

The Police, Social Services and Psychiatry Cooperation in Denmark

a new model of working practice between governmental sectors. A description of the concept, process, practice and experience

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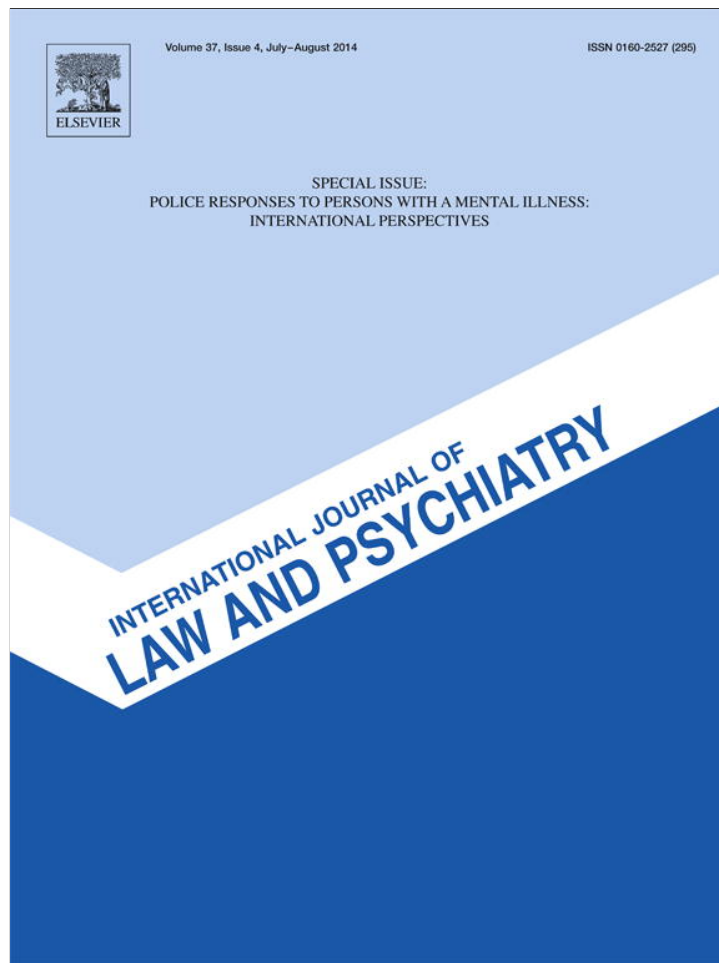
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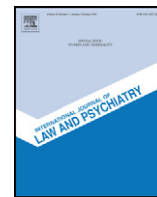
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The police, social services and psychiatry cooperation in Denmark—A new model of working practice between governmental sectors. A description of the concept, process, practice and experience

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ABSTRACT

In 2004 a new model of working practice between three public sectors, the local Police Department, Social Services and Psychiatry/Mental Health Services (PSP) was introduced in the municipality of Frederiksberg, Denmark. The aim of this cooperation was to enhance support to vulnerable citizens, who do not belong solely to one of the three sectors and thereby often get lost in the system. The PSP cooperation was introduced to ensure that relevant information concerning vulnerable citizens was shared between the three sectors and to improve collaboration between the sectors involved in order to provide the needed support to the individual citizen. Due to the success of the PSP cooperation in Frederiksberg, the PSP model was implemented by law in Denmark in 2009.

In order to evaluate the model, a qualitative study based on structured interviews, focus group discussions and observations, was performed in four selected municipalities in Denmark: Frederiksberg, Odense, Amager and Esbjerg. The evaluation was undertaken by the Danish National Centre for Social Research.

It is concluded that the PSP cooperation draws attention to marginalized groups of citizens and helps to prevent social downfall and crime. Participants of the PSP cooperations further highlight positive changes in the cooperation between the involved sectors, which is thought to further improve the support to vulnerable citizens and thereby enhance both prevention and follow up of cases. Furthermore, the recommendations drawn from the evaluation are to adapt PSP cooperations to local conditions, avoid unnecessary red-tape, keep a constant focus on citizens' ethics, as well as involve the frontline workers in the individual sectors, i.e. those who are actually in contact with marginalized citizens.

