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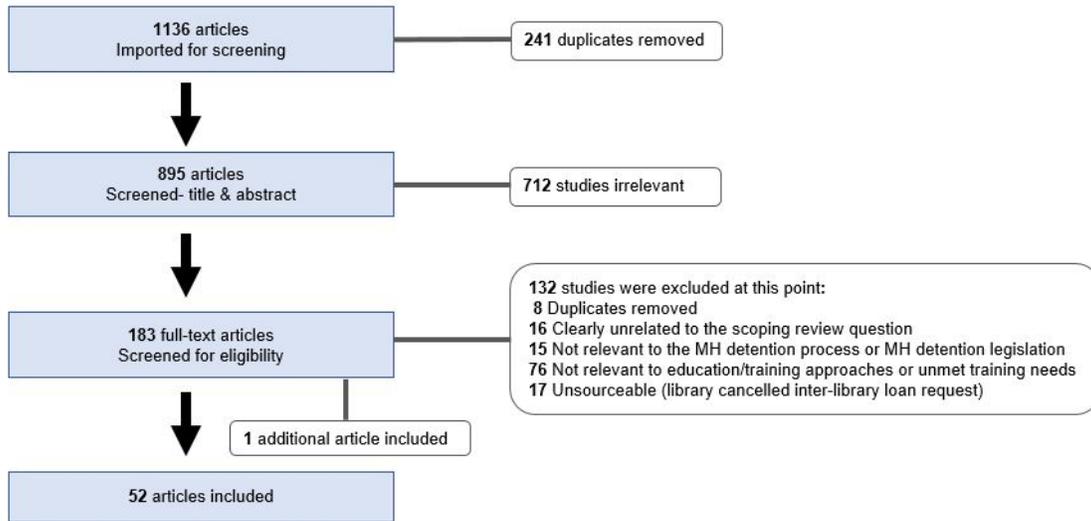
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Figure 1- Prisma diagram- overview at the end of the full-text screening phase



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The mental health detention process: a scoping review to inform GP training

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Abstract

Background:

General Practitioners are often faced with deciding whether or not an unwell patient requires detention for assessment in hospital under mental health legislation. This can be a complex and daunting process. Despite this, General Practitioners and most other professionals involved receive limited formal training.

Aim: To map and review the current literature on training in mental health detention processes. These insights are vital to inform the further development of meaningful educational approaches.

Design & Setting: A systematic scoping literature review was conducted to identify what is known about how best to develop training in this area.

Method: Arskey and O'Malley's framework was used to select, chart and analyse articles from across six electronic databases. 1,136 articles were included in the initial screening phase and 183 articles were included in the full-text screening phase. Key themes were derived using an iterative and thematic approach. A personal and public involvement group was set up for this project and other stakeholders in the mental health detention process were consulted about our findings.

Results: 52 articles were included in the final review. Professionals consistently highlighted unmet training needs and difficulties with the process. There were identified needs for

practical, interdisciplinary training including discussion of complex cases, and opportunities to learn from those with direct experience.

Conclusion: This work is foundational for the development of meaningful educational approaches around mental health detention processes. A strong research base will inform and strengthen training with the ultimate aim of improving patient care.

Author Keywords: general practice, mental health detention, training

How this fits in

There is a recognised clinical need for GPs to have training to help them prepare for this complex mental health crisis in the community. Findings from our review confirm a gap in training and also highlight how research in this area is lagging behind clinical need. This review serves as a foundation for the development of future meaningful, training approaches for professionals involved in the mental health detention process.

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Introduction

Mental health detention processes are complex and emotive for all involved.¹⁻³ They involve balancing respect for patient autonomy and best interests against deprivation of liberty and human rights. Despite these challenges, there are times when a mental health detention is necessary to ensure best patient care. General Practitioners (GPs) encounter these situations infrequently, yet are expected to be confident and competent using mental health legislation when necessary. Alongside practical issues surrounding necessary paperwork, the clinical decision making process can be complex and challenging.^{4,5} There is the additional complexity of co-ordinating a prompt, interdisciplinary team response, whilst maintaining the provision of safe clinical practice.^{2,6} This high-stakes assessment can have a profound, lasting impact on the patient, carers and all involved.^{1,7,8,9}

Training is essential to ensure GPs are prepared to deal with this mental health crisis in the community. It is therefore concerning that many GPs report gaps in training.¹⁰ This apparent disparity between expected GP competencies and training was the initial driver behind this research. It would seem, however, that training in this area is suboptimal across professional groups.² Experiential learning approaches have been successfully implemented for other medical emergencies but are under-utilised in mental health crises. Despite a recognised clinical need for training improvements, to date education in this area has received limited attention.

