

The mental health detention process: A call for the development of interdisciplinary training

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Executive Summary Report

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Executive Summary

Why did I start?

My programme of research was focused on the development of training for professionals involved in mental health (MH) crisis assessments. As a GP trainee I recognised that there was a gap in this area of the training curriculum. One can qualify as a GP without any formal training or practical experience in preparing for MH crisis assessments in the community. Yet we are expected to be competent at conducting these complex assessments when needed. Preliminary reading highlighted similar unmet training needs amongst colleagues from other disciplines and heightened my awareness of the profound lasting impact these assessments have on patients, their families and the professionals involved. This is a highly challenging and emotive assessment for everyone involved. It necessitates an understanding of MH legislation, effective interdisciplinary team working, alongside high-level decision-making skills. Developments in training has the potential to lead to improvements in clinical practice and patient care.

What did I do?

I conducted five research studies. Studies 1 and 2 focused on understanding what is known about how best to develop training for professionals involved in MH detention processes. I first considered what is known in the literature, by conducting a scoping literature review. In study 2, I consulted with the key professionals involved, through four interdisciplinary, focus group sessions. This qualitative study helped gain interdisciplinary insight into how training should be developed moving forward. Studies 3-5 then focused on the development and delivery of an interdisciplinary, forum theatre (FT) based training approach, congruent with the findings from studies 1 and 2. This included two development phases of research and a feasibility study. These three studies were all conducted in line with the Medical Research Council's framework for developing and evaluating complex interventions.² This included two preparatory workshop events focused on adapting a FT training approach suitable for use in this context. I then conducted a large-scale feasibility study, exploring the feasibility of using this novel training approach to prepare for MH crisis assessments. Data was gathered through eight, interdisciplinary focus groups (FGs) and two questionnaires. The final study, study 5 was conducted using data from study 4, with a specific focus on refining and improving the training approach used in the feasibility study.

What answer did I get?

Studies 1 and 2 identified significant gaps in training amongst all professional groups. It would seem that research and training development is lagging behind clinical need. There was a clear call for practical, interdisciplinary training. It was suggested that there is a need for training that supports the development of decision-making skills, a cohesive team response alongside opportunities to learn from complex cases and those with lived experience.² In response to these results, three subsequent studies were conducted focusing on the development and delivery of an experiential training approach. The novel, FT-based training approach adopted in this programme of research proved popular with participants, who were keen for it to be incorporated into annual training curricula.

What should be done now?

This research identified a viable training approach with potential to better prepare professionals for MH crisis assessments. In response to clinical need I am considering opportunities to implement this training approach into respective annual training programmes. Future research and training should ideally be supported by funding structures that promote such interdisciplinary learning. With funding I would be keen to research and develop this training approach further, as it has great potential for more effectively preparing people for a wide range of complex, high-risk, high-stress assessment and planning processes across health and social care. There is also scope to use this training approach to make the voice of lived experience centre stage in healthcare education.

Background

Mental health crisis assessments are complex and emotive for all involved.³⁻⁵ 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 MH detention is necessary to ensure best patient care. General Practitioners encounter these situations infrequently, yet are expected to be confident and competent using MH legislation when necessary. Alongside practical issues surrounding necessary paperwork, the clinical decision-making process can be complex and challenging.^{6,7} There is the additional complexity of co-ordinating a prompt, interdisciplinary team response, whilst maintaining safe clinical practice provision.^{4,8} These high-stakes assessments can have a profound, lasting impact on patients, their support networks, health and social care workers and the police.^{3,9,10}

Training is essential to ensure GPs are prepared to deal with this MH crisis in the community. It is therefore concerning that many report gaps in training.^{11,12} 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.⁴ Experiential learning approaches have been successfully implemented for other medical emergencies but are under-utilised in MH crises. So, despite a recognised clinical need for training improvements, to date education in this area has received limited attention.

