

BEYOND THE EMERGENCY

A national study of ambulance
responses to men's mental health



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OVERVIEW

Men in Australia experience high rates of mental health issues (including anxiety, depression, psychosis, self-harm and alcohol and other drug related harms), but they are often hesitant to seek professional help. *Beyond the Emergency* identified that acute male mental health presentations to ambulance services are both frequent and complex, with paramedics feeling that they are poorly equipped to respond effectively. Men who accessed ambulance services for mental health issues felt they required more from paramedics than simply being transported to hospital. Findings consistently highlight a service system that is not working – for men or ambulance services.

2015-16 CODED AMBULANCE DATA*

More than

110,000

ambulance attendances for males experiencing acute mental health issues

78%

were transported to hospital

3x higher

Self-harm ambulance data indicates rates **3 times higher** than available hospitalisation data

More than

60%

of attendances occurred after hours



42%

of attendances were to men **re-presenting** to ambulance services



More than

30%

of attendances involved police



PARAMEDIC EXPERIENCES

<14%

reported **comprehensive training** for mental health responses



<1 in 3

felt **highly confident** in responding to people experiencing mental health issues

MEN'S EXPERIENCES



Men value professionalism, compassion and **positive communication** when receiving paramedic support

CALL TO ACTION

- * Enhance ambulance service capacity to respond effectively to mental health presentations
- * Continue to use coded ambulance clinical records to identify and monitor community mental health needs
- * Re-design the current service system to provide timely, accessible and non-stigmatising treatment options

* From six jurisdictions (Australian Capital Territory, New South Wales, Northern Territory, Queensland, Tasmania and Victoria).

CONTEXT



BACKGROUND

More than 3,000 people end their lives each year.² Most are male³, with many more men engaging in self-harm. Suicide is the leading cause of death for men under the age of 44 in Australia², greatly exceeding the national road toll.

Despite high rates of mental health issues, many men across Australia find it difficult to seek professional support. Common barriers to help-seeking include:

- + poor knowledge and recognition of mental health issues and where to get help (poor mental health literacy)
- + dominant masculine beliefs around help-seeking as a sign of weakness^{4,5}
- + the stigma associated with these conditions.^{6,7}

When men do seek support, it is often when they are experiencing severe physical symptoms or are in crisis.⁸ Given men's reluctance to seek professional support, any contact with a health professional is an opportunity to take action and support positive changes for their mental wellbeing.

Ambulances respond to the emergency health needs of all Australians. They attend to more than 1.3 million emergency incidents annually.⁹ Although this emergency response is likely to include many men with mental health issues, there has been little research characterising the nature of these presentations or mapping their outcomes.

Little is known about men's experiences of ambulance support, what responses are provided, and whether contact links them to ongoing professional support. Research has pointed to discrimination and poor mental health literacy in other areas of the health system¹⁰, but there is limited understanding of paramedics' attitudes and capacity to respond to people experiencing mental health issues.

AIMS AND KEY ACTIONS

Beyond the Emergency was a three-year national research initiative funded by Movember and Beyond Blue. It sought to:

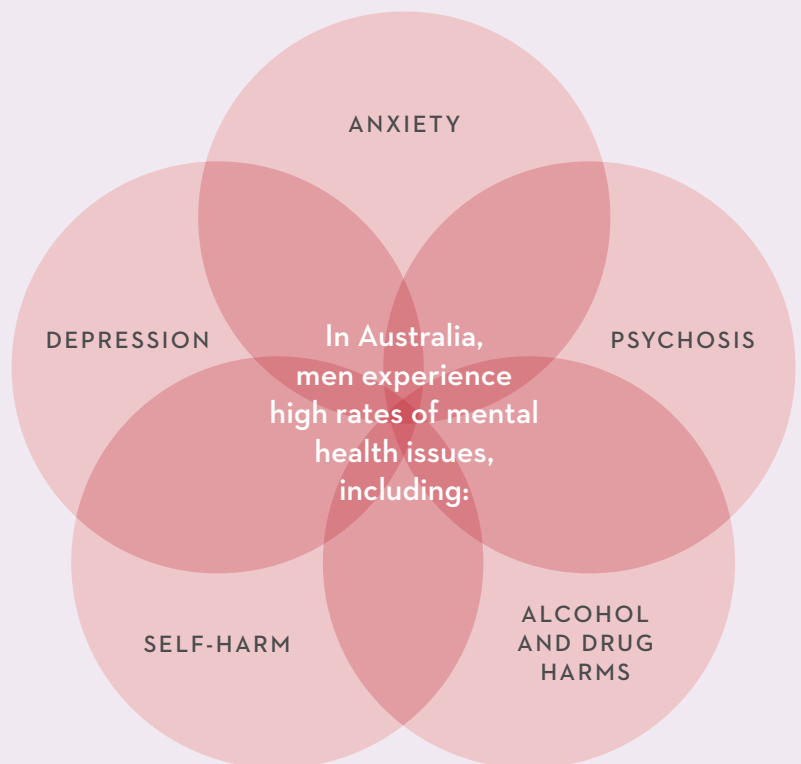
- + quantify the magnitude and outline the characteristics of acute male mental health presentations to ambulance services
- + examine paramedic and men's experiences
- + identify opportunities to improve mental health support for men.

On average:

1 in 8
men will experience
DEPRESSION

1 in 5
men will experience
ANXIETY

1 in 3
men will experience
ALCOHOL RELATED
PROBLEMS
at some stage in their lives¹



01

Mapping men's mental health journeys through emergency services by coding ambulance services' paramedic clinical records

Understanding the magnitude of mental health issues among Australian men requires multiple detailed datasets to capture all related concerns. Existing datasets provide important insights, but each comes with its own limitations.

For example, although coronial data reports on suicide, it can take up to three years for data to become available because of the requirements of coronial review for unexpected deaths. Also, coronial data does not include non-fatal self-harm.

Hospital data captures non-fatal self-harm and mental health admissions, but the way these presentations are coded means that not all presentations will be accurately captured. For example, a person admitted for depression and suicidal ideation will only have the depression coded. If the admission was also associated with alcohol intoxication, but did not result in treatment for an alcohol related disorder, the association with alcohol will not be captured.

Importantly, the coding system does not have capacity to delineate between different self-harm presentations such as self-injury with no intent to die versus a suicide attempt. It also does not capture episodes of suicidal ideation.

Not all presentations to hospital result in admission. Although data is collected for those treated within the emergency department, the restrictions of the coding system mean that the complexity of mental health presentations may not be captured, as data is only collected on the main presenting issue. For example, the specific injury is coded, but not the associated suicide attempt.

Finally, current demands on emergency departments mean that people who are assessed as having less urgent mental health presentations may need to wait for a long time before receiving treatment. They may choose to leave without receiving any intervention or connection to further care.

Ambulance clinical records are an important and rich data source, capturing acute mental health presentations in the community. Paramedic clinical notes contain:

- + details of the nature and background to the attendance, including information about what was observed 'on scene' such as bystander accounts, evidence of drug paraphernalia and suicide notes
- + the location of the event
- + the clinical outcome
- + whether police also attended.

For more than 20 years and in partnership with Ambulance Victoria, Turning Point has been providing a Victorian alcohol, illicit and pharmaceutical drug surveillance system using coded paramedic clinical data. This world-first surveillance system has recently been expanded to include reporting of national data in partnership with jurisdictional ambulance services, and there is an opportunity to apply the same methodology to mental health in these datasets.

This project sought to capture and explore for the first time the magnitude and complexity of presentations for mental health among males in a systematic, timely and comprehensive way. To achieve this aim, clinical records provided by jurisdictional ambulance services were meticulously coded by a trained coding workforce at Turning Point, using a purpose-built coding system and database. Linked datasets were also investigated to explore repeat presentations and treatment trajectories.

02

Understanding the experiences of men with acute mental health issues and the paramedics who support them through a national survey of paramedics and interviews with both paramedics and men

Beyond the Emergency explored the nature and experience of ambulance responses. There has been limited research investigating paramedics' capacity to respond to mental health issues and males' experiences of ambulance support. To address these gaps, *Beyond the Emergency* conducted a national online survey of paramedics, and in-depth interviews with paramedics and men who had recently received ambulance support.