We sought to explore the evidence-base to identify factors relevant to developing a meaningful, educational approach in this area. Identifying how best to address training gaps, offers potential to better prepare professionals for this crisis situation and ultimately improve patient care. The aim of this scoping review was to identify what is known in the literature about developing training for professionals involved in the mental health detention process.

Method

Research team

The research team included an academic GP trainee (PH), academic GPs (GG & HR), a health specialist librarian (RF), an academic social worker (GD) and three personal and public involvement (PPI) advisors.

Methodology framework

This scoping literature review was conducted using Arksey and O'Malley's six-stage framework.^{11,12} We completed steps in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for scoping reviews guidance.¹³

Identifying the research question

We used the 'population, situation tool'¹⁴ to develop our research focus, with preliminary searches iterating the final review question. Initial focus on GPs extended to include interdisciplinary colleagues. Limiting searches to primary care settings was excluding potentially relevant articles, we thus expanded to include literature spanning primary and/or secondary care contexts. Our final scoping review question was: what is known about how best to develop training for professionals involved in the mental health detention process?

Identifying relevant studies

There were limited articles if we refined our search to education/training or to primary care settings. We therefore maintained an initial broad search strategy to capture articles addressing mental health detention processes across professional groups and settings. Table 1 gives an overview of our approach. As a team we discussed and selected the electronic databases (Table 2) and search terminology (Table 3). Searches identified **1,136 articles** which were imported into Covidence Systematic Review Software (Melbourne, Australia) for screening.

Table 1- Outline of approach for database searches

Steps	
1-Mental Health Detention Process	We first searched for articles that included terms related to the MH detention process
2a- Education/Training Terms	We then searched for articles which included terms related to education, training or specific training approaches we came across whilst doing background reading
2b- Professional Groups	We also ran searches for articles linked to each of the respective professionals involved in the mental health detention process
3-Combined Search	We then ran searches that combined steps 1 AND 2a OR 2b

Table 2- Electronic databases searched

Database	Search Details
PsycINFO (1806-2019) Social Policy & Practice CINAHL Web of Science Medline (1946-2019) Embase (1974-2019)	We restricted our Web of Science search to article titles and the Social Policy & Practice search to journal articles. No other limitations were applied. Searches took place in December 2019.

Table 3- Search terms used for PsycINFO

Search Terms used for PsycINFO				
<i>These terms were adapted for use across all databases</i>				
ambulance*	compulsorily	general	law	recognising
approved	detained	practitioners	legislation	and
mental	compulsory	involuntar*	order	assessing
health	detention	commit*	simulation*	problems
professional*	power*	involuntary	nursing	in
social	educat*	treatment	paramedic*	settings
work*	emergency	maudsley	patient	respond
civil	medical	education	police*	train*
commitment	technician*	capacity	psych*	section*
cmht*	family	act	psychiatric	simulation
(psychiatric)	doctor*	training	psychiatrist*	work
community	practitioner*	cris*	rammps	
worker*	forum	emergenc*		
team*	theat*			

