

Bilaga 2 Exkluderade översikter och lästips

Tabell 1 Exkluderade översikter vid fulltextgranskning.

Reference	Reason for exclusion, wrong:
Booth, 2017 [1]	Intervention
Carra, 2022 [2]	Intervention
Choi, 2019 [3]	Intervention
Clugstone, 2023 [4]	Intervention
Compton, 2008 [5]	Intervention
Dewa, 2018 [6]	Intervention
Ghelani, 2023 [7]	Study design
Gråwe, 2005 [8]	Intervention
Harmon-Darrow, 2023 [9]	Outcome
Heffernan, 2022 [10]	Intervention
Holgerson, 2022 [11]	Intervention
Hubbeling, 2012 [12]	Intervention
Kane, 2018 [13]	Intervention
Kerr, 2022 [14]	Study design
Livingstone, 2016 [15]	Outcome
Lloyd-Evans, 2019 [16]	Setting
Marcus, 2022 [17]	Study design
Murphy, 2015 [18]	Intervention
Park, 2021[19]	Study design
Parker, 2018 [20]	Study design
Paton, 2016 [21]	Study design
Peterson, 2018 [22]	Outcome
Puntis, 2018 [23]	Intervention
Rodgers, 2019 [24]	Study design
Rogers, 2019 [25]	Study design
Schucan, 2019 [26]	Intervention
Seo, 2020 [27]	Intervention
Seo, 2021 [28]	Intervention
Shapiro, 2015 [29]	Outcome
Sunderji, 2015 [30]	Setting
Taheri, 2016 [31]	Intervention
Wheeler, 2015 [32]	Intervention
Worthington, 2022 [33]	Population

Tabell 2 Lästips. Systematiska översikter som bedömdes kunna vara intressanta för svenska förhållanden.

Reference	Number of studies, N	Intervention	Aim	Authors conclusion	Risk of bias (Snabbstar)	Comments
Dewa et al. 2018 [6]	N = 4	CIT*	To investigate the evidence for the effectiveness of police-based pre-booking diversion programs in reducing arrests of people with mental illnesses.	The current evidence for the effectiveness of police-based pre-booking diversion programs in reducing arrests (.i.e. reducing criminalization) of people with mental illness is limited.	Moderate	Studies from US. Data from registers, self-reports and interviews. No ambulance involved.
Heffernan et al. 2022 [10]	N = 0	Tri-response crisis model (PACER)****	To investigate the effects of tri-response model in diverting patients from hospital and involuntary detention.	No studies or grey literature meet the inclusion criteria. We report an empty review.	Moderate	Intervention in Australia. Co-operation between police, ambulance, psychiatry
Kane et al. 2018 [13]	N = 23	4 interventions: -Liason and diversion -Street triage -Staff in contact control rooms (CCRs) -CIT*	To investigate the effectiveness of police-mental health service interventions for responding to people with mental disorder and suspected offending or public safety problems.	Overall, rather than indicating that one approach is more effective than another, the review points to the need for a multi-faceted approach within a structured and integrated model, such as the CIT model.	High	US interventions tested in UK. No ambulance involved.
Puntis et al. 2018	N = 26	2 main models: -Triage CIT**	To identify and describe different co-response models, evaluate	There remains a lack of evidence to evaluate the effectiveness of street triage and the characteristics,	High	Studies from USA, Canada, UK,

[23]		-Co-response***	effectiveness of co-response mental health triage.	experience and outcomes of service users.		Australia. No ambulance involved. No risk of bias assessment.
Schucan et al. 2019 [26]	N = 2	3 interventions: -CIT* -Link Scheme -Mobile Crisis Outreach	To quantify longer - term criminal justice and mental health outcomes after prearrest diversion of people with suspected mental disorder and consider economic correlates.	There is still inadequate evidence on which to base prearrest diversion programs. Although some benefits have been identified by the review, so have possible harms.	High	Studies from US and Australia. No ambulance involved.
Seo et al. 2021 [28]	N = 42	3 interventions: -CIT* -Co - response*** -other	To synthesize previous empirical research that examined outcomes of police response models (PRM) for handling police encounters with the mentally ill.	PRMs offer a moderately effective solution for processing incidents with people with mental illness, although the effects of PRMs are different depending on the model implemented and the outcome measures considered.	High	Studies from US, UK, Australia. No ambulance involved. Self-reported data.
Taheri 2016 [31]	N = 8	CIT*	To investigate the evidence on the effects of CIT, with a focus on its effects on the core elements set forth by the Memphis model.	The findings reveal null effects of CITs on arrests of persons with mental illness and on police officer safety.	Moderate	Studies from US and Australia. No ambulance involved.

*CIT = Crisis Intervention Team, police officers have special mental training (often 40 hours) and support from mental health worker, either where they attend the incident in the same vehicle or control room support. CIT has been developed from the Memphis Model.

**TriageCIT = to divert persons with mental illness away from police custody and provide support prior to a crisis point which may reduce the need for emergency services.

*** Co-response = mental health professional assists the police during incidents, either in person or remotely from control room. The predominant model of police mental health triage in the UK.

****PACER= Police, Ambulance and Clinical Early Response, provides a mental health clinician, police officer and ambulance paramedic who attend mental health crises in the community together in a first responder vehicle. The police officer has the primary role of maintaining the safety of the patient and the team; the paramedic has the role of providing medical care including medical clearance, wound care, and emergency care; and the clinician has the responsibility for the patient's mental assessment and involuntary detention decision making.

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