

Exploration of the Usefulness of Co-Responding Nurse and Police Crisis Intervention Teams: An Integrative Review

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Abstract: Approximately one-fifth of the people in Canada live with mental illness. Calls to emergency services for crisis intervention are frequent. Co-responding nurse and police crisis intervention teams provide a way for health care and law enforcement to work together to improve patient outcomes. Crisis intervention team models were examined using an integrative review which identified the characteristics and barriers to their success.

Key Words: Crisis Intervention Team Models, Crisis Intervention, Co-responding Crisis Intervention Team Models, Police and Mental Health

Résumé: Environ un cinquième de la population canadienne vit avec une maladie mentale. Les appels aux services d'urgence pour une intervention de crise sont fréquents. Les équipes d'intervention de crise composées d'infirmières et de policiers permettent aux services de santé et aux forces de l'ordre de collaborer afin d'améliorer les résultats pour les patients. Les modèles d'équipes d'intervention de crise ont été examinés à l'aide d'une étude intégrative qui a permis d'identifier les caractéristiques et les obstacles à leur réussite.

Mots-clés: Modèles d'équipes d'intervention en cas de crise, intervention en cas de crise, modèles d'équipes d'intervention en cas de crise, police et santé mentale Modèles d'équipes d'intervention en cas de crise, intervention en cas de crise, modèles d'équipes d'intervention en cas de crise, police et santé mentale

Introduction

In Canada, approximately one-fifth of the population lives with mental illness (Canadian Mental Health Association (CMHA), 2021). In 2019, over four thousand people in Canada died by suicide, and in 2021, it was estimated that ten people in Canada die by suicide every day (CMHA, 2021). By the age of forty, half of Canadians will have had either a situational or ongoing mental health issue, and every resident of the country will be impacted by mental illness at some point in their lifetime (CMHA, 2021). Of the people living with mental illness, some exhibit behaviours that elicit an intervention from the police. Calls to police regarding individuals suffering from acute mental health crises translate into thousands of requests for police to attend and assist in situations of this nature (Ellis, 2011).

People living with mental illness are at a higher risk for health inequities, specifically access to appropriate mental health services (Government of Canada, 2022). Indigenous Peoples, Black Canadians, immigrants, or those living in rural/remote or urban settings are more likely to have reduced access to mental health services (Government of Canada, 2022). Lack of mental health services often leads to exacerbation of mental health conditions and crises. Without strong social and healthcare networks in place, service users often encounter police due to the nature of the crisis they are experiencing (Semple et al., 2020). The number of interactions between police and people with mental illness is increasing in part because of a shift from institutionalized

to community care, along with a lack of appropriate funding for community mental health services (Government of Canada, 2022).

Police teams can diffuse crises and mitigate injury or even death, however, this is not the focus of policing, nor are officers fully trained to address mental health crises. Their mandate is for the safety and protection of the public. As such, they may respond to a person in a mental health crisis as they would to someone involved in a criminal element, with force and authority. The result has often exacerbated the crisis and can result in injury or death. The resulting thinking is the removal of police, but this is not always feasible or best practice. Rather, teams that involve both mental health professionals and police have the best potential outcomes for people in mental health crisis (Koziarski et al., 2021). Little data is available regarding police-involved injury or death in Canada, although attempts are being made at tracking and describing the police-involved fatalities in persons with a mental illness in various ways, one being by the Durham Region Police Department, who are collecting data related to use-of-force incidents involving people apprehended under the mental health act (Huey et al., 2021).

Crisis intervention teams that include mental health professionals, such as registered nurses, have the potential to improve outcomes for people who are in a mental health crisis while reducing stress on the team overall (Lamanna et al., 2018). These teams are a community-based response and serve to meet the need created by lack of access to appropriate mental

health care (Koziarski et al., 2021). The co-responding crisis intervention teams most often consist of a psychiatric and mental health-trained registered nurse and a police officer, with crisis intervention training (Lamanna et al., 2018). These teams provide support to people in crisis, conduct real-time psychiatric evaluations in the environment where the individual is, make evidence-based informed decisions on a plan of action for the individual, and provide useful connections to community resources as appropriate (Ellis, 2011).

The goals of the teams include enhancing officer interactions with people with mental illness, initiating crisis de-escalation and stabilization, and providing supporting counselling, using a collaborative approach between nursing and law enforcement (Lamanna et al., 2018). Evidence shows that the teams can be effective in minimizing unnecessary hospitalizations and emergency department visits, reducing police time spent in the hospital for patient handover, reducing the number of injuries sustained by individuals with mental illness in police custody, and moving the determination of the need for hospital care can be done in the community (Huey et al., 2021; Rohrer, 2021; Toronto Police, 2022). Many different models of crisis intervention teams have been implemented in a variety of formats in countries across the world, however, little is known about the characteristics of these models and the factors that promote their success. The purpose of this study was to examine the existing crisis intervention models and identify the characteristics of and barriers to their success. An integrative review was conducted following the method outlined in Oermann & Knafl, (2021). The problem identified generated the following research question: *What are the characteristics of successful co-responding*

crisis intervention team models, including the barriers to their success?

