

## APPENDIX 1

The following eligibility criteria were applied:

### Population

The police and collaborating organisations who deal with members of the public appearing to be suffering from mental disorder, mental vulnerability or learning disability. We use the following definitions to define our population of interest:

- 'Police' refer to law enforcement agencies broadly, including regional and national police forces as well as bodies with limited executive powers and their staff. Examples from the UK include the British Transport Police and the UK Border Force.
- 'In line with the UK 1983 MHA [166], 'mental disorder' refers to 'people who appear to be suffering from mental disorder' rather than people with a known diagnosis of mental illness. The following additional definitions, based on the UK National Policing Improvement Agency (NPIA) 'Guidance on responding to people with mental ill health or learning disabilities', are used [167]: 'Mental ill health' is used broadly to encompass all other mental health terms, including mental health disorders, mental illness, and mental health needs. 'Mental disorder' refers to 'any disorder or disability of the mind' and includes conditions such as schizophrenia, depression, bipolar disorder, anxiety disorder, obsessive-compulsive disorder, personality disorders, eating disorders and dementia. Not all mental disorders meet the criteria for the exercise of powers under the Mental Health Act. 'Mentally vulnerable' refers to people who 'because of their mental state or capacity may not understand the significance of what is said to them (for example in the form of questions) or of their replies' [168].
- People with learning disabilities were also included: their needs and disability may not be obvious but they may be extremely vulnerable and learning disabilities frequently co-occur with mental ill health.
- We included children, adolescents and adults. Adolescence is defined as the period including and between 10–19 years as defined by the World Health Organization [169].

### Intervention

We focused on models of inter-agency collaboration between the police and other organisations.

- A number of different terms have been used to describe inter-agency and inter-professional models. These including: 'multi-agency partnerships', 'inter-professional collaboration', 'integrated care', 'inter-agency working' and 'joint working' [12,170,171]. Although these

terms are often used interchangeably, they can refer to distinctive forms of activity. The prefix 'multi-' (e.g. multi-agency) is sometimes used to refer to specific collaborative activities around an individual person [172]; while 'inter-' (e.g. inter-agency) tends to have a more inclusive meaning, referring to collaborative activities across the wider network of professional relationships and structures. 'Inter-professional' may vary from 'inter-agency' in that the former refers to collaborative working across individuals (potentially at the same site), while the latter refers to collaborative working across services. 'Integration' is sometimes used to refer to the highest level of synthesis [173].

- 'Inter-agency collaboration' refers to a broad range of collaborative activities and models across professional relationships and structures, which include the core principles of information sharing, joint decision making and coordinated intervention.
- Organisations collaborating with the police refer to any agency or organisation, professional agencies statutory or otherwise, involved in the care of people perceived to be suffering from mental health problems. This can include other emergency services such as the ambulance service, accident and emergency, crisis resolution and home treatment teams, etc.; other health care providers such as mental health early intervention services; or third sector organisations [174]. Third sector organisations are patient and carer organisations which represent and support patients and the family, friends and significant others of people with mental health problems.
- We included models that focus, either exclusively or predominantly, on close collaboration between the police and at least one other organisation that offers help to people with mental health problems. This included models that focus on multi-agency working at a single site; models that focus on collaboration across child and adult mental health services; and models where inter-agency collaboration was one of several other components, provided there is a clear reporting of the inter-agency collaboration component.

### **Comparator(s)**

Any comparators were included, as were studies with no comparator.

### **Outcomes**

All outcomes were eligible as the purpose of this review was to map the available evidence. Outcomes measured could include perceived benefits such as enhanced effectiveness of services; impact on service users, such as improved access to services, through speedier and more appropriate referral; mental health outcomes; and early intervention.

### **Context**

Inter-agency collaboration models could be in the context of: the national level; county or state wide; cities or rural setting; private or public services or settings; or in homes, police stations, on the street, safe havens, schools, accident and emergency, *etc.* We included police working at the interface with the criminal justice system, for instance at the court level or as part of a rehabilitation service; however we did not include prisons since separate arrangements exist for prisons.

UK-based evidence and international literature from Organisation for Economic Co-operation and Development (OECD) countries were included. We hypothesised that OECD countries would have sufficiently similar health and criminal justice systems to allow lessons learned to be potentially transferable.

### **Study Design**

Eligible studies included empirical evaluations or descriptions of models of inter-agency collaboration. Other relevant legislation and good practice guidance were included, where these were subject to empirical evaluation.

- Evidence from empirically-based research and evaluation, both qualitative and quantitative, provided there was systematic data collection and analysis. We included systematic reviews; Randomised Controlled Trials (RCTs); non-randomised controlled trials; observational studies such as cohort, interrupted time series and case studies describing or evaluating an intervention to determine the range of approaches that have been tried and described, and ideally, potentially promising or unacceptable approaches
- We included qualitative studies exploring issues around inter-agency collaboration, such as barriers or facilitators around implementing inter-agency models

### **Exclusion criteria**

The following were excluded:

- Studies where the interagency collaboration was focused solely on substance abuse, without including individuals with co-occurring mental health problems
- Diagrammatical and mathematical modelling of inter-agency collaboration models for organisations
- Patient-doctor or patient-clinician shared decision-making
- Inter-agency collaboration without the involvement of the police
- Studies published in languages other than English
- Opinion pieces and editorial articles
- Due to changing context of data protection legislation, studies published before 1995

