

What do paramedics think of clients who present with alcohol and other drug and mental health issues?

A qualitative study



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Beyond the Emergency
Addressing men's mental health

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Overview

1. Background & aim
2. Method
3. Key Findings
4. Concluding thoughts



Background

- Around 1/5 of ambulance attendances are associated with AOD or mental health issues (1)
- AOD and MH presentations often portrayed in the media as placing a high burden on paramedic and ED services and safety of health workers
- Little research has examined paramedics' attitudes toward and experiences of patients with AOD and mental health issues
- Paramedics overwhelmingly reported transportation of patients to ED as their primary role when responding to MH presentations (2,3)
- Negative attitudes towards patients who self harm (4,5)

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Aims

To investigate paramedics attitudes and experiences towards men who present with mental health and AOD concerns

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Method

- 73 in-depth qualitative telephone interviews paramedics (Vic, Tas, NSW, NT, Qld, SA)
- Participants were recruited through Ambulance Services communication channels as part of a larger study involving online survey (n=1230)
- Interviews averaged at 56 minutes (range 27-79)
- Framework method to thematic analysis (Nvivo)

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Results

Participant demographics:

- 64% males, 36% females
- Average age: 44 years old (range from 23-63)
- 44% had an undergraduate degree
- 44% metro, 27% rural, 23% regional, 6% remote

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1. Compassionate attitudes



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empathy

“I guess I've just a level of compassion for them, like they can't help where they're at. Even the drug-induced psychosis, they can't help where they're at now because there's something that's driven them initially to try drugs and then it just eats their soul” (*Jane*)

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it's social- not their fault

“So currently where I am living, I would say quite a lot of [mental health presentations] are [driven] by low socio economic, alcohol and drug fuelled concerns. I would say that the big factor to tie in with the people that do stay here, [they] get in this self-perpetuating spiral of problems with no income, no jobs.” (*Sam*)

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part of the job

“These drug and alcohol problems, they don’t worry me at all; that’s fine. **You’re there to help. It’s not all spectacular jobs**, it’s a lot of these drug and alcohol jobs in the service that’s it. I used to tell people when they started and joined the ambulance service, most of your patients are elderly. But I think a lot of people actually, a lot of them [now] are related to people who are basically pissed and [have] fallen over. But.. that wouldn’t exactly sell the job too well.” *(Jon)*

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2. negative characterisations

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erratic & unpredictable

“I guess people on - some people on ice, some people on GHB, that sort of stuff, they're very unpredictable, that sort of stuff. It doesn't matter - they can be nice as pie one moment, and the same with alcohol as well. I've had an instance where in the back of the ambulance the patient has been really good and compliant and then next minute they've just turned and they've tried to punch out at us and we've just jumped out of the car and locked it and called the police” (*Alex*)

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aggressive & dangerous

“Oh yes, look more and more I'm seeing people that are psychotic and extremely aggressive as a result of some stimulant abuse and notably up here is ice. That presents a huge challenge because you're dealing with somebody who's not only mentally impaired because of the effects of the - so there's no reasoning with them. But they're also physically impacted to the extent that they're as strong as an ox and they're very dangerous.” (*Gizem*)

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ice vs alcohol



“For example, obviously, methamphetamine use has been increasing and we've seen a bit more of it, but those patients tend to be more paranoid or wanting to be in a safe environment and that's the - how the drug works in them. But with alcohol it - yeah, it tends to - **we see more aggression with alcohol.**” (Ali)

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3. frustration

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“But it is hard not to get frustrated. For some shifts it feels like that's all we're doing is either drug and alcohol or mental health work. A lot of paramedics feel a) they're not trained for it, so why are we doing it? Yeah. I don't think - well I try not to let it affect me I suppose. I suppose sometimes you just do take things home. But we'll wait and see. PTSD might catch up on me eventually.” *(Javed)*

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waste of time

“Sometimes it's incredibly frustrating, [I] think I've mentioned it briefly earlier, you sort of think, why am I dealing with this? This person is intoxicated. They don't need an ambulance, you're wasting my time, you're wasting - someone might be dying around the corner”
(Tom)

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burden of workload

“I'm just saying if they - just picking one subject, if they took alcohol off the streets, it wasn't available at all, then it would drop our workload by I'd say 25 to 30 per cent in a fortnight. So we wouldn't be transporting those people that are blind drunk and they can't potentially manage their own airway; we wouldn't have the assaults that we go to. Then obviously longer term would be all the chronic health issues.” *(Josh)*

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Concluding thoughts

- Limitations include that findings may not be representative of all paramedics attitudes
- We identified a range of attitudes towards patients with AOD and mental health concerns
- A broad range of measures are needed to address these issues, including ensuring access to education, policies and CPG's and ultimately access to greater MH and AOD services in the community
- Organisational cultures in ambulance services need to promote a holistic focus that places value and importance on responding to patients needs regardless of presentation type

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Acknowledgements

- Participants who generously shared their experiences and perceptions
- Ambulance Services: Ambulance Victoria, South Australian Ambulance Service, St Johns Ambulance NT, New South Wales Ambulance Service, Queensland Ambulance Service, Ambulance Tasmania
- Steering Committee Members
- Turning Point research team: Prof. Dan Lubman, Prof. Terence McCann, Dr. Michael Savic, Ms Kate Emond, Ms Emma Sandral
- Funders: The Movember Foundation and beyondblue

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