Mental Health Co-Response Models

A Rapid Review of the Evaluation Literature: Final Report

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Executive Summary

Background

This report provides a systematic rapid review of the evidence base for mental health co-response models. Specifically, this rapid review synthesises the studies that assess the impact of mental health co-response models on the following outcomes:

- Criminal justice outcomes for mental ill individuals
- Referral other services
- Demand or use of agency resources
- Perceptions of police
- Police and stakeholder perceptions of MHCR models
- Police and stakeholder perceptions, knowledge and/or attitudes about mental illness and/or individuals with mental illness
- Adverse events

Search Methods

We used a systematic review methodology to identify eligible studies. To be included in the review, each study needed to meet the following criteria:

(1) Include a quantitative impact evaluation of a mental health co-response model;
(2) Utilise either a randomised experimental research design, review and/or meta-analytic research design, or a high quality quasi-experimental research design;
(3) Be conducted or published between 2004 and 2018 inclusive; and
(4) Be written in English.

The initial search was conducted within the Global Policing Database and identified 5,146 potentially eligible citations. First stage title and abstract screening resulted in the removal of 4,584 records due to not being about mental health co-response models. Of these 562 potentially eligible studies published between 2004 – 2018, we screened the full-text of 301 documents were published between 2010 – 2018 to determine their final eligibility for the review. This systematic screening resulted in a final corpus of 24 eligible studies (reported in 26 documents). This corpus of studies is comprised of one randomised controlled trial (RCT),

six reviews with or without meta-analyses, and 16 robust quasi-experiments. This level of attrition is common in systematic reviews of evaluation evidence in policing and is reflective of the scarcity of high quality evaluations of criminal justice interventions across the globe. Systematic reviews with or without meta-analyses and RCTs published between 2010 – 2018 are prioritised in the written syntheses of evidence. This approach ensures that the most recent and robust research is captured in this report. The full corpus of eligible studies is provided at the end of each section and studies published between 2004 – 2009 are provided in Appendix A.

Results

The 24 eligible studies (reported in 26 documents) were predominantly conducted in the United States, however, other countries represented include: United Kingdom, Canada, and Australia. Almost three-quarters of the studies consider the impact of mental health co-response models on criminal justice related outcomes ($n = 15$). The overall corpus of studies fell into a range of the other outcome categories in the following way:

- Referral to services ($n = 6$)
- Resource use and demand ($n = 11$)
- Perceptions of police ($n = 1$)
- Practitioner perceptions of MHCR models ($n = 2$)
- Practitioner knowledge, perceptions and attitudes about mental illness ($n = 3$)
- Adverse events ($n = 5$)

This rapid review provides a comprehensive preliminary understanding of the impact of mental health co-response models on a range of policy and practice outcomes. It should be noted that this review only provides a narrative synthesis of robust impact evaluations of mental health co-response models conducted between 2004 – 2018 that met our inclusion criteria. Caution must be exercised when comparing the results of the single studies because meta-analysis was not used to quantitatively synthesise the outcome data reported in the component studies.

Key Observations

The key observations from our review include:

- There is a significant lack of randomised control trials for MHCR models

- There is a significant gap in evaluation evidence for broader outcomes beyond those focused on criminal justice (e.g., perceptions of police)

- MHCR-like models appear promising for increasing referrals for mental health services; reducing time spent responding to mental health incidents; improving practitioners' knowledge, perceptions and attitudes towards mental illness; and changing citizen's perception of police

- MHCR-like models appear to have mixed evidence for reducing arrests for individuals with mental illness and reducing use of force

- Caution needs to be exercised when considering the above observations due to the small amount of high-quality evaluation literature

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1: Review Methodology

1.1 Introduction

The growth of evidence-based policy and practice in criminal justice has led to a growth in experimental research and systematic reviews as a means for identifying best practice. Randomised experiments and systematic reviews are considered the "gold standard" methods in the area of evidence-based policy and practice (Mazerolle & Bennett, 2011). Randomised experiments provide the most robust methods for establishing causality and establishing the impact of an intervention (Blumstein, 2013). Systematic reviews of interventions, which may or may not include a meta-analysis, expand single study evidence by utilising a series of standardised methodological stages to capture and synthesise impact evaluations of interventions (Liberati et al., 2009). Systematic reviews provide concise and comprehensive summaries of high-quality research evidence and are valuable tools for policy-makers and practitioners aiming to identify interventions that are most effective for particular problems and populations (Wilson & Tanner-Smith, 2014).

While systematic reviews are considered the highest quality evidence, they are time and labour-intensive. As a result, scholars have developed alternative review methodologies to allow for expedited syntheses of empirical literature, including reviews of existing systematic reviews, overviews of reviews, scoping reviews, evidence maps, and rapid reviews (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010; Snilstveit et al., 2016). The review reported here adopts a hybrid approach that draws on a range of review method frameworks. The overall aim is to provide a rapid and broad synthesis of the highest quality available evidence for the effectiveness of mental health co-response models.

1.2 Review Methodology

This review adopts a hybrid approach that draws on traditional systematic review methodologies and also alternative review methodologies that permit expedited reviews of evaluation literature (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010; Snilstveit et al., 2016). The initial stages of the review process utilised a standard systematic review methodology, beginning with a broad systematic search of academic and grey literature (unpublished) sources. All studies identified by the systematic search were then progressed through standardised sequential screening stages to ascertain whether each study met our pre-specified inclusion criteria. At the point of inclusion, studies were categorised to establish the breadth and depth of the evaluation literature. From the point of study

categorisation, this review adopts a narrative synthesis method which summarises the key characteristics of eligible studies across the seven outcome categories: (a) criminal justice outcomes for mentally ill individuals; (b) referral to other services; (c) demand or use of agency resources; (d) perceptions of police; (e) police and stakeholder perceptions of MHCR models; (f) police and stakeholder perceptions, knowledge and/or attitudes about mental illness and/or individuals with mental illness; and (g) adverse events. Within each of these sections, the evidence is summarised by reporting: (a) the overall number of studies by research design (review, RCT, quasi-experiment); (b) the geographical location of studies; (c) the intervention approach; and (d) the type of outcome measures used to evaluate the intervention.

1.3 Search Methodology

Search Location: The Global Policing Database

We conducted a systematic search within the Global Policing Database (GPD), housed at the University of the Queensland. The GPD is searchable database designed to capture all published and unpublished experimental and quasi-experimental evaluations of interventions relating to police or policing that have been conducted since 1950. Using innovative systematic review technologies developed at The University of Queensland, the GPD is being compiled by systematically searching, retrieving and screening published and unpublished literature that reports on impact evaluations of interventions relating to police or policing from 1 January 1950. There are no restrictions on the type of policing technique, type of outcome measure or language of the research. A complex search string using a large number of search terms (free-text and controlled vocabulary) and several search fields (e.g., title, abstract, keywords) has been used to search more than 65 databases that collectively cover peer-reviewed and grey literature (see www.gpd.uq.edu.au for a full methodological protocol).

Search Terms

We developed a wide range of search terms to capture relevant literature by drawing on existing research, as well as seeking input from police practitioners and researchers. Because the systematic search underpinning the GPD utilises policing terms, the search terms for this review focused on mental health and co-response models. A filter for capturing robust evaluation research was also used to refine the search results and expedite the review.

Table 1.1 lists the search terms used for the review, which were used to search the title and abstract fields of eligible studies indexed within in the GPD. Search terms were iteratively piloted before reaching this final set of terms in order to ensure that the search terms were not overly sensitive

(capturing a high proportion of irrelevant research) or restrictive (not identifying sufficient relevant research).

Table 1.1 Rapid Review Search Terms

MHCR Search Terms Separated by Boolean OR	Robust Evaluation Filter Separated by Boolean OR
ambulan*	random*
co-respon*	*experiment*
corespond*	evaluat*
counsel*	trial*
crisis*	program*
diver*	meta*
doctor*	*review*
emergency	comparison*
hospital*	control*
medical*	matched
mental*	"propensity score*"
nurs*	effective*
PACER*	efficacy
partner*	RCT*
psych*	interven*
social work*	treatment*
triag*	therap*
MHCR and Evaluation Sets Combined with Boolean AND	

1.4 Criteria for Including Studies in the Review

To be included in this review, each document extracted from the GPD must have satisfied all inclusion criteria, which are outlined in the subsections below.

Research Timeframe

To provide the most up-to-date synthesis of literature, only studies which were published from January 2004 through to December 2018 were progressed through the systematic search and screening process. Eligible studies published between 2010 – 2018 are captured in the narrative synthesis provided in Sections 2 – 8 and a list of eligible studies published 2004 – 2009 are provided in Appendix A.

Population

The primary purpose of this review was to provide a comprehensive synthesis of the MHCR evaluation literature and we anticipated that the vast majority of studies would include individuals experiencing mental health issues or policing and allied health practitioners undertaking MHCR

training as the evaluation participants. However, we also acknowledge that a large proportion of the policing evaluation literature utilises macro-places, micro-places, and organisation-level 'participants' (e.g., comparing multiple geographic areas with or without an intervention). Therefore, we also included studies where the participants were: macro-places, micro-places, and organisations (police and partner organisations).

