

Personality, particularly conscientiousness and agreeableness appears to impact the development of physician burnout. Strategies that modulate the relationship between personality and burnout may be beneficial for optimal health care delivery. Further research is needed to identify appropriate short and long-term strategies to ensure physician wellbeing and optimal delivery of patient care.

Mental health training for correctional officers: a systematic review

Shaheen Darani^{1*}, Sandy Simpson¹, Robert McMaster¹, Elena Wolff², Sarah Bonato³, Graham Glancy¹ and Jason Quinn⁴

¹University of Toronto and Centre for Addiction and Mental Health; ²University of Toronto, MD Program; ³Centre for Addiction and Mental Health and ⁴Department of Psychiatry, University of Western Ontario, London

*Corresponding author.

doi: 10.1192/bjo.2021.104

Aims. Mental illness amongst prison inmates is a prevailing issue across the world, as mental illnesses are overrepresented in correctional facilities when compared to community populations. Despite this, correctional officers receive little to no training on how to respond to inmates with mental illness. Implementing mental health training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. This could lead to improvements in risk management, humane treatment of inmates, and interprofessional collaboration with healthcare providers. There is limited research on the educational value of inmate mental health training programs for correctional officers. As far as we are aware, there have been no prior reviews of this literature. The goal of the present study is to review this literature to explore the nature and effectiveness of correctional officer mental health training programs.

Method. Medical and criminal justice databases were searched for scientific articles describing correctional officer mental health training programs. All studies that included a measurable outcome on either correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines for systematic reviews.

Result. Of 1492 articles identified using search terms, 11 were included in the analysis. 6 articles described mental health education programs, 2 articles described skill-specific programs, and 3 articles described suicide prevention programs. Training programs reviewed content about mental illness, practical skills, and included didactic and experiential teaching modalities. The programs led to improvements in knowledge, skills, and attitudes amongst officers. Prior mental health attitudes, knowledge, and work experience did not correlate with improvements following training. Officers were more receptive to program facilitators with correctional or lived mental health experience. Experiential teaching was preferred to didactic teaching. A decline in training improvements occurred several months after training.

Conclusion. There is limited but positive literature suggesting that structured training programs, particularly involving persons with lived experience and experiential components are beneficial. The decline in training improvements suggests need for ongoing education and systems change within correctional institutions to ensure sustainability of gains. In terms of limitations of this review, it is possible articles pertaining to correctional officer mental health training were not available on the

databases searched or some programs may not be published. Studies were also limited in their outcome measurement, with no consistent tools, and no control groups. This review can guide the development, delivery, and contribute toward best practice guidelines for future inmate mental health training programs and studies.

Exploring the views of university students with experience of common mental health disorders about support provided within primary care community settings

Mikaela D'Arcy-Smith^{1*} and Marta Buszewicz²

¹UCL Medical School and ²Honorary Associate Professor - UCL Department of Clinical, Educational and Health Psychology, University College London

*Corresponding author.

doi: 10.1192/bjo.2021.105

Aims. To assess the impact of common mental health disorders (CMHDs) on university students' function and wellbeing. To understand the barriers to receiving adequate support for CMHDs during both adolescence and at university. To provide feedback to healthcare professionals about how young people perceive the support provided when initially seeking help for psychological distress. To explore which forms of support students find the most useful.

Method. A literature review was initially undertaken, identifying the lack of prior research in this area. The current study addressed the gap by considering the needs of students with CMHDs in the context of primary care services, with a retrospective exploration of their views about support received during adolescence. 15 semi-structured qualitative interviews were conducted with both current university students and recent graduates from across the UK, transcribed verbatim and subjected to thematic analysis. The study population included 7 men and 8 women, between the ages of 18–25 years.

Result. Five main themes emerged from the data:

The Journey to Disorder – Explored the difficulties faced by adolescents, and how these might contribute to their experience of CMHDs and their management.

Attitudes Towards Help-Seeking – Many participants had little trust in healthcare professionals as adolescents. This contributed to limited trust in university support systems as young adults.

Primary Care Support - Perceived effectiveness of General Practitioner (GP) support during adolescence in this cohort was highly variable. Although some participants described good experiences, others felt their views were ignored, with responsibility diverted to their caregivers. A lack of understanding from GPs about CMHDs in adolescents resulted in trust issues for them as young adults.

Recommendations for Change - Participants reflected on their previous and current experiences to inform suggestions for changes to tackle issue of psychological distress in adolescents.

Conclusion. Previous experiences of the care they had received when presenting with CMHDs during adolescence potentially affected the long-term wellbeing of university students and graduates; the initial support received was inconsistent with the needs of this age group. Recommendations for change included a greater emphasis on the importance of adolescent mental health education, tailoring interventions to personal growth and maturity, and ensuring primary healthcare providers are equipped with