

**Title:** Paramedic management of patients experiencing mental health issues: a scoping review

**Abstract:**

*Background:* Since the COVID-19 pandemic and the introduction of the Right Care, Right Person agreement, paramedics spend about 1.8m hours per year managing people with mental health issues. The UK health service needs to address the urgent training requirements for paramedics to provide mental healthcare and reduce this deficit in emergency care provision.

*Aims:* To identify and examine current research on paramedics manage people with mental health issues.

*Methods:* The five stages of Arkeys & O'Malley's framework were implemented. A research question was developed, databases searched, studies identified, data charted, summarised and reported.

*Findings:* 15 of 2303 results were included, with five themes identified: Perceptions and expectations, call triage and interservice collaboration, communication skills, lack of education and training, and evidence-based interventions.

*Conclusions:* there is global evidence of the deficiencies in paramedic education around mental health presentations and a need for evidence-based education and interventions to improve patient outcomes.

**Key words:** paramedic, ambulance, mental health, education, training

Key points:

- There is a lack of standardised education in pre-registration paramedic curricula
- Paramedics often report feeling unprepared to manage mental health presentations
- Communication is viewed as a critical skill in managing mental health presentations
- There is a need to develop evidence-based interventions to support paramedics and improve outcomes

Reflective questions:

- 1) Name one critical skill that has been shown to have an effect on patient satisfaction and outcomes when paramedics manage mental health presentations.
- 2) What are some key factors that should be included in mental healthcare education for paramedics and paramedic students?
- 3) In the digital era we live in, what would be the most effective format of education and training for paramedics surrounding mental healthcare
- 4) What are the perceived barriers and enablers for paramedics providing effective emergency care for people with mental illness?

- 5) Other than via education and training, how might the promote better interservice collaboration.

### **Background:**

Paramedics spend about 1.8m hours per year (the equivalent of 75 000 days) managing patients with mental health issues (Future Care Capital, 2023). England's ambulance services received 524,485 999 calls in 2018-19, increasing to 652,720 in 2021-22 – a rise of 24% (Future Care Capital, 2023). The National Audit Office reported in February 2023, that 1.2 million people were waiting to receive care and treatment from NHS community mental health services (National Audit Office, 2023).

Before the Covid-19 pandemic, rates of mental illness in England were steadily rising, according to the British Medical Association (BMA) (2024). The prevalence of common mental health disorders (such as anxiety or depression) amongst adults aged 16-64 had increased from 17.5% in 2000 to 18.9% in 2014. The BMA (2024) add that Covid-19 accelerated this trend, generating an increase in the number of people who are in contact with secondary mental health services. Mental health services in England received a record 4.6 million referrals during 2022 (up 22% from 2019). Nearly half (43.4%) of adults (24.5 million in England) think that they have had a diagnosable mental health condition at some point in their life (NHS Digital 2016).

In addition to the demand on ambulance services is the introduction of the new National Partnership Agreement: Right Care, Right Person (Department of Health and Social Care, 2024), which has seen a further increase in calls made to the ambulance service for patients experiencing mental health crises. The National Partnership Agreement: Right Care, Right Person (Department of Health and Social Care, 2024) is aimed at making sure the right agency deals with health-related calls, instead of the police being the default first responder as was currently the case in most areas. However, in the UK paramedics do not have the authority to detain an individual from a public place to a place of safety, only police have this authority, which can cause delays for all parties involved. Conversely, in Queensland Australia, an emergency examination authority allows an individual to be detained and transported by a police officer or ambulance officer without their consent, with the help and using the force that is necessary and reasonable in the circumstances (Clough et al. 2023).

Paramedics commonly respond to mental health patients with an increasing need for further education (Rolfe et al., 2020). There is currently no consistency or standard educational delivery requirements for ambulances services in terms of supporting paramedics in how they manage mental health patients, and more educational support is needed (Rolfe, 2018). A scoping review by (Emond et al., 2019) adds that education and training, organisational factors, and clinical decision making contribute to how paramedics manage this patient group with the authors also recommending further research to address these areas, as high-quality evidence will support planning in this complex area of health care delivery.