Types of Interventions

To be eligible for inclusion in the review, each document must have reported on an impact evaluation of a mental health co-response model. We drew on two earlier reviews of policing responses to individuals with mental health needs to guide the definition of co-responder models (Vigurs & Quy, 2017; Schucan Bird, Vigurs, & Quy, 2016). These authors distinguish between the Crisis Intervention Team (CIT) and the mental health co-responder (MHCR) models. The CIT model focuses primarily on training police to (a) identify individuals with mental health issues; (b) provide skills to manage and diffuse crisis situations; and (c) facilitate referrals and linkages to relevant services or treatment. It is important to note that the CIT model is intended to extend beyond training to include explicit partnership approaches with health services. However, many CIT evaluation studies focus only on the training component. For the purposes of this review, we included CIT studies and other training-focused studies if the authors described an explicit partnership with other mental health services in developing or delivering the training, particularly if the training included content of collaborative working.

In contrast, the co-responder model partners mental health services and relevant practitioners with police to facilitate referrals to treatment for individuals with mental health issues who come in contact with police. One version of this approach is to co-locate police and mental health practitioners to facilitate onsite collaboration and support for individuals with mental health issues. Another version of this approach is active collaborative or linkages between police and mental health services, in the absence of physical co-location of practitioners. In this model, police and mental health practitioners work independently, but collaborate in specific ways to reduce mentally distressed individuals' disengagement with health services and engagement in the criminal justice system. For example, police consultation with mental health practitioners to assist with triaging and diverting of individuals presenting with mental health issues upon contact with police.

This review included both of the abovementioned intervention models, provided there was an active collaboration, co-response, or partnership component. That is, interventions focused only on training

police to identify symptoms of mental illness were not included. Likewise, studies which examined the impact of police discretionary powers to divert individuals to mental health treatment (e.g., hospital), without any active partnership with other practitioners were not included[1].

Types of Outcomes

To be included in the review, the study must have used one or more of the following broad outcome categories to evaluate the mental health co-response model:

- Criminal justice outcomes for mental ill individuals (e.g., diversion, arrest, charges, conviction, probation)
- Referral other services (governmental and non-governmental)
- Demand or use of agency resources (police and other agencies involved)
- Perceptions of police (including stakeholders, citizens)
- Police and stakeholder perceptions of MHCR model (e.g., role adequacy, confidence and quality of decision-making)
- Police and stakeholder perceptions, knowledge and/or attitudes about mental illness and/or individuals with mental illness
- Adverse events (e.g., deaths, suicides, use of force, injuries)

Types of Study Designs

To synthesise the most rigorous research, the review included research designs that allow for reliable conclusions about intervention effectiveness. Specifically, systematic reviews and randomised experiments were prioritised for syntheses, as these designs are considered the "gold standard" for ascertaining intervention effectiveness. Eligible comparison conditions/groups include no treatment, placebo, "business-as-usual", waitlist control, or an alternative treatment.

While other research designs are less robust, they are often used due to the difficulties associated with conducting RCTs in criminal justice settings (Weisburd, 2000). In the absence of RCT evidence, "strong" quasi-experiments that attempt to minimise threats to internal validity can be used to provide preliminary causal evidence for the effectiveness of an intervention (see Farrington, 2003; Shadish, Cook, & Campbell, 2002). Threats to internal validity can be reduced through various approaches, including matching the characteristics of the treatment and comparison groups, controlling assignment of cases to treatment and comparison groups (regression discontinuity), or

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[1] The CIT and MHCR models are considered distinct from police powers and discretionary decisions to divert mental ill individuals into mental health treatment, which are often guided by regulatory frameworks.

using difference-in-difference analyses (parallel cohorts with pre-test and post-test measures). Our narrative syntheses prioritises the evidence from systematic reviews and RCTs, yet each section also lists eligible quasi-experiments. However, the full corpus of RCTs and quasi-experimental studies are summarised at the end of each section of the report.

1.5 Screening and Coding Process

All search results were exported from the GPD into *SysReview*, a Microsoft Access database designed for managing systematic reviews (Higginson & Neville, 2013). Prior to screening, all efforts were made to remove ineligible document types (e.g., book reviews) and duplicate records. The subsections below provide a summary of the screening and coding protocol that was followed for the review.

Title and Abstract Screening

To refine the corpus of documents prior to more time and resource intensive full-text eligibility screening and coding stages, all records were screened on title and abstract to determine relevancy to mental health co-response models. Trained research staff used a standardised screening companion to screen each record according to whether the record (title and abstract) was (a) unique (i.e., not a duplicate); and (b) focused on mental health co-response models. Potentially eligible documents then progressed to the full-text eligibility screening stage.

Full-Text Eligibility Screening

Wherever possible, a full-text electronic version was obtained for all eligible records flowing from the title and abstract screening stage. Trained research staff screened the full-text of each document in a two-stage screening and categorisation process, using a standardised screening tool according to criteria listed below. If documents were not excluded, they were considered eligible for the review and progressed to categorisation and coding. Upon determining eligibility, documents were categorised according to the outcome(s) used to measure the impact the mental health co-response model.

Full-Text Eligibility Exclusion Criteria

- Document is an ineligible document type (e.g., book review);
- Document is not unique (i.e. not a duplicate); and
- Document does not report on an impact evaluation of a mental health co-response model.

Full-Text Categorisation Criteria

- Criminal justice outcomes for mental ill individuals (e.g., diversion, arrest, charges, conviction, probation)

- Referral other services (governmental and non-governmental)

- Demand or use of agency resources (police and other agencies involved)

- Perceptions of police (including stakeholders, citizens)

- Police and stakeholder perceptions of MHCR model (e.g., role adequacy, confidence and quality of decision-making)

- Police and stakeholder perceptions, knowledge and/or attitudes about mental illness and/or individuals with mental illness

- Adverse events (e.g., deaths, suicides, use of force, injuries)

Full-Text Coding

A team of trained research staff coded each eligible study using to standardised guidelines to inform the qualitative syntheses within each review theme. Specifically, data were extracted for each study according to the following domains:

- Citation information (type of document, publication date, authors etc.);

- Geographical location of the intervention;

- Research design (including comparison condition);

- Type of outcome measure(s) used to evaluate the intervention;

- Population description (e.g., sample size, type of practitioners, type of mental health issues); and

- Intervention description (e.g. setting, focus, treatment components, intensity).

1.6 Search and Screening Summary

GPD Search Results

The PRISMA flowchart in Figure 2.1 (Moher et al., 2009) displays the attrition of identified records for the GPD processing and MHCR specific screening. The systematic search in the GPD identified 35,963 records (citations) prior to any systematic screening for presence of evaluations of interventions relating to police or policing. Of these records, 5,146 were extracted from the GPD for this review. The extraction represents records (citations/documents) that had been (a) screened as potentially being about police or policing on their title and abstract, but could not be verified on full-text ($n = 1,443$); or (b) containing either a preliminary indicator of a quantitative impact evaluation

or verified quantitative impact evaluation of an intervention relating to police or policing (n = 3,703).

