



April 2021: 'Resilience building' via pre-incident mental health interventions: what does and doesn't work?

Wild, J., Greenberg, N., Moulds, M.L., Sharp, M.L., Fear, N., Harvey, S., Wessely, S. and Bryant, R.A., 2020, '[Pre-incident training to build resilience in first responders: Recommendations on what to and what not to do](#)'. *Psychiatry*, pp.1-15.

This article:

- Evaluates the available evidence (ie. a meta-analysis) on pre-incident MH support for first responders.
- Offers recommendations for what programs and services agencies should offer, and what they should avoid, to build resilience among first responders prior to critical incident exposure.

Background

To protect their staff from the psychological impact of stressors encountered in their roles, there has been a surge in the number of pre-incident training programs aimed at first responders to maintain their psychological wellbeing after critical incidents.

These include pre-employment screening programmes, psychoeducation, operational training, line manager training and interventions aimed at improving resilience, wellbeing, or stress management.

Findings

There is no evidence for the effectiveness of pre-employment screening or psychoeducation when offered as a standalone package.

Identifying candidates at higher risk for psychological problems has mixed results in terms of achieving greater operational efficiencies. Psychopathology is a complex emergence and not something that can be predicted ahead of time.

Psychoeducation as a standalone offering is ineffective for improving wellbeing or reducing the likelihood of developing mental health problems after critical incidents.

There is not enough evidence to draw conclusions about the effectiveness of interventions to date aimed at improving wellbeing and resilience to stress.

Evaluation of the benefits of interventions fall short around assessing emergency workers following (i.e., in the months or years after) their exposure to critical incidents.

"We regard psychological interventions aimed at improving wellbeing or resilience to stress as being optional until there is an evidence base to support their implementation".

There are trials underway that are being evaluated and show promise in preventing stress-related psychopathology for first responders.

There is currently not enough evidence to evaluate digital interventions, such as apps, though they appear to be acceptable to first responders and feasible to incorporate into their daily use.



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Operational and line manager training showed the most promise but need to be evaluated in high quality trials with sufficient follow-up to draw conclusions about their preventative benefits.

Line manager training programmes, especially those focused on teaching managers practical mental health skills, do show preliminary promise and the field needs further research with longer follow-up to determine their benefits.

Other notable points

Pre-existing recruitment procedures – which screen for academic history, occupational track record, physical health, and other indices of general functioning (e.g., criminal checks) is more likely to predict an applicant's future functioning than psychological screening.

It goes without saying that an organisational culture that supports mental health is crucial for ensuring staff ask for help if needed without fear of retribution or job insecurity.