

Bilaga 4 Exkluderade primärstudier och lästips

Tabell 1 Exkluderade primärstudier vid fulltextgranskning.

Reference	Reason for exclusion, wrong:
Bailey, 2021 [1] USA	Intervention
Blais, 2021 [2] Canada	Intervention
Callender, 2021 [3] UK	Intervention
Daggenvoorde, 2022 [4] The Netherlands	Intervention
Hasselberg, 2022 [5] Norway	Intervention
Heffernan, 2023 [6] Australia	Publication type
Ivarsson, 2022 [7] Sweden	Intervention
Klevan, 2022 [8] Norway	Intervention
Martin-Inigo, 2022 [9] Spain	Intervention
Semple, 2021 [10] Canada	Intervention
Sunnkvist, 2022 [11] Sweden	Intervention
Todd, 2022 [12] USA	Intervention
Todorova, 2022 [13] Sweden	Intervention

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

Reference Country	Intervention	Aim	Authors conclusion	Comments
Bailey et al. 2022 [1] Indianapolis, USA	Co-response*	Compare co-response team (CRT) and usual response from police on criminal justice and emergency medical services outcomes for individuals experiencing a behavioral health crisis.	CRT responses may reduce short-term incarceration risk but not long-term EMS demand or risk of justice involvement.	CRT = police officer partners with mental health clinician, licensed social worker, or medical professional (paramedic, nurse, or psychiatrist). No ambulance involved.
Blais et al. 2021 [2] Montreal, Canada	Co-response*	Evaluate the effect of a co-response police-mental health program on use of police force and transports to hospital.	The findings suggest that co-response police-mental health programs can improve the management of people showing suicide-related behaviors.	Focus on suicide. No ambulance involved.
Ivarsson et al. 2022 [7] Sweden, southeast part	Psychiatric emergency response unit (PAP)**	To document the experiences of seven prehospital emergency nurses regarding their knowledge and competence after working for 1 year at a PAP.	The prehospital emergency nurses' collaboration with the psychiatric specialist nurse appears to have contributed to an increased level of knowledge and skills in their encounters with persons having mental health concerns.	Pilot study, 1-year follow-up. Staff experiences.
Sunnqvist et al. 2022 [11] Sweden, southern part	Prehospital Emergency Psychiatric Unit***	To explore the alliance with the Prehospital Emergency Psychiatric Unit for patients, psychiatric and mental health nurses, and	The Prehospital Emergency Psychiatric Unit enables a safe, person-centered service.	Pilot study. Interviews, 4 patients, 6 nurses, 1 significant other. No police involved.

		significant others, and to explore their experiences of the treatment and care provided.		
Todorova et al. 2021 [13] Sweden	Psychiatric emergency response unit (PAP)**	To evaluate a prehospital emergency psychiatric unit from the perspective of prehospital emergency nurses.	The results suggest that in ambulance care in general, there is a lack of knowledge and skills about mental illnesses and initial care options.	Pilot study. Interview, 7 prehospital nurses. Staff experiences.

* Co-response = mental health professional assists the police during incidents, either in person or remotely from control room.

**Psychiatric emergency response unit (PAP) = An ambulance unit with ambulance personnel and a psychiatric specialist nurse. The purpose is to improve care for individuals with mental illness as well as to reduce unnecessary transport to hospitals and allocation of emergency ambulances.

*** Prehospital Emergency Psychiatric Unit = A specialist trained nurse from the ambulance service and a specialist nurse in psychiatric care, working together in a purpose-built vehicle with two seats instead of a stretcher.

Referenser

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