Systematic Screening Results for MHCR Review

Of the 5,146 records, 562 were screened as potentially being about mental health co-response models (MHCR), based on their title and abstract. The full-text of these eligible titles and abstracts published between 2010 – 2018 were screened for final eligibility (n = 301)[2]. Of these 301 documents, 26 were deemed to meet full inclusion criteria for the review (representing 24 studies due to secondary reporting). These eligible documents were then categorised and coded, with a broad summary provided in Table 2.1.
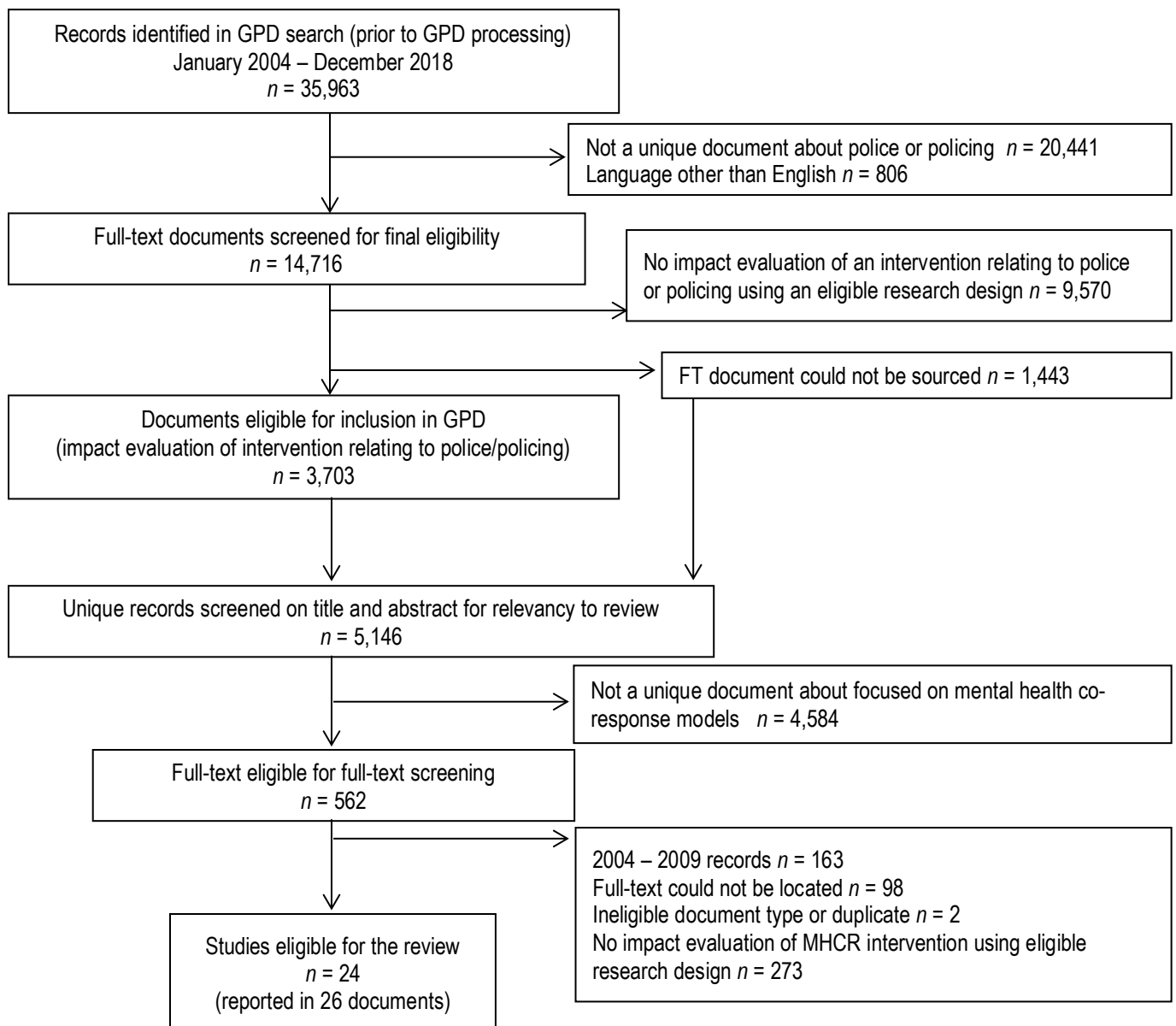
```
┌──────────────────────────────────────────────────────┐
│ Records identified in GPD search (prior to GPD processing) │
│        January 2004 – December 2018                   │
│                 n = 35,963                            │
└──────────────────────────────────────────────────────┘
          │                    ┌──────────────────────────────────────────────┐
          │───────────────────►│ Not a unique document about police or policing  n = 20,441 │
          ▼                    │ Language other than English n = 806           │
┌──────────────────────────────┐  └──────────────────────────────────────────────┘
│ Full-text documents screened │
│ for final eligibility        │    ┌──────────────────────────────────────────────┐
│       n = 14,716             │    │ No impact evaluation of an intervention relating to police │
│                              │───►│ or policing using an eligible research design n = 9,570 │
└──────────────────────────────┘    └──────────────────────────────────────────────┘
          │                    ┌──────────────────────────────────────────────┐
          │───────────────────►│ FT document could not be sourced n = 1,443    │
          ▼                    └──────────────────────────────────────────────┘
┌──────────────────────────────┐
│ Documents eligible for inclusion in GPD │
│ (impact evaluation of intervention relating to police/policing) │
│       n = 3,703              │
└──────────────────────────────┘
          │
          ▼
┌──────────────────────────────────────────────────────┐
│ Unique records screened on title and abstract for relevancy to review │
│              n = 5,146                                 │
└──────────────────────────────────────────────────────┘
          │                    ┌──────────────────────────────────────────────┐
          │───────────────────►│ Not a unique document about focused on mental health co- │
          ▼                    │ response models   n = 4,584                   │
┌──────────────────────────────┐  └──────────────────────────────────────────────┘
│ Full-text eligible for full-text screening │
│       n = 562                │
└──────────────────────────────┘
          │                    ┌──────────────────────────────────────────────┐
          │───────────────────►│ 2004 – 2009 records n = 163                   │
          ▼                    │ Full-text could not be located n = 98         │
┌──────────────────────────────┐  │ Ineligible document type or duplicate n = 2  │
│ Studies eligible for the review │  │ No impact evaluation of MHCR intervention using eligible │
│       n = 24                 │  │ research design n = 273                       │
│ (reported in 26 documents)   │  └──────────────────────────────────────────────┘
└──────────────────────────────┘
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Figure 2.1. **PRISMA Flow diagram for GPD search and MHCR screening.**

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[2] This excludes records where a full-text could not be sourced via institutional libraries (n = 99). The vast majority of these records were conference abstracts. The full list is provided in Appendix B. The full-list of potentially eligible documents dated 2004 – 2009 after provided in Appendix A (n = 163).

Table 2.1 Summary of *n* = 23 Studies by Outcome Category and Research Design

Outcome Category	Results
Criminal justice outcomes (*n* = 15)	Systematic reviews and/or meta-analyses: *n* = 6 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 9
Referral to other services (*n* = 6)	Systematic reviews and/or meta-analyses: *n* = 3 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 3
Demand or use of agency resources (*n* = 11)	Systematic reviews and/or meta-analyses: *n* = 3 Randomised controlled trials: *n* = 1 Strong quasi-experiments: *n* = 5
Perceptions of police (*n* = 1)	Systematic reviews and/or meta-analyses: *n* = 0 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 1
Police and other practitioner perceptions of MHCR model (*n* = 2)	Systematic reviews and/or meta-analyses: *n* = 1 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 1
Police or other practitioner perceptions, knowledge, and/or attitudes about mental illness or individuals with mental illness (*n* = 3)	Systematic reviews and/or meta-analyses: *n* = 1 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 2
Adverse events (*n* = 4)	Systematic reviews and/or meta-analyses: *n* = 2 Randomised controlled trials: *n* = 0 Strong quasi-experiments: *n* = 2

Note. Some studies are counted in more than one category due to reporting multiple different outcomes.

1.7 References

Arksey. H. & O'Malley, L. (2005). Scoping studies: Towards a methodological framework, *International Journal of Social Research Methodology, 8*, 19-32. doi: 10.1080/1364557032000119616

Farrington, D. P. (2003). Methodological quality standards for evaluation research. *The ANNALS of the American Academy of Political and Social Science,* 587, 49–68. doi: 10.1177/0002716202250789

Higginson, A., & Eggins, E. (forthcoming). The Campbell Collaboration. In J.C. Barnes and David R. Forde (Eds.), *Encyclopedia of research methods and statistical techniques in criminology and criminal justice*. Wiley.

Higginson, A., & Neville, R. (2014). *SysReview* [Systematic Review Management Software]. Brisbane, Australia: The University of Queensland.

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, *5*, 1-9. doi: 10.1186/1748-5908-5-69

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., . . . Moher, D. (2009). The PRISMA Statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *Annals of Internal Medicine, 151*(4), W65–W94. doi: 10.7326/0003-4819-151-4-200908180-00136

Moher, D., Liberati, A., Altman, D. G., & The PRISMA Group. (2009). Preferred items for systematic reviews and meta-analysis: The Prisma Statement. *PLoS Med, 6*(7): e1000097. doi:10.1371/journal.pmed1000097

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton Mifflin.

Snilstveit, B., Vojtkova, M., Bhavsar, A., Stevenson, J., & Gaarder, M. (2016). Evidence and gap maps: A tool for promoting evidence informed policy and strategic research agendas. *Journal of Clinical Epidemiology*, *79*, 120-129. doi: 10.1016/j.jclinepi.2016.05.015

Wilson, S. J., & Tanner-Smith, E. E. (2014). Meta-analysis in prevention science. In Z. Sloboda & H. Petras (Eds.), *Defining prevention science Defining Prevention Science* (pp. 431–452). New York: Springer.

2: MHCR Models and Criminal Justice Outcomes

2.1 Introduction

A total of 15 studies were impact evaluations or reviews including impact evaluations of MHCR models for criminal justice outcomes. Due to there being no randomised controlled trials using criminal justice measures as the outcome, the subsections below summarises the reviews of eligible interventions ($n = 6$), drawing on the quasi-experimental evaluations ($n = 9$) to provide depth to the synthesis. Please see Table 2.5 for a full report of all included studies in this section.

2.2 Traditional Co-Responder Approaches

Shapiro et al. (2015) conducted a systematic review of co-responding police-mental health programs, including studies published between 1970 and 2013. The authors included 21 studies in their review, however, not all of the studies are rigorous impact evaluations and we synthesise only those that met our review inclusion criteria. Of the 21 included studies in their review, four studies utilised arrest as an outcome measures, yet only one of these evaluations was conducted between 2004 – 2018, and this single study was not an impact evaluation with a comparison condition. Although outside of the date range used for the GPD systematic search (2004 – 2018), a higher-quality study by Steadman and colleagues (2000)[3] that was included in Shapiro et al.'s (2015) review deserves mention. These authors used an unmatched control group design to compare co-responder practices at three sites. The study compared the traditional co-responder approach (implemented in Memphis, TN) against an approach where civilian police employees with a social work background provided crisis support and follow-up assistance in mental health emergencies (implemented in Birmingham, AL), and police mobile crisis units who did not work with mental health practitioners (implemented in Knoxville, TN). Steadman et al. (2000) assessed the effectiveness of each practice on case dispositions, finding that the Memphis site had the lowest rate of arrest for mental health calls (2%), followed by Knoxville (5%) and Birmingham (13%).

Puntis et al. (2018) conducted a systematic review of co-responder models using 'street triage', including studies up until April 2018. The authors included 26 studies in their review and note the lack of RCTs. Of the 26 studies four were reported on detention outcomes, yet only two of these were rigorous quasi-experimental impact evaluations, both of which were captured by the GPD

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[3] Steadman, H. J., Deane, M. W., Borum, R., & Morrissey, J. P. (2000). Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatric Services, 51*(5), 645–649.

search and extraction. The first is Jenkins et al. (2010) which is summarised in Section 4, as the authors focused on hospital admission following police detainment as their outcome. The second study is by Dyer and colleagues (2015) who assessed the impact of Cleveland Police's pilot Street Triage Service in the United Kingdom. This model placed a dedicated mental health nurse on duty between midday and midnight who attended incidents with police when mental health issues were a potential or actual concern. Compared to shifts with police only teams, shifts with the Street Triage Service result in fewer detentions in police custody. Specifically, the Street Triage Service were better at assessing whether a person required hospitalisation for mental health issues (2 v. 98) or whether an alternative referral was more appropriate (11 v. 460).

