Paramedic Practice in Mental Health and Mental Illness: A Study of Paramedic Clinical Judgment and Decision-Making

R. Shaban
Griffith University, Australia

The provision of appropriate mental health services for all is an urgent national and international health priority. The National Mental Health Report (2000) cites that almost one in five (18%) Australians suffers from a mental disorder, and that 3% of the total population live with a serious psychiatric disorder at any one point in time. Fundamental changes to healthcare policy in Australia and around the world have led to an increase in the extent to which emergency personnel come into contact with patients experiencing mental health problems. Mainstreaming of services is a central feature of these changes, by shifting the provision of traditional psychiatric care from dedicated institutions to integration and co-location with mainstream general health services and community settings. Changes to mental health service delivery have been problematic for healthcare workers from many disciplines, with many of these workers perceiving themselves as lacking the skills and expertise to provide appropriate care and treatment to this client group. An emphasis on care for patients with psychiatric disorders and a society that is placing increased demands on the vulnerable has meant that healthcare workers, particularly community health and emergency personnel, increasingly are required to manage patients who experience a variety of mental health problems. The introduction of new mental health legislation in Australia precipitated widespread concern within the Queensland Ambulance Service (QAS), regarding the ability of paramedics to comply with explicit legislative requirements, citing poor education in assessment techniques of mental illness. The related nursing and medical literature demonstrates that recognition and assessment of mental illness is significantly problematic, often citing inadequate education preparedness. Using a case study approach applying ethnographic and ethnomethodological research methods, this study will examine paramedic accounts and constructs of judgment and decision-making (JDM) of mental health and illness, as well as mental health assessment practices. In particular, paramedic JDM practices in the prehospital setting will be examined. Particular emphasis will be placed on understanding how paramedics come to make, arrive at, and account for their judgments, the quality and nature of paramedic JDM, and the influence of the context and ecology of the paramedic setting on JDM. By investigating the policy-practice interface, this study aims to improve the quality of care provided to individuals suffering from a mental illness by improving prehospital recognition and management of conditions, and the preparedness of paramedics to do so.

Keywords: Australia; decision-making; judgment; mental health; paramedics; prehospital; Queensland

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Psychological Trauma following Motor Vehicle Crashes

J. Bambrick
Canada

In April 2004, the World Health Organization (WHO) projected 50 million injured individuals and 1.2 million deaths worldwide following motor vehicle crashes. Approximately 24–33% of injured persons report pain three years following whiplash injury. Twenty percent of moderately/seriously injured have at least one psychiatric diagnosis one year following the injury. Psychological treatment following motor vehicle crashes is an effective method of reducing the trauma associated with crashes and facilitating recovery from physical injury. Brief treatment methods and outcome are reviewed.

Keywords: follow-up; psychological; recovery; road traffic crashes; trauma; treatment

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Clinical Decision-Making in Ethnic Cleansing and Genocide

David Bradt
Royal Melbourne Hospital, Australia

This presentation will take a case-based approach to illustrate clinical issues facing health providers responding to ethnic cleansing and genocide. The presentation will examine the context of issues in the work environment including: (1) hierarchy of human rights violation; (2) type of military operation; (3) phase of humanitarian assistance; and (4) extent of authority dysfunction. The presentation will illustrate security complications arising from low triggering thresholds, convergence behavior, competing authorities, and child soldiers. The presentation will culminate in 10 trans-national lessons learned by international agencies.

Keywords: assistance; child soldiers; ethnic cleansing; genocide; humanitarian; military; public health

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