There is no educational or competence standard across paramedic pre-registration in England around managing mental health. The recent publication of Mental healthcare in paramedic

practice (Rolfe and Partlow, 2022) and the publication of new mental health clinical guidelines via the Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2023) has provided some additional educational resources to staff and students.

With worldwide health implications since Covid-19 and the introduction of new UK policies (Right Care, Right Person; NHS Mental Health Implementation Plan 2019/20 – 2023/24), guidelines (JRCALC 2023 and Paramedic Curriculum, 6<sup>th</sup> edition), this scoping review will follow on from Emond et al, 2019's review and will explore the updated literature associated with paramedic management of patients with mental health issues .

## **Methods:**

The purpose of a scoping review is to consider as comprehensive a range of data as possible, without as much emphasis on quality. This allows identification of research areas requiring further study and provides a broad context in relation to the research question (Arksey and O'Malley, 2005).

Using the Arksey and O'Malley (2005) scoping review framework, the research question (how paramedics manage patients with mental health issues) was developed with wide definitions, relevant studies identified and selected, data charted, collated and summarised, and subject experts included in the research team to allow further consultation. The search strategy outlined in *Table 1* was used to systematically search databases and filters used to limit results to 2018-2024 (since the last relevant review by Emond et al.), English Language and 'review or research article', where these functions were available, to retrieve the most relevant results. The number of results from each database is presented in *Table 2*; databases searched on a single search tool are highlighted. All other searches were conducted on the platform relating to the database. Appropriate databases were selected via consultation with an academic support librarian to achieve a thorough search.

**Insert Table 1:** Search strategy assembled using Boolean search terms based on keywords, and search phrases combined using AND.

**Insert Table 2:** Databases searched using the Boolean strategy and the number of results from each database (\*Databases searched together using the EBSCOhost search tool returning 905 results overall).

The manual screening process was duplicated by two researchers (AE and PP), and results compared to increase rigor of the methods. Exclusion criteria (*Table 3*) was collaboratively discussed throughout the process to ensure relevance of all records included. Selected studies were divided between all authors and charted into a table to allow identification of themes from the reported outcomes. During the charting process, two further records were removed

due to their relevance. All literature considered was qualitative, therefore the themes identified across the sample were summarised and reported.

**Insert Table 3:** exclusion criteria

## Results

A total of 2303 results were identified using the search strategy, with 1391 after duplicates were removed. These were screened as shown in the Preferred Reporting Items for Systematic reviews and Meta Analysis (PRISMA) diagram (*Figure 1*). Article titles were assessed against exclusion criteria (*Table 3*), resulting in 63 results to be assessed by abstract and full text. Seventeen sources were included in the review, reducing to 15 during the process of charting and collaboration amongst the research group. These studies are presented in *Table 4*, highlighting the title, authors, year, location, aims, study population, methodology and findings (McCann et al., 2018; Rees et al., 2018; Duncan et al., 2019; Ferguson et al., 2019; Ford-Jones and Daly, 2020; Genziani et al., 2020; Keefe et al., 2020; Rolfe et al., 2020; Briggs et al., 2021; Emond et al., 2021; Ford-Jones and Daly, 2022; Gee et al., 2022; King et al., 2022; Ford-Jones, 2023; Hammarbäck et al., 2023).

**Insert Figure 1:** Preferred Reporting Items for Systematic reviews and Meta Analysis (PRISMA) flow diagram of scoping review process. Designed following guidance from Tricco et al. (2018).

**Insert Table 4:** Charting table presenting data collected from included sources.

With limited research being conducted in this topic domain, the decision to conduct a scoping review instead of a systematic review was so that no studies were excluded based on quality as part of a critical appraisal (Munn et al., 2018). A critical appraisal was not required for this scoping review which aims to scope the breadth of literature and synthesise the evidence associated with paramedic management of patients with mental health issues. However, the researchers acknowledge the importance of the quality and relevance of data, therefore reviewed the relevance of the sources of evidence, discussing together any papers deemed potentially outside of the scope of this review.