2.3 Other Partnership Approaches

Parker et al. (2018) provide a scoping review of interagency collaboration models for individuals with mental illness who are in contact with police, including descriptive and impact evaluation studies published up until mid-2017. The authors included 125 studies in their review, across a range of outcomes (including referral to services), yet not all studies are rigorous evaluations. In addition, the synthesis of evidence does not summarise the studies by design and outcomes to easily identify the studies that are both rigorous evaluations and that measure the impact of the intervention using a referral outcome. This review provides a potentially helpful overview of the different approaches to policing individuals with mental illness.

Kane et al. (2018) also conducted a systematic literature review, but included any policing-related mental health intervention published between 1980 and June 2016. The authors included 23 studies in their review, across a range of outcomes (including criminal justice outcomes), yet not all studies are rigorous evaluations. Eight of their included studies used a rigorous research design to examine the impact of MHCR models on criminal justice outcomes (arrest or recidivism). Five of these were conducted prior to 2010 and are outside the scope of this written synthesis, but are included in the list of 2004 – 2009 studies, provided they met the inclusion criterion for the present review. The remaining three studies were captured by the GPD search and extraction. The first is a systematic review and meta-analysis by Taheri et al. (2016), which is summarised in Section 2.4 below. The second is by Dyer et al. (2015) which is described in Section 2.2 above. The third is a quasi-experimental study by Bonkiewicz et al. (2014).

The Bonkiewicz et al. (2014) study captured by both the Parker et al. (2018) review and the GPD search and extraction examined the effectiveness of a Post-Crisis Assistance Program (PCAP) for

citizens with mental health issues in Lincoln, Nebraska (United States). The Lincoln Police Department collaborated with the Mental Health Association of Nebraska (MHA) to develop the PCAP, which was a referral program where police officers e-mail the contact details, MHC incident details, and relevant mental health information to the MHA upon encountering civilians who appeared to be experiencing a Mental Health Crisis (MHC) or undiagnosed/untreated mental illness. In response, the MHA send nominated peer specialists (consumers with long-term mental health plans themselves) within 24-48 hours to offer non-clinical support to the referred persons and discuss the mental health services available. To evaluate the model, the authors first identified participants using the Lincoln Police Department, MHA and Nebraska Criminal Justice Information System databases to identify civilians recorded as having had a MHC between July and December in 2012. Participants who received a PCAP referral and had attempted contact from a peer-specialist were considered the treatment group ($n = 166$), and propensity score matching was used to compile a comparison group of civilians who had a recorded MHC but police did not give a PCAP referral ($n = 573$). On average, citizens who received the intervention had lower arrest rates than those who did not in the 6-months following a MHC. A later similar study by Bonkiewicz et al. (2017) also found that arrest was less likely for those who engaged with a police-mental health liaison and referral program 24- and 36-months after a MHC, compared to those not referred.

Tartaro (2015) investigated the impact of pre-booking, post-booking and re-entry diversion programs upon recidivism and incarceration for offenders with mental illnesses in southeast New Jersey (United States). The Jewish Family Services (JFS) assigned caseworkers to provide pre-booking, post-booking and re-entry services for local inmates and offenders who committed nonviolent offenses that appeared to be a result of mental illness. In order to conduct pre-booking diversion, the JFS asked municipal police to refer citizens committing a minor offence that appears consequential of mental illness to the JFS. Once referred, and if eligible, an assigned caseworker assisted with making goals relevant to managing mental health and legal issues, access to mental health services, access to housing and help with financial issues. Post-booking diversion and re-entry services entailed referral on the same basis by local judges, inmate services, mental health workers and attorneys. Citizens involved in pre-booking, post-booking and re-entry diversion programs between July 1st 2009 and January 31st 2011 were considered the treatment group ($n = 104$) and were compared to a comparison group consisting of cases in the study period where the individual referred would have been eligible for JFS services had they not been excluded on the basis of either geographical location or being unable to be contacted ($n = 101$). The authors found that the treatment group spent fewer days incarcerated post-intervention (*mean* = 24) than in the year prior to the

intervention (*mean* = 55), compared to the comparison group who showed little change (pre-intervention = 30, post = 26.9). In addition, participants who were re-incarcerated after receiving the intervention spent more days in the community before subsequent re-incarceration (*mean* = 495) than those in the comparison group (*mean* = 278). The authors concluded that being allocated into the treatment intervention was beneficial to increasing the number days spent in the community and out of incarceration.

2.4 Crisis Intervention Models

Taheri (2016) provides a review of CIT models and their impact on arrest, including studies published between 1988 and 2013. The authors describe the CIT intervention as containing a partnership element, rather than just a focus on the training component and of the eight quasi-experiments included in the review, six assessed the impact of CIT on arrests of individuals with a mental illness. A meta-analysis of these studies found that CIT had no significant impact on arrests of individuals with mental illness, although the results across the studies varied[4]. Dewa et al. (2018) conducted a systematic review aiming to identify police pre-booking diversion programs that included collaboration with mental health providers. Their review captured four studies published between 2010 and mid-2017, three of which were evaluations of CIT interventions captured by the Taheri review and meta-analysis. The fourth study was outside the date range of this review[5].

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[4] Studies published between 2004 – 2018 that met eligibility criteria for the current review are included in either Section 2.5 or Appendix A (if published between 2004 – 2009). Some studies published >2010 may have been excluded from during screening for this review as they did not include an explicit partnership or collaboration element within the CIT intervention description (e.g., they focused primarily on the training component).
[5] Scott R. L. (2000). Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services, 51*(9), 1153-1156.

2.5 Summary of Included Studies

Table 2.5 Studies Evaluating Impact of MHCR on Criminal Justice Outcomes (*n* = 16)

Author(s)	Research Design	Intervention and Location	Outcomes Measured	Reference
Dewa et al. (2018)	Review	Location: multiple Intervention: diversion programs	Arrests	Dewa, C. S., Loong, D., Trujillo, A., & Bonato, S. (2018). Evidence for the effectiveness of police-based pre-booking diversion programs in decriminalizing mental illness: A systematic literature review. *PloS one, 13*(6), e0199368.
Kane et al. 2018)	Review	Location: multiple Intervention: police mental health interventions	Arrests	Kane, E., Evans, E., & Shokraneh, F. (2018). Effectiveness of current policing-related mental health interventions: A systematic review. *Criminal Behaviour and Mental Health, 28*(2), 108-119. doi:10.1002/cbm.2058
Parker et al. (2018)	Review	Location: multiple Intervention:	Arrests and detention	Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: A systematic scoping review. *BMJ Open, 8*(3), e019312.
Puntis et al. (2018)	Review	Location: multiple Intervention: co-responder models	Arrests and detention	Puntis, S., Perfect, D., Kirubarajan, A., Bolton, S., Davies, F., Hayes, A., ... & Molodynski, A. (2018). A systematic review of co-responder models of police mental health 'street' triage. *BMC Psychiatry, 18*(1), 256-267. doi:10.1186/s12888-018-1836
Shapiro et al. (2015)	Review	Location: multiple Intervention: co-responder models	Arrests and detention	Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 606-620. doi:10.1007/s10488-014-0594-9
Taheri (2016)	Review	Location: multiple Intervention: CIT	Arrests	Taheri, S. A. (2016). Do Crisis Intervention Teams reduce arrests and improve officer safety? A systematic review and meta-analysis. *Criminal Justice Policy Review, 27*(1), 76-96. doi: 10.1177/0887403414556289
Bonkiewicz et al. (2014)	Quasi-experiment	Location: United States Intervention: diversion and liaison	Arrests	Bonkiewicz, L., Green, A. M., Moyer, K., & Wright, J. (2014). Left alone when the cops go home: Evaluating a post-mental health crisis assistance program. *Policing: An International Journal of Police Strategies & Management, 37*(4), 762-778. doi: 10.1108/PIJPSM-04-2014-0035
Bonkiewicz et al. (2018)	Quasi-experiment	Location: United States Intervention: diversion and liaison	Arrests	Bonkiewicz, L. A., Moyer, K., Magdanz, C., & Walsh, J. (2018). Keeping it REAL: Assisting individuals after a police-abated mental health crisis. *Police Quarterly, 21*(4), 486-508. doi:10.1177/1098611118782777
Kane et al. (2018a)	Quasi-experiment	Location: United Kingdom Intervention: flagging individuals with mental health issues in police systems	Arrests and charges	Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., & Khalifa, N. (2018). Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health, 28*(5), 424-432.
Quigley (2018)	Quasi-experiment	Location: United States Intervention: integrating mental health practitioner	Incident outcome (e.g., surrender)	Quigley, T. (2018). *The hostage/crisis negotiation team member's perception of the mental health professional* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses Global Database. (ProQuest No. 10811005)

