Evidence and Implementation Summit 2023
9–11 October

Melbourne, Australia & Online

Behavioural and Implementation Science Interventions
Yong Loo Lin School of Medicine

Centre for Evidence and Implementation

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#149 - Understanding contextual influences on the policing of people experiencing a mental health crisis

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Objectives/aims
Providing timely police and mental health responses to people experiencing a mental health crisis is complex and requires multi-disciplinary collaboration. Mental health co-responder programs can be effective in providing timely and clinically appropriate assessment and interventions, as well as reducing transport to emergency departments and police time spent per case. A recent Parliamentary Select Committee inquiry into mental health recommended expansion of mental health co-responder services throughout Queensland. Given the variance between published co-responder models, and the limited evidence on implementation of co-responder programs, we aimed to understand the barriers and enablers to successful implementation of a co-responder program in South-East Queensland.

Methods
In the Metro South region of Brisbane, Queensland, between 2pm and 10pm mental health co-responder units attend people experiencing a mental health crisis. Each unit consists of an experienced mental health nurse with a senior police officer in a dedicated vehicle who conduct a mental health assessment and brief intervention in the field, providing referrals to services where appropriate.

We conducted a retrospective qualitative determinant study of the Metro South Mental Health Co-responder Program. Interviews were conducted with mental health clinicians and their managers, police officers, and police station Officers in Charge who had a role in designing, delivering, and/or overseeing the mental health co-

responder units. Questions focused on historical and current barriers and enablers, and perceptions of the effectiveness of the service. We used a framework analysis approach, with apriori codes based on the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009).

Main findings

Barriers and enablers were identified under all CFIR constructs. The program was described as complex, requiring strong working relationships between health and police to be effective. There was agreement from all groups that the mental health co-responder program provided better outcomes for consumers, families and carers than business as usual, and a demonstrated history of adaptation over time to address changing community and service needs. Standard police responses to people expressing suicidal or self-harm thoughts or intent, primarily transfer to an emergency department under an Emergency Examination Authority, were described by all participants as time consuming and frustrating.

A Queensland Government data-sharing agreement was seen as crucial to the success of the model, allowing discussion of relevant time-sensitive police and mental health information about a consumer to inform decision-making about whether they were appropriate for the co-responder unit. This agreement acted as a bridging factor between the organisations, an element represented in frameworks such as EPIS (Aarons, Hurlburt & Horwits, 2011) but missing from CFIR, highlighting the importance of a flexible multi-theory and multi-framework approach.

Both organisations were described as risk-averse, however this played out differently: police were referred to as very “black and white” with a tendency to transport a consumer to an emergency department as soon as they heard the word “suicide.” Clinicians, however, preferred least-restrictive practices, but required extensive documentation to justify their decision to leave a consumer in their own home. These issues were able to be addressed with clear lines of responsibility and governance, and education for all parties on each other’s roles and perspectives.

Although most participants felt that managing mental health crisis cases was an unavoidable part of the police role, some believed it was not police business and should be managed by other organisations.

This is the first known study addressing the implementation determinants of a police mental health co-responder program using an evidence-based implementation science methodology. The barriers and enablers identified will be directly relevant to inform police districts within Australia and internationally who are considering implementing a mental health co-responder program.

References

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*, Article 50. https://doi.org/10.1186/1748-5908-4-50

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and policy in mental health, 38(1), 4–23. https://doi.org/10.1007/s10488-010-0327-7