Study selection

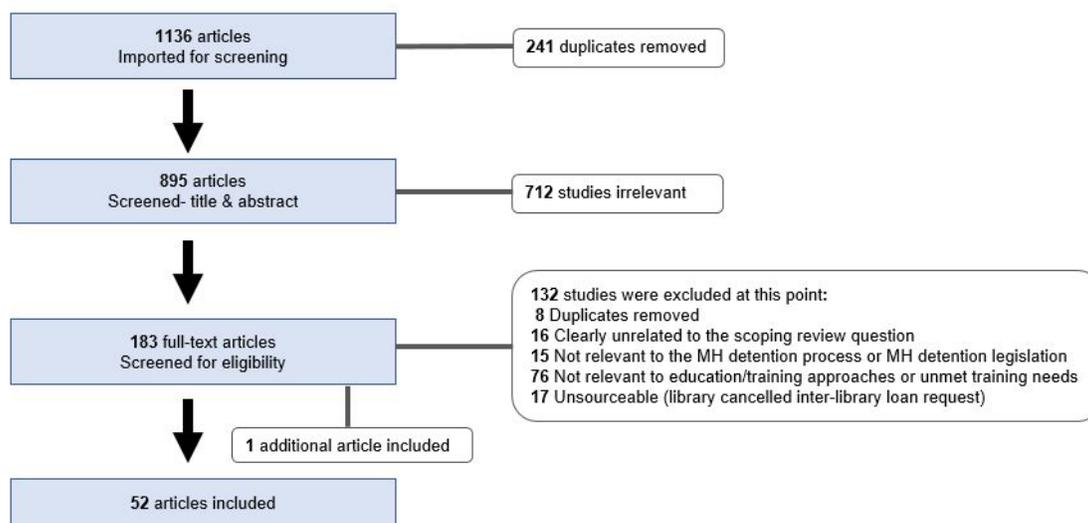
PH and GG independently screened 895 titles and abstracts (after removing 241 duplicates). Where there was any uncertainty around inclusion, HR as third reviewer was involved. This iterative process with frequent team research meetings, enabled consensus around inclusion and exclusion criteria for the full-text phase (Table 4).

Table 4- Inclusion & exclusion criteria- at the full-text phase

Inclusion	Exclusion
*Education/training AND Mental Health (MH) detention process OR MH detention legislation OR	*Not relevant to the MH detention process OR MH detention legislation
*Unmet training needs AND MH detention process OR MH detention legislation OR	*Not relevant to education/training approaches or unmet training needs
*Problems/difficulties with the application for MH detention process that could potentially be addressed through training	*Study is clearly unrelated to scoping review question

Full-text articles (183) were considered twice, initially for overall content, subsequently determining inclusion eligibility. Any articles with inclusion uncertainty were resolved through wider research team discussion, where we also agreed to include an additional article (meeting inclusion criteria) referenced in an included paper. **52 articles** met criteria to proceed to data extraction. This process, and specific reasons for exclusion are presented in Figure 1.

Figure 1- Prisma diagram- overview at the end of the full-text screening phase



Data charting

Data extraction tables were used to summarise key article information including title, source, geographical context, year of publication and key themes and quotes relevant to our review question. At this point articles were divided into one of four emergent categories: formal (6

articles) and less structured (13 articles) educational approaches; mental health legislation (11 articles) and unmet training needs or wider difficulties with the process (22 articles).

Collating, summarising & reporting results

We quantitatively and qualitatively analysed included articles. We considered geographical spread, articles by type and professional group. We considered and summarised key messages relating to our scoping review question. We used an iterative approach to developing themes representing the evidence from in scope articles. In each section we considered current practice and noted suggested factors for training development.

Consultation exercise

We conducted this optional methodological step to identify how literature findings sat with professionals involved. We consulted with GPs (n=4), Approved Social Workers (n=2), Psychiatrists (n=3), Paramedics (n=2) and Police Officers (n=5) who each participated in one of four, online, interdisciplinary consultations.

Personal and public involvement

We met PPI advisors on five occasions throughout the research, with further email correspondence. They considered the research approach and were invited to read and comment on included articles. They also observed and subsequently discussed stakeholder consultations.

Results

Overview of articles

Included articles (n=52) were published between 1983 and 2017. They included empirical articles (n=31) and descriptive, review or commentary articles (n=21). Geographical spread was stated as Republic of Ireland (5), Northern Ireland (3), Scotland (6), England (22) England & Wales (2), United Kingdom (1), Canada (2), United States (9), Australia (1) and South Africa (1). The range of professional groups involved included medical students (1), GPs (6), psychiatrists(9), emergency medicine doctors (1), unspecified 'doctors' (6), nursing students (1), mental health nurses (3), approved social workers (ASWs) (7), approved mental health professionals (AMHPs) (7) and police(5). Six articles were multidisciplinary.