Author(s)	Research Design	Intervention and Location	Outcomes Measured	Reference
		into hostage/crisis negotiation teams		
Tartaro (2015)	Quasi-experiment	Location: United States Intervention: jail diversion	Incarceration and recidivism	Tartaro, C. (2015). An evaluation of the effects of jail diversion and reentry for mentally ill offenders. *Journal of Offender Rehabilitation, 54*(2), 85-102. doi:10.1080/10509674.2015.1009966
Watson et al. (2010, 2011)	Quasi-experiment	Location: United States Intervention: CIT	Arrests	Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A. N., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(4), 302-317. doi:10.1007/s10488-009-0236-9
Weller (2015)	Quasi-experiment	Location: United States Intervention: CIT	Arrests	Weller, J. (2015). *Evaluating the responses of San Francisco police officers to mental health-related calls* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses Global Database. (ProQuest No. 10106679)

3: MHCR Models and Referral to Services

3.1 Introduction

A total of six studies examined the impact of MHCR models on referrals to services. The subsections below summarise reviews of eligible interventions ($n = 3$) and quasi-experimental evaluations ($n = 3$ reported in 4 documents) due to there being no randomised controlled trials using referrals to services as the outcome. The reviews and studies in this section highlight the breadth of partnership approaches for dealing with people experiencing mental health issues, and include traditional co-responder approaches, as well as other approaches with partnership elements.

3.2 Traditional Co-Responder Approaches

The previously cited Shapiro et al. (2005) systematic review identified three studies utilising referrals to services as an outcome variable, yet, only two of these studies assessed the impact of co-responder programs on referrals to services using a rigorous quasi-experimental design. One study by Allen Consulting Group (2012), conducted in Victoria (Australia), used an unmatched control group design to compare the PACER model of co-responding to usual practice. For the PACER model, more options are available to police who are responding to a calls involving mental illness, including: access to data from multiple databases (including mental health services), attendance of a mental health clinician on site to assess an individual and required actions, and transportation to mental health services or hospital (depending on need). In the comparator site, triage and onsite assessment is optional and individuals are transported to hospital emergency for assessment. When comparing referral outcomes for these sites, the authors found that fewer individuals were referred to hospital emergency departments (52% PACER v. 82% comparison site) and the length of stay in hospital emergency departments was lower for the PACER approach.

3.3 Other Partnership Approaches

Parker et al. (2018) provide a scoping review of interagency collaboration models for individuals with mental illness who are in contact with police, including descriptive and impact evaluation studies published up until mid-2017. The authors included 125 studies in their review, across a range of outcomes (including referral to services), yet not all studies are rigorous evaluations. In addition, the synthesis of evidence does not summarise the studies by design and outcomes to easily identify the studies that are both rigorous evaluations and that measure the impact of the intervention using a

referral outcome. This review provides a potentially helpful overview of the different approaches to policing individuals with mental illness.

Kane et al. (2018) also conducted a systematic literature review, but included any policing-related mental health intervention published between 1980 and June 2016. The authors included 23 studies in their review, across a range of outcomes (including referral to services), yet not all studies are rigorous evaluations. Three of their included studies (reported in five documents) used a rigorous research design to examine the impact of MHCR models on referrals to services. This study by Watson and colleagues (Watson et al., 2010; Watson et al., 2011), which was also captured as a single study with the GPD systematic search (see below).

Watson et al. (2010, 2011) examined the impact of CIT training in Chicago on officers' referrals of individuals with mental illness to mental health services. As described by Watson et al. (2010, 2011) the Chicago model utilised the characteristic 40-hour CIT training, which was developed alongside mental health related stakeholders. The training covered a range of topics related to mental health and how to manage individuals with mental health, which was delivered didactically and through role-plays. Watson et al. (2010) used a survey to compare CIT trained ($n = 56$) and non-CIT ($n = 56$) trained officers in four police districts. The authors collapsed several measures of referral options into one composite variable *labelled direction to mental health services without arrest*, such as transport to mental health services for evaluation or treatment and referral to mental health or social services. Using a multivariate model controlling for a range of potentially confounding factors (e.g., officer age, gender), the authors found that CIT-trained officers directed individuals to mental health services without arrest at a higher rate than untrained officers. Using the same sample, Watson et al. (2011) found that in addition to the effect of CIT-training, the direction of people to mental health services was greater in districts with more availability of services.

Compton et al. (2014) also examined whether the referral decisions of Crisis Intervention Team (CIT) trained ($n = 251$) and non-CIT trained ($n = 335$) Georgia Police officers differed using a self-report survey and two video vignettes depicting mentally ill individuals. The study authors describe how in this jurisdiction, the CIT model partners police officers with mental health professionals, psychiatric emergency services, family advocates and consumer groups to improve police responses. Compton et al. (2014) found that CIT trained officers demonstrated better referral decisions than those officers without CIT training.

3.4 Summary of Included Studies

Table 3.4 Studies Evaluating the Impact of MHCR on Referral to Services (*n* = 6, in 7 documents)

Author(s)	Intervention Location	Research Design	Outcomes Measured	Reference(s)
Shapiro et al. (2015)	Multiple	Review	Multiple	Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 606-620. doi:10.1007/s10488-014-0594-9
Kane et al. (2018)	Multiple	Review	Multiple	Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., & Khalifa, N. (2018). Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health, 28*(5), 424-432.
Parker et al. (2018)	Multiple	Review	Multiple	Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: A systematic scoping review. *BMJ Open, 8*(3), e019312
Compton et al. (2004)	United States	Quasi-experiment	Decision to refer to mental health services (using video vignette)	Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., ... & Watson, A. C. (2014). The police-based crisis intervention team (CIT) model: I. Effects on officers' knowledge, attitudes, and skills. *Psychiatric Services, 65*(4), 517-522.
Watson et al. (2010, 2011)	United States	Quasi-experiment	Referral of individuals with mental illness to mental health services	Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A. N., & Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(4), 302-317. doi:10.1007/s10488-009-0236-9
Lamanna et al. (2018)	Canada	Quasi-experiment	Escort to hospital emergency department, handover time at emergency department	Lamanna, D., Shapiro, G. K., Kirst, M., Matheson, F. I., Nakhost, A., & Stergiopoulos, V. (2018). Co-responding police-mental health programs: Service user experiences and outcomes in a large urban centre. *International Journal of Mental Health Nursing, 27*, 891-900.

4: MHCR Models and Resource Use or Demand

4.1 Introduction

A total of 9 studies were impact evaluations or reviews including impact evaluations of MHCR models on the use of agency resources. The subsection below summarises the single randomised controlled trial (RCTs; $n = 1$) and three systematic reviews, which are considered the "gold standard" for ascertaining the effectiveness of an intervention. For comprehensiveness, we also briefly summarise quasi-experiments captured by the systematic reviews if there are no existing RCTs. Please see Section 4.3 for a full report of both RCTs and quasi-experimental studies.

4.2 Traditional Co-Responder Approaches

A recent study by Lamanna et al. (2018) evaluated a traditional co-responder approach whereby police officers and mental health nurses jointly respond to mental health crises occurring in the community after an initial police-only assessment of the crisis situation. This quasi-experimental study, implemented in Toronto, Canada, compared this approach with police-only responses to mental health crises. Using administrative data on cases responded to in Toronto between April 2014 and March 2015, the authors analysed the effectiveness of the intervention on response times, escort to the hospital emergency department, and the handover time once arrived at the emergency department. The co-responder team had a longer median response time than the police-only team (13 minutes versus 8.7 minutes), although the former was more likely to result in an escort to the emergency department. Handover times at the emergency department were shorter for the co-responding team (median = 60 minutes, compared to 75 minutes for the police-only team). An earlier systematic review by Shapiro et al. (2015), discussed earlier, included 14 studies that utilised measures labelled 'reducing pressure on the justice system', yet only six of these evaluations were conducted from 2004 – 2018 and only three of these were rigorous quasi-experimental evaluations. One of these was identified through the GPD search and extraction (Kisely et al., 2010) and the other two studies were grey literature sources which are not yet comprehensively captured in the GPD (Baess et al., 2005[6]; Allen Consulting Group, 2012 [see Section 3 for description]). All three of these