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1. Introduction

Cooperation between the police, social services and psychiatry is an important part of the daily work of these sectors in most countries, but usually the cooperation is only between two of the sectors at a time. For instance, the cooperation between psychiatry and social services covers social psychiatry, patients' children, rehabilitation of patients and social welfare pensions, whereas the cooperation between psychiatry and police covers involuntary commitments, forensic patients, searches for missing patients and help in handling dangerous situations in the hospital wards. Finally, the cooperation between police and social service has

the main purpose to ensure that the police pass relevant information about marginalized citizens, adults as well as children at risk, to the social authorities.

Traditionally, in Denmark, no formal cooperation has existed between the three sectors, until the onset of the PSP cooperation. In 2004 the three sectors in the municipality of Frederiksberg, in the greater Copenhagen area with 90,000 inhabitants, decided to intensify their cooperation in order to ensure that relevant information concerning citizens at risk was shared and to enhance the cooperation between the three sectors with the purpose of enhancing support to citizens at risk. A new cooperation model was developed, namely the PSP cooperation, which is a working practice between the local Police Department, Social Services, and Psychiatry/Mental Health Services.

The PSP cooperation was scaled up by the Danish authorities to a national level as it was implemented by law throughout Denmark on 1 April 2009 (Anonymous, 2009a).

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In order to evaluate the PSP model a study was conducted by the Danish National Centre for Social Research, with the aim of collecting and disseminating experiences from the implementation of the PSP model in four Danish municipalities. A further aim of the evaluation was to define a number of recommendations for future implementation of the PSP model in other Danish municipalities (Vitus & Kjær, 2011).

This paper contains a description of the new model of working practice between the local Police Department, Social Services, and Psychiatry/Mental Health Services (PSP), a presentation of the results of the evaluation of the model and recommendations for future PSP cooperations.

2. Material and methods

The material and methods section contains a description of the PSP model as well as a description of the evaluation of the model.

2.1. The PSP model—aims and setup

The PSP cooperation was primarily initiated by the police force in the municipality of Frederiksberg in 2004, which had identified the need of a specific tool to handle citizens in particularly vulnerable situations. The aim of the PSP model was to prevent citizens, who due to substance abuse, psychiatric disorders or other social problems are in a situation whereby they do not get the needed assistance because they do not solely belong to one of the three sectors and thereby get lost in the system. The expected outcome of the cooperation was related to both the citizens and the internal collaboration between the involved sectors. The expected outcomes for the citizens were prevention of social disruption and crime, as well as better assistance for vulnerable citizens from all three sectors, whereas the expected outcomes for the internal collaboration between the sectors were better coordination, feedback and multidisciplinary exchange of experience. In addition, these outcomes were expected to be interrelated in such way that internal workflow improvements within the sectors was expected also to improve interventions and thereby improve prevention as well as assistance for citizens (Kongsrud, Sestoft, & Rasmussen, 2008).

The PSP cooperation is formally organized on two levels; a managerial level and an operational level as shown in Fig. 1.

The managerial level is composed of one representative at management level from each of the three sectors and the operational level is composed of one representative at mid-level from each of the three sectors as well as a coordinator, who is also a member of the managerial group. The tasks of the managerial group are primarily to define the

overall framework for the PSP cooperation. In addition, the managerial group is also responsible for skill development of the members of the operational group by arranging seminars and training sessions. The managerial group meets once every quarter, or more if it is found necessary. The tasks of the operational group are to initiate the actual casework and coordinate the actions between the involved sectors. The operational group meets once every month and in order to ensure continuity and commitment; attendance is compulsory at these meetings. Minutes are taken at every operational group meeting with the aim of ensuring follow-up on cases and responsibilities from previous meetings. All casework is placed at the relevant sector and treated within their normal procedures.

