

Some initial thoughts on lessons learned and recommendations arising from systematic reviews and RCT workstream ...



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Mental health training intervention – what did we find?

Systematic reviews of quantitative and qualitative evidence

- Lack of an evidence-based training package that could be taken 'off the shelf'
- Made recommendations for designing, implementing, evaluating training

Randomised controlled trial

- No effect on primary outcome of number of incidents reported to the control room up to 6 months after delivery of the training
- Other outcomes (assigning of mental health tags and warning markers) were in the direction of benefit
- In majority of incidents application of a mental health tag was appropriate but some cases were missed

What have we learned?

- Carrying out a trial of a complex intervention in a short time-scale is feasible in a NYP setting
- A strong collaboration/co-production approach is important
- Some thoughts on key roles to be closely involved:
 - A NYP analyst with expertise in the data systems and the data gathered
 - Police practitioners and other key personnel
 - Senior involvement



What have we learned?

- Rich source of routine data gathered by police
 - Data is stored on a number of different IT systems, with slightly different capabilities, accessed by different police officers and not necessarily integrated with one another
 - Research teams need to factor in a reasonable amount of lead-in time before starting data collection to fully understand what might be possible for their project
 - Where systems are being updated or changed police may want to consider whether there is an opportunity to design systems that are useful for research purposes as well as operational purposes, audits etc
- Longer project timescales would allow more flexibility in study design such as choice of outcomes



Inter-agency collaboration models – what did we find?

Scoping review

- Aim was to identify and map existing research evidence evaluating or describing interagency collaboration in relation to mental health between the police and any other agencies

Study selection

- Sifted through 2802 titles and abstracts
- 339 full papers obtained and 127 included for coding
- Coded studies by country, study design, outcomes assessed; population; model of interagency collaboration

Inter-agency models

- 14 different models described
- Mainly from US, UK, Australia
- Generally descriptive, with limited evaluation of how well the model worked
- Limited set of agencies involved

What have we learned?

- Inter-agency models in this area (that are published) include a limited range of agencies considered. This should be addressed in future structures/collaborations that are set up with the aim of improving how people with mental health problems who come into contact with the police are supported



Mental health triage models – what did we find?

Scoping review

- Undertaken by Alice Park, Doctoral researcher SPSW
- Aim was to identify and map existing research evidence evaluating the effectiveness of mental health triage systems

Study selection

- Sifted through 9582 titles and abstracts
- 243 full papers obtained and 29 included for coding

Triage models models

- Large number of evaluations
- Primarily focus on stakeholder views and experiences
- Lack of robust evaluations of effectiveness
- If a new intervention is rolled out too widely a RCT may not be feasible

Some observations about systematic and scoping reviews

- Unless there is high quality evidence out there they can have limited utility to guide policy about what you should do

However

- They can provide an important role in informing whether an intervention has underpinning evidence supporting its effectiveness
- Highlight where a robust evaluation (e.g. RCT) is required of a new intervention being implemented



Do we also need to be thinking nationally in terms of recommendations

- Robust evaluations such as RCTs sometimes require a national approach, especially where the intervention will be implemented nationally
- For example in health there may be as many as 40 or more individual hospitals or general practices involved





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