde NHS and Police Scotland	Descriptive
Liaison & Diversion (L&D) service ⁴ https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/ld-faqs/#q12	A list of frequently asked questions which explain what the L&D service in the UK encompasses.	Website

Author, Title, Year, Endnote ref	Focus of paper/website	Method
Wales – List of Police Liaison Officers and details of Section 136 of Mental Health Act (ad amended in 2007) ⁸⁸ http://www.mentalhealthwales.net/police-matters-and-section-136-of-the-mental-health-act/	A website providing a list of four police forces and their liaison officer details. The website also summarises Section 136 of the Mental Health Act as amended in 2007	Website
Unclear – unable to obtain further details.		
Cesnik BI, Pierce N, Puls M. Law enforcement and crisis intervention services: a critical relationship. <i>Suicide Life Threat Behav</i> 1977; 7 :211-5. ⁸⁹	Law enforcement offices are frequently sceptical that emergency mental health programs offer more than they deliver. Because of their traditional base as the primary, and frequently only, available emergency "field" service in a community, a mental health emergency program must have a cooperative working relationship with law enforcement to serve a community successfully. This paper describes the development and maintenance of such a relationship, designed to increase the police case-finding potential.	Unclear? Unable to access full paper at present.
Dupont R, Cochran S. Police response to mental health emergencies--barriers to change. <i>J Am Acad Psychiatry Law</i> 2000; 28 :338-44 ⁹⁰		Unclear? Unable to access full paper at present.

Author, Title, Year, Endnote ref	Focus of paper/website	Method
<p>Ellis HA. The crisis intervention team: a revolutionary tool for law enforcement: the psychiatric-mental health nursing perspective. <i>J Psychosoc Nurs Ment Health Serv</i> 2011;49:37-43; quiz 5.⁹¹ https://dx.doi.org/10.3928/02793695-20111004-01</p>	<p>The article focusses on Crisis Intervention Teams in the USA</p>	<p>Unclear? Unable to access full paper at present.</p>
<p>el-Mallakh RS, Wulfman G, Smock W, Blaser E. Implementation of a crisis intervention program for police response to mental health emergencies in Louisville. <i>J Ky Med Assoc</i> 2003;101:241-3.⁹²</p>	<p>The article focusses on Crisis Intervention Teams in the USA</p>	<p>Unclear? Unable to access full paper at present.</p>
<p>Laing R, Halsey R, Donohue D, Newman C, Cashin A. Application of a model for the development of a mental health service delivery collaboration between police and the health service. <i>Issues Ment Health Nurs</i> 2009;30:337-41.⁹³ https://dx.doi.org/10.1080/01612840902754644</p>	<p>This paper discusses a proposed innovation for New South Wales police in Australia through the development of a Crisis Intervention Team model.</p> <p>This study was conducted in Australia.</p>	<p>Unclear? Unable to access full paper at present.</p>

Appendix 2: Search strategies

1. Meta-synthesis of evidence on the effectiveness of models

Database: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed

Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>

Search Strategy:

-
- 1 mental health crisis.ti,ab. (201)
 - 2 mental health crises.ti,ab. (68)
 - 3 (mental health emergency or mental health emergencies).ti,ab. (113)
 - 4 (psychiatric adj (crisis or crises or emergency or emergencies)).ti,ab. (1893)
 - 5 1 or 2 or 3 or 4 (2227)
 - 6 Police/ (4532)
 - 7 (police\$ or policing).ti,ab. (14041)
 - 8 (law enforcement adj (staff or personnel or officer\$ or official\$ or worker\$)).ti,ab. (690)
 - 9 6 or 7 or 8 (15773)
 - 10 5 and 9 (134)
 - 11 Mental disorder/ (158056)
 - 12 mental health.ti,ab. (117541)
 - 13 (mental\$ adj disorder\$).ti,ab. (34111)
 - 14 (mental\$ adj ill\$).ti,ab. (33358)
 - 15 Schizophrenia/ (98136)
 - 16 schizophren\$.ti,ab. (116106)
 - 17 exp Personality Disorders/ (40413)
 - 18 11 or 12 or 13 or 14 or 15 or 16 or 17 (419929)
 - 19 9 and 18 (1587)
 - 20 Triage/ (10244)
 - 21 mental health triage.ti,ab. (51)
 - 22 street triage.ti,ab. (10)
 - 23 20 or 21 or 22 (10258)
 - 24 9 and 23 (49)
 - 25 Crisis Intervention/ (5745)
 - 26 (crisis adj3 (response or co-response or coresponse or intervention\$ or partnership\$ or program\$)).ti,ab. (2289)
 - 27 25 or 26 (6821)
 - 28 9 and 27 (251)
 - 29 interprofessional relations/ (49469)
 - 30 9 and 29 (128)
 - 31 ((collaborat\$ or partner\$ or interagency or multidisciplinary or co-respon\$) adj2 police).ti,ab. (67)