The paramedic survey explored:

- + paramedic education and training in mental health responses
- + attitudes toward males with mental health issues
- + common treatment responses.

The in-depth paramedic interviews provided an extra level of understanding of paramedic attitudes about their role, as well as experiences of providing support and how they felt treatment could be improved. The in-depth interviews with men with mental health issues, focussed on experiences of paramedic support and their perception of high-quality treatment responses, delivered a valuable perspective.

03

Providing paramedics with further training and resources to enhance their capacity to appropriately respond to men with mental health issues

Beyond the Emergency explored gaps in current paramedic training and practice responses related to mental health presentations. Building on this information, educational materials and resources were developed and trialled to build paramedic skills in supporting men experiencing mental health issues.



DEFINITIONS

MENTAL HEALTH:

Unless specified, this term refers to the breadth of mental health presentations such as depression, anxiety, psychosis, self-harm, and alcohol and other drug related harms.

SELF-HARM:

This term includes self-injury, suicidal ideation, suicide attempt, self-harm threat and fatal suicides.

ALCOHOL AND OTHER DRUG RELATED HARMS:

This term refers to acute harms experienced as a result of over- or inappropriate consumption of alcohol or other drugs, including illicit and pharmaceuticals.

RESTRAINT:

A device (physical) or medication (chemical) that is used to restrict an individual's voluntary movement to ensure their safety.

KEY FINDINGS

MAGNITUDE AND COMPLEXITY OF MALE MENTAL HEALTH AMBULANCE ATTENDANCES



In 2015-16
112,637
ambulance attendances
for males with acute mental
health issues, where:

Where data on re-presentations
was available, more than

40%



Overdose was the most
common way for males
to attempt suicide



For almost half of suicidal
ideation related attendances,
the male involved had a
clear suicide plan



Estimates of male self-harm
based on ambulance attendances
are almost **three times higher**
than identified in current
morbidity data

PARAMEDIC TRAINING, SKILLS AND ATTITUDES

Paramedics felt they were not well-equipped to respond to mental health presentations:

Fewer than
14%
of paramedics reported
comprehensive training
for mental health responses
(except for intoxication)

Fewer than
13%
of paramedics reported their
training provided adequate
skills to respond to people
experiencing mental health
issues (except for chemical
and physical restraint)

Fewer than
1 in 3
paramedics **felt highly**
confident in responding
to people experiencing
mental health issues
(except for overdose)

More than
2/3
of paramedics **felt**
under-prepared to use
communication skills as a
response to the presenting
person's need

Paramedics were **less likely**
to **correctly identify a**
specific mental health
condition when it
co-occurred with
alcohol or other drugs

Paramedics were **more likely**
to **hold stigmatising attitudes**
towards people experiencing
mental health issues when
alcohol or other drugs were
also involved

Many paramedics believed their **primary role in supporting**
people experiencing mental health issues is to transport
them to hospital, and although some recognised the potential
to provide information and support, they did not believe they
had the resources to do so

PERSPECTIVES OF MEN AFFECTED BY MENTAL HEALTH ISSUES SEEKING AMBULANCE SUPPORT



Men who accessed ambulance services for mental health issues **felt they required more from paramedics than simply being transported to hospital**. They described how high-quality treatment and positive experiences were influenced by the paramedic interaction and a supportive response. Professional, compassionate and empathic responses were related to good communication skills, such as **active listening, non-judgmental and respectful language**. These interactions also enabled:

- + successful de-escalation
- + patient-centred care (where affected men were involved in the decision-making process)
- + positive handover experiences to emergency department staff

DEVELOPING EDUCATION AND RESOURCES TO SUPPORT MEN AFFECTED BY MENTAL HEALTH ISSUES



The research findings highlight the need for **improved paramedic training**, information provision and opportunities to connect men to appropriate support services. Resources developed and currently being trialled include:

- + *Engaging Safely*, a paramedic training package focussing on building paramedics' communication skills and mental health responses
- + a *Beyond the Emergency* website for paramedics to promote via referral cards, which encourages men to take action by being informed, exploring self-help strategies and seeking professional support

NEED FOR SERVICE SYSTEM INTEGRATION



The sheer number and complexity of male mental health related ambulance attendances, combined with the high rate of repeat presentations and transportation to already strained emergency departments, reinforce the need for a **comprehensive review of service responses and system design**.

Although building paramedic capacity, skillsets, and resources are important components of responding to the complex nature of male mental health needs, these should be complemented by a more flexible and integrated service system.

Interviews with both men and paramedics point to an under-resourced mental health sector where long wait times, financial costs, and limited appropriate services are extra barriers to accessing ongoing professional support.

Beyond the Emergency findings highlight a service system that is not working for men experiencing mental health issues or ambulance services.

Alternative models of delivering emergency care to those experiencing acute mental health issues should be explored, and investment is needed in systems and responses that reduce the many barriers men frequently face in accessing timely support.



IMPLICATIONS

ENHANCING PARAMEDIC CAPACITY TO RESPOND EFFECTIVELY

- + Paramedics must be supported to feel confident in effectively communicating with men experiencing mental health issues.
- + Paramedics require integration of mental health clinical skills within in-service and university curricula.
- + Ambulance services could consider building good mental health practice through mentoring programs.
- + Paramedics should be supported to provide mental health resources that help connect men with appropriate and timely treatment.
- + Ambulance services should explore the feasibility of alternate models of service delivery for acute mental health related attendances.

OPPORTUNITIES FOR MONITORING AND SURVEILLANCE OF COMMUNITY MENTAL HEALTH NEEDS

- + Coded ambulance data addresses an evidence gap by capturing harms that are not currently identified in other health morbidity datasets such as emergency department and hospital admissions.
- + Coded ambulance data is an important source of evidence to quantify the magnitude, patterns and characteristics of acute mental health and self-harm, and serve as a reliable surveillance and early warning system.
- + Geographic and temporal mapping of coded ambulance data can inform policy, resourcing and service responses.

SYSTEM DESIGN

- + An effective and sustainable mental health response must be embedded within a service system that promotes timely, accessible and non-stigmatising treatment options.
- + With most mental health related attendances occurring outside business hours, there is a clear need to offer treatment options at times that do not solely rely on emergency services.
- + Ambulance services must be involved in mental health planning and system design.
- + Alternate models of care and more appropriate community support that helps to avoid unnecessary transport to hospital should be explored.





APPROACH

CODING AMBULANCE CLINICAL RECORDS

Working with ambulance services in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, Tasmania and Victoria, Turning Point received de-identified electronic patient care records of male ambulance attendances from 1 July 2014 to 30 June 2017.

These records were imported into a purpose-built database where trained research coders extracted information related to mental health ambulance attendances. Cases were only included if mental health symptoms, self-harm or over- or inappropriate consumption of alcohol or drugs (including illicit and pharmaceuticals) significantly contributed to the reason for the ambulance attendance. This information was ascertained from the paramedic clinical assessment, patient self-report, information from third parties and evidence at the scene.

Importantly, although mental health must be a contributor to the ambulance attendance to be included in this dataset, it may not be the primary reason for the ambulance attendance.

PARAMEDIC SURVEY

An online survey, promoted through participating ambulance services and their professional association, was completed by 1,230 paramedics from across Australia. Two-thirds (66.2 per cent) of participants were men, with an average age of 41.0 years. Participants had been employed as a paramedic for an average of 13.3 years, with 43.6 per cent reporting a bachelor-level qualification.

The survey explored paramedics' recognition of, and attitudes toward, mental health attendances, and their confidence, preparedness and training to respond to people with mental health issues.

PARAMEDIC INTERVIEWS

In-depth telephone interviews were conducted with 73 paramedics (mean age 43.9 years, 64.6 per cent male) from across Australia, 43.8 per cent of whom worked in metropolitan centres (32.9 per cent rural and remote locations). Interviews sought to expand on the areas examined in the paramedic survey.