I 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. Findings from the initial phases of research were then used to develop and deliver an interdisciplinary, experiential learning approach. This work serves as a foundation for the development of training in this area and this in turn will hopefully lead to improvements in patient-care.

Aims and Objectives

The initial focus of this programme of research was to develop an understanding of how best to develop training in this area, striving for the development of a meaningful educational approach. This quest for understanding is at the heart of all layers of my methodology. First, I considered the evidence base, to gain an understanding of the breadth of knowledge in this area in the literature. Next, I engaged with stakeholders to understand things from a range of disciplinary perspectives. I then worked alongside colleagues to develop and assess the feasibility of implementing a novel training approach which was congruent with key themes identified in the initial phases of my research. This programme of research evolved using an exploratory, subjectivist, inductive approach. Each phase of research informed subsequent research questions and studies.

Research questions

1. What is known in the literature about how best to develop training for professionals involved in the MH detention process?
2. What are stakeholder perspectives on how best to develop training for MH detention assessments?
3. Is it viable to develop an interdisciplinary, experiential training approach for MH crisis assessments?

4. What is the feasibility of delivering an interdisciplinary, FT based teaching approach for professionals involved in MH crisis assessments?
5. How can we refine this interdisciplinary FT teaching framework towards practical implementation?

Methods & Findings

Research Approach for Studies 1 and 2

Using Arksey and O'Malley's scoping study framework, the first two studies in this thesis explored what is known about how best to develop training for professionals involved in this crisis assessment. This included a review of the literature using six electronic databases. and consultation with key professionals involved via interdisciplinary FGs. In study 1, 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. In total 52 articles were included in the final scoping literature review. Participants (n=16) in the FGs included 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 focus group sessions. Participants were asked to comment on how findings from the literature sit with their own professional experiences of MH crisis assessments. They were then asked to discuss how best to develop training moving forward. Rich pictures were used as an interview elicitation technique to enrich discussions and consolidate thought processes.¹³ Participants drew pictures depicting key factors for consideration in training development. Using an interpretive description (ID) approach the FG transcripts were then analysed using template analysis.

Summary of Key Findings from Studies 1 and 2

The findings in both parts of this scoping study identified significant gaps in training curricula with a call for practical, interdisciplinary training. There is also a call for training that supports the development of decision-making skills, a cohesive team response alongside opportunities to learn from complex cases and those with direct knowledge and experience of the process. Four main themes were constructed from the FG transcripts: 1) '*Too important not to: the need for transforming training*', 2) '*Training content: what should training cover?*', 3) '*Beyond surface learning: need for enhancing training approaches*' and 4) '*Undercurrents and structural considerations for training.*'



Figure 11- Rich picture to illustrate 'Without communication between all parties the process doesn't work!' (Participant 2; GP)

Research Approach for Studies 3 and 4

In response to these results, three subsequent studies were conducted focusing on the development and delivery of an experiential training approach. This included two development phases of research and a feasibility study, all conducted in line with the medical research council's framework for developing and evaluating complex interventions.¹ The initial development phase was used to adapt an interdisciplinary FT-based training approach for use in this context. Two half-day interdisciplinary training events were then delivered as part of a feasibility study. Participants (n=68) included approved social worker trainees (n=27), GP trainees (n=22) and police officers (n=19) who completed pre- and post-training questionnaires and attended one of eight FGs

Summary of Key Findings from Studies 3 and 4

This training had some potential advantages over other learning approaches in that it enabled the creation of an authentic, simulated scenario akin to clinical scenarios encountered in real life. It also provided the audience with the opportunities for discussion and to control the direction of the learning. However, the operational feasibility of delivering this training approach required a significant amount of time and advance preparation. Quantitative and qualitative data confirm this training was feasible and popular. All participants would recommend this training approach to a colleague. The overall acceptability rating was high (average rating of 4.73/ 5). All participants ranked this learning experience as 'good' or above, with the majority (58%) giving an 'excellent' rating. Template analysis generated eight themes which support this training approach and evaluation design. These themes were: 1) *More of the same: there is a need for training like this*, 2) *Being present in the moment: embodied learning*, 3) *Better than role play: authentic learning*, 4) *Collective perspectives: the benefit of interdisciplinary learning*, 5) *Safe space to learn*, 6) *The importance of ground rules*, 7) *Group size: getting the sweet spot* and 8) *Evaluation methods: practical and multi-functional*.

