Paramedic Chiefs of Canada

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Paramedicine, mental health, and crisis calls in the community: Highlights for leadership

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Save the Date for Upcoming Webinar

Thursday, February 6 – 9:00am PT (12:00pm ET)

"Addressing Mental Health in EMS - The Preburn Project"
Speaker - Thérésa J. Choisi, MSc.

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Paramedicine, mental health, and crisis calls in the community: Highlights for leadership

Dr. Polly Ford-Jones AEMCA, MA, PhD

Family & Community Medicine
UNIVERSITY OF TORONTO

HUMBER
POLYTECHNIC

Agenda

- What research?
- Background/challenges with the current system
- An evidence-informed framework for crisis care
- Care pathways and possibilities
- Consideration for training and education
- Next steps and considerations?
- Questions and discussion

The research

- Mental health and psychosocial calls in the prehospital setting in Ontario: A qualitative case study
- “Treat them like a person”: An exploration of behavioral health emergencies and stigma in the emergency medical services
- De-escalation and crisis training for paramedic students
- Developing a best practice model for mental health crisis care: A community-engaged approach
- And other literature

Background

- Crisis response in Canada has primarily come from police and paramedic services
- Primary destination for crisis calls has been the emergency department (ED)
- Paramedic services have evolved new models and approaches to addressing mental health and crisis-related calls

Goals:

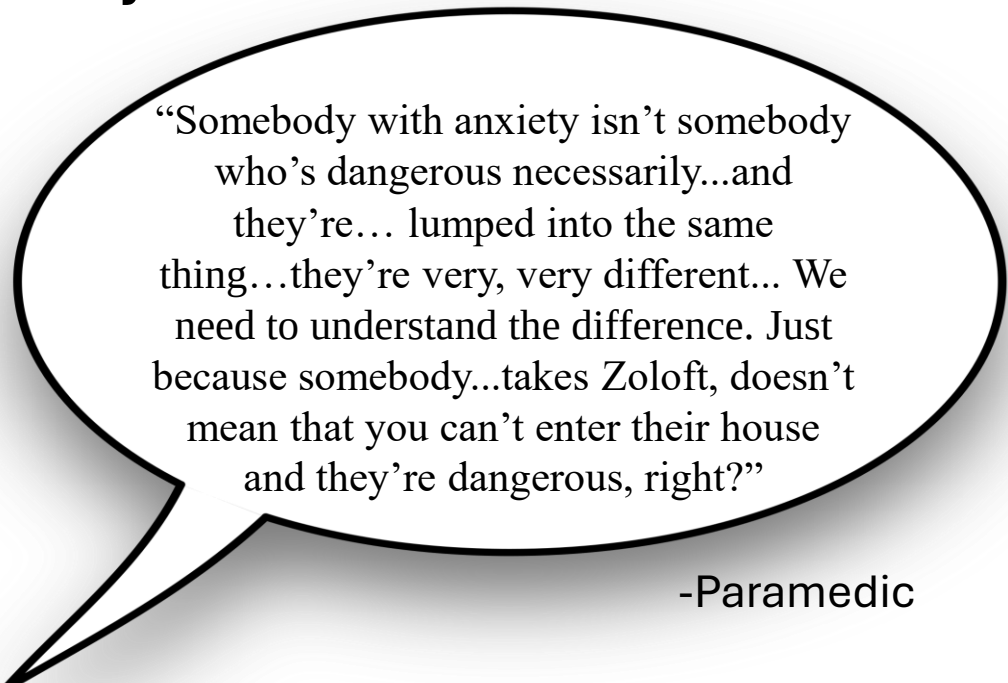
- Better meeting people's needs during mental health or crisis calls
- Addressing impact on paramedic services

Challenges within the current system

- Police responses to crisis
- Inequities in care
- Few options on scene for paramedics (transport or not)
- Emergency department (ED) as the destination or next step
- Unmet needs with little or no follow-up
- An extremely challenging space of care

Concerns and considerations

- Current approaches are not evidence informed
- People with mental health concerns are more likely to be the victims of violence than the perpetrators of violence
- A focus in biomedicine and criminal justice system
- Emergency responses may *be* the crisis



