A systematic review of the effects of interprofessional education on staff involved in the care of adults with mental health problems

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Authors' objectives
To examine the effects of interprofessional education (IPE) on staff involved in the care of adults with mental health problems.

Searching
MEDLINE was searched from 1966 to 1998, PsycLIT from 1966 to 1998, and CINAHL from 1982 to 1998. A detailed list of the search terms were provided. The author states that grey literature was not searched.

Study selection
Study designs of evaluations included in the review
The author included any type of qualitative or quantitative evaluation of IPE.

Specific interventions included in the review
To be eligible for inclusion, studies had to examine IPE. IPE was defined as any occasion when two or more professions learn interactively together with the object of promoting collaborative practice.

Participants included in the review
To be eligible for inclusion, IPE had to involve mental health staff. This was defined as the inclusion of any combination of vocationally trained staff (e.g. nurses, psychiatrists, general practitioners, clinical psychologists and social workers) and/or non-vocationally trained staff (e.g. care workers, care assistants) who collaborate in the care of adults with mental health problems, i.e. individuals aged at least 18 years with any form of mental health problem, except those relating to the care of adults with a primary diagnosis of learning disability, substance abuse and/or degenerative organic disorders.

Outcomes assessed in the review
No inclusion criteria regarding the outcomes were reported. The outcomes reported from the papers were classified according to the model of educational outcomes described by Kirkpatrick et al. (see Other Publications of Related Interest no.1). These included:

- learner reaction, i.e. the learners' views on the learning experience;
- acquisition of learning, i.e. changes in knowledge, skills, competencies and attitudes;
- behavioural change, i.e. transfer of learning to workplace behaviour as a result of an educational intervention; and
- changes in organisational practice, i.e. changes to the organisation of professional practice as a result of an educational intervention.

How were decisions on the relevance of primary studies made?
Each abstract and the retrieved papers were reviewed by the author, and then by a mental health professional. Any disagreements were resolved by a third person.

Assessment of study quality
The author assessed the quality of the papers by examining the methodology (e.g. research design, clear statement of aims, data collection methods, and sampling procedures), outcome data (e.g. if the type of outcome could be assessed given the length of the intervention), and the overall clarity of the information presented. As a result of this process,
the papers were designated as ‘good’, ‘acceptable’, ‘poor’ or ‘unacceptable’. The author does not state how many of the reviewers performed the quality assessment.

**Data extraction**
The author does not state how many of the reviewers extracted the data. The papers were abstracted to obtain descriptive information on the nature of the IPE (e.g. duration of the course and type of staff involved) and to assess the quality of the evidence. The data tabulated included: study identification, location of study, length of IPE, study design, method of data collection (e.g. questionnaires), and the type of reported outcome.

**Methods of synthesis**
How were the studies combined?
A descriptive synthesis was undertaken.

How were differences between studies investigated?
The studies were described by the context (e.g. location of IPE courses), methodology (e.g. research design), outcomes and quality of evidence.

**Results of the review**
Nineteen studies were included in the review: 3 before-and-after, 7 post-intervention, 4 longitudinal, 2 'multi-method', and 3 with unclear study designs. Information on the number of participants was not presented.

Seven papers were considered to be of 'good' quality, 6 papers were 'acceptable', 3 papers were 'poor', and 3 papers were 'unacceptable'.

All 19 papers reported positive outcomes from the use of IPE with staff involved in the care of adults with mental health problems. However, these studies contained a number of shortfalls. These included a general lack of information relating the methods employed and their associated limitations; little account of how IPE impacted on user care; uncertainty over whether the initial effects of IPE remained or diminished over time; poor descriptions of the evaluated IPE programmes; and limited applicability due to cultural influences.

**Authors' conclusions**
The evidence relating to the effects of IPE involving staff who care for adults with mental health problems was insubstantial.

**CRD commentary**
The research question was clearly stated, although the inclusion criteria were intentionally broad. The author searched three databases, but did not search for grey literature. It is possible, therefore, that some studies may have been missed. An attempt was made to assess the quality of the studies, although the method used appears to be somewhat subjective. It would have been beneficial to use published scales or checklists where possible. There was insufficient information on each study (e.g. sample sizes, results), which may be due in part to the lack of information available in the original studies. However, the author suggested that all the papers reported positive outcomes, but no data are presented to support this statement.

This systematic review largely describes the literature rather than focusing on the results of the IPE interventions. As such, the conclusion, that there is currently a lack of rigorous evidence into the effects of IPE in the area of mental health, appears to be valid. This review draws upon the work from two previous systematic reviews (see Other Publications of Related Interest nos.2-3).

**Implications of the review for practice and research**
Practice: The author does not state any implications for practice.

Research: The author states that there is a pressing need to begin a sound evidence base, and that it is necessary to employ research designs that include a multi-method and longitudinal dimension, and to collect rigorous data relating to user care.

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**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.