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Good Practice in Transfer of Care: Insights from an International Rapid Review

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Executive Summary

This rapid review examines how police in Scotland and internationally transfer individuals in mental distress to appropriate health or social care. Twenty four studies from six countries were identified, covering a range of crisis response models. Four broad types of models emerged. These were co response models, liaison approaches, designed places of safety, and mental health screening tools.

Across models, there is recurring evidence that joint responses between police and mental health professionals can reduce involuntary detentions, reduce time spent in emergency departments, and improve the overall experience for individuals in crisis. However, the evidence base remains limited. Few studies include lived experience perspectives and rigorous evaluation is lacking, particularly in rural or remote settings which reflect much of Scotland.

The review identifies persistent system challenges. These include inconsistent communication across police and health services, unclear roles and responsibilities, limited community follow up, and gaps in access to specialist services. Studies highlight that improved information sharing, clearer protocols, shared training and structured follow up could strengthen continuity of care and reduce repeat crises.

Overall, the review offers valuable insight for Scotland as it develops new multi agency pathways. However, it also makes clear that investment in robust evaluation, equity focused service design and stronger interagency working is essential for sustainable improvement in mental health crisis care.

What works

Co response approaches show promise in reducing police custody time, reducing unnecessary emergency department visits, lowering involuntary detentions and improving shared decision making.

Good communication at each stage of a crisis is consistently associated with better outcomes. This includes clear handover to emergency departments, real time information sharing and consistent expectations between police and health teams.

Screening tools can support more informed decisions, reduce unnecessary detention and improve continuity of care.

Key Findings

The review reinforces the need for a coordinated national approach to mental health crisis response. Promising models exist but require adaptation to Scotland's context. Investment in evaluation is essential. Improved communication systems, equity centred design and lived experience involvement should be prioritised.

Key suggestions for next steps:

1. **SERVICE USER INVOLVEMENT:**

   Most research focuses on professionals, not people with lived experience. To create person-centred, culturally responsive crisis care, service users must be involved in designing, delivering, and evaluating services.

2. **EQUITY AND INCLUSION:**

   Health equity was often overlooked, with little attention to diverse ethnic groups, language needs, or neurodiversity. Future work must prioritise inclusion to ensure crisis care is accessible and appropriate for all.

3. **TRAINING AND LEARNING:**

   Training can improve crisis response and care transfers, but ongoing learning—like cross-professional discussions and reflective practice—is needed. Police training must embed equity, trauma, and mental health for more compassionate responses.

4. **COMMUNICATION AND INFORMATION SHARING:**

   Poor communication remains a major barrier. Real-time information sharing and better mobile technology could support quicker, safer, and more coordinated crisis decisions.

5. **ROLES, RISK, AND ACCOUNTABILITY:**

   Clear roles and shared protocols are essential, especially when police and health teams see risk differently. Mutual understanding can improve coordination and safety.

6. **FOLLOW-UP AFTER CRISES:**

   More structured follow-up is needed after police-involved crises. Simple steps, like a next-day call from a trained officer, could reassure people, link them to support, and improve continuity of care.