- 32 30 or 31 (192)
- 33 (Diversion or divert\$.ti,ab. (52341)
- 34 18 and 33 (545)
- 35 10 or 19 or 24 or 28 or 32 or 34 (2353)
- 36 limit 35 to english language (2206)
- 37 limit 36 to yr="2016 -Current" (299)

2. Rapid evidence synthesis of UK-relevant qualitative data on implementation

Database: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>

Search Strategy:

-
- 1 mental health crisis.ti,ab. (201)
 - 2 mental health crises.ti,ab. (68)
 - 3 (mental health emergency or mental health emergencies).ti,ab. (113)
 - 4 (psychiatric adj (crisis or crises or emergency or emergencies)).ti,ab. (1893)
 - 5 1 or 2 or 3 or 4 (2227)
 - 6 Police/ (4532)
 - 7 (police\$ or policing).ti,ab. (14041)
 - 8 (law enforcement adj (staff or personnel or officer\$ or official\$ or worker\$)).ti,ab. (690)
 - 9 6 or 7 or 8 (15773)
 - 10 5 and 9 (134)
 - 11 Mental disorder/ (158056)
 - 12 mental health.ti,ab. (117541)
 - 13 (mental\$ adj disorder\$.ti,ab. (34111)
 - 14 (mental\$ adj ill\$.ti,ab. (33358)
 - 15 Schizophrenia/ (98136)
 - 16 schizophren\$.ti,ab. (116106)
 - 17 exp Personality Disorders/ (40413)
 - 18 11 or 12 or 13 or 14 or 15 or 16 or 17 (419929)
 - 19 9 and 18 (1587)
 - 20 Triage/ (10244)
 - 21 mental health triage.ti,ab. (51)
 - 22 street triage.ti,ab. (10)
 - 23 20 or 21 or 22 (10258)
 - 24 9 and 23 (49)
 - 25 Crisis Intervention/ (5745)

- 26 (crisis adj3 (response or co-response or coresponse or intervention\$ or partnership\$ or program\$)).ti,ab. (2289)
- 27 25 or 26 (6821)
- 28 9 and 27 (251)
- 29 interprofessional relations/ (49469)
- 30 9 and 29 (128)
- 31 ((collaborat\$ or partner\$ or interagency or multidisciplinary or co-respon\$) adj2 police).ti,ab. (67)
- 32 30 or 31 (192)
- 33 (Diversion or divert\$).ti,ab. (52341)
- 34 18 and 33 (545)
- 35 10 or 19 or 24 or 28 or 32 or 34 (2353)
- 36 exp qualitative research/ (37837)
- 37 Nursing Methodology Research/ (17005)
- 38 Questionnaires/ (408320)
- 39 exp Attitude/ (329018)
- 40 Focus Groups/ (24752)
- 41 discourse analysis.mp. (1519)
- 42 content analysis.mp. (20906)
- 43 ethnographic research.mp. (809)
- 44 ethnological research.mp. (7)
- 45 ethnonursing research.mp. (50)
- 46 constant comparative method.mp. (1393)
- 47 qualitative validity.mp. (14)
- 48 purposive sample.mp. (2831)
- 49 observational method\$.mp. (648)
- 50 field stud\$.mp. (13662)
- 51 theoretical sampl\$.mp. (575)
- 52 phenomenology/ (0)
- 53 phenomenological research.mp. (397)
- 54 life experience\$.mp. (4570)
- 55 cluster sampl\$.mp. (6004)
- 56 or/36-55 (726942)
- 57 findings.af. (1814967)
- 58 interview\$.af. or Interviews/ (343376)
- 59 qualitative.af. (201600)
- 60 or/57-59 (2209232)
- 61 56 or 60 (2721141)
- 62 ethnonursing.af. (143)