Methodology

An integrative review was conducted following the method outlined in Oermann & Knafl, (2021). This process included problem identification, literature search, data evaluation, data analysis, and presentation of the findings.

Search Strategy and Keywords

A variety of bibliographic databases were used for the literature search, including CINAHL, Omni, Medline, OVID Nursing Journals, and Proquest Nursing and Allied Health Premium. Keywords included nurse/police/crisis response/teams/crisis intervention / CIT / co-responding CIT / and mobile crisis intervention teams. To ensure quality articles were obtained and to augment the pool of the appropriate articles, ancestry searching was also utilized. To inform the integrative review, data saturation was reached with twenty-one articles, and a review of research questions, designs, methods, and findings left 8articles appropriate for the review. These articles consisted of mixed-methods, qualitative and quantitative designs, and ranged in publishing date from 2018 to 2022 .

Data Evaluation

Articles were evaluated for quality using the Mixed Methods Appraisal Tool, which is a helpful evaluation of methodological quality for qualitative, quantitative, descriptive, and mixed methods study designs (Hong et al., 2018). The tool was used as a supportive guide, providing the reviewers with criteria to focus on when evaluating the literature search findings with different methodologies consistent with the type of research study

being evaluated (Oermann & Knafl, 2021). Inclusion criteria included articles published within the past 5 years, articles about co-responding teams or co-responding teams vs police-only teams, and articles about community crisis intervention models. Exclusion criteria included articles not relevant, over 5 years old and about police-only crisis intervention teams/models. Articles that didn't meet quality criteria were removed from the analysis. See the PRISMA table for the number of articles found, and the final number included in the analysis.

Data Analysis

Each article was read and re-read by two members of the research team. Key ideas within the article text were identified and labeled as codes. Codes were then categorized, and themes emerged (Oermann & Knafl, 2021). A psychiatric, mental health nurse perspective article was used to support the model background and inform the need for nursing research to assist the continued evolution, development, and adoption of this model. See Table 1.

Results

The initial findings suggested that the police-only crisis intervention team models are insufficient as a service response because police training in mental health is often limited ranging from a one-hour session up to a 40-hour program. This education does not adequately prepare police officers for the breadth of knowledge required in dealing with individuals suffering from mental health illness. However, caring is a core principle of psychiatric and mental health nursing and the two disciplines complement each other quite well in crisis intervention teams (Lamanna et al., 2018; Rohrer, 2021).

Themes

Two overarching themes emerged in the analysis which provide insight into the nature of crisis intervention teams as well as common factors that enhance or hinder the success of the models.

Teamwork is Greater than the Sum of its Parts

In developing the first theme, coding and categorizing of the articles resulted in the following findings. Working together on the CIT teams bolsters collegiality, respect, trust, and police confidence (Lamanna et al., 2018; vanSteden, 2020; Callender et al., 2021) as well as the development of a 'shared language' and common understanding between police and nursing (Callender et al, 2021). Respect is augmented and transferred to the patient encounter (Lamanna et al, 2018). Co-response teams were found to enhance police knowledge, improve attitudes toward those in mental health crisis resulting in referrals to services rather than taking the patient to hospital or putting them under arrest. In addition, improved de-escalation skills and reduced physical force were noted. The overall result is a move toward a different way of policing (Kosariski et al, 2021; Callender et al, 2021; Lamanna et al., 2018; Ellis, 2011).

Benefits of nurses and police officers working and training together are enhanced joint decision-making and the sharing of knowledge and skills (Callender et al., 2021). Co-response teams identified more positive encounters and more attempts at de-escalation, resulting in more patients seeking help (Kosariski, et al, 2021; Lamanna et al., 2018). Working together provides nurses and police officers with the means to overcome system barriers regarding

organizational policies (vanSteden, 2020; Callender et al., 2021) and to strength collaboration between law enforcement and health care (vanSteden, 2020).

The theme emerging from this analysis is Teamwork is Greater than the Sum of Its Parts. The outcomes from nurses and police officers working together on a CIT were augmented with this collaboration. Enhanced knowledge, collaboration, mutual respect, and joint decision-making among teams of nurses and police led to more positive patient outcomes for those in mental health crisis than responses from police alone (Callender et al., 2021; Ellis, 2011; Koziarski et al., 2021; Lamanna et al., 2018; Robertson et al., 2020; vanSteden, 2020).

