# Mental health training for non-mental health trained professionals

## A systematic review of the effectiveness of mental health training programmes



### Why did we do this review?
- Police officers are spending increasing amounts of time on incidents linked to mental health, often with insufficient training

### What evidence did we look at?
From our searches for studies to include in the systematic review we identified:
- 19 quantitative (one systematic review, 12 Randomised Controlled Trials (RCTs), 3 prospective non-RCTs, 3 non-comparative) studies and 8 qualitative studies
- Studies evaluating pre-existing training interventions such as Crisis Intervention Teams or 'specialised' training programs that had not been previously evaluated
- Studies conducted in: the UK, USA, Sweden, Australia and Canada

### What did we find?
- Included studies were not well reported
- There was variation in the design, delivery method and content of training programmes and in the knowledge, experience and skills in those delivering and developing training
- Barriers and facilitators to training related to: training content, training method, training delivery and organisational factors
- Training positively impacted how trainees dealt with situations involving people with mental health problems, individuals perceptions of mental health (e.g. empathy and stigma) and trainees perceptions of themselves e.g. increased awareness of their own prejudices

## What did we do?

- The main focus of the review was in training for police officers. However, we widened the scope to include research evaluating training programmes for non-mental health professionals who come into contact with people with mental health problems (e.g. teachers). This enabled us to review a wide range of training approaches that are relevant to the police setting
- The systematic review evaluated the effectiveness of mental health training programmes for non-mental health professionals. A meta-synthesis explored qualitative evidence on the perceived impact of and barriers and facilitators to training implementation

## Recommendations for designing and implementing training:

- Managerial support for training and protected time for staff to attend training and undertake self-directed learning were identified as important
- Different delivery methods, interactive elements and a mixture of resources were considered useful
- Take-away resources such as course booklets were considered useful for facilitating learning
- To build trust and to provide tailored, specific advice, training could be delivered by skilled individuals experienced in the area of interest (e.g. mental health professionals)
- Refresher training courses may enable staff to update their skills and share any previous learning
- To facilitate staff buy-in and engagement, a clear rationale for training could be provided

### Future Research implications

- High quality research evaluating the impact of training programmes for non-mental health trained professionals is required
- Evaluations of training should include a qualitative component or 'process evaluation' to provide an in-depth understanding of the impact of training and any barriers and facilitators to its implementation
- Consistent and appropriate outcomes for evaluating the impact of training are needed

*'I had an understanding (of mental ill health), but now I see many different types of ill health, I read people in a different way'*
(Svensson, Hansson & Stjermsward, 2015)

### Policy implications

- Given the amount of police time that is spent dealing with individuals with mental health problems, a consistent approach to training for police officers is needed