-Paramedic

meet the research team

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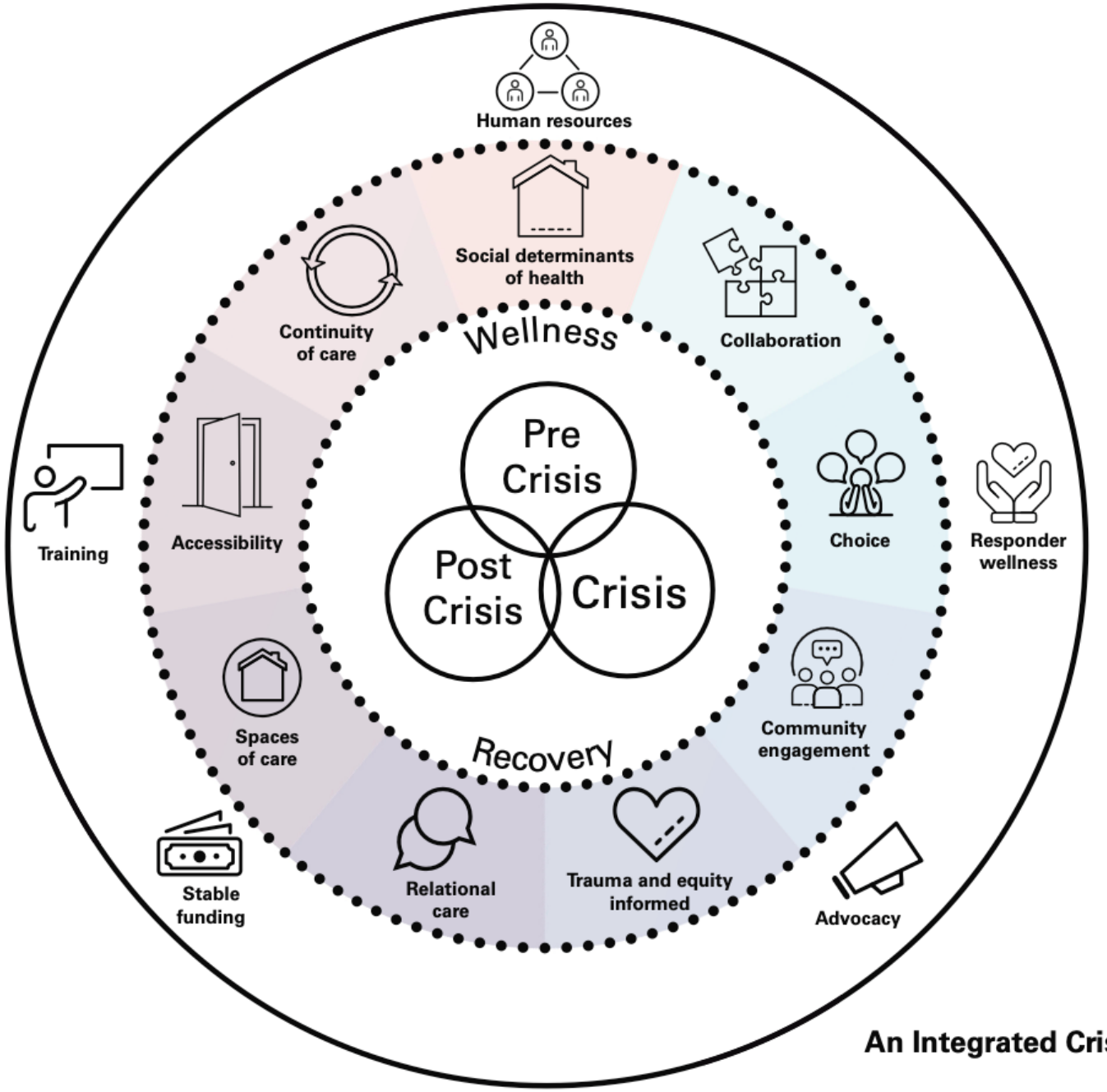


An Integrated Crisis Care Framework

Ford-Jones et al. 2024

Relevance for paramedic services

Supporting assessment of **existing** approaches

Supporting development of **new/developing** approaches

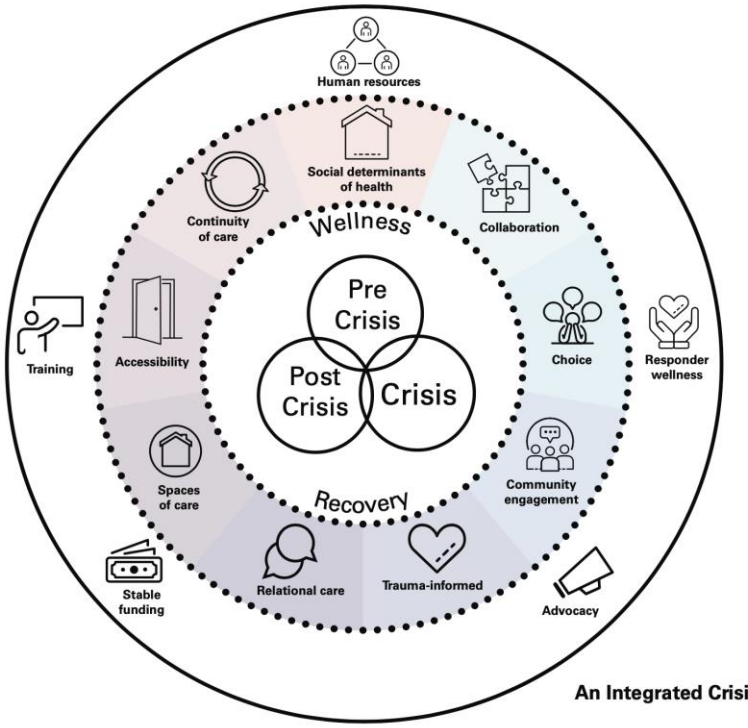
Systems level and individual care provider