Overcoming the Challenges of Collaborative Models Leads to Their Success

This theme demonstrates that the success of crisis intervention teams is related to the concepts of flexible approaches, community engagement, and collegiality of the co-responders that were identified in the coding and categorizing (Callender et al., 2021; Lamanna et al., 2018; vanSteden, 2020). Lamanna et al., (2018), identified several reasons behind team success from the lens of service user experience, including evidence-based de-escalation skills, compassionate care, and the overall feeling of the interaction not being criminalized, like it would in a police-only response. Whereas challenges, such as staff turnover, inconsistency of team members, lack of resources and funding, unmanageable call volume, and lack of organizational support, must be efficiently managed to achieve success and widespread adoption of this model (Callender et al., 2021; Koziarski et al., 2021; Robertson et al., 2020; Semple et al., 2020; Todorova et al., 2020). Koziarski et al., (2021), specifically describe how the

lack of a 24-hour crisis intervention response causes the need for frontline police to be attending crisis calls, which decreases police availability for other aspects of their jobs. Not only does this negatively impact crisis service users' experiences, but it also presents issues related to funding, including budgetary restraints

Limitations

There are limitations to this study. Very few studies have been conducted regarding co-response nurse and police crisis intervention teams, especially in the Canadian context. More information is needed on what models are successful and how these teams can overcome their inherent challenges. There are also limitations related to obtaining service user experiences, due to the vulnerable nature of the clients and ethical considerations that must be followed. This severely limits study participants, which impacts the overall findings.

Discussion

Understanding the characteristics of crisis intervention teams is useful not only for learning the factors that lead to success but also as a tool for informing the development of models that will overcome the barriers to their success. Team success can be used as a tool to augment access to mental health care for vulnerable populations. Areas for change arise from this review and can be summarized within each theme.

The theme "Teamwork is Greater than the Sum of its Parts" demonstrates the need for ongoing education for team members, police, and nursing alike, using current evidence-based approaches.. Tapping into the expertise of all people involved in crises confirms that along with team members, community involvement in the development of the model is essential. An example of this

would be basing hours of operation and community resources on each catchment area served, specifically looking at the times of day the calls are coming in and basing hours on these busiest times (Semple et al., 2020; Koziarski et al., 2021). Another example of the evolution of the model would be the use of these teams to support other emergency services, such as paramedics and fire services, who also have frequent contact with people in crisis, or social services, housing workers, and other public services who may be the first contact in a crisis, or where access to healthcare and mental healthcare is limited, such as in northern Canada and with Indigenous policing initiatives (van Steden, 2020).

Arising from the second theme, "Overcoming the Challenges of Collaborative Models Leads to Their Success", is the need for a flexible approach to ongoing evaluation of the team and its service. Evaluation of patient outcomes would focus on call and crisis frequency, appropriateness of response, and individual patient needs. Engagement in the community could be achieved through outreach initiatives, such as introducing the team members to the community and explaining the ways the team can assist service users. Community involvement is crucial to address the current climate of mistrust of police, particularly in attending to mental health crises. Finally, strengthened organizational support through such things as team member consistency and adequate funding will strengthen the team, encourage growth with job stability and support the program to run effectively (Callender et al., 2021; Lamanna et al., 2018; van Steden, 2020).

Future research is also essential to the continued success of the model and for the

promotion of more widespread adoption throughout Ontario and Canada. Research regarding patient outcomes and experiences with the team, versus patient outcomes after dealing with police alone, will provide insight into the characteristics that support the model, as well as address areas for improvement (Semple et al., 2020). In addition, research on the efficient use of human resources and cost-effectiveness for both the healthcare system and the policing services is integral for obtaining stakeholder buy-in for further development and uptake of the program is needed. This will also assist in policy development and advocacy in this area (Callender et al., 2021). Finally, it is important to examine the impact that these programs have on reducing and eliminating the police-involved injuries and fatalities of individuals experiencing a mental health crisis, using a critical lens to evaluate these outcomes in the most vulnerable populations facing the most health inequities in the province and country, black, Indigenous and people of colour.

Conclusions

Co-responding crisis intervention teams benefit service users and service providers by providing increased access to care by bringing services to the client, an in-the-community model for cost-effectiveness, and by improving the quality of the care being provided to individuals in a highly sensitive and vulnerable time. Based on the emerging themes of this integrative review, co-responding crisis intervention teams contribute to improved patient outcomes, and a flexible management approach, while community engagement and collegiality of the co-responders assist the teams in overcoming the challenges they face.

Table 1.

