Table 2. Thematic categories and synthesis of findings from the studies included in the narrative review on police responses to psychotic crises (n = 25)

Thematic Category	Category Description	Main Findings from the Literature
1. Lack of police preparedness	Insufficient specialized training in mental health, difficulties in identifying psychotic symptoms, and the influence of stigma and biases on decision-making	• Traditional police approaches are inadequate for managing psychotic crises • Crisis Intervention Team (CIT) models reduce use of force and increase referrals to health services • Police officers frequently interpret psychotic symptoms as threatening; implicit biases influence risk assessment • Continuous training and realistic simulations improve communication, maintenance of safe distance, and de-escalation techniques
2. Failures in risk management	Absence of formal assessment protocols, precipitous decision-making, and limited use of structured tools such as Structured Professional Judgment (SPJ)	• SPJ increases consistency in risk assessment and reduces impulsive decision-making • An initial observation period decreases the use of force • Stress, fear, and perceived unpredictability contribute to violent decisions • Time-out protocols reduce escalation and violence
3. Symptomatic aggression is not a crime	Differentiation between aggression resulting from psychotic symptoms and hostile behaviors of a criminal nature, highlighting the role of stigma	• Violence associated with psychosis is predominantly explained by social factors (poverty, lack of treatment, substance use) • Symptomatic aggression tends to be disorganized, reactive, and frequently self-directed • Police stigma is associated with greater support for the use of lethal force • Hostility directed toward others is rare and linked to symptom severity, not criminal intent
4. State responsibility and prevention strategies	Evaluation of effective interventions, the role of the mental health care network, co-response models, integrated governance, and appropriate response pathways	• Co-response models reduce arrests, use of force, and mortality • CAPS III services and mobile teams reduce severe crises and involuntary hospitalizations • Integrated governance and response-flow redesign (RCRP) reduce inappropriate police dispatch and redirect cases to clinical teams • Intersectoral data integration strengthens management and monitoring • Reviews indicate consistent effectiveness of these interventions; longitudinal studies show sustained benefits • Structural weaknesses in Brazil limit full implementation

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