The coordinator ensures communication between the two levels of organization. Execution of the cooperation has a third level, namely the frontline workers, who play a significant role in the cooperation; they identify and follow up on PSP cases and contribute crucial information from their direct contact with citizens.

In order to maintain a flexible organization, the cooperation operates as a cross-sector entity which can coordinate interventions and act on existing interventions within the three sectors, rather than as a separate bureaucratic body with its own registration system.

The most important task for the PSP cooperation is to coordinate the information about vulnerable citizens and their situation in order to designate the most appropriate sector to deal with the citizen's issues. PSP casework is thereafter to place action responsibility with one sector, which will then complete the actions and activities within the general legislative and operational frameworks. The PSP casework is through the operational group meeting and through cross-sector co-operative activities external to the operational group meeting carried out by frontline employees.

The change of culture towards stronger collaboration across the sectors facilitates a broader circle of involved sectors with preventative actions for the citizens on one side, and a greater need for continued ethical considerations on how to protect the citizen's privacy in practice on the other. Practice regarding professional confidentiality has been subject to great debate. The amendments to the Judicial Code (Anonymous, 2009a) and to the Administration of Justice Act and the Processing of Personal data Act (Anonymous, 2009b) in 2009 have eased the exchange of information between sectors.

2.2. Evaluation of the PSP model

The evaluation of the PSP model consisted of two qualitative studies undertaken in the period from 2008 to 2010. The first study, which was

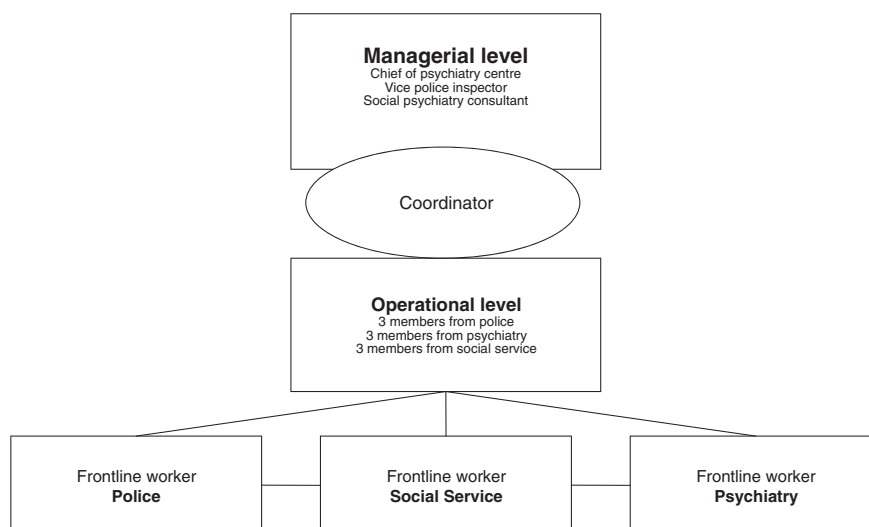


Fig. 1. Organization of the PSP cooperation in Frederiksberg.

carried out in the period 2008–2009, covered the PSP cooperation in Frederiksberg municipality, focusing on the concept, practice and experience. The second study, which was carried out in the period 2009–2010, covered the PSP cooperations in Odense, Amager and Esbjerg, focusing on the implementation process, practice and experience.

The two studies consisted of individual interviews (personal or via telephone) and focus group discussions (FGD) with a number of interviewees from the managerial and operational levels as well as frontline workers and representatives from two user organizations representing psychiatric patients. The actual number of interviews, focus group discussions and interviewees is shown in Table 1. In addition observations were also used as a method by observing meetings in the operational group. Due to the choice of interviewees, the citizen perspective is only indirectly included in the study by using the perspectives from the participating institutions and their questioning of the concept, except in Frederiksberg where interviews with representatives from user organizations also were conducted.