Research Approach for Study 5

A second development phase of research was then conducted to refine this training approach ahead of future implementation. The transcripts from the eight FGs collected in Study 4 and selected questions from the questionnaires were then analysed for a second time. This time using ID methodology with a focus on advancing the training approach for practical use.

Summary of Key Findings from Study 5

Participant feedback included many great tips and ideas on how to enhance this training approach moving forward. Findings from the questionnaires were organised into the following categories: '*More time and scenarios*', '*Practical logistics*' and '*Tips for discussions*'. Thematic analysis of the FGs generated ten themes: 1) *Getting the setting right*, 2) *Timing and scenarios*, 3) *Key learning points and resources*, 4) *Target audience: Let's consider the professionals involved*, 5) *The anti-model play: it's a balancing act*, 6) *Discussions: A great way to learn*, 7) *Patient and carers as educators*, 8) *Ground rules of participation*, 9) *Spect-actors in action: some practical considerations* and 10) *Tips for replaying the scenes*. The content summarised under each of these themes have enabled refinement of this training intervention ahead of future implementation.

Personal and Public Involvement (PPI)

There was PPI throughout this programme of research. I was very fortunate to have voices of lived experience on my research team. Lisa Morrison, a MH activist with personal experience of being detained was on my research team for studies 3-5. May McCann, a MH carer advocate with experience of MH detention within her family was involved in all of my research studies. I also had two members of the public, Jackie Granleese and Jean Dunlop involved in my first two studies. Both of these ladies had a keen interest in MH research and advocating for service user involvement.

Reflecting on PPI, I can say it has been one of the most rewarding and challenging dimensions of this doctoral research. I was taken aback by unprompted heart-warming feedback I received from Lisa. She spoke highly about her experience of being involved in my work and thanked me for treating her like a respected partner in the research process. This feedback was one of the most meaningful accolades of my career. Working alongside Lisa, May, Jackie and Jean has certainly empowered me to continue advocating for PPI in future research and education, but there is no doubt that it can be challenging to do PPI well. It takes time, effort, flexibility and perseverance. I was continually learning about PPI throughout this process and can see steady improvements in my approach as my research evolved. For example, I initially found it really challenging identifying people with lived experience to be involved. Looking back, I am glad that I persisted on this front as this research and my own learning experience has been truly enriched by PPI. I must admit that at times I was also overprotective in my approach. As a health professional the psychological safety of those with lived experience comes above all else. So, in the initial planning stages I wrongly assumed that Lisa and May would not want to share their personal experiences during the training workshops in Study 4. In response to this, they quite rightly told me that I needed to rethink things as they strongly believed that they should be participating in the forum discussions. At that point I recognised that I was making assumptions about what was in their best interests instead of asking them how they wanted to be involved in these sessions. On realising this I quickly reviewed things and ensured they both had a central role in training delivery. At the outset I think it is important to acknowledge this assessment can be emotive, ensure people feel ready to be involved, be flexible in approach and encourage open, honest conversations throughout the research process. This is what I did and based on feedback this worked well.

Overall, I am really proud of the PPI in this research and I think we have achieved so much in a relatively short timeframe. Of note, Lisa is now enrolled on a funded master's degree in 'Development and Co-Production of Social Care Research.' An opportunity she so highly deserves. Interestingly Lisa tells me she would not have known about this opportunity had it not been for the connections she made through her involvement in my research. It was in fact May who found out about this Master's programme and encouraged Lisa to apply. I have no doubt that this course will support Lisa to continue amplifying the patient voice in future MH research. I am confident that through this she will also inspire other MH patients to get involved in research and education. This for me is a research outcome that matters.

