Clinical Decision Making and the Role of Paramedics F fulfilling their Legislative Powers under the Mental Health Act 2007 (NSW)

A Qualitative Study

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A thesis submitted for the degree of Doctor of Philosophy

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STATEMENT OF ORGINALITY

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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Peer reviewed conference presentation by the candidate
Constructing a Social Narrative on the Foundation of Shared Experiences: A Common Bond between Mental Health Nurses and Paramedics in Pre-Hospital Mental Health Care. *Australian College of Mental Health Nurses 38th International Mental Health Nursing Conference 2012. Darwin, Australia.* Authors: Parsons, V., O’Brien, L., James, C., & Loxton, D

An Exploration of Clinical Decision making in Relating to Paramedics Exercising Their Legislative Powers under Mental Health Legislation in Australia. A Qualitative Study. *International Mental Health Conference 2012. Gold Coast, Australia.* Authors: Parsons, V., O’Brien, L., James, C., & Loxton, D

Emergency Mental Health Care, the Role of Paramedics and the Mental Health Act 2007 (NSW): A Hermeneutic Phenomenological Study. *International Mental Health