3. Literature review

Only a few studies on outcomes of systematic cooperation between the mental health system and other governmental sectors have been published.

In Canada an integrated mobile crisis service of clinicians and police officers was evaluated and it was concluded that partnerships between the police department and mental health system can improve collaboration, efficiency, and the treatment of people with mental illness (Kisely et al., 2010). In the US, a police-based specialized police response called the Memphis model of the Crisis Intervention Team (CIT) program, has established itself as a prototype of law enforcement–mental health collaboration for a large number of municipalities across the US, because it has been shown to be an effective component in connecting individuals with mental illnesses who come to the attention of police officers with appropriate psychiatric services (Compton, Bahora, Watson, & Oliva, 2008). In Australia it was found that an initiative built on a model of assertive outreach, where mental health staff were embedded into the daily operations of two welfare services in inner Melbourne, improved inter-service collaboration and the identification and care for people living homeless with a mental illness (Lee et al., 2010). In Rotterdam the City Council has set up community-care networks, which operate in underprivileged areas as partnerships between the local police force, housing corporations, general social services, specialised home care and mental healthcare services. More contacts with emergency psychiatrist services and less involuntary admissions have been found in areas with these community-care networks compared to areas without this service, indicating that these networks may be an important tool in preventing involuntary admissions of psychiatric patients (Wierdsma, Poodt, & Mulder, 2007).

In the city of New York a university-led community consortium called Project Link has been developed to prevent individuals with severe mental illness from entering the criminal justice system. The existence of a gap between healthcare, criminal justice and social service systems was recognized as contributing to the overrepresentation of persons with severe mental illness in jails and prisons and hence Project Link includes linkages with criminal justice representatives as well as

community support services such as residential, vocational and entitlement services. An evaluation of Project Link found this project to improve patient engagement in substance abuse treatment and to reduce the mean number of arrests, incarcerations and hospitalizations per patient (Weisman, Lamberti, & Price, 2004). Project Link can be termed a Forensic Assertive Community Treatment (FACT) project (Lamberti, Weisman, & Faden, 2004), which is a term used for comprehensive, team-based services, which have a psychiatrist on the team, have low staff to client ratios, and provide services around the clock. FACT programs have rapidly expanded across the US and a recent study evaluating a FACT program, concluded that FACT patients had fewer jail bookings, greater outpatient contacts, and fewer hospital days than non-FACT patients (Cusack, Morrissey, Cuddeback, Prins, & Williams, 2010). FACT programmes are costly, but it was found in the study by Cusack et al. (2010) that increased outpatient costs resulting from FACT outpatient services were partially offset by decreased inpatient and jail costs (Cusack et al., 2010).

In this context it is obvious that improved collaboration between governmental sectors is potentially beneficial for psychiatric patients as well as for society. Compared with the above cited projects, the Danish PSP cooperation differs by not being a project or an organization on its own, but rather being a forum in which cases are discussed, followed by responsibility and implementation being placed with one of the three cooperating organizations. Hence, the Danish PSP cooperation does not, as do most of the cooperations described above, have a mobile or an outreach team and it is operating without extra costs. To the best of our knowledge the Danish PSP cooperation between police, social services and psychiatry is the first of its kind.

4. Results from Frederiksberg

In the following section the results of the evaluation of PSP Frederiksberg are presented. Further details of this evaluation can be found in the full report, though only published in Danish (Vitus & Kjær, 2011).

4.1. Concept

4.1.1. Purpose

The purpose of PSP Frederiksberg is expressed through the perceptions of the change expected from the cooperation by the organizations. The interviewees emphasize expected outcomes related to both the citizens and the internal work of the sectors. The expected outcomes for citizens are prevention of social downfall and crime, as well as better assistance for vulnerable people from all three sectors. Expected outcomes for the internal work of the sectors are better coordination, feedback and multidisciplinary exchanges of experiences. Changes on the two levels are interrelated in such way that internal workflow improvements within the sectors are expected to also improve interventions and thereby improve prevention as well as assistance for citizens.