INTERVIEWS WITH MEN AFFECTED BY MENTAL HEALTH ISSUES

Men across Australia who had used an ambulance service for mental health issues were invited to participate. The study was promoted through multiple channels such as mental health service e-newsletters, social and print media, community notice boards, and online classifieds. Some ambulance services directly promoted the study to men who had presented to an ambulance with a possible mental health issue in the past six months.

Thirty in-depth telephone interviews were conducted, with participants aged 21–67 years (mean age 40 years). The majority (56 per cent) were born in Australia, with 16 per cent also identifying as Aboriginal or Torres Strait Islander. Participants were recruited from all states and territories, with 66 per cent residing in metropolitan, 20 per cent regional, and 13 per cent rural locations. Interviews explored participants' reasons for using ambulance services, their perceptions of the support received and the kinds of services or initiatives that might be helpful for people facing similar situations.



RESULTS

01 MALE AMBULANCE PRESENTATIONS: TYPE, COMPLEXITY AND VOLUME

12-month overview of national ambulance data

(July 2015 to June 2016)

ATTENDANCES

112,637

20%
involving more than one mental health issue

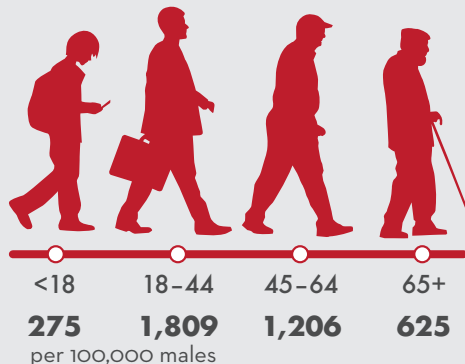
60%
involving alcohol and other drugs

30%
also involving police

Cases were often complex, with more than:

BY AGE

More than half were aged 18 to 44 years



TRANSPORTATION TO HOSPITAL

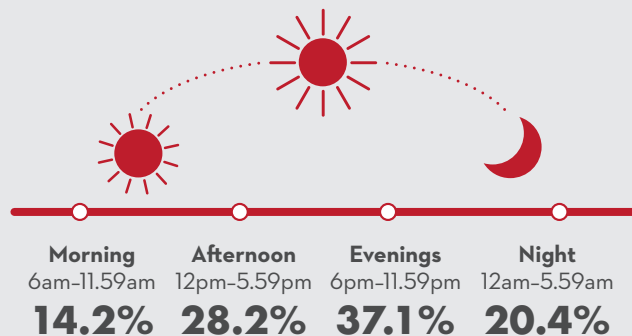
78.3%

of attendances were transported to hospital, typically the closest emergency department



TIME AND DAY

Around one-third of attendances occurred on the weekend and more than half after hours



POLICE PRESENCE



For **30.5%** of attendances the police were also present

AGGRESSION



7.4% of attendances involved a male that was physically or verbally aggressive

PRESENTATION TYPE

MENTAL HEALTH*

20.3%

6.2%

5.8%

SELF-HARM

10.4%

3.1%

7.2%

ALCOHOL & OTHER DRUGS

47.2%



33.4%

of attendances on weekends (Saturday and Sunday)

RE-PRESENTATIONS

42%

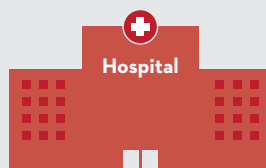
of attendances had multiple attendances, with

7.4%

re-presenting 10 times or more



10x



* Excludes attendances related to self-harm or alcohol and other drug related harms, but includes anxiety, depression and psychosis.

Mental health*: coded ambulance data

The most frequently occurring mental health related presentations were anxiety related attendances, followed by depression and psychosis.

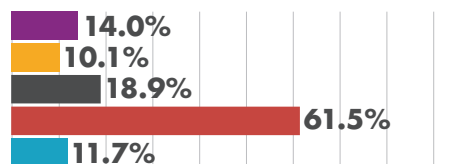
Men with anxiety related attendances were less likely to be transported to hospital, or to have concurrent alcohol and other drug harms, self-harm or other mental health symptoms than those with depression or psychosis.

Psychosis related ambulance attendances had the highest proportion of police presence, closely followed by depression. More than 90 per cent of men with depression and psychosis related attendances were transported to hospital.

ANXIETY

10.3%

of attendances were anxiety related

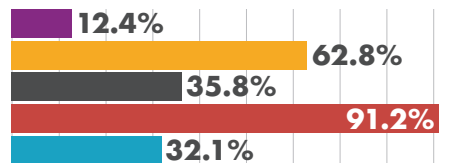


- co-occurred with current mental health symptoms
- co-occurred with current self-harm
- co-occurred with alcohol or other drug harms, or both
- were transported to hospital
- involved police presence

DEPRESSION

8.8%

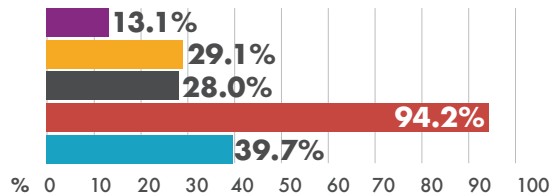
of attendances were depression related



PSYCHOSIS

7.5%

of attendances were psychosis related



* Excludes attendances related to self-harm or alcohol and other drug related harms, but includes anxiety, depression and psychosis.

Self-harm: coded ambulance data

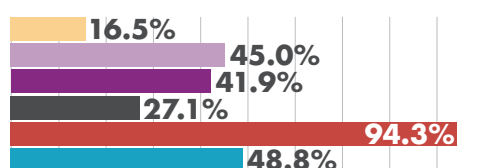
There were 30,197 self-harm related attendances, including self-injury, self-injury ideation (or threat), suicidal ideation, suicide attempt and suicides, and almost all were transported to hospital. There were almost twice as many ambulance attendances for suicidal ideation than attempts, but both often involved police.

When compared with suicidal ideation, suicide attempt related attendances had a higher proportion of co-occurring alcohol and other drug harms and history of a previous suicide attempt, with overdose being the most common behaviour. Almost half of men with suicidal ideation related attendances reported a clear suicide plan.

SUICIDAL IDEATION

15.3%

of attendances were suicidal ideation related

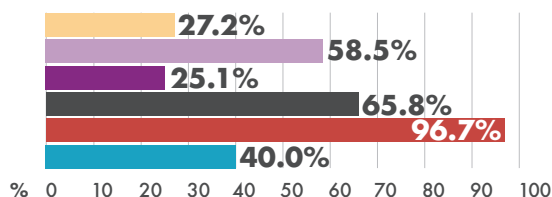


- involved a male with a previous suicide attempt
- the male reported a suicide plan
- co-occurred with current mental health symptoms
- co-occurred with alcohol or other drug harms, or both
- were transported to hospital
- involved police presence

SUICIDE ATTEMPTS

7.9%

of attendances were suicide attempt related



ESTIMATES OF MALE SELF-HARM IN AUSTRALIA

CURRENTLY AVAILABLE NATIONAL MORBIDITY DATA APPEARS TO SIGNIFICANTLY UNDERESTIMATE THE IMPACT OF SELF-HARM ON MEN IN AUSTRALIA. CODED AMBULANCE DATA (FOR ONLY SIX AUSTRALIAN JURISDICTIONS) INDICATED RATES AMONG MEN ALMOST THREE TIMES HIGHER THAN HOSPITALISATION DATA.

2,269 suicide deaths in 2016, **1,720** were male (17 males per 100,000)^a

9,999 hospitalisations for male intentional self-harm (85 males per 100,000)^b

30,197 ambulance attendances for male self-harm behaviours (306 males per 100,000)^c

17,227 ambulance attendances for suicidal ideation (175 males per 100,000)^d

(a) Intentional self-harm (suicide) in 2016 for all jurisdictions except Western Australia and South Australia. Source: Australian Bureau of Statistics, 2018. 3303.0 Causes of Death, Australia, 2017. Rates per 100,000 calculated from estimated resident population of relevant jurisdictions at June 2016 for males. Source: Australian Bureau of Statistics, 2017. 3101.0 Australian Demographic Statistics.