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[6] Baess, E.P. (2005). *Integrated Mobile Crisis Response Team (IMCRT): Review of pairing police with mental health outreach services*. Vancouver Island Health Authority. Retrieved from http://www.pmhl.ca/webpages/reports/Pairing-report.pdf.

studies found that the time spent at mental health related scenes was lower for co-responding models than comparison conditions.

4.3 Other Partnership Approaches

Scantlebury et al. (2017) conducted an RCT of specialised mental health training for offices in the United Kingdom. The one-day training program was designed in collaboration with the National Health Service, delivered by mental health professionals, and audio-visual content providing input and perspectives of mental services and other relevant agencies. Twelve police stations were randomly assigned to either receive the specialised training ($n = 6$) or routine training ($n = 6$). The authors found that the specialised training and routine training police stations did not differ 6-months after the intervention in terms of the number of police incidents referred to the central control room or number of individuals with a warning marker for mental health. However, the authors did find that the number of incidences with a generic marker (tag) for mental health was significantly higher in the police stations receiving the specialised training. The authors conclude that although the training did not appear to reduce the incident-level demand, the training may improve the way police record data about individuals they have contact with who display symptoms of mental illness.

Parker et al. (2018) provide a scoping review of interagency collaboration models for individuals with mental illness who are in contact with police, including descriptive and impact evaluation studies published up until mid-2017. The authors included 125 studies in their review, across a range of outcomes (including resource use and demand), yet not all studies are rigorous evaluations. In addition, the synthesis of evidence does not summarise the studies by design and outcomes to easily identify the studies that are both rigorous evaluations and that measure the impact of the intervention using a use of or demand for resources outcome. This review provides a potentially helpful overview of the different approaches to policing individuals with mental illness.

Kane et al. (2018) conducted a systematic literature review, including any policing-related mental health intervention published between 1980 and June 2016. The authors included 23 studies in their review, across a range of outcomes (including use of and demand for resources), yet not all studies are rigorous evaluations. Examination of the supplementary material for this review identified four rigorous evaluations of interagency collaboration models for individuals with mental illness that met our inclusion criteria. Two were already captured by the GPD search and extraction and included in this section and Section 4.1 (Bonkiewicz et al., 2014; Kisely et al., 2010), one is described in Section 4.2 above (Allen Consulting Group, 2012) and the other is outside the date range for this rapid

review[7]. The Bonkiewicz et al. (2014) study captured by both the Kane et al. (2018) review and the GPD search and extraction is described in Section 2.2 above. This evaluation found that, on average, citizens who received the MHCR intervention had lower calls for service and admittance into emergency protective custody than those who did not in the 6-months following a MHC.

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[7] Scott, R. L. (2000). Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services, 51*(9), 1153 – 1156.

4.3 Summary of Included Studies

Table 4.3 Studies Evaluating Impact of MHCR on Resource Use and Demand (*n* = 9)

Author(s)	Intervention Location	Research Design	Outcomes Measured	Reference(s)
Shapiro et al. (2015)	Multiple	Review	Reducing pressure on the justice system (e.g., time spent at mental health calls-for-service)	Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 606-620. doi:10.1007/s10488-014-0594-9
Parker et al. (2018)	Multiple	Review	Reducing pressure on the justice system (e.g., time spent at mental health calls-for-service)	Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: A systematic scoping review. *BMJ Open, 8*(3), e019312
Kane et al. (2018)	Multiple	Review	Reducing pressure on the justice system (e.g., time spent at mental health calls-for-service); Admittance into emergency protective custody	Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., & Khalifa, N. (2018). Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health, 28*(5), 424-432.
Scantlebury et al. (2017)	United Kingdom	RCT	N of police incidents referred central control room; N individuals with a warning marker for mental health; N incidences with a generic marker (tag) for mental health	Scantlebury, A., Fairhurst, C., Booth, A., McDaid, C., Moran, N., Parker, A., ... & Hewitt, C. (2017). Effectiveness of a training program for police officers who come into contact with people with mental health problems: A pragmatic randomised controlled trial. *PLOS One, 12*(9).
Bonkiewicz et al. (2014)	United States	Quasi-experiment	Calls-for-service; Admittance into emergency protective custody	Bonkiewicz, L., Green, A. M., Moyer, K., & Wright, J. (2014). Left alone when the cops go home: Evaluating a post-mental health crisis assistance program. *Policing: An International Journal of Police Strategies & Management, 37*(4), 762-778. doi: 10.1108/PIJPSM-04-2014-0035
Bonkiewicz et al. (2018)	United States	Quasi-experiment	Calls-for-service; Admittance into emergency protective custody	Bonkiewicz, L. A., Moyer, K., Magdanz, C., & Walsh, J. (2018). Keeping it REAL: Assisting individuals after a police-abated mental health crisis. *Police Quarterly, 21*(4), 486-508. doi:10.1177/1098611118782777
Jenkins et al. (2017)	United Kingdom	Quasi-experiment	Hospital admission rate	Jenkins, O., Dye, S., Obeng-Asare, F., Nguyen, N., & Wright, N. (2017). Police liaison and section 136: Comparison of two different approaches. *BJPsych Bulletin, 41*(2), 76-82.
Lamanna et al. (2018)	Canada	Quasi-experiment	Response times; Handover times at emergency departments; Emergency department escorts	Lamanna, D., Shapiro, G. K., Kirst, M., Matheson, F. I., Nakhost, A., & Stergiopoulos, V. (2018). Co-responding police–mental health programmes: Service user experiences and outcomes in a large urban centre. *International Journal of Mental Health Nursing, 27*(2), 891-900.
Kisely et al. (2010)	Canada	Quasi-experiment	Time spent at mental health calls-for-service	Kisely, S., Campbell, L. A., Peddle, S., Hare, S., Pyche, M., Spicer, D., et al. (2010). A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. *Canadian Journal of Psychiatry, 55*(10), 662–668.

5: MHCR Models and Perceptions of Police

Only one study[8] by Furness et al. (2017) evaluated the impact of a MHCR model on perceptions of police. The Northern Police Clinician Response (NPACER) is an initiative jointly implemented by Victoria Police and the Area Mental Health Service in Melbourne, Australia. This is a co-response model whereby a police officer and senior mental health practitioner attend the scene of a mental health crisis in a 'diversional van' after initial police response. The NPACER was designed as a secondary response model to reduce potential violence, prevent incarceration, and provide appropriate diversion to mental health services or care. The model focuses on diversion from the emergency department in favour of an acute inpatient mental health service operated by the Area Mental Health Service. Furness et al. (2017) used an unmatched control group design to assess perceptions of police between participants who interfaced with the NPACER and those who experienced a police-only response resulting in transportation to the emergency department. The sample were recruited from an acute adult inpatient mental health unit and asked to compete the Police Contact Experience Scale, a measure containing procedural justice and coercion subscales. Participants who received the co-response intervention ($n = 18$) believed their interaction with the NPACER to be more procedurally just than participants who interacted with police only ($n = 25$), although the difference in raw mean scores was small (3.0 for NPACER group and 2.9 for police-only group, measured on a 1-4 point Likert scale).

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[8] Furness, T., Maguire, T., Brown, S., & McKenna, B. (2017). Perceptions of procedural justice and coercion during community-based mental health crisis: A comparison study among stand-alone police response and co-responding police and mental health clinician response. *Policing, 11*(4), 400-409. doi: 10.1093/police/paw047

6: Practitioner Perceptions of MHCR Models

A total of two studies were impact evaluations or reviews including impact evaluations of MHCR models practitioner perceptions of the MHCR approach. One was a systematic review of co-responding police-mental health programs and the other was a quasi-experimental study of the Crisis Intervention Team model.

The review by Shapiro et al. (2015)[9] included six studies utilising practitioner perceptions of MHCR models. However, only two of these studies, which were reporting on the one evaluation, were rigorous impact quasi-experimental evaluations and both were conducted prior to 2004. Although outside of the date range used for the GPD systematic search (2004 – 2018), these higher-quality studies warrant brief mention to provide some level of evidence for practitioner perceptions of MHCR models. Steadman et al. (2000) and Borum et al. (1998)[10] report on this single intervention and used an unmatched control group design to compare co-responder practices at three sites. The study compared the traditional co-responder approach (implemented in Memphis, TN) against an approach where civilian police employees with a social work background provided crisis support and follow-up assistance in mental health emergencies (implemented in Birmingham, AL), and police mobile crisis units who did not work with mental health practitioners (implemented in Knoxville, TN). The authors found that 70.1% of officers in the traditional co-responder area (Memphis) reported that the program was effective for reducing arrests versus 41.8% in the Knoxville comparison site and 47.9% in the Birmingham comparison site.

