Table 3. Evidence-based intervention strategies identified in the literature for reducing lethality in psychotic crises

Strategy	Description
Co-response models	Implementation of joint mental health and public security teams focused on de-escalation and immediate clinical management, with reductions in use of force, arrests, and fatal events reported in the literature
Structured risk assessment (SPJ)	Use of Structured Professional Judgment (SPJ) protocols, increasing consistency, transparency, and accuracy in decision-making under risk conditions
Continuous crisis-response training	Simulation-based programs that enhance communication skills, identification of psychotic symptoms, crisis management, and non-coercive decision-making
Strengthening the Psychosocial Care Network (RAPS)	Expansion of strategic services—such as CAPS III, mobile teams, and territorial care—enhancing capacity for early intervention and reducing acute crises
Right Care, Right Person (RCRP)	Structuring intersectoral pathways to direct cases to appropriate clinical care and avoid unnecessary police involvement, increasing safety and effectiveness
Intersectoral data integration	Coordinated use of health, public security, and social assistance data to support qualified triage, integrated planning, and rapid, coordinated responses
Long-term policy strategies and monitoring systems	Implementation of sustained and continuously monitored strategies aimed at reducing recurrence, improving clinical stability, and decreasing risks associated with psychiatric crises

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