4.1.2. Implementation

The implementation of PSP Frederiksberg has been subject to both facilitating and obstructive factors, which respectively have enhanced and complicated establishment of PSP Frederiksberg. It was found in

Table 1
Number of interviewees and focus group discussions in the four municipalities involved in the evaluation.

	Frederiksberg		Amager	Odense	Esbjerg
	Individual interviews	FGD	Individual interviews		
Operational level members	8	0	5	7	4
Managerial level members	3	0	4	4	3
Frontline workers	2 ^a	2 ^b	0	0	4
User organizations	2	0	0	0	0

^aFrontline workers in the Police; ^bTwo FGD with 5 participants in each, one FGD in the psychiatry sector and one in the social sector.

the evaluation that a number of initiatives and circumstances have enhanced implementation of the cooperation: competency development through seminars; overlapping organizational units (using the same patient/citizen model); thorough dissemination of the cooperation at frontline worker level; and through focus on the police as the initiator. Other strengthened aspects include the development of personal trust amongst the members of the operational group (predominantly middle managers) as well as strategic criteria for the selection of the members of this group to ensure that members possess both decision-making authority and intimate knowledge of the relevant citizen category.

In contrast, some factors have been a hindrance to the development of the cooperation, including the unclear legal framework for exchange of information within the cooperation. Furthermore, reforms in the Danish municipalities and in the Danish police implemented in 2009 had a great effect on the PSP cooperations especially on the continuity of the work. It is important to note that PSP cooperations entail certain critical aspects seen from a citizen perspective. The user organizations interviewed point out that the lack of early involvement of citizens in a PSP case weakens the otherwise good action for the citizen.

4.2. Practice

4.2.1. Casework and actions

The actual casework in PSP happens at two levels. The most important task for the PSP cooperation is to collaboratively coordinate the information about vulnerable citizens and their situation in order to designate the most appropriate authority to deal with the citizen's issues. Following this, action responsibility is placed with one authority, which will then complete the actions and activities within the general legislative and operational frameworks. The PSP casework happens at operational group meetings and through cross-sector activities at frontline level without involvement of the operational group. The change of culture, towards stronger collaboration across sectors, brought about by the PSP cooperation, facilitates involvement of a broader circle of sectors carrying out preventive interventions but also a greater need for continued ethical considerations on how to protect the citizen's privacy. Practice regarding professional confidentiality has been subject to great debate in PSP Frederiksberg. The amendments to the Acts dealing with exchange of information between sectors in 2009 have eased the exchange of information between sectors. According to interviewees in the evaluation, a good balance exists between the ethics of action for vulnerable citizens and consideration of sensitive personal information, but a number of interviewees still emphasize a need for continued attention to where the boundaries are set and how to best protect citizens' privacy.

4.3. Experience

4.3.1. PSP users and types of cases

The users of the PSP cooperation in Frederiksberg range from highly marginalized citizens to citizens in a more acute crisis situation. PSP users include both outward-reacting and thereby visible citizens, who bother or frighten other citizens in their surroundings, and citizens who stagnate in relative, but not entirely unnoticed, loneliness. PSP cases include situations needing long-term and continuous action as well as situations requiring acute action.

5. Results from Odense, Amager and Esbjerg

In the following section the results of the evaluation of PSP Odense, Amager and Esbjerg are presented. Further details of this evaluation can be found in the full report, though only published in Danish (Vitus & Kjær, 2011).

5.1. Process

5.1.1. Organization and implementation

The implementation of PSP in Odense, Amager and Esbjerg has led to different ways of organizing the PSP cooperation. While an overall legislative framework for the PSP cooperation as a national collaboration has defined certain premises for the organizational structure of the cooperation, local restructuring during the implementation process and more particularly local experiences with potential PSP users and informal collaborations between different sectors relevant for these users, has played a significant role in the organization of the PSP cooperations in Odense, Amager and Esbjerg. All three PSP cooperations have striven to meet the challenges found in PSP Frederiksberg in order to establish a flexible body where relevant parties are involved.