(b) Intentional self-harm hospitalised injury cases in 2014-15 for all jurisdictions. Source: AIHW: Pointer SC 2018. Trends in hospitalised injury, Australia 1999-00 to 2014-15. Injury research and statistics series no. 110. Cat. no. INJCAT 190, p.101. Canberra: AIHW. Rates per 100,000 calculated from estimated resident population of relevant jurisdictions at June 2015 for males. Source: Australian Bureau of Statistics, 2016. 3101.0 Australian Demographic Statistics.

(c) Male ambulance attendances in 2015-16 for self-injury, self-injury ideation (or threat), suicidal ideation, suicide attempt and suicides for all jurisdictions except Western Australia and South Australia. Source: *Beyond the Emergency* coded ambulance data. Rates per 100,000 calculated from estimated resident population of relevant jurisdictions at June 2016 for males. Source: Australian Bureau of Statistics, 2017. 3101.0 Australian Demographic Statistics.

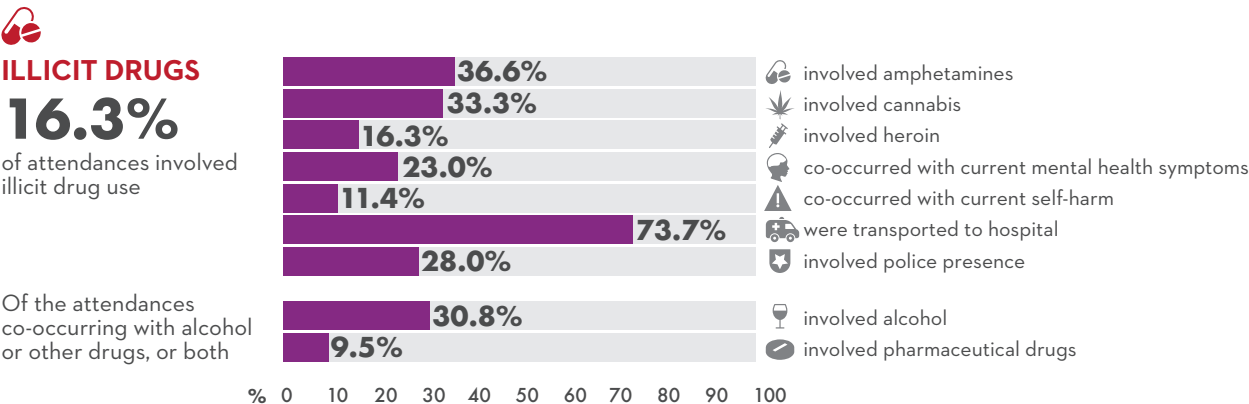
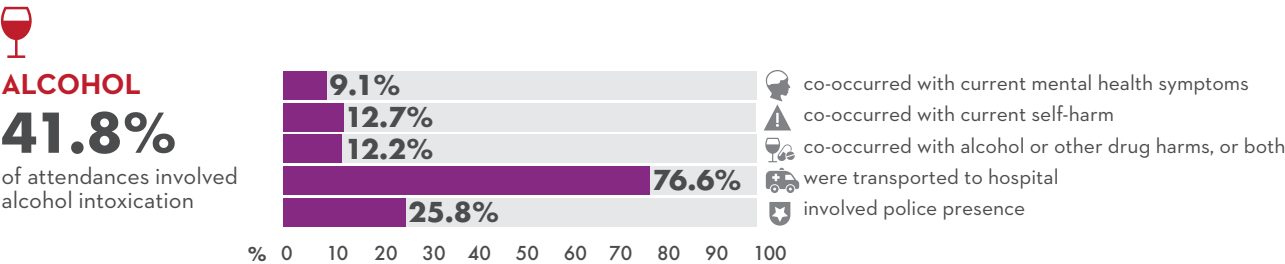
(d) Male ambulance attendances in 2015-16 for suicide ideation for all jurisdictions except Western Australia and South Australia. Source: *Beyond the Emergency* coded ambulance data. Rates per 100,000 calculated from estimated resident population of relevant jurisdictions at June 2016 for males. Source: Australian Bureau of Statistics, 2017. 3101.0 Australian Demographic Statistics.

Alcohol and other drug harms: coded ambulance data

A large proportion of ambulance attendances were associated with alcohol or drug intoxication. Of these, around one in 10 involved self-harm and similar numbers of men experienced co-occurring mental health symptoms. Most were transported to hospital and one-quarter of attendances involved police.

The most commonly involved illicit substances were amphetamines (including crystal methamphetamine or 'ice') and cannabis. Concurrent use of alcohol was evident in almost one-third of attendances involving illicit drugs, and almost one in 10 also involved pharmaceutical drugs. The most common pharmaceutical drug related attendances involved benzodiazepines or non-opioid analgesics, with approximately one-third of these attendances also involving alcohol. Close to one half of these attendances also involved self-harm.

Nearly 40 per cent of unintentional overdose related attendances involved heroin. About 60 per cent of unintentional overdose related attendances were transported to hospital.

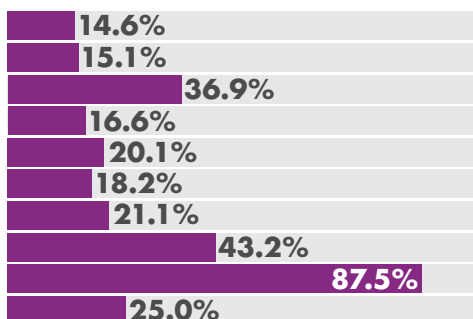




PHARMACEUTICAL DRUGS

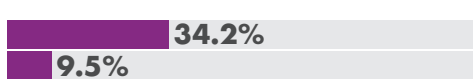
11.6%

of attendances involved the over or inappropriate use of pharmaceutical drugs



- involved antidepressants
- involved antipsychotics
- involved benzodiazepines
- involved opioid analgesics
- involved non-opioid analgesics
- involved other medications
- co-occurred with current mental health symptoms
- co-occurred with current self-harm
- were transported to hospital
- involved police presence

Of the attendances co-occurring with alcohol or other drugs, or both



- involved alcohol
- involved illicit drugs

% 0 10 20 30 40 50 60 70 80 90 100



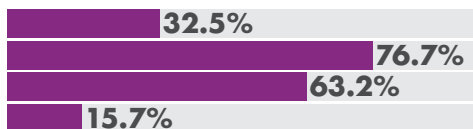
UNINTENTIONAL OVERDOSE

4.0%

of attendances were for unintentional overdoses or where the reason for the overdose was unclear

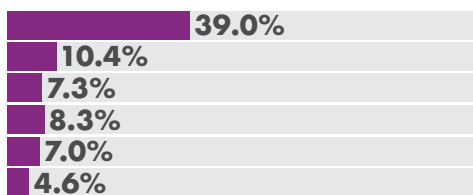
1.9%

of attendances were for an unintentional overdose



- involved alcohol use
- involved illicit or pharmaceutical drug use
- were transported to hospital
- involved police presence

Of the attendances involving illicit or pharmaceutical drug use



- involved heroin
- involved GHB
- involved amphetamines
- involved benzodiazepines
- involved opioid analgesics
- involved non-opioid analgesics

% 0 10 20 30 40 50 60 70 80 90 100



02

PARAMEDIC PERSPECTIVES IN RESPONDING TO MENTAL HEALTH ATTENDANCES

Despite the high prevalence and complexity of mental health attendances, paramedics do not feel well-equipped to respond to men experiencing these issues. They reported:

- + limited education and training
- + low confidence and preparedness to use related skills
- + difficulty recognising specific conditions
- + mixed attitudes towards people with mental health conditions
- + varied views about their role in supporting people with mental health conditions.

Paramedic training, confidence in responding to, and attitudes toward people with mental health issues occurs within the context of organisational (ambulance services) and whole of system (health system) norms, structures and resources. Organisations and systems need to assist paramedics to provide high quality support and connection to ongoing care for men with these issues.