Charting of these studies revealed five themes: communication skills, lack of education and training, call triage and inter service collaboration, perceptions and expectations, and assessment and evidence-based interventions. *Table 5* shows how these themes are mapped to the studies included, with lack of education and training being most frequently reported.

**Insert Table 5:** Table of themes mapped to each study.

## **Discussion:**

The following five themes; lack of education and training, communication skills, inter service collaboration, perceptions and expectations, and assessment and evidence-based interventions, will now be discussed in more detail:

### Lack of Education and Training

Papers in this review highlight how ambulance staff across multiple countries felt unprepared to manage patients presenting with mental health conditions and that they felt they needed more training and education (Rees et al., 2018; Ford-Jones and Daly, 2020; Genziani et al., 2020; Keefe et al., 2020; Rolfe et al., 2020; Hammarbäck et al., 2023). Ambulance staff reported that the cause of their lack of confidence in managing mental health presentations was a lack of specific education and training, both in undergraduate curricula and training within employment (Rees et al., 2018; Ford-Jones and Daly, 2020; Genziani et al., 2020; Keefe et al., 2020; Hammarbäck et al., 2023). Parent et al. (2020) carried out a scoping review looking at mental health teaching on paramedicine undergraduate curricula across Australia. They found that students felt unprepared in managing mental health conditions, and the cause of this was a lack of formal education on this topic. They reported wide variations in content and approaches to mental health education and found that students only visited mental health content once within their curriculum, with no practical learning. They highlight how this creates an unequal minimum standard for paramedic management of mental health conditions, and that greater consistency is needed across institutions. Another Australian study conducted a pre- and post-subject questionnaire for final year student paramedics undertaking a specific mental health module (Emond et al., 2021). They found that before the module was taught that student paramedics felt unprepared for managing mental health conditions and held many misconceptions about mental health management. Additionally, they lacked awareness of common presentations and their paramedic management.

However, whilst there is consensus amongst literature that focussing on education and training for paramedic students and staff would improve their confidence and ability to manage mental health presentations, there is an alternative view that rejects the notion that this should be the role of the paramedic. Participants in (Emond et al., 2021) study had differing views on the core role of a paramedics. 1140 Australian paramedic participated in this study; with some paramedics acknowledging that mental health presentations were a routine type of call to ambulance services, and it was incumbent on the system and individuals to be able to competently assess and manage this type of presentation. Others saw their role as primarily managing physical health presentations, and that managing mental health presentations was outside of their scope. This was linked to gender, age and experience of the participants. These views of paramedic practice are indicative of a wider conversation about the role identity of paramedics, and what a paramedic should and should not be attending to. Williams et al. (2021) highlights how it is difficult to define a paramedic, and

that the dominant identity of paramedics is still bound up in managing life-threatening emergencies which is no longer the reality of ambulance work (Phillips and Trenoweth, 2023); this appears to be reflected here in paramedic management of mental health presentations.

The Paramedic Curriculum 6<sup>th</sup> edition (College of Paramedics, 2024) and the new mental health guidelines (JRCALC, 2023) are positive steps in the right direction taken within the UK to address the gap in education and training for paramedics managing mental health patients. However, as both sources are considered guidance and not protocol, therefore there is still a question of educational inconsistency, variable uptake by higher education institutes and uncertainty around competence.

### Communication skills

Communication skills are highlighted as important factors in paramedic management of mental health presentations. Hammarbäck et al. (2023) identified a range of clinician attitudes towards suicidal ideation. They concluded that those clinicians who viewed this presentation with ethical responsibility, viewing the patient as a human, social being, were able to communicate effectively. This enabled clinicians to understand patients' stories and have therapeutic conversations about suicidal ideation. Ferguson et al. (2019) found similar benefits to effective communication from the patient's perspective. They identified that patients reporting positive interactions with paramedics were recipients of positive communication that included careful use of language and tone of voice. The opposite was true of bad experiences and poor communication. Keefe et al. (2020) also found that paramedics valued good quality communication skills in managing mental health presentations. They highlight that this includes verbal and non-verbal communication, as well as types of language and tone of voice. It enabled paramedics to demonstrate their empathy and compassion to patients which they felt improved their management of the presentation. Their findings also support findings from Hammarbäck et al. (2023) that good communication can effectively deescalate potentially violent situations.

