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

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Declared competing interests of authors: none

Published May 2019 DOI: 10.3310/hsdr07200

Plain English summary

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Health Services and Delivery Research 2019; Vol. 7: No. 20 DOI: 10.3310/hsdr07200

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Plain English summary

Police services increasingly receive emergency calls involving individuals who are perceived to be suffering from mental ill health or a mental health crisis, but where no crime has been committed. Police officers have to then make decisions about how best to resolve such incidents.

A rapid synthesis of evidence was conducted on police-related mental health triage interventions aimed at these situations. This analysis looked at the different types of interventions that have been described in the literature, what evidence there is about the effects of these interventions, views around their acceptability and feasibility and any barriers to, or facilitators of, them being used in practice.

Both systematic reviews and primary studies were included. However, many evaluations were limited in what they looked at and how they were conducted.

Most police-related mental health triage interventions involved police officers working in partnership with mental health professionals. These interventions were generally valued by staff and showed some positive effects on procedures (such as rates of detention) and resources, although these results were not entirely consistent and not all important outcomes were measured. Most of the evidence was at risk of multiple biases because of design flaws and/or a lack of reporting of methods, which might affect the results. All the included primary research evidence was conducted in England and health equity data were largely absent.

Much of the published evidence has called for a prospective, comprehensive and streamlined collection of a wider variety of data on the impact of police-related mental health triage interventions. This rapid evidence synthesis expands on these recommendations to outline detailed implications for research and practice in this area.

Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported here is the product of an HS&DR Evidence Synthesis Centre, contracted to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future HS&DR calls for new research around identified gaps in evidence. Other reviews by the Evidence Synthesis Centres are also available in the HS&DR journal. The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 13/182/14. The contractual start date was in September 2017. The final report began editorial review in June 2018 and was accepted for publication in September 2018. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health and Social Care.

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