PARAMEDIC EDUCATION, SKILLS AND TRAINING

Paramedics felt they did not have adequate education, skills and training in mental health issues, although they have frequent contact with people experiencing these issues. In the interviews, many paramedics commented on the lack of mental health content in both pre-qualification and in-service education courses.

“So, we had very, very little undergraduate mental health training, and then we go out into the wide world. You know, you're seeing in some areas, at least 10 per cent or 15 per cent of your jobs are mental health related, or 20 ... with drugs and alcohol ...

PARAMEDIC: MALE, AGED 40 YEARS

“I think in our clinical development days it would be beneficial to have a facilitator discuss ... about mental health patients in presentations. But also ... that as paramedics we're there for the mental health and wellbeing of our patients, not just their physiological presentations.

PARAMEDIC: MALE, AGED 46 YEARS

The national paramedic survey also highlighted gaps in both pre-qualification and in-service training, with limited discussion of different mental health issues. Although skills related to responding to people experiencing these issues are often outlined in ambulance services' clinical practice guidelines and procedures, paramedics reported limited training during pre-qualification and in-service training.



PARAMEDIC EDUCATION, SKILLS AND TRAINING

Fewer than **14%** reported **comprehensive coverage of different mental health issues** in their education and training, with the exception of intoxication

Fewer than **10%** reported comprehensive coverage of **skills** in their education and training to undertake:

- + mental state examination
- + mental health risk assessment
- + crisis intervention

Only **12.5%** reported comprehensive coverage of **de-escalation** skills in their in-service training

Only **9.2%** reported **comprehensive coverage of communication skills** in their in-service training

Fewer than **30%** reported comprehensive coverage of **chemical restraint** skills in their in-service training

Only **20%** reported comprehensive coverage of skills related to **physical restraint** in their in-service training



PARAMEDIC CONFIDENCE

Because of limited education and training, confidence among paramedics to respond to people experiencing mental health issues was low, with the exception of overdose management. Most paramedics did not feel prepared to communicate with someone experiencing a mental health crisis.

With the exception of overdose management, fewer than

1 in 3

felt highly confident in responding to people experiencing mental health issues

54%

felt highly confident in responding to a **drug overdose**

Only **35.4%**

felt greatly prepared in their **communication skills**

“Look, there are so many aspects to training that are important in this job. Quite honestly, communication, it should be just a refresher like every other course. All I need to be able to do are refreshers in single officer cardiac arrest and stuff like that, [but] it's just as important, communication skills is what the good ambos do every day.

PARAMEDIC: MALE, AGED 51 YEARS

“I was taught to put restraints on, when sedation is required and how to do but I guess teach me how to sit down and have a conversation with someone who is at their wits' end and you've just managed to take an electrical cord off around their neck.

PARAMEDIC: MALE, AGED 36 YEARS



De-escalation techniques and communication skills are key therapeutic tools to support people experiencing mental health issues. However, relevant in-service training was reported to be limited. Although chemical and physical restraint should be limited to the most severe presentations, these approaches were reported to be more commonly covered in in-service training than de-escalation and communication skills. A review of pre-qualification paramedic curricula offered across Australia reinforces these results and highlights that there are many gaps and inconsistencies in the mental health content offered. Content gaps include:

- + communication and de-escalation
- + mental health risk assessment
- + substance use
- + suicide and self-harm
- + crisis intervention
- + treatment responses and referral pathways
- + the impact of stigma.

Inconsistencies in definitions of mental health, treatment approaches, and the lack of clinical placements and core competencies for mental health training were also identified. Consultations with state and territory ambulance services highlighted major variations in in-service mental health training, and gaps in content were similar to those noted in pre-qualification training.

During interviews, paramedics expressed a desire for more training and skills so that they were better equipped to respond to mental health presentations. In particular, there was a strong desire for more training on developing therapeutic communication skills.

PARAMEDIC MENTAL HEALTH LITERACY

Recognition of mental health conditions

Consistent with findings related to minimal training experiences and opportunities, paramedics found it difficult to recognise some common mental health conditions, particularly when they co-occurred with alcohol and other drugs. When presented with someone affected by depression with suicidal thoughts, just under half of paramedics correctly recognised depression and either 'suicidal ideation', 'suicidal thoughts', 'self-harm', or 'suicide'. This decreased to about one-fifth when the same presentation also involved alcohol and other drugs. In contrast, almost 90 per cent recognised psychosis, but this decreased to just under 60 per cent when co-occurring alcohol and other drugs were present.

Table 1

MENTAL HEALTH ISSUE	Correctly recognised
Depression with suicidal thoughts	48.5%
Depression with suicidal thoughts and co-occurring alcohol and other drugs	20.3%
Psychosis	87.6%
Psychosis with co-occurring alcohol and other drugs	58.3%

Paramedic attitudes

Similar to attitudes in the general population, paramedics reported mixed attitudes towards people experiencing mental health issues. Survey results indicate that paramedics were more likely to hold stigmatising attitudes towards people experiencing mental health issues (either depression with suicidal thoughts or psychosis) when they co-occurred with alcohol or other drugs. This may reflect particularly negative societal attitudes toward people who experience problems with alcohol or other drugs.

Paramedics generally expressed greater desire for social distance from people experiencing psychosis over depression, regardless of co-occurring alcohol and other drugs. Although some paramedics may not hold these negative or stigmatising attitudes, other paramedics do, and this may act as a barrier to providing appropriate, high-quality support to people experiencing these issues.

Encouragingly, across all mental health conditions presented, fewer than five per cent of paramedics believed that mental health issues were a sign of personal weakness or not a real medical condition. However, a higher proportion of paramedics believed that a person experiencing mental health issues is dangerous or unpredictable. Such beliefs, especially in the context of limited training, might facilitate punitive rather than therapeutic responses to people with mental health issues.

Given the stressful nature of paramedic work and the potential mental health impacts, the presence of negative attitudes might make it difficult for paramedics to disclose or seek help for mental health issues that they themselves might be experiencing.



Table 2

PERSONAL STIGMA: Proportion of paramedics agreeing with statements about personal attitudes to mental health issues, with or without co-occurring alcohol and other drugs

STATEMENT:	Male experiencing depression with suicidal thoughts	Male experiencing depression with suicidal thoughts and alcohol and other drug issues	Male experiencing psychosis	Male experiencing psychosis and alcohol and other drug issues
1 He could snap out of it if he wanted	1.6%	3.1%	0.6%	1.7%
2 His problem is a sign of personal weakness	1.2%	1.7%	0.8%	3.1%
3 His problem is not a real medical illness	1.2%	2.1%	1.7%	1.4%
4 He is dangerous	14.8%	13.5%	35.2%	47.1%
5 It is best to avoid him so that you don't develop this problem yourself	0.8%	1.2%	0.8%	0.6%
6 People with a problem like him are unpredictable	25.0%	29.9%	71.1%	77.5%
7 If I had a problem like him I would not tell anyone	18.6%	19.3%	24.3%	21.7%
8 I would not employ someone if I knew they had a problem like him	14.3%	23.9%	40.1%	49.2%
9 I would not vote for a politician if I knew they had suffered a problem like him	14.3%	17.3%	39.9%	47.9%

Table 3

SOCIAL DISTANCE: Proportion of paramedics unwilling to spend time with someone experiencing mental health issues, with or without co-occurring alcohol and other drugs

STATEMENT:	Male experiencing depression with suicidal thoughts	Male experiencing depression with suicidal thoughts and alcohol and other drug issues	Male experiencing psychosis	Male experiencing psychosis and alcohol and other drug issues
1 Unwilling to move next door to him	10.0%	16.0%	49.6%	55.8%
2 Unwilling to spend an evening socialising with him	13.5%	19.8%	43.8%	55.2%
3 Unwilling to make friends with him	13.7%	19.5%	43.3%	52.3%
4 Unwilling to have him start working closely with you on a job	22.9%	36.4%	59.5%	66.7%
5 Unwilling to have him marry into your family	32.5%	43.1%	65.5%	71.9%



Mixed attitudes were also present in interviews with paramedics, where they expressed positive views, recognising people experiencing these issues genuinely deserved their help; as well as negative views, where they found them challenging and thought they would be better cared for by other services.