Interviewees from all three PSP cooperations express that economic cutbacks within psychiatry are putting a greater pressure on the social services and the police, and thereby create additional PSP-relevant citizens whose cases ought to be considered under the PSP cooperation. The reduced number of beds and the need for rapid discharge from treatment also limit the options for action for difficult citizens where psychiatry is often seen as part of the solution.

5.2. Practice

5.2.1. The operational group

A priority of the PSP cooperations in Odense, Amager and Esbjerg is that the operational group is composed of sectors representing all aspects of the citizen's life. In Odense this has led to an expansion of the cooperation to also include forensic psychiatry and probation services and in Esbjerg the cooperation has included the probation services. In Amager it was decided to maintain the original PSP model with representatives from police, social services and psychiatry.

5.2.2. Implementation at frontline level

It was found in the evaluation of the PSP cooperations in Odense, Amager and Esbjerg, that they differ in the extent to which the frontline workers are familiar with the PSP cooperation. A difference is also found between the roles that are assigned to the frontline workers in the three cooperations in Odense, Amager and Esbjerg. There is broad awareness of PSP among the frontline workers within psychiatry across the three cooperations, and these workers also have direct contact with citizens. In the social services there is a larger variation in awareness of the PSP cooperation among the frontline workers, and there is also doubt as to whether the organizational level plays a central role in assessing PSP citizens. In the social service it is largely up to the middle managers (placed in the operational groups) to collect the PSP cases from the daily case review in the respective administrations. In the police, the work has various roles at the frontline level regarding assessment for the PSP cooperation, and there have been attempts to spread awareness of the cooperation by implementing different reporting systems involving frontline workers.

5.2.3. Legislative framework

Due to the amendments to the Act on information sharing implemented in 2009, the PSP cooperations in Odense, Amager and Esbjerg have extended power to share information, compared to the situation at the start-up of PSP Frederiksberg. In practice, this means that it is possible to have initial discussions and assessment interviews in the PSP groups, without having to worry about obtaining legal authority to share citizens' personal information among PSP group members. It was found in the evaluation of the PSP cooperations in Odense, Amager and Esbjerg that this legal option for sharing information is crucial for the effectiveness of the PSP cooperation.

5.2.4. Case procedures and registration

The operational groups in Odense, Amager and Esbjerg structure their case procedures, inspired by PSP Frederiksberg, in such way that the agenda is developed in advance, so that the cases reported appear on the agenda, and thus, the authority representatives have the possibility to prepare themselves and find the relevant information about the citizen. This preparation may consist of looking up the person in their own authority register or medical records selecting relevant information, or investigating what treatment or support services are available to offer. In some cases the authority has no knowledge of the citizen, and here the process is typically to seek information about the citizen from the administration and to have outreach staff visit and assess the citizen. Thus, in some cases it is about spotting the citizens who are not known to the system.

In the evaluation of Odense, Amager and Esbjerg it was found that follow-up on old or ongoing PSP cases at each meeting gives structure to the cooperation. Therefore it is important to take minutes of the meetings, and record which initiatives and decisions have been made concerning ongoing PSP cases, to make it clear how the responsibility for further follow-up on the case is distributed.

5.2.5. The size of the cooperation

The size of the PSP cooperation (i.e. number of sectors involved) is a factor that may play a role in the cooperations' flexibility and maneuverability. The experiences drawn from the PSP cooperations in Odense, Amager and Esbjerg show that while it can be beneficial to have several relevant sectors involved in the casework to examine the case from many sides, having too many members can make it difficult to ensure full attendance at meetings and to maintain the ability to act in the cooperation. In order to establish a balance between the extensive case examination and the ability to act, a selective process must be in place to decide which sectors are relevant. It is important that the persons selected have the authority to act. The issue regarding the size of the operational group also leads to the question concerning the legislative boundaries defining which agencies can be present when sharing information about a citizen. Questions about legal rights are also relevant with regards to the expansion of the PSP cooperation. The evaluation therefore highlights that there is a need for development of general guidelines on this issue to be followed by the PSP cooperations.