Practice and Policy Implications

Implications for practice

This programme of research puts MH training centre stage, striving to bring about practical improvements in training and practice. The use of ID methodology meant that the implications of this research on clinical practice was at the heart of my analytical approach. The clinical orientation of this approach seeks to inform practical change. For too long training in this area has been overshadowed by conversations focusing on wider difficulties and challenges with systems and services. For this reason, there are significant gaps in the literature. The scoping study 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. To the best of my knowledge, this is this first programme of research focused specifically on the overall development of training for professionals involved in MH crisis assessments. Findings from my scoping study therefore advance knowledge and understanding of how best to develop training.

Development and implementation of any educational approach needs careful planning and consideration. This 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, my 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.

To the best of my knowledge this is the first time FT has been adapted for use within this context and across this range of professionals. Findings from my final three studies provide proof of concept that this is a feasible and acceptable interdisciplinary, training approach. Based on the initial response to the experiential learning approach developed in this study, I strongly believe that this research and subsequent outputs will have a positive impact on training development, especially here in Northern Ireland (NI).

In order to promote practice that is person centric, it is important to include the voices of lived experience. The patient voice can have such a positive impact, but quite often PPI can be difficult to initiate and navigate. This body of research is an example of impactful PPI with patient and carer involvement in training development, delivery and analysis. This approach can therefore be used to help inform others who are keen to learn more about PPI. I am currently working on two co-produced, PPI-related publications with Lisa and May. We are keen to share our learning and experiences as we think it has the potential to inspire PPI in future research and education. Finally, I think it is important that my research is disseminated in a way that is accessible to all. I therefore have a dissemination strategy to create short videos summarising key sections of my doctoral research. It is anticipated that these videos will then be shared via social media and at a project celebration event in October 2023. This should raise awareness of this research amongst the public and could inspire others to be PPI representatives in education or research.

Implications for policy

The policy implications of this study have the potential to be far reaching. Boal suggested that we should consider '*Theatre as politics, not just political theatre.*'^{14 p336} This quote chimed with feedback suggesting that my research and training approach really serves as a catalyst for wider impact on MH policy in NI. These research studies achieved something special in bringing together such a diverse range of voices and perspectives from across the province of NI to consider how to improve training and collaborative working. Getting this opportunity to talk and learn from each other increases the chances of open communication between disciplines moving forward. It also increases the potential of creating a united force working together to inform and impact future MH policies at local and regional levels.

I plan to use the findings from my work to inform policy through structural frameworks. For example, this research can be used to inform future curricula for respective postgraduate training bodies. Introducing interdisciplinary training into annual training curricula has the potential to multiply the interdisciplinary benefits witnessed here. This in turn may impact future policy and practice here in NI. It is encouraging that personnel from within the Office of Social Services within the Department of Health in NI are already interested in my work. This is reflected by the fact they provided funding towards Studies 3- 5 of my thesis. I was also invited to be a guest speaker at the last two regional approved social worker conferences. These events enabled me to share details of my research with senior professionals and policy decision-makers. My research is therefore already part of the wider conversations shaping MH policy here in NI.

Conclusion

There is no doubt that MH crisis assessments are complex and emotive for everyone involved. An apparent disparity between expected competencies and training prompted this body of work. This thesis confirms that research and training are indeed lagging behind clinical need. This research advances knowledge and understanding of how best to develop training, by initially reviewing the current evidence base and then consulting with professionals on the ground. To the best of my knowledge this is the first time a review or interdisciplinary discussions have been conducted with a focus specifically on training development. This programme of research therefore has the potential to improve future training in MH crisis assessments via core research underpinnings of a meaningful educational initiative. Studies 3-5 demonstrate that it is feasible to develop and deliver an interdisciplinary training approach that includes many of the key factors identified in this programme of research. Findings suggest that the interdisciplinary, FT based training approach used in this research has great potential for future implementation. It is hoped that proper training will better prepare professionals for this assessment, advance collaborative working and ultimately lead to improvements in person-centred care.