“*I feel the same way in that people with genuine mental health problems are just as deserving of medical help from me or the [paramedic] system as anybody with any diagnosed or any other medical problem. No more, you know; just the same as treating someone with a broken leg or having a myocardial infarction, and treating them and seeing a result.*

PARAMEDIC: MALE, AGED 44 YEARS

“*I find them really challenging, purely from the perspective that I am not qualified to make a formal decision or diagnosis ... I find that challenging because of the taking resources away from somebody else that might need it.*

PARAMEDIC: MALE, AGED 40 YEARS

“*Where it is just because somebody needs somebody to talk to, I don't think that is our role. That is what mental health services are for.*

PARAMEDIC: MALE, AGED 45 YEARS

PARAMEDIC ROLE AND SCOPE OF PRACTICE

Paramedics reported varied perspectives about their role in supporting people experiencing mental health issues, and although some paramedics were willing to support people in a more holistic sense, others had limited views that may impact the support they provide.

Consistent with the coded ambulance data, where most attendances were transported to hospital, many paramedics considered that their main role in responding to people experiencing mental health issues was to transport them to hospital. Paramedics also commented on organisational norms that may be driven by fear of the consequences of not transporting a person to hospital.

“*But generally, like I said, the general consensus is – and I say this to my students – I say, “I don't care how you do it, but we do it the easiest way possible and to get the patient to someone that is in definitive [more specialised] care.*

PARAMEDIC: MALE, AGED 45 YEARS

“*Our ... [name of paramedic service] has a big fear of the Coroner, and that's because of things that have happened in the past that haven't really been the paramedics' fault. But the service has been so neglectful in those situations, I suppose that they've had a massive knee-jerk reaction ... Everyone goes to hospital. If you call us, you're going to hospital, no matter what. It's just not worth losing my job over ...*

PARAMEDIC: MALE, AGED 36 YEARS

Many paramedics believed that providing information and referral to men experiencing mental health issues was not part of their role. Others recognised the potential to provide information and referral, but did not have the resources to put this into practice despite recognising that this may prevent issues in the future.

“*As far as giving the person advice on how to manage their condition, that's not really our role ... There should be somewhere in the community where this advice is already available and that person should be able to seek that without having to call emergency [paramedic] services.*

PARAMEDIC: MALE, AGED 50 YEARS

“ I think the potential for us to provide information is huge, because we do a lot of referral and management advice as part of our normal role with patients with medical issues, chronic illnesses or non-acute medical issues. We have access to phone numbers and services that we can help these people with. With the mental health [patients], we have nothing.

PARAMEDIC: MALE, AGED 25 YEARS

“ Absolutely. Absolutely. In fact, I think we should be more focused on that. If we actually did that more often, we'd probably find ourselves doing less in crisis. If we looked at it from a primary and public health perspective ... we would probably reduce our workload in our crisis intervention and build rapport and we'd build relationships.

PARAMEDIC: MALE, AGED 50 YEARS

The mixed views paramedics expressed about their role in providing information and referral to men experiencing mental health issues was also apparent in the paramedic survey. Overall, paramedics were less likely to provide advice to people they transported to hospital. Only about half of the paramedics reported that they were likely to provide advice on how to seek appropriate support for people they transported to hospital, and this decreased to less than one-third for advice on self-help and preventative strategies. This is likely to represent a missed opportunity to provide relevant information and professional support options, especially as transportation to the emergency department may not necessarily lead to connection to mental health treatment.

Table 4

ADVICE: Proportion of paramedics that are very likely to provide advice to people experiencing mental health issues

TYPE OF ADVICE	Non-transported	Transported
How to obtain appropriate help for the issue	50.5%	38.9%
How to self-manage the issue	26.2%	16.1%
How to prevent the onset of the issue	21.3%	14.9%

NEED FOR WHOLE-OF-SYSTEM AND ORGANISATION RESPONSE

Organisational and whole-of-system responses and resources are needed to support paramedics to provide appropriate care to people with mental health issues. Not only do paramedics report limited coverage of mental health and alcohol and other drug issues in their education and training, but they also report limited organisational support in this area. While the majority (71%) of paramedics agreed they learnt new skills or techniques at a professional training event in the past year, survey data also indicates low perceived organisational commitment to training. Less than one-third reported appropriate budget commitments and just over half reported regular in-service training and continuing education and training as a priority. This is likely to be a barrier to building capacity to respond appropriately to mental health presentations.

Table 5

ORGANISATIONAL COMMITMENT TO TRAINING:

Proportion of paramedics that agree their service is committed to training and professional development

TRAINING COMMITMENT	Percentage
My service holds regular in-service training	55.4%
Staff training and continuing education are priorities in my service	54.2%
The budget in my service allows staff to attend professional training	30.6%

Although some paramedics were willing to support people in a more holistic manner, they identified barriers, including:

- + a lack of resources, such as relevant referral information
- + organisational norms around transporting people to hospital
- + legislative responsibilities that sanction or encourage involuntary mental health care
- + limited transportation options when persons presenting were deemed to pose an immediate threat to themselves or others.

Many paramedics believed that shortages in local mental health and alcohol and drug treatment services increased demand for paramedic services, and increased pressure on emergency departments and hospitals.

“We’re introducing all sorts of things to try and even out the health discrepancies between rural and metropolitan areas, like for acute heart attacks and rapid transport to a [cardiac] Cath [catheterisation] lab, trauma systems so that people get to a trauma unit as quickly as possible with a helicopter. But we don’t seem to have the same level of resourcing for people with acute psychiatric conditions and they’re missing out ... You don’t want to be a public psychiatric patient in the country; it’s just horrible.

PARAMEDIC: FEMALE, AGED 59 YEARS

“We take them to ED, to the emergency department, because we don’t have anywhere else to take these people ...

PARAMEDIC: FEMALE, AGED 49 YEARS

Some paramedics also felt that time constraints did not allow for in-depth engagement with people experiencing mental health problems, with more than one in four paramedics reporting they were under too many pressures to do their job effectively. They indicated that time constraints were due to imposed operational targets, where a particular number of call outs had to be completed within a limited time frame. Despite this, some paramedics believed that it was still possible to provide meaningful and quality support to people experiencing mental health issues.

“... we don’t get the time these days. They’re [paramedic managers] always pushing us as a service that we need to be hitting these targets and we need to be getting out [back into the] community and things like that. But I think slowing down and taking time is a huge impact on the way that people will then behave with us.

PARAMEDIC: FEMALE, AGED 39 YEARS

Although paramedics consistently identified transport to hospital as a way of supporting people experiencing mental health issues, they expressed frustration with individuals who re-presented to ambulance, but had few suggestions about alternative models of support.

However, they saw outreach, investment in community mental health and a dedicated mental health ambulance service as important in addressing the ‘revolving door’ of mental health re-presentations, although paramedics raised concern about whether such system investment would be supported by government.

“One of the frustrations is that you have to go to the same patient time and time again. We do a job and we like doing our job. But it is frustrating when your primary role is to help someone and you feel like that help is not being provided. Maybe that’s more than just say a hospital-based system can provide. Maybe that needs to be outreach or community services that play more of a maintenance role or just a support role for these people when they are discharged from hospital.

PARAMEDIC: MALE, AGED 39 YEARS

“A while back, I actually sent an email to my team manager saying because the high level of mental health cases we do, we should have a mental health ‘truck’, like a mental health ambulance solely for dealing with mental health [patients]. I would go and work on that, no trouble. But ... the government wouldn’t budget for that anyway.