5.2.6. Cases and target groups

The three PSP cooperations in Odense, Amager and Esbjerg typically discuss between one and three citizens in each operational group meeting. It is ensured that cases discussed originate equally from the police, social services and psychiatry. At the time of the interview, Amager had 13 cases, Esbjerg 41 cases and Odense 47 cases discussed and passed on. A further 19 issues had been discussed within the cooperation, without leading to PSP assessment. These are called network practice cases or NP cases (see Section 5.2.7). There are a number of definitions of when a case should be defined as a PSP case and the evaluation recommends that PSP cooperations define how extensive the cooperation is thought to be, and how broad the definition of PSP users should be.

Numerous interviewees recommend expansion of the PSP target group so that it does not solely include citizens over the age of 18. For citizens below the age of 15, another similar cooperation already exists in Denmark; this is a cooperation between social service, school and police (SSP cooperation), but this cooperation does not include psychiatry. Moreover, this cooperation does not include adolescents after completion of secondary school, and therefore several interviewees assess that it would be beneficial to expand the PSP target group to include adolescents, e.g. 15–17 years old.

5.2.7. Informal activities

In Odense, Amager and Esbjerg an informal collaboration exists that extends beyond the regular meetings, and hence many cases "never make it" to PSP level. However, it has been noted that personal contact

between group members is decisive for this informal collaboration to take place. In the Odense cooperation this form of collaboration has been named "NP cases" (network practice cases). The term covers cases discussed outside PSP meetings by two or more sectors, which, in the light of the discussions, find a solution prior to the actual PSP level. While the PSP cooperation could be started quickly, where it is needed, according to the interviewees it should not be used as part of the general acute response.

5.2.8. Reporting practice

There are a number of different reporting practices within the various sectors taking part in the PSP cooperations. One practice is a special PSP functional email address, to which the frontline workers can email their experiences, if they come across a citizen who is relevant to the PSP cooperation. Another practice for systematized reporting by the police is the screening of the daily reports for PSP-relevant cases undertaken by the person on duty in order to assign cases with a PSP file number in the police case management system which is then routinely screened for PSP-relevant cases by the local PSP secretariat.

5.3. Experience

5.3.1. Involvement of more stakeholders

In Odense, Amager and Esbjerg there is focus on PSP users with a need for multi-faceted interventions where it can be necessary to inform or include other acting bodies than those who are permanent participants in the PSP cooperation. In Odense a procedure for informing the PSP users' general practitioner has been developed. A standard "letter of concern" to doctors has been drafted.

In order to avoid breaching the law on information sharing, inclusion of more stakeholders should be done with care. Consequently, several interviewees emphasize that inclusion of stakeholders such as the citizen's general practitioner should be only on an ad-hoc basis.

5.3.2. Supporting the cooperation

The PSP cooperations in Odense, Amager and Esbjerg are still – as in Frederiksberg – driven by the enthusiasm of the participants and internal support from their respective organizations. A factor influencing the collaboration is voluntarism, the fact that the members of the different PSP groups volunteered to be part of the PSP cooperation. Another significant factor for support and enthusiasm in the operational groups is that the local management is supporting the PSP cooperation, which is also perceived as an important factor in relation to citizen ethics. Interviewees further emphasize that personal trust is the cornerstone of the cooperation. PSP has been established as "a resource-neutral collaboration" and as such no extra time or money has been allocated for the cooperation.