Communication is widely seen as an important skill in the management of mental health presentations. Patterson et al. (2008) identified communication as a core skill that newly qualified mental health nurses possess. Mental Health nurses in their study highlighted that communication is a complex skill that operates on different levels, and different communication skills are required for different situations. Ellis and Philip (2010) also emphasised the importance of communication skills in their study of generalists in Australia. Following a training programme, participants reported improved communication skills. They specifically point to the ability to read non-verbal cues and improved listening skills. This gave them increased confidence in approaching patients who were potentially volatile. Ditton-Phare et al. (2015) support the emphasis on communication as a core skill in mental health, where effective communication leads to better outcomes for patients and clinicians. They report that there are often deficiencies in quality of communication, and that advanced communication is a skill that can be taught to trainees.

The wider evidence supports the findings of this review that communication is an important skill in managing mental health presentations. Future education and training packages for paramedics needs to address this core area of mental health management.

### Call triage and inter service collaboration

A study by Jones et al. (2024) reinforces the need for collaboration between specialist services and Ambulance trusts. In the UK, many ambulance services are attempting to address this by employing mental health professionals (MHPs) in various capacities. Ambulance services in England have also included specialist mental health response vehicles and mental health professionals in Emergency Operations Centre's to address the increased demand on paramedics and ambulances (Knowles et al., 2020).

One ambulance service reported that employing MHPs to help manage mental health calls reduces response times and resulted in a reduction in deployed additional resources (Knowles et al., 2020). Additionally, the 'Mental Health Street Triage' collaboration between paramedics, mental health professionals and police responding on a dedicated response vehicle reportedly reduced Emergency Department (ED) admissions (Knowles et al., 2020). In conflict with this is the implementation of the Right Care, Right Person agreement (Department of Health and Social Care, 2024), which ensures individuals are seen by the appropriate agencies, however, the burden on ambulances services and the impact on those experiencing mental health crises is yet to be evaluated.

Gee et al. (2022) support the notion for further collaboration in their study by identifying inconsistency in quality of care, the importance of retaining agency and highlighting the need for mental health training for ambulance clinicians. Gee et al. (2022) conclude that in the absence of mandatory high-quality mental health training and evidence-based protocols, the quality of care appears largely dependent on the qualities and experience of individual ambulance clinicians.

In the study by Genziani et al. (2020), which included the collaboration of police and ambulance staff, participants felt that training should be improved. Police participants particularly noted time pressures and negative experiences of admissions to 136 suites (where police in the UK can use emergency powers to take people in a mental health crisis from a public place to a place of safety). Paramedic and police participants spoke less favourably of their experiences of trying to get individuals admitted into the suite, especially around the welfare of detainees in these situations where there were delays. The study recommends that by improving training of emergency workers it would also help with aftercare decision-making. Learning identified from the participants' experiences lends support to collaboration between emergency and mental health services – an important step towards improving the section 136 process so that detainees can access help without unnecessary delay (Genziani et al., 2020).

### Perceptions and expectations

Despite the prevalence of mental ill health, with one in eight people worldwide, living with a mental disorder (World Health Organization, 2022), perceptions and expectations about mental ill health and how it is managed remains a point of concern for paramedics and patients alike.

In an earlier study by McCann et al. (2018) paramedics' experiences of caring for patients with mental health and/or alcohol and other drug problems, and perceptions of their scope of practice in caring for these patients, revealed paramedics need more undergraduate and in-service education. They were concerned about extending their scope of practice to include education with these patients. McCann et al. (2018) recommend introducing alternative models of paramedic practice, such as community paramedicine, with a focus on supporting people in the community with mental health. McCann et al. (2018) also believe there is a need for a change in workplace and organisational culture about scope of practice in caring for patients with these problems. Extending paramedics' role could, potentially, benefit people with these problems by improving the quality of care, reducing the need for transportation to EDs, and decreasing clinicians' workloads in these departments.

Perceptions and experiences of paramedics responding to behavioural health emergencies in the US has been limited. Keefe et al. (2020), highlight that there is a significant gap in paramedic training, a recurrent theme throughout this review. Keefe et al. (2020) suggest that additional training to appropriately respond to and work with individuals experiencing behavioural health emergencies will better serve the individuals in crisis, as well as paramedics and other emergency providers. This recommendation is consistent in UK and Australia. Keefe et al. (2020) conclude that further investigation into the perceptions of paramedic students to enhance understanding as to how to better prepare them to respond to behavioural health crises in the field is also needed.

King et al. (2022) propose that some paramedics in Australia hold negative attitudes towards the use of emergency services in providing care for mental health patients. The study's participants - paramedic students - felt they had poor mental health first aid intentions despite good recognition of mental health disorders and good knowledge about mental health. They demonstrated low stigmatising attitudes towards mental illness; however, they expressed a lack of willingness to interact with a person experiencing mental illness (King et al., 2022). As with other studies in this review, King et al. (2022) propose a combination of work-based experience and specific mental health first aid training which may benefit paramedic students to improve care for patients.

Stigma is further highlighted by Ford-Jones (2023) looking at themes linked to violent encounters and safety concerns. These concerns are particularly linked to paramedics attending to mental health and substance use calls. Their findings include success with de-escalation of those in distress, and paramedics challenging the notion that all individuals with mental distress are violent. Ford-Jones (2023) also explores tensions between attention to care providers' and care recipients' safety, the contexts in which this care takes place, and equity concerns related to appropriately managing mental health emergencies. Additionally valuable are paramedics' insights into the ways in which these calls are perceived, and an ongoing heightened expectation of violence is present with these calls.

## Assessment and evidence-based interventions

Assessment and how to complete a safe and evidence-based management plan for those experiencing mental health issues are the final themes of this review. In the UK, the recently published mental health clinical guidelines via the Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2023) provided a completely revised guideline with new information around mental health services provision and treatment for mental illness. However, research continues to show paramedics still need further support and education in how to manage this patient group. Clinical guidelines provide a starting platform, but further integrated education and knowledge evaluation is needed.

Duncan et al. (2019) adds that ambulance services and EDs are missing opportunities to provide better care to those with mental health issues, increasing potentially avoidable mortality, morbidity, and service burden. Developing and testing interventions for this patient group in pre-hospital and ED settings could lead to reductions in suicide, patient distress, and service usage (Duncan et al., 2019).

Ford-Jones and Daly (2022) analysed the relationship between paramedicine pedagogy, patient needs and the conditions for paramedics' skill development. Tensions were explored in relation to the pedagogy of paramedicine and the conditions of work faced by paramedics in Canada. Authors highlight insufficiencies with training in mental health, and mental health is not prioritised or valued in training. They recommend more comprehensive didactic training, including the social determinants of health; scenario training; practical placements in mental health or social services; collaboration with mental health and social services to further develop relevant curricula and inclusion of service users (Ford-Jones and Daly, 2022).

Few studies have considered the perspectives and capability of practitioners in assessing patients over the phone. Briggs et al. (2021) explored the thoughts, feelings and educational requirements of paramedics and nurses working on emergency medical service clinical desks, focusing on mental health-related calls and the triage tools used. Low levels of confidence were reported in managing mental health calls, along with inadequate detail in the mental health elements of their triage algorithm and deficiencies in referral pathways. Briggs et al. (2021) conclude that more attention should be paid to the education and training of clinical desk professionals and the decision support tools available in ambulance services.

### **Limitations:**

The widely accepted framework of Arksey and O'Malley (2005) increases rigor of review, however, this structure is designed to identify breadth of research without critically considering quality of evidence (Tricco et al., 2018). Because of limited resources for translation, articles published in languages other than English were excluded; which also affected geographical regions that could have contributed to this review. Authors also acknowledge that by definition a scoping review may have missed further relevant studies.

## **Conclusion**

This scoping review found that there are deficiencies in paramedic education around mental health presentations. Important aspects of paramedic management were communication skills, inter-service collaboration, and perceptions and expectations of paramedics. There is a need for evidence-based education and interventions to improve outcomes.

## References

- Arksey H, O'Malley L. 2005. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 8(1):19–32. doi:10.1080/1364557032000119616.
- Briggs H, Clarke S, Rees N. 2021. Mental health assessment and triage in an ambulance clinical contact centre. *Journal of Paramedic Practice.* 13(5):196–203. doi:10.12968/jpar.2021.13.5.196.
- Ditton-Phare P, Halpin S, Sandhu H, Kelly B, Vamos M, Outram S, Bylund CL, Levin T, Kissane D, Cohen M, et al. 2015. Communication skills in psychiatry training. *Australasian Psychiatry.* 23(4):429–431. doi:10.1177/1039856215590026.
- Duncan EAS, Best C, Dougall N, Skar S, Evans J, Corfield AR, Fitzpatrick D, Goldie I, Maxwell M, Snooks H, et al. 2019. Epidemiology of emergency ambulance service calls related to mental health problems and self harm: a national record linkage study. *Scand J Trauma Resusc Emerg Med.* 27(1):34. doi:10.1186/s13049-019-0611-9.
- Ellis IK, Philip T. 2010. Improving the skills of rural and remote generalists to manage mental health emergencies. *Rural Remote Health.* 10(3):1–6.
- Emond K, Bish M, Savic M, Lubman DI, McCann T, Smith K, Mnatzaganian G. 2021. Characteristics of Confidence and Preparedness in Paramedics in Metropolitan, Regional, and Rural Australia to Manage Mental-Health-Related Presentations: A Cross-Sectional Study. *Int J Environ Res Public Health.* 18(4):1882. doi:10.3390/ijerph18041882.
- Emond K, O'Meara P, Bish M. 2019. Paramedic management of mental health related presentations: a scoping review. *Journal of Mental Health.* 28(1):89–96. Doi: 10.0.4.56/09638237.2018.1487534.
- Ferguson N, Savic M, Sandral E, Lubman DI, McCann T V, Emond K, Smith K, Roberts L, Bosley E. 2019. “I was worried if I don't have a broken leg they might not take it seriously”: Experiences of men accessing ambulance services for mental health and/or alcohol and other drug problems. *Health Expectations.* 22(3):565–574. doi: 10.0.4.87/hex.12886.
- Ford-Jones PC. 2023. Enhancing Safety and Mitigating Violence on Prehospital Mental Health Calls: For the Care Providers and Care Recipients. *Canadian Journal of Community Mental Health.* 42(2):17–31. doi:10.7870/cjcmh-2023-014.
- Ford-Jones PC, Daly T. 2020. Paramedicine and mental health: a qualitative analysis of limitations to education and practice in Ontario. *The Journal of Mental Health Training, Education and Practice.* 15(6):331–345. doi:10.1108/JMHTEP-05-2020-0031.
- Ford-Jones P, Daly T. 2022. Filling the gap: Mental health and psychosocial paramedicine programming in Ontario, Canada. *Health Soc Care Community.* 30(2):744–752.

Future Care Capital. 2023. Ambulance Crews in England spend 1.8m hours a year on mental health callouts. [accessed 2024 Jan 29]. <https://futurecarecapital.org.uk/latest/ambulance-crews-spend-1-8m-hours-mental-health/>.

Gee B, Nicholls H, Rivett S, Clarke T, Wilson J, Prothero L. 2022. 'Very hit and miss': an interpretive phenomenological analysis of ambulance service care for young people experiencing mental health crisis. *Br Paramed J*. 7(1):43–50. doi:10.29045/14784726.2022.06.7.1.43.

Genziani M, Gillard S, Samuels L, Chambers M. 2020. Emergency workers' experiences of the use of section 136 of the Mental Health Act 1983: Interpretative phenomenological investigation. *BJPsych Bull*. 44(6):250–254. doi:10.1192/bjb.2020.21.

Hammarbäck S, Holmberg M, Wiklund Gustin L, Bremer A. 2023. Ambulance clinicians' responsibility when encountering patients in a suicidal process. *Nurs Ethics*. 30(6):857–870. doi:10.1177/09697330221149102.

JRCALC. 2023. Mental Health, JRCALC Clinical Guidelines. Bridgwater: Class Professional Publishing.

Jones M, Clarke S, Amphlett S. 2024. Reducing the burden on Welsh ambulance services and emergency departments: a mental health 999 clinical support desk initiative. *Emergency Nurse*.

Keefe B, Carolan K, Wint AJ, Goudreau M, Scott Cluett W, Iezzoni LI. 2020. Behavioral Health Emergencies Encountered by Community Paramedics: Lessons from the Field and Opportunities for Skills Advancement. *J Behav Health Serv Res*. 47(3):365–376. doi:10.1007/s11414-020-09687-4.

King SC, Rebar AL, Oliveri P, Stanton R. 2022. Australian paramedic students' mental health literacy and attitudes towards mental health. *The Journal of Mental Health Training, Education and Practice*. 17(1):61–72. doi:10.1108/JMHTEP-03-2021-0027.

Knowles E, Long J, Turner J. 2020. Reducing avoidable ambulance conveyance in England: interventions and associated evidence. <https://aace.org.uk/wp-content/uploads/2020/08/ScHARR-report-SRAC-Final-020320-.pdf>.

McCann T V, Savic M, Ferguson N, Bosley E, Smith K, Roberts L, Emond K, Lubman DI. 2018. Paramedics' perceptions of their scope of practice in caring for patients with non-medical emergency-related mental health and/or alcohol and other drug problems: A qualitative study. Abe T, editor. *PLoS One*. 13(12):e0208391. doi:10.1371/journal.pone.0208391.

Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. 2018. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 18(1):143. doi:10.1186/s12874-018-0611-x.

National Audit Office. 2023. National Audit Office report on progress in improving mental health services in England. [accessed 2024 Jan 30]. <https://nhsproviders.org/media/695058/ndb-nao-report-february-2023.pdf>.

Parent A, Smith R, Townsend R, Johnston T. 2020. Mental Health Education in Australian Paramedic Curriculum – a Scoping Review. *Australasian Journal of Paramedicine*. 17:1–9. doi:10.33151/ajp.17.791.

Patterson C, Curtis J, Reid A. 2008. Skills, knowledge, and attitudes expected of a newly-graduated mental health nurse in an inpatient setting. *Int J Ment Health Nurs*. 17(6):410–418.

Phillips P, Trenoweth S. 2023. Crossing the “flaky bridge” - the initial transitory experiences of qualifying as a paramedic: a mixed-methods study. *Br Paramed J*. 8(1):18–27. doi:10.29045/14784726.2023.6.8.1.18.

Rees N, Porter A, Rapport F, Hughes S, John A. 2018. Paramedics’ perceptions of the care they provide to people who self-harm: A qualitative study using evolved grounded theory methodology. *PLoS One*. 13(10):1–16. doi:10.0.5.91/journal.pone.0205813.

Rolfe U. 2018. How paramedics manage and respond to patients experiencing mental health issues. <https://eprints.soton.ac.uk/427147/>.

Rolfe U, Partlow D. 2022. *Mental Health in Paramedic Practice*. Bridgwater: Class Professional Publishing.

Rolfe U, Pope C, Crouch R. 2020. Paramedic performance when managing patients experiencing mental health issues - Exploring paramedics’ Presentation of Self. *Int Emerg Nurs*. 49:100828.

Royal College of Policing. 2024. Right Care Right Person Toolkit. [accessed 2024 Apr 1]. <https://www.college.police.uk/guidance/right-care-right-person-toolkit>.

Tricco AC, Lillie E, Zarin W, O’Brien KK, Colquhoun H, Levac D, Moher D, Peters MDJ, Horsley T, Weeks L, et al. 2018. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 169(7):467–473. doi:10.7326/M18-0850.

Williams B, Beovich B, Olausson A. 2021. The Definition of Paramedicine: An International Delphi Study. *J Multidiscip Healthc*. 14:3561–3570. doi:10.2147/JMDH.S347811.

World Health Organization. 2022. Mental disorders. World Health Organization. [accessed 2024 Apr 1]. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.