A single quasi-experimental study by Morabito and colleagues (2013)[11] explored the attitudes of Crisis Intervention Team (CIT) trained ($n = 90$) and non-CIT trained ($n = 64$) Chicago Police Department officers towards the CIT model using a self-report survey. Morabito et al. (2013) compared trained and untrained officers using multivariate model that controlled for organisational and demographic factors and isolated the effect of the training on officer attitudes. During the interview, officers were asked whether they agree or disagree to the following items: (a) the CIT

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[9] Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 606-620. doi:10.1007/s10488-014-0594-9

[10] Borum, R., Deane, M. W., Steadman, H. J., & Morrissey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioural Sciences & the Law, 16*(4), 393–405.
Steadman, H. J., Deane, M. W., Borum, R., & Morrissey, J. P. (2000). Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatric Services, 51*(5), 645–649.

[11] Morabito, M. S., Watson, A., & Draine, J. (2013). Police officer acceptance of new innovation: The case of Crisis Intervention Teams. *Policing: An International Journal of Police Strategies & Management, 36*(2), 421-436.

program prevents officers from performing more important activities; (b) the CIT program does not provide officers with enough guidance for responding to incidents; (c) the CIT program is just one more fad in policing that will soon be replaced with another fad; and (d) the CIT program takes good police officers and turns them into ineffective social workers. These items were then combined into a composite measure of CIT's desirability. The authors found that CIT-trained officers were not significantly more likely than untrained officers to rate the CIT program as desirable (percentages not reported by authors). It should be noted that, overall, the sample of officers tended to disagree with the negative statements about the CIT program regardless of their training.

7: Practitioner Perceptions, Knowledge and Attitudes about Mental Illness

A total of 3 studies – one review and two quasi-experiments – examined the impact of MHCR models on practitioner perceptions of, knowledge about, or attitudes about mental illness or individuals with mental illness. Shapiro et al.'s (2015) review, described earlier, included three studies that utilised police perceptions of individuals with mental illness. One of the included studies was captured by the GPD search and screened eligible for the current review[12] and the other two studies were conducted prior to 2010 and are not synthesised here (See Appendix A for 2004 – 2009 studies extracted from the GPD). Abbott (2011) explored whether the presence of a Jail Diversion program influences police officers' attitudes toward the mentally ill using a quasi-experimental design. The Framingham Jail Diversion Program pairs a mental health clinician with police officers when they are responding to calls involving persons with mental illness. The treatment group involved the Framingham and Quincy Police Departments Dispatchers, Patrol Officers and member of the Detective Bureau ($n = 227$). The comparison group consisted of all members of the Lynn and Peabody Police Department Detective, Dispatch and Patrol divisions ($n = 187$). A questionnaire was used to examine officers' authoritarianism, benevolence, social restrictiveness, and community mental health ideology. Abbott found that officers in the JDP departments were less authoritarian, equally benevolent, more socially restrictive, and less community mental health oriented. JDP officers also had a greater tolerance and acceptance of mentally ill persons.

In a single quasi-experimental study, Compton et al. (2014) examined the referral decisions of Crisis Intervention Team (CIT) trained ($n = 251$) and non-CIT trained ($n = 335$) Georgia Police officers differed using a self-report survey and two video vignettes depicting mentally ill individuals. The study authors describe how in this jurisdiction, the CIT model partners police officers with mental health professionals, psychiatric emergency services, family advocates and consumer groups to improve police responses. Compton et al. (2014) found that, compared to untrained officers, CIT trained officers demonstrated higher levels of knowledge, more diverse attitudes about mental illnesses and their treatments, higher self-efficacy for interacting with someone with psychosis or

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[12] Abbott, S. E. (2011). *Evaluating the impact of a jail diversion program on police officer's attitudes toward the mentally ill* (Doctoral Dissertation). Retrieved from ProQuest Dissertation and Theses Global database (UMI No. 3450400).

suicidality, and less preference to distance themselves from people with mental illness (social distance stigma).

8: MHCR and Adverse Events

8.1 Introduction

A total of 5 studies were evaluations or reviews including evaluations summarising the impact of MHCR models on adverse events. The subsection below summarises the two reviews that include studies using adverse outcomes. There were no randomised controlled trials examining the impact of MHCR models on adverse outcomes and one of the two individual studies screened as eligible were included in the two reviews. One of the reviews focused on CIT approaches and included studies using use of force and injury outcomes and the other review included a range of MHCR models and included studies with use of force outcomes. All eligible studies using adverse outcomes are summarised in Section 8.4 below.

8.2 Traditional Co-Responding Models

Shapiro et al.'s (2015) review, described earlier, included four studies that utilised adverse events as an outcome variable, yet, only one of these studies assessed the impact of co-responder programs on adverse events using a rigorous quasi-experimental design. This study, conducted in Victoria (Australia) by Allen Consulting Group (2012; see Section 3 for description) found that fewer use of force forms were submitted in the PACER district than the business-as-usual district.

8.3 Crisis Intervention Models

One review and three individual studies (see Section 8.4) below examined the impact of CIT approaches on adverse outcomes, with one of the individual studies captured within the review[13]. All three studies describe the CIT intervention as containing a partnership element, rather than just a focus on the training component. Taheri (2016) provides a review of CIT models and their impact on police use of force or officer injury, including studies published between 1988 and 2013. Of the eight quasi-experiments included in the review, seven assessed the impact of CIT on officer use of force and two on officer injury. A meta-analysis of the use the force studies with sufficient data ($k = 5$) found that CIT had no significant impact on use of force outcomes compared to officers not trained in CIT (d = -0.301, 95% CI: -0.759, 0.149, p = 191), although the results across the studies varied which may have contributed to a lack of an overall effect in the desired direction[14]. A meta-analysis

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[13] Morabito, M. S., Kerr, A. N., Watson, A., Draine, J., Ottati, V., & Angell, B. (2012). Crisis intervention teams and people with mental illness: Exploring the factors that influence the use of force. *Crime & Delinquency, 58*(1), 57-77.

[14] Three studies were <2010 and so are not included in Section 8.4, despite being identified in the GPD search and extraction. Some of the other studies published >2010 were excluded during screening for this review as they did not include an explicit partnership or collaboration element within the CIT intervention description (e.g., they focused primarily on the training component).

of the two studies examining the impact of CIT on officer injuries was not possible due to data limitations, with either injury being rare or insufficiently reported.

One study that was not included in Taheri's (2015) review was a quasi-experimental study by Compton et al. (2015) who emailed a survey for police officers across various law enforcement agencies in Georgia and of the 353 participants 77% (n = 273) were CIT-trained. The survey used an 8-sentence vignette describes a hypothetical situation involving an agitated man with psychosis and asked officers to outline how they would approach and resolve the situation. The authors defined use of force as including using pepper spray, engaging physically with the subject, or using an electronic control device. The results indicated that CIT-trained officers were less likely to use force in response in the hypothetical scenario. However, this result was only found when the authors statistically controlled the influence of carrying an electronic control device, which was found to be higher in the CIT-trained group.

8.3 Summary of Included Studies

Table 8.3 Studies Evaluating Impact of MHCR on Adverse Outcomes (*n* = 5, reported in 4 documents)

Author(s)	Intervention Location	Research Design	Outcomes Measured	Reference
Taheri (2016)	Multiple	Review	Use of force; officer injury	Taheri, S. A. (2016). Do Crisis Intervention Teams reduce arrests and improve officer safety? A systematic review and meta-analysis. *Criminal Justice Policy Review, 27*(1), 76-96. doi: 10.1177/0887403414556289
Shapiro et al. (2015)	Multiple	Review	Use of force	Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 606-620. doi:10.1007/s10488-014-0594-9
Compton et al. (2011)	United States	Quasi-experiment	Use of force	Compton, M. T., Demir Neubert, B. N., Broussard, B., McGriff, J. A., Morgan, R., & Oliva, J. R. (2011). 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. *Schizophrenia Bulletin, 37*(4), 737-745.
Compton et al. (2015)	United States	Quasi-experiment	Use of force	Compton, M. T., Broussard, B., Reed, T. A., Crisafio, A., & Watson, A. C. (2015). Surveys of police chiefs and sheriffs and of police officers about CIT Programs. *Psychiatric Services, 66*(7), 760-763.

Appendix A: Potentially Eligible Studies 2004 - 2009

Addy, C. (2005). *An examination of the development of standardized training protocols for law enforcement crisis intervention teams for the mental health consumer* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3153926)

ALM Media. (2007, June 25). Victim denied comp for distress and therapeutic counselling. *Connecticut Law Tribune.*