Pathways and Possibilities

- Alternate destinations
- Paramedic co-response crisis teams
- Crisis Lines
- Community Paramedicine
- Crisis response teams

Why pathways matter

- Offering non-medical support and care outside of ED
- Meeting social and material needs
- Enhanced autonomy – offers **choice**
- Options in the space of care



An Integrated Crisis Care Framework

Education and ongoing training for mental health and crisis care

“It would be nice to have better protocols and training”

“What currently is done doesn't work. We do our best but we aren't trained and I fear I may do more harm than good in some situations.”

“We definitely need more training and resources on interacting and communication with different communities and how to best serve their needs.”

“We try our best but the only "training" we have is our own learned experiences in our own lives or through dealing with AMH [acute mental health] calls in our career. So, if **we have been doing it wrong then we continue to do it wrong**. Or we learn from our mistakes but then there was a person on the other end of that mistake.”

“I wish we had more education, I don't feel prepared to deal with many situations I end up in.”

Considerations for education and training

- More education and training are needed
- Foundational education is required in paramedic education

- Not all training is good training…

> Those who had behavioural health emergency content in their CME reported higher levels of stigma
>
> (Donnelly, Ford-Jones, Oehme, 2024)

Questions to consider for training:

- **Who** is developing and delivering the training?
- Is this training purely focused on **risk mitigation and safety**?
- In what ways will it further develop **paramedic skillsets** in relational care, communication, de-escalation or navigating interactions with a persons in crisis or distress?
- Has the organization or training itself had input or direction from **people with lived experience** of crisis or mental health service use?
- Is the training and the organization itself **trauma and equity informed**?
- In what ways could this training make **inequities** in care better or worse?

Key Takeaways and Considerations

Collaboration with community-based organizations

Prioritizing education and ongoing training

What alternate care pathways can we offer?

Questions?

Thank you!

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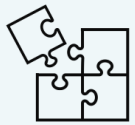
	**Relational care**	This is the relational and trust-building aspect of care. It honors the caregiver/recipient relationship with emphasis on empathy, flexibility, dignity, and reciprocity. It extends beyond the transactional approach and is attuned to complex entanglements of dignity-promoting care that forefront meeting individual needs/desires and instill hope.
	**Spaces of care**	This refers to deep consideration of where care is taking place. Priority factors include adequate physical space, privacy, ability to move away from busy, chaotic spaces, sound, ability to engage with wellness tools, potential for social connection, and updates about next steps.
	**Accessibillty**	This refers to the ease with which an individual can obtain mental health supports, services and wellness promoting opportunities through all aspects of care from prevention, connection to supports, and other management of their mental health. This includes timely access as well as language and cultural accessibility.
	**Continuity of care**	This refers to care after an initial encounter with a crisis team, hospital, or institution that takes places in a timely manner, ensuring people remain connected between service engagement (including non-medical services), and are not isolated or unsupported in transition to subsequent service usage.
	**Social determinants of health**	This refers to the ability to address individuals' social and material needs and living circumstances. Alternative options, outside of biomedical or hospital-oriented services are required including housing/shelter, food access/security, employment and opportunities for social connection and recreation.
	**Collaboration**	This refers to the need for involvement across sectors, professions, and services coalitions, and formal/informal support groups. An ability to draw on resources and make connections for a range of needs including acute de-escalation, ongoing therapy or counselling, alternative non-medical care options including peer support, housing/shelter services, health services, recreational or social activities.
	**Choice**	This refers to prioritizing consent-based care, where individuals are offered all available options customized to their needs. Where options are prohibitively limited, this is to be explained as part of the consent process. Self-determination is associated with a strengths and empowerment approach and strongly linked to recovery.
	**Community engagement**	This refers to services being directly community informed, engaged, and driven to ensure that the needs of community members are addressed, and there is full inclusion, participation and empowerment of community. Community refers to the diversity between and within groups, including people who are of lower socioeconomic status, Black, Indigenous, People of Colour, 2SLGBTQ+, immigrant, English as an Additional Language, and those who are mental health service-users among other marginalized groups.
	**Trauma and equity informed**	This refers to employing trauma-informed approaches in interactions and ensures trauma-informed spaces, inherently embracing anti-oppressive principles. It acknowledges the broad effects of trauma on individuals and their well-being, actions, and circumstances. This includes recognition of distrust of communities in mental health services and the impacts of historical and ongoing trauma.

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Thank You for Joining Us!

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