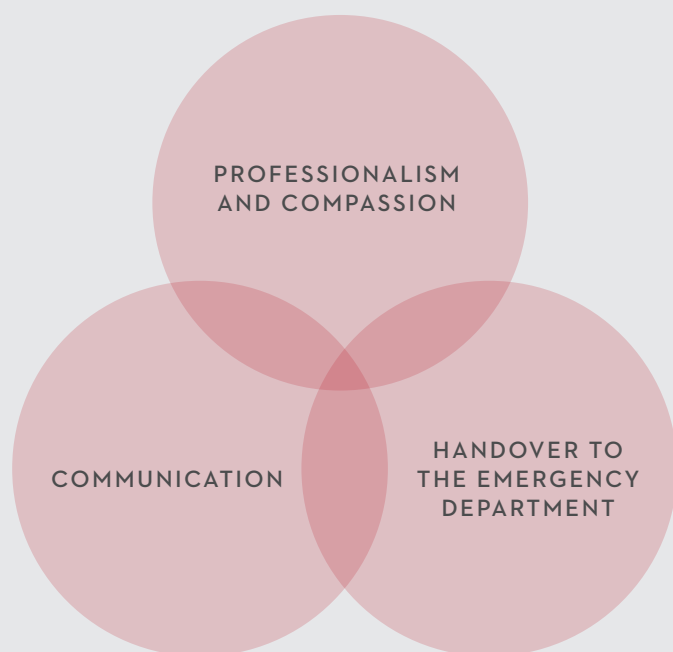
PARAMEDIC: FEMALE, AGED 51 YEARS



03

EXPERIENCES OF MEN USING AMBULANCE SERVICES FOR SUPPORT WITH MENTAL HEALTH ISSUES

Men described both positive and negative experiences in accessing ambulance services. Men's experiences of paramedic support highlight three interconnected themes:



Although some men were able to make positive changes to their mental health, many also experienced frustrations in navigating the health system, describing extra barriers to seeking support.

PROFESSIONALISM AND COMPASSION

Many men used the word 'professional' when describing their positive experiences with paramedics. Professionalism was often entangled in a mix of other positive attributes associated with good clinical care, such as empathy and compassion, where men described paramedics as being caring or understanding towards them and having a calming effect. Conversely, men's negative experiences were related to an absence of these attributes and in these instances, men described a lack of support and comfort in their interactions with paramedics.

“ I've experienced them to be very professional, very caring. Initially I didn't call them a lot of times because I was worried about that. I was worried if I don't have a broken leg they might not take it so seriously.

MALE, AGED 27 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

This comment highlights the concern that a mental health issue could be viewed as a less legitimate reason to seek support from ambulance services. However, it is the caring and professional qualities of the paramedics that ease these concerns, reducing this barrier to seeking support.

“ I didn't let them in at first but I spoke to them through the door for a while. I eventually let them in. They were very understanding and caring which was great, and sympathetic. So yeah it was just a matter of getting comfortable.

MALE, AGED 45 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

It is the compassionate qualities of paramedics and their willingness to take time and build trust, through displays of empathy and care that lead to positive outcomes.

“ They knew what to expect and they kept me calm. That was all that was needed. They understood that I was beside myself and they took me to the hospital. I spoke to mental health services and I got some medication, and I started feeling well again.

MALE, AGED 44 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Paramedic displays of empathy and compassion reassured men seeking support, potentially facilitating further treatment from mental health services and improved mental wellbeing.

In contrast, negative experiences of paramedic support were perceived as lacking professionalism and compassion.

“ *Just a little bit more care and understanding and effort when it comes to mental health. My experience relating around when I've called out to the ambulance services for a mental health issue, is that it's not quite an emergency. But the effort and the response that goes into the callers that if you had a stroke or a heart attack then people will be climbing all over you.*

MALE, AGED 26 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

“ *It was just they couldn't wait to get me in the van just to jab me to shut me up, because obviously there are more important things. There could be someone having a heart attack or someone that needs the ambulance more than I did, because – like that was self-inflicted. I'd done that to myself ...*

MALE, AGED 35 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

COMMUNICATION

One of the main ways in which professionalism and compassion was demonstrated was through paramedic communication. Men described how positive communication greatly affected their experiences of seeking support, with active listening, non-judgmental and respectful language contributing to the perception of high-quality care.

“ *As I said, I was a tiny bit out of it, and struggling to breathe at the start. But I know they were very calming. They spoke really nicely, and they made me feel at ease about the situation.*

MALE, AGED 30 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

“ *Yeah, look they asked for permission to examine me, they were extremely professional, they asked me how I'd gotten into this condition. Very non-judgemental about the whole thing, very – they just tried to keep it – they work in a profession when they never know when things are going to go south. So they were very cautious and very verbally gentle with me. Let me run the decision-making process as much as they could allow.*

MALE, AGED 55 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Applying therapeutic communication skills allowed paramedics to connect with men on a more personal level, which included taking time to listen and suggesting interventions that were personalised.

“ I think reflecting back on it, from them talking to the people around me, they learnt a bit about me, to talk to me at my level, about things that I knew about, to try and bring me back to reality, just trying to – they found out that I used to be a musician. So, they asked me if I knew how to do a certain type of breathing, and I said yes. So, they asked me to start that, which actually calmed me down a lot.

MALE, AGED 67 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Another man described his experience of initially feeling angry with police present. However, the paramedic was able to de-escalate the scene, calming both the man and police, by listening to what the man wanted and encouraging police to allow him to be part of the decision-making process. In this example, the paramedic not only provided high-quality support, but fulfilled the requirements of the *Mental Health Act* of ‘promoting voluntary treatment’ and ‘supported decision-making’.

“ He [the paramedic] knew what he was doing. He knew that he could quickly assess the situation and he calmed everything down. He also calmed the police down and he acted very much as intermediary, just going just leave this guy alone. If you just leave him alone he’ll come quite happily. I don’t know whether that’s his job but he just saw the situation out because I was getting very irate. I was turning it around and saying okay, you’re going to have to arrest me because I was getting really angry with them bursting into my house and its 10 o’clock in the morning. So he did an excellent job so I couldn’t fault him at all.

MALE, AGED 41 YEAR, AFFECTED BY MENTAL HEALTH ISSUES



In contrast, poor (or lack of) communication influenced men’s experience of care in negative ways, such as feeling judged and unsupported, and influenced the use of restraints.

“ Some of them [paramedics] are quite, well, judgemental I suppose. One said to me, we could be out saving someone’s life rather than transporting you to hospital for a check-up. I thought, well that’s rather rude, I didn’t ask you to come get me.

MALE, AGED 51 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

“ So, my experience is they generally tend to go restraints and force ... The police and ambulance lack the therapeutic tools to diffuse the situation without conflict and sedation.

MALE, AGED 26 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

“ Tell me what you’re giving me for starters so I know – obviously it’s a sedative, but at least give me the name so I know what it is; talk to me a little bit more, ask me questions like “why?” – “how come that it led up to that particularly at 2:30 in the morning?” and yeah, maybe just a little bit more conversation in the van before knocking you out I suppose.

MALE, AGED 35 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

HANDOVER TO EMERGENCY

For men experiencing mental health issues who were transported to hospital, the handover to emergency staff was considered an important aspect of their overall experience. Positive handover experiences relied on clear and detailed communication between paramedics and hospital staff, while negative experiences involved incomplete or insensitive communication.

“ I found it was really good because they actually explained it [the handover process] even though I was pretty – I was starting to – the alcohol was kicking in and it was really bad for me because I was like – I couldn't hold a straight [conversation]. Yeah, but they managed to actually – yeah – managed to tell the story and stuff.

MALE, AGED 32 YEARS, AFFECT BY MENTAL HEALTH ISSUES

“ That they're [paramedics and hospital staff] talking as if I'm not there, but clearly they know I am, because it's about you and all that sort of stuff. It just makes you feel like an idiot or a child or stupid really.

MALE, AGED 39 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

“ I was in quite a vulnerable situation and I'm not sure how much conversation was had between the paramedics and the hospital that I was going to. As soon as I got to hospital, I had to pretty much explain why I was there. As if like the first time wasn't hard enough. I felt it was quite unprofessional. I don't know whose fault that was but I think that just bridging that gap a little bit more in that transition would be good, to make sure that the people that you're being handed over to know your situation.

MALE, AGED 24 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

MENTAL HEALTH SYSTEM

As well as their experiences with ambulance services and hospitals, men also spoke about the system barriers they faced in seeking support for mental health issues. Many men discussed multiple barriers to seeking support including financial costs and long wait times.