ALM Media. (2008, April 28) Effective representation provided for defence of mental disease. *Connecticut Law Tribune.*

Arnold, B. (2005). *The New Zealand youth offending strategy: Innovation in the health/youth justice interface*. Paper presented at the 14th Annual Mental Health Services Conference, Gold Coast, Queensland, Australia.

Ashby, D., & Foster (2008). Identifying the neighbourhoods in neighbourhood policing: A geo-demographic example of knowledge-based policing. In T. Williamson (Ed.), *The handbook of knowledge-based policing: Current conceptions and future directions* (pp. 279-304). West Sussex: John Wiley & Sons.

Australian Institute of Health and Welfare. (2008). *The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia: Drug statistics* (Final report). Canberra, Australia. Retrieved from https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/effectiveness-illicit-drug-diversion-initiative/contents/table-of-contents

Bahora, M., Hanafi, S., Chien, V. H., & Compton, M. T. (2008). Preliminary evidence of effects of Crisis Intervention Team training on self-efficacy and social distance. *Administration and Policy in Mental Health and Mental Health Services Research, 35*(3), 159-167.

Balbalian, C. (2008). Prehospital and tactical simulation: More than just a mannequin. In R. Kyle & B. Murray (Eds.), *Clinical simulation* (pp. 385-389). Oxford: Academic Press.

Baldry, A. C., & Winkel, F. W. (2008). *Intimate partner violence prevention and intervention: The risk assessment and management approach*. New York: Nova Science Publishers.

Benger, J., & Carter, R. (2008). Could inter-agency working reduce emergency department attendances due to alcohol consumption? *Emergency Medicine Journal*, *25*(6), 331-334.

Bloodgood, E. (2005). *Law enforcement officers' previous experience with, attitude toward, and willingness to participate in mental health services* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses Global Database. (UMI Number 3207620)

Bonham, G. & Katz, J. (2008, November). *Partnering in police/community-based corrections programs: Best practices in collaboration*. Paper presented at the ASC Annual Meeting, Missouri.

Brooker, C., Ullmann, B., & Lockhart, G. (2009). *Inside out: The case for improving mental healthcare across the criminal justice system*. London: Policy Exchange.

Brown, J. (2007). Symposium 2: Applications of psychology to policing--police science, policing psychology or setting within forensic psychology? Positioning police research by psychologists: Chair's introduction. *Issues in Forensic Psychology, 6,* 47-48.

Brunton, A. (2008, November). The limits of reform? Considering the impact of entrenched occupational cultures on community safety partnerships. Paper presented at the American Society of Criminology conference, St Louis.

Canter, D. (2008). Psychology and the criminal process: Criminal psychology. In D. Canter (Ed),

Criminal psychology: Topics in applied psychology (pp. 3-19). London: Hodder Education Group.

Cardinal, C., & Mercier, C. (2004). The legal system and health: Obstacles and supportive areas for intersectoral action. *Canadian Journal of Community Mental Health, 23*(1), 19-35.

Casaletto, J. J., MacLaughlin, J., & Pelucio, M. T. (2004). Impact of emergency department–Based intimate partner violence intervention. *Annals of Emergency Medicine*, *44*(4), S10.

Cash-strapped agencies buoy budgets with private funds. (2004). *Police, 28*(1), 12.

Cashin, A., Donoghue, D., Halsey, R., Laing, R., & Newman, C. (2008). Mental health intervention. *New South Wales Police News, 88*(5), 24-25.

Chandy, S. R. (2006). *Best practices and positive youth development program evaluation of a parenting-based youth violence prevention program* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses Global Database. (UMI Number 3223091)

Charlton, M., Fowler, T., & Ivandick, M. J. (2006). Criminal matters. In *Law & mental health professionals: Colorado*. Washington D.C., US: American Psychological Association.

Chin, J. (2007). *The perceptions and understanding of people with learning disabilities as offenders, victims and witnesses by the police in two London boroughs* (Doctoral dissertation). Available from EThOS online database. (EThOS ID. uk.bl.ethos.487075)

Clayfield, J. C., Grudzinskas, A. J., Fisher, W. H., & Roy-Bujnowski, K. (2005). E pluribus unum: Creating a multi-organizational structure for serving arrestees with serious mental illness. In S. W. Hartwell (Ed.), *The Organisational Response to Persons with Mental Illness Involved with the Criminal Justice System* (pp. 27-49). Bingley, UK: Emerald Group Publishing Limited.

Cole, J. E. (2007). *Factors influencing interprofessional collaboration on Sexual Assault Response Teams (SART)* (Doctoral dissertation). Retrieved from ProQuest Dissertation and Theses Global Database. (UMI Number 3298816)

Compton, M. T., & Chien, V. H. (2008). Factors related to knowledge retention after Crisis Intervention Team training for police officers. *Psychiatric Services, 59*(9), 1049-1051.

Compton, M. T., Esterberg, M. L., McGee, R., Kotwicki, R. J., & Oliva, J. R. (2006). Crisis intervention team training: Changes in knowledge, attitudes, and stigma related to schizophrenia. *Psychiatric Services*, *57*(8), 1199-1202.

Corcoran, J., & Allen, S. (2005). The effects of a police/victim assistance crisis team approach to domestic violence. *Journal of Family Violence, 20*(1), 39-45.

Cowan, D. (2009). Mental health intervention team: A collaboration between NSW police and NSW health to improve outcomes for police and mental health service consumers. *International Journal of Mental Health Nursing, 18*, A5-A5.

CRISIS intervention team. (2006, May/June). *Tactical Response, 4*, 54-59.

Cyr, M., & Lamb, M. E. (2009). Assessing the effectiveness of the NICHD investigative interview protocol when interviewing French-speaking alleged victims of child sexual abuse in Quebec. *Child Abuse & Neglect*, *33*(5), 257-268.

Davies, R., & Waite, S. (2004). *Drug use and begging: A practice guide.* London, UK: Home Office.

Davis, R., Rubin, J., Rabinovich, L., Kilmer, B., Heaton, P. (2008). *A synthesis of literature on the effectiveness of community orders* (Technical Report). Santa Monica, California: RAND Corporation

Davis, R., Weisburd, D., & Taylor, B. (2008). *Effects of second responder programs on repeat incidents of family abuse: A systematic review* (Document No. 224991). US Department of Justice.

Davitt, E. (2008, September-October). Interoperability: The key to emergency first-responder effectiveness. *Australian Security Magazine*, 40-45.

Demir, B., Broussard, B., Goulding, S. M., & Compton, M. T. (2009). Beliefs about causes of schizophrenia among police officers before and after Crisis Intervention Team training. *Community Mental Health Journal, 45*(5), 385-392.

Director, Office of Police Integrity. (2005). *Review of fatal shootings by Victoria Police* (P. P. No. 177). Victoria, Victorian Government Printer.

Drennan, L. (2008). A risky business. *Public Finance*, 26-27.

Drogin, E. (2005). Criminal Matters. In *Law & mental health professionals: Kentucky* (pp. 247-318). Washington D.C.: American Psychological Association.

Eichenberg, C. H., Sabine. (2008). *Der Umgang von Funktionsträgern und Hilfseinrichtungen mit traumatisierten Menschen: was sind förderliche und hinderliche Faktoren für die Traumabewältigung?*

El-Mallakh, R., Spratt, D., Butler, C., & Strauss, G. (2008). Evaluation of consequences of implementation of police crisis intervention team in Louisville. *The Journal of the Kentucky Medical Association, 106*(9), 435-437.

Eley, R. M., & Baker, P. G. (2007). Rural and remote health research: Key issues for health providers in southern Queensland. *Australian Journal of Rural Health*, 15(6), 368-372.

Engells, T., & Adcox, W. (2008). Verbal judo training of a security staff: A comprehensive cancer centre's experience. *Journal of Healthcare Protection Management, 24*(1), 47-56.

Eslinger, D. F. (2004). The sheriff as advocate: Improving mental health treatment laws. *Sheriff, 56*(6), 25-42.

Fernandez, G., & Grudzinskas JR, A. J. (2008, August). *Crisis intervention strategies.* Paper presented at the APA 116th Annual Convention, Boston, Massachusetts.

Flint, J., & Nixon, J. (2006). Governing neighbours: Anti-social behaviour orders and new forms of regulating conduct in the UK. *Urban Studies*, 43(5/6), 939-955.

Frank, J., Eck, J., Ratansi, S. (2004). *Mobile crisis team/police collaboration evaluation.* Cincinnati, OH: University of Cincinnati.

Freeland, R. M., Doris. (2009, November). *Police response to mentally ill persons in crisis: Mobile crisis teams.* Paper presented at the ASC Annual Meeting, Philadelphia.

Frere, M. E., Humphreys, C., & Ross, S. (2008, November). *Family violence reform in Victoria, Australia: Linking action from the state to the local.* Paper presented at the annual meeting of the American Society of Criminology, St. Louis, Missouri.

Frumkin, I. B., & Moy, G. (2009). Interrogative suggestibility. In A. Jamieson & A. Moenssens (Eds.) *Wiley encyclopaedia of forensic science.* United States: John Wiley & Sons.

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Gordon, C., & Chabot, L. (2004). Jail diversion program shows power of teamwork. *Behavioural Healthcare Tomorrow, 13*(4), 31-35.

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Groves, B., & Gewirtz, A. (2006). Interventions and promising approaches for children exposed to domestic violence. In M. M. Feerick, G. B. Silverman (Eds.), *Children exposed to violence* (pp. 107-135). Baltimore, MD: Paul H. Brookes Publishing.

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Hay, M. (2007). Take-off time for co-operation? *Policing Today, 13*(1), 27, 29.

Hicks, W. (2008, November). *A mental health initiative: An evaluation of the New Orleans Police Department's Crisis Intervention Team*. Paper presented at the annual meeting of the ASC Annual Meeting, St. Louis, Missouri.

Hollowell, P. (2008). Active shooter prevention matrix. *Law & Order, 55*(6), 79-83.

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Lussier, P. (2008, November). *A quasi-experimental analysis of the impact and efficacy of a specialised management team on the risk of re-offending of high-risk sex offenders in the community*. Paper presented at the annual meeting of the American Society of Criminology, St. Louis Adam's Mark, St. Louis, Missouri.

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