- 63 ethnograph\$.mp. (9206)
- 64 phenomenol\$.af. (23033)
- 65 grounded theory.mp. (9742)
- 66 (grounded adj (theor\$ or study or studies or research or analys?s)).af. (9890)
- 67 (life stor\$ or women\$ stor\$).tw. (1160)
- 68 (emic or etic or hermeneutic\$ or heuristic\$ or semiotic\$).af. (15439)
- 69 (data adj1 saturat\$).tw. (884)
- 70 participant observ\$.tw. (3953)
- 71 (social construct\$ or postmodern\$ or post-structural\$ or post structural\$ or poststructural\$ or post modern\$ or post-modern\$ or feminis\$ or interpret\$).mp. (492350)
- 72 (action research or cooperative inquir\$ or co operative inquir\$ or co-operative inquir\$).mp. (3615)
- 73 (humanistic or existential or experiential or paradigm\$).mp. (135551)
- 74 (field adj (study or studies or research)).tw. (14650)
- 75 human science.tw. (255)
- 76 biographical method.tw. (16)
- 77 qualitative validity.af. (14)
- 78 purposive sampl\$.af. (5642)
- 79 theoretical sampl\$.af. (575)
- 80 (purpos\$ adj4 sampl\$).af. (11295)
- 81 (focus adj group\$).af. (41971)
- 82 (account or accounts or unstructured or open-ended or open ended or text\$ or narrative\$).mp. (565022)
- 83 (life world or life-world or conversation analys?s or personal experience\$ or theoretical saturation).mp. (14238)
- 84 lived experience\$.tw. (4178)
- 85 life experience\$.mp. (4570)
- 86 cluster sampl\$.mp. (6004)
- 87 (theme\$ or thematic).mp. (82292)
- 88 categor\$.mp. (308429)
- 89 observational method\$.af. (650)
- 90 field stud\$.mp. (13662)
- 91 focus group\$.af. (41971)
- 92 questionnaire\$.mp. (642706)
- 93 content analysis.af. (20911)
- 94 thematic analysis.af. (11303)
- 95 constant comparative.af. (2660)
- 96 discourse analys?s.af. (1556)
- 97 ((discourse\$ or discurs\$) adj3 analys?s).af. (1948)

- 98 (constant adj (comparative or comparison)).af. (3914)
- 99 narrative analys?s.af. (970)
- 100 heidegger\$.tw. (610)
- 101 colaizzi\$.tw. (543)
- 102 speigelberg\$.tw. (2)
- 103 (van adj manen\$.tw. (341)
- 104 (van adj kaam\$.tw. (42)
- 105 (merleau adj ponty\$.tw. (192)
- 106 husserl\$.tw. (230)
- 107 giorgi\$.tw. (597)
- 108 foucault\$.tw. (741)
- 109 (corbin\$ adj2 strauss\$.tw. (276)
- 110 (strauss\$ adj2 corbin\$.tw. (276)
- 111 (glaser\$ adj2 strauss\$.tw. (110)
- 112 glaser\$.tw. (924)
- 113 or/62-112 (2137678)
- 114 61 or 113 (4051127)
- 115 (mixed method\$ or multimethod\$ or multi-method\$ or multi method\$.mp. (15954)
- 116 (attitude\$ or belief\$ or believ\$ or choice\$ or choos\$ or experienc\$ or opinion\$ or perceiv\$ or percept\$ or prefer\$ or view\$.ti. (548374)
- 117 114 or 115 or 116 (4390480)
- 118 35 and 117 (1052)
- 119 limit 118 to yr="1990 -Current" (991)
- 120 limit 119 to english language (936)