Integrative Review Data Analysis

Author	Title	Aim	Design	Findings
Callendar et al., 2021	Comparing experiences of delivery across three sites.	To compare the practices, experiences, and perceptions of mental health street triages of three sites in England.	Qualitative Design - Semi-structured interviews	Co-responding team nurses and police have trust, feel belonging, and validity within the pair. The model is cost-effective and cost-saving. The model provided continuity of care for clients and reduced staff turnover.
Ellis, 2011	The crisis intervention team—A revolutionary tool for law enforcement: The psychiatric-mental health nursing perspective.	Highlighting the basic mental health training provided to police officers and comparing this to the crisis intervention team model.	Descriptive article - not used as a research article	Crisis intervention teams are innovative programs to properly address the needs of service users. Psychiatric nurses complement the untrained police officer, creating a useful team.
Koziarski et al., 2021	Policing mental health: The composition and perceived challenges of Co-response Teams and Crisis	To document the perceived challenges faced by crisis intervention team models from a Canadian perspective and to determine	Mixed methodology consisting of an online survey with open and closed-ended questions, followed by a confidential, semi-structured	Co-response teams provide positive encounters for service users, more hospital diversions when unnecessary, longer times spent with service users, greater connections with outpatient services, reduction of unnecessary transfers to hospital. Challenges are the high wait times in hospitals due to low

	Intervention Teams in the Canadian context	which Canadian police services employ crisis intervention teams and how these function	telephone interview	numbers of crisis teams, decreased time to respond to others in crisis due to waiting in hospital, low staffing, no 24-hour response, difficulty implementing in rural areas due to staffing and training
Lamanna et al., 2018	Co-responding police–mental health programmes: Service user experiences and outcomes in a large urban centre.	To compare service user experience between co-responding crisis intervention teams and police-only response in Ontario, Canada.	Mixed methods study analyzing quantitative administrative data and obtaining qualitative data from service users through interviews followed by thematic analysis	Service users value co-response teams over police-only response, the teams provide prompt response times, lower rates of arrest, and more criminal justice diversion. Co-response teams have care transferred to the ER more quickly than police only response, service users have a more positive experience, there is more focus on service user empowerment rather than control of a situation.
Robertson et al., 2020	Cairns mental health co-responder project: Essential elements and challenges to programme implementation.	To identify the essential elements and challenges in the implementation of the Mental Health Co-Responder Project in Cairns, Australia.	Qualitative design focused on semi-structured interviews conducted with key stakeholders.	<p>Co-response teams demonstrate competency and authority of team and team qualities which improve the focus on mental health.</p> <p>Co-response teams increase competency to manage a mental health crisis in the community, interest in mental health, strong management buy-in, strong organizational support, good relationships between nurses and police staff and management, having space at ER and police station.</p> <p>Client confidentiality, difficulty evaluating outcomes farther than ER, resource priorities.</p>

Semple et al., 2020	An evaluation of a community-based mobile crisis intervention team in a small Canadian police service.	To examine the Crisis Outreach and Support Team (COAST) initiative implemented by the SSPS and its mental health partners by conducting a pre-post evaluation in Ontario, Canada	Quantitative research design using a pre-versus post-implementation analysis to examine key variables.	<p>Reduced cost to the police service, more community resources provided to service users, decreased involuntary mental health apprehensions, call classification specificity, more resources provided, fewer voluntary ER visits and less involuntary ER visits by police-only teams.</p> <p>Availability of team leads to increased awareness by police towards mental health service users, better outcomes for service users, and a decreased strain on police resources.</p> <p>Lack of adequate staffing leads to higher wait times and response times.</p>
Todorova et al., 2021	Perceptions of ambulance nurses on their knowledge and competence when assessing psychiatric mental illness.	To learn the perception of the knowledge and competence of pre-hospital emergency nurses in attending patients with psychiatric symptoms in Sweden.	Mixed methods study, consisting of a survey questionnaire analyzed by descriptive statistics, followed by interviews with content analysis.	<p>Improved encounters with mental health service users.</p> <p>Patients received high-quality pre-hospital assessments, which decreased the workload of police and ambulance services. Increased confidence in pre-hospital mental health care.</p> <p>Improved the safety of the team and focused on a more holistic approach to care.</p> <p>Inability to speak the same language as the patient and lack of knowledge about the relevant cultural perspectives.</p>
van Steden, 2020	Governing through care: A qualitative assessment	To draw attention to the law-enforcement and public	Qualitative study design, based on interviews and observations.	Nurses and police take a caring approach to dealing with mentally ill patients, rather than a punitive approach.

	of team play between police and nurses for people with mental illness.	health partnership in Amsterdam, Holland.		<p>Team focuses on prevention, offers help, and can lead to a higher rate of treatment success.</p> <p>Intensifying multi-agency collaboration.</p> <p>Managing the differing mentalities between the nursing and policing professions.</p>
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Appendix A