Formal mandatory educational approaches

All six of these articles were UK-based, where training for ASWs and AMHPs is mandatory before undertaking these specialist roles. Five articles focused on educational needs and

formal training of professionals making the transition to becoming AMHPs under new legislation in England and Wales.^{15–19} The remaining article considered assessment approaches in formal ASW training courses.²⁰ These articles highlighted widespread variation in mandatory education and training, even within jurisdictions sharing common mental health legislation. One article mentioned a six-month, intensive course designed to achieve the minimum 600 hours of learning through a combination of clinical placement, direct teaching, private study and supervision.¹⁹ In contrast, another article described a training pathway integrated into a university master's programme.¹⁸

These articles offered many suggestions for training development. We were reminded of the importance of maintaining a patient-centred approach and recognising the emotional impact of this acute work on individual professionals.^{16,19} Other factors included potential benefits of interdisciplinary training and the importance of regular training updates.^{16,17} It was also suggested that training and assessment processes should ideally prepare professionals for practical, real-life knowledge application.²⁰

Less formal educational approaches

Included literature illustrated gaps in formal, mandatory training for GPs and professional colleagues. We identified a number of ad-hoc training approaches implemented in response to practical need. Several articles mentioned development of teaching sessions on mental health legislation in response to clinical need.^{21–23} One described the development of a learning resource to prepare frontline staff for changes in mental health legislation.²⁴ The literature also described a training programme delivered to police officers incorporating patient perspectives, crisis intervention and mental health law.²⁵ Overall these findings suggested that given the lack of more structured training, even short twenty-minute online courses could help improve knowledge.²¹

It was suggested that training should begin in undergraduate curricula with scope for interdisciplinary teaching.^{26,27} Educational resources were shown to be useful if they were practical and flexible to suit different learning styles and availability. However the content needed to be at the correct level and at times role specific.²⁴ Of note, a questionnaire amongst Irish GPs suggested that informal training through discussions with colleagues may be as effective as formal educational approaches.²⁸ Another study suggested that training should emphasise the importance of self-awareness as non-patient variables can potentially impact assessments.²⁹ There was much we could learn from police education. For example, included articles described the importance of patient-centred training, operational feasibility

and the need for experiential learning. They also acknowledged the important role that senior colleagues, patients and carers play in training.^{25,30–32}

Legislation

All of the countries included have specific mental health detention legislations, with variations in law between and even within countries in the United Kingdom. Findings identified legislative knowledge gaps across disciplines.^{22,33–36} Scottish surveys highlighted gaps in essential legislative knowledge amongst GPs.^{10,36} There was a call for training to incorporate foundational legal knowledge, recognising that training needs to create opportunities for knowledge application and discussing complex cases. This is important given a survey amongst doctors in the United States demonstrated how inexperience can potentially be linked to inappropriate involuntary commitment.³⁷

Findings suggested the need for mandatory and refresher training courses to maintain necessary skills. However, none of the articles gave clear recommendations on the frequency and approach for refresher training. Suggestions for training development included the use of clinical vignettes, small group sessions, discussion of real life scenarios, multidisciplinary teaching and the opportunity to learn from seniors with experience.^{34,37,38} A survey amongst GPs suggested practical training in legislation application. They found previous practical experience was associated with better current knowledge ($p=0.0074$) and confidence in using relevant legislation ($p=0.0005$).¹⁰ It was also suggested that decision-making aids could be helpful for more complex cases.^{39,40} It was recognised that such tools needed to be user-friendly, with tailored training before implementation.⁴⁰

Unmet training needs and wider difficulties with the process

Lack of a timely, structured, co-ordinated approach to assessment and admission tends to be associated with negative outcomes that are drivers for change. For example, many professionals felt at risk during these assessments as the process can be chaotic and stressful.^{9,41,42} A survey amongst GPs found that a third of them ($n=16$) expressed concerns about their own personal safety and admitted this fear would deter them from detaining a patient.⁴² Ambulance delays created additional safety concerns with an increased risk of a patient absconding.^{9,42} GPs acknowledged the wider complexities and expressed concerns about the legal focus on the process rather than the patient needing help.⁹ Articles highlighted challenges of multidisciplinary working and potential benefits of interdisciplinary training.^{2,35,43,44} Such training could increase understanding of respective roles and ensure a more cohesive response.

Potential areas for training development included training on self-defence, documentation, communication skills and opportunity for discussion of complex cases, particularly those that did not meet detention criteria.^{2,25,28,45} Articles acknowledged the range of situational and emotional factors encountered that can only really be learnt through practical experience and listening to seniors, service users and carers with experience of this emergency.^{6,7,8} Developments in training need to be complemented by wider service improvements and alternatives to hospital admission.⁴⁶ Suggested areas for improvement included the need for more straightforward and standardised paperwork, more efficient transportation to hospital, post-assessment debriefing, as well as improvements in supportive resources and services available for patients and their families.^{7,28,41,47,48}

Consultation with professionals

The findings of our scoping review resonated strongly with professionals included in our consultations. It was suggested that current training is limited. All professionals were keen to engage in training and called for experiential learning which provides opportunity for practical experience and discussion of complex cases. This phase of the review was an extensive qualitative study in its own right. We therefore plan to conduct a separate thematic analysis of this work which we will publish at a later stage.

Discussion

Summary

This review confirms a training gap for GPs and professional colleagues involved in mental health detention assessments.^{2,10} To date, training needs have been overshadowed by discussions about service issues and process difficulties. Professionals involved acknowledge this is a complex crisis and are keen to engage in suitable training.^{2,10,28,49} This review maps and consolidates key messages from the literature to inform training development moving forward.

Strengths & limitations

An important strength of our work is the iterative development of the scoping review focus. Given the apparent lack of literature focused specifically on education and training in this area, particularly in the primary care setting, we cast our scoping net wide, capturing a range of insightful articles across different settings and professional groups. Including discussion articles written by professionals with experience meant we captured key messages and challenges of the process that an exclusive focus on empirical research would have missed.

Our interdisciplinary consultation exercise supports our review findings and adds depth of understanding and clinical relevance to our review.

A scoping review is by definition descriptive and does not critically appraise included literature. This inevitably means that isolated issues and opinion are considered alongside findings from more methodologically robust studies. We acknowledge that no search strategy is perfect and it is plausible that some relevant articles may not have been captured due to vagaries of titles, abstracts, language or search syntax. Despite best efforts, some full texts were inaccessible thus we have potentially missed capturing some landscape breadth. Every review research team makes decisions around inclusion. A different team, in a different place may have made different decisions and come up with a different map. This is our landscape map and is offered with that implicit limitation for others to use as reference point for future research in this area.

Comparison with existing literature

We did not identify any other review articles focused specifically on training development in this area. This review maps and consolidates available literature and in doing so highlights key factors that should be considered in the development of meaningful, educational approaches. Literature to date focuses on describing the challenges of the process, gaps and potential benefits of training.⁶ We identified many discussion articles highlighting complexity of the process, suggesting a range of factors for consideration in the development of training in this area.^{23,34,46} This review takes things further by synthesising available evidence, rendering it more accessible to practitioners. We encountered articles highlighting potential benefits of interdisciplinary teaching and discussion.^{2,16} Our review supports this approach; there is much we can learn from each other. The importance of learning from those with experience and ensuring patient-centred care are other key messages.^{1,2,7}

Research articles describing and reviewing tried-and-tested approaches in this area are limited. Coverage of theory alone is unlikely to adequately prepare professionals for this emergency.⁶ There is a call for practical training that enables discussion of complex cases and interdisciplinary teaching.^{2,37}

Implications for research and practice

This review shows that education and research in this area lags behind clinical need. There is a need for the development, implementation and review of different training approaches especially in primary care settings. Development and implementation of any educational

approach needs careful planning and consideration. Our review provides educators with a strong foundation on which to develop meaningful educational approaches. Training approaches should be flexible to accommodate local variability in legislation and services. However there are many common principles in the training process that should be standardised. For example, our findings suggest that training needs to bridge the theory practice gap. GPs and respective colleagues are keen for practical, interdisciplinary, patient-centred training which provides a safe space for discussing complex cases. There is also a recognised need to learn from those with experience of the process; senior colleagues, carers and patients. Moving forward we need to integrate these pearls of wisdom into training approaches.

Additional information

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Ethical approval: Ethical approval was granted from Queen's University, Belfast

Competing interests: None to declare

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Novelty statement: This review serves as a foundation for the development of a meaningful, educational approach for GPs and other professional colleagues involved with mental health assessments in the community. In turn it is hoped this will lead to improvements in training and patient-care.

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