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Research Outputs

A list of research outputs have been included as Appendix 2.

Appendix 1- Summary of Funding & Awards

Awards & Grants

- GP Academic & Research Training Scheme Award (2018- 2021). This scheme is jointly-funded by HSC R&D Division, Public Health Agency and NIMDTA.
- Clinical Research Fellowship position at Queen's University Belfast as part of the Clinical Academic Training Pathway Scheme, Northern Ireland (2021-2022).
- KN Cheung and SK Chin InterSim Centre Bursary Award (2022-2023).
- A project grant was awarded to my research team towards developing a forum theatre-based training approach. This grant was from the Office of Social Services in the Department of Health, Northern Ireland (2022).

Appendix 2 - List of Research Outputs

Publication

Houton, P., Reid, H., Davidson, G. and Gormley, G. (2022) 'The mental health detention process: a scoping review to inform GP training', *British Journal of General Practice Open*, 6(4). doi: 10.3399/BJGPO.2022.0061.

Regional Presentations

- Houton P, Gormley G. The mental health detention process: a call to develop training! Northern Ireland Approved Social Worker Online Conference, October 2021. Oral presentation.
- Houton P, Reid H, Murphy P, Morrison L, McCann M, Davidson G, Gormley G. Evaluation of ASW simulation training. Northern Ireland Approved Social Worker Online Conference. November 2022. Oral presentation.

National Presentation

- Houton P, Reid H, Gormley G. Mental health detention in the community: developing a meaningful simulation-based educational intervention. Bristol ACF conference, March 2020. Oral presentation.

International Presentations

- Houton P, Reid H, Gormley G. Mental health detention in the primary care setting. Irish Network of Medical Educators (INMED) conference, March 2019. Oral presentation.
- Houton P, Reid H, Gormley G. Mental Health Detention in the Community: Developing a meaningful simulation-based educational intervention. Association for Simulated Practice in Healthcare Conference, November 2019. Oral presentation.

- Houton P, Reid H, Gormley G. The mental health detention process: Scope for development of interdisciplinary training? European Conference of Family Doctors, DEGAM Annual Congress, December 2020. Poster presentation.
- Houton P, Reid H, Gormley G. The mental health detention process: a scoping review to identify how best to develop training. RCGP Conference, October 2021. Poster presentation.
- Gormley G, Houton P, O'Hare S. Simulating General Practice, are you for real? Association of University Department of General Practice in Ireland (AUDGPI) Conference, November 2021. Oral presentation.
- Houton P, Reid H, Gormley G. The Mental Health Detention Process: A call to develop training!. AUDGPI, March 2021. Oral presentation.
- Davidson G, Houton P, Reid H and Gormley G. The mental health detention process: a call for the development of interdisciplinary training. International Academy of Law & Mental Health Conference, July 2022. Oral presentation.
- Houton, P. How best to package my research in my thesis write-up? Rogano Conference, August 2022. Oral presentation.
- Houton P. Planning beyond doctorate thesis submission. IDEA Conference, March 2023. Oral presentation.
- Houton P, Reid H, Murphy P, Morrison L, McCann M, Davidson G, Gormley G. Mental health takes centre stage: feasibility study adapting forum theatre for interdisciplinary learning. Irish Network of Healthcare Educators (INHED) conference, March 2023. Oral presentation
- Houton P, Reid H, Murphy P, Morrison L, McCann M, Davidson G, Gormley G. Interdisciplinary mental health training takes centre stage! Feasibility study adapting a forum theatre simulation framework. SESAM Annual Scientific Meeting, June 2023. Abstract accepted for oral presentation.