“ ... when you finally put your hand up and say that you need help and ... you want to do something about it, the ropes and the barricades and the red tape and everything that you've got to go through just trying to get into these places is unbelievable – four-month wait or a six-month wait or a 12-month wait. People could be dead in that time.

MALE, AGED 35 YEARS, AFFECTED BY MENTAL HEALTH ISSUES


“ There's a lot of financial barriers [unclear]. The lead time, the wait time to get to see psychologists ... pushing it back weeks and months. Which is difficult ... because mental health it changes day-by-day and week-by-week so if you've got to wait six weeks to two months to see a specialist ...

MALE, AGED 24 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Not only did men experience long wait times, but many also faced difficulties in navigating the mental health system to find appropriate specialist services, particularly for those living in regional and rural areas.

“ Yeah it was difficult for me just to find the services. Particularly just before I went into hospital I'd been referred to a psychologist by a GP here in [name of location] and the number that I was given I wasn't even able to find the psychologist to whom I was referred. It just seemed like, I don't know, they just sort of weren't there [laughs]. I don't know if they even exist. So that was difficult and it took a lot of searching to find any psychologist.

MALE, AGED 38 YEARS, AFFECTED BY MENTAL HEALTH ISSUES



“A lot of it was just from my own research. Again, if – this is what was so frustrating. The amount of trouble that I had to go to try and find any kind of help that worked for me, obviously there’s a lot that you would probably gain from [unclear] just reading here and there. But I think most of the work was done from my own behalf. It certainly wasn’t easy to access these services.

MALE, AGED 24 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Many of the barriers faced were intertwined, with men describing suitable services as unaffordable, or free services provided through a Mental Health Care Plan as inadequate for those experiencing more severe conditions.

“So with the current mental health, I think it’s up to 10 sessions per 12 months ... But yeah, I found that after 10 sessions, that was all the support you could get. It’s quite expensive. Psychologists aren’t cheap. But I don’t know, if you’re looking at suicide rates in our country versus the amount of support given by the government, I can’t see how 10 to 12 sessions is a sufficient amount to stop somebody from killing themselves. Like if that’s the end game, if that’s what we’re trying to prevent, then yeah, we’re going to need more than that. Like 10 sessions, that could be used up in a month quite easily if somebody really needs help.

MALE, AGED 24 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

Others commented on the lack of appropriate services, saying services were designed to appeal to the majority, overlooking those with differing needs.

“I think that it was provided to the masses, that it wasn’t tailored to any individual. I guess when you’re looking for help, it’s important that you treat it as an individual, not as just another number that’s going through the system. I guess that’s the main one. I understand it’s a hard thing to overcome, to provide service to a whole nation and make it tailored to each individual. I know that it’s really hard to do. But I think it’s better to try and make it that way as opposed to just saying well, if we can help 70 or 80 per cent then it’s a success. What about the other 20 per cent?

MALE, AGED 24 YEARS, AFFECTED BY MENTAL HEALTH ISSUES

04

SUPPORTING PARAMEDICS AND MEN EXPERIENCING MENTAL HEALTH ISSUES

Knowing what tools are available in your toolbox...

The aim of this section is to:

- + Enable participants to identify that, in the communication process, they have multiple tools to assess the situation
- + Identify that the purpose of communications is to help us understand someone else's viewpoint and reasons for behaviour.

Engaging Safely
training package

SKILL DEVELOPMENT AND TRAINING

Paramedics can play a key role in facilitating access to professional help for men experiencing mental health issues, especially given men's reluctance to seek help until a crisis arises. However, an ambulance attendance may be a missed opportunity to intervene, as paramedics frequently report that they lack the skills and training to effectively respond to such presentations.

This situation is not unusual, with poor mental health literacy and discrimination among multiple workforces highlighted as a significant concern across health and other sectors.¹⁰ However, the lack of capacity to respond effectively is especially relevant in this context, as not all men who are treated by paramedics are transported to hospital or connected with ongoing care.

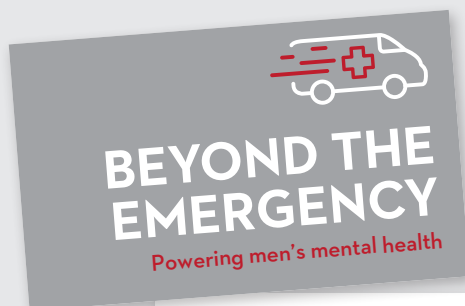
The importance of communication skills in mental health related attendances was repeatedly highlighted in interviews with both men and paramedics. For men, positive experiences of paramedic care were underpinned by clear, empathic and non-judgmental communication, coupled with a willingness to listen, being respectful and supporting shared decision-making.

Building on these findings, a tailored communication skills package was developed and refined following piloting in multiple ambulance services. The paramedic package was designed to enhance skills in supporting and effectively communicating with males experiencing mental health issues.

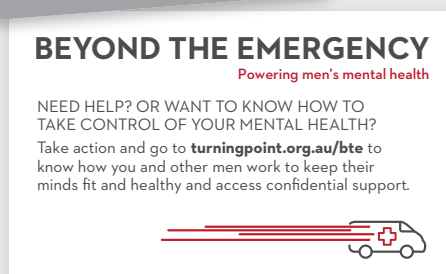
Engaging Safely is a three-hour training package designed to:

- + enhance paramedic communication skills to effectively support people experiencing mental health issues
- + support paramedics to engage effectively with men
- + enhance the ability of paramedics to recognise how their interactions influence the assessment process
- + minimise the need for chemical and physical restraints by enhancing opportunities for de-escalation
- + support paramedics to implement relevant clinical practice guidelines and procedures
- + extend paramedics' skills to guide clinical decision-making.

There is considerable scope for the training package to be adopted within in-service training and pre-service curricula. Plans are underway to develop an online version of the training package, and this will further enhance the implementation potential and reach of the package, with ambulance services being able to run the online version within their existing infrastructure. Further research and evaluation is needed to examine the effectiveness of the training package in terms of improving attitudes, knowledge and service responses.



Referral card



TIMELY AND ACCESSIBLE INTERVENTION

Paramedics highlighted that they were not well equipped in terms of knowledge and resources to connect men experiencing mental health issues to appropriate support services. In their current practice, such information was provided mainly on an *ad hoc* basis by individual paramedics rather than as a service-wide or systems approach. Given the barriers men frequently face in seeking support, there is great scope for, and value in, brief interventions that capitalise on this interaction with a health professional.

To test the feasibility of providing paramedics with targeted resources they could easily share with men experiencing mental health issues, a *Beyond the Emergency* pilot website was developed. The website encourages men to take action for their own wellbeing by accessing mental health information, identifying relevant self-help strategies and encouraging connection with support services. A pilot study examining the best approach and for paramedics to refer men to the website, is currently underway.

THE NEED FOR AN INTEGRATED SYSTEM RESPONSE

The complex nature of male mental health related attendances, together with the experiences of men and paramedics, highlights that an effective and sustainable mental health response must be embedded within a service system that promotes timely, accessible and non-stigmatising treatment options.

With most mental health related attendances occurring outside business hours, there is a clear need to offer treatment options at times that do not solely rely on emergency services. *Beyond the Emergency* also illustrates that a service model that can only respond by transporting men to hospital, misses the opportunity to connect men with appropriate treatment, and results in a 'revolving door' of emergency care.

The volume of mental health related attendances emphasises the role of ambulance services as acute mental health providers, highlighting the need for paramedics to be appropriately skilled and to have ready access to treatment options within the community.

Interviews with men and paramedics repeatedly identify an under-resourced and reactive mental health system, where long wait times, financial costs and a lack of available services are extra barriers for men to access professional help. This all occurs within the context of organisational and system norms, and structures and resources that do not fully consider the role that ambulance services can play in designing effective community responses to mental health issues. This will necessarily involve exploring alternate models of care to avoid unnecessary transport to hospital, and more appropriate community support specific to the mental health needs of men.

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