5.3.3. Civic ethics

It was found in the PSP cooperations in Odense, Amager and Esbjerg that the definition of good civic ethics seems to vary between sectors. The interviewees from psychiatry and social services describe a professional confidentiality, which is crucial for maintaining a strong discipline around civic ethics, despite the more relaxed legislative limits given in the amendments to the law on information sharing. The interviewees consider this professional confidentiality as a guarantee for good civic ethics. Particularly the limitation on which information is considered PSP-relevant, and which information belongs within the individual authority is being debated. The majority of the interviewees emphasize the amendments to the law as particularly important and beneficial for the opportunities in the PSP cooperation and the amendments are ultimately beneficial for the support offered to the citizen. The new legislation places a high demand on PSP group members to maintain tight civic ethics within the cooperation. Focusing on the risks involved with the legislation makes personal trust within PSP

groups crucial to ensure that the PSP group members make use of the broad framework of the law.

6. Discussion

According to the interviewees in the evaluation, the PSP cooperations' aim, to prevent social disruption and crime and to provide better assistance for vulnerable citizens arising from all three sectors, has been met by the PSP cooperation. The same accounts for the internal collaboration between the sectors where better coordination, feedback and multidisciplinary exchanges of experiences have been highlighted as positive benefits of the PSP cooperations. The members in the different PSP groups find the PSP model successful in terms of meeting the aims of the model. As mentioned in the introduction, citizens' perspectives on the PSP cooperations are only indirectly included in the evaluation through interviews with user organizations. The main message from these organizations is that they are positive about the concept of the PSP model, but they would like the user to be more directly involved at an early stage to avoid further marginalization of the user.

A continuous theme in the evaluation is citizens' ethics and the legislation on information sharing. It is clear from the evaluation that this is something that has been discussed in all four PSP cooperations and that it is important in a PSP cooperation to continuously be aware of and discuss citizens' ethics as well as the sharing of information between parties. Under this theme, PSP group members also point out the importance of mutual trust between the members as well as the importance of support and back up from their respective organisational leaders. Continuous support from leadership is in general mentioned as important for the success of the cooperation. The PSP groups need support to constantly legitimise the cooperation, especially seen in the light of the fact that no additional time or money is allocated for the cooperation and that members volunteer for the positions in the different PSP groups.

Defining the PSP user and agreeing how extensive the cooperation is thought to be is being brought forward by many interviewees as very important for a successful PSP cooperation. There is no uniform definition of a PSP user, as local conditions will, and should, always play a role in defining the PSP user.

The number of sectors involved in the PSP cooperations has been discussed and it is clear that having too many sectors may have a negative influence on the flexibility of the cooperation, but on the other hand it may be beneficial to have several relevant sectors involved in the casework to examine the case from many sides. The size of the cooperations is something that will have to be discussed and adjusted to local conditions and a selective process must be in place to decide which sectors are relevant. Overall the flexibility of the cooperation is one of the great advantages of this cooperation as it allows for rapid responses and this should be acknowledged and taken into consideration in the planning and implementation of PSP cooperations.

The contribution from frontline workers from all sectors is a crucial part of identifying and following up on PSP users. Therefore it is important to make sure that frontline workers are well aware of their role and to ensure continuous contact between frontline workers and the operational group as well as to keep the frontline workers up to date with the work of the operational and managerial group.

7. Conclusions

It can be concluded from the evaluation report made by the Danish National Centre for Social Research that the PSP cooperations in

Frederiksberg, Odense, Amager and Esbjerg have so far been cooperations with great successes. The PSP cooperations draw attention to marginalized groups of citizens and help prevent social downfall and crime. In addition, the PSP cooperations have made basis for exchange of experience and new constructive working relationships between the involved sectors.

Furthermore, it can be concluded that the PSP cooperations are in a field of tension between improved citizens support on one side and increased monitoring by the authorities and social control on the other side. The PSP cooperations have the potential for realization of both scenarios and hence it is important in the setup and implementation of PSP cooperations to constantly be aware of this and act accordingly. In addition, taking into account the current legislation concerning information sharing is of crucial importance in the planning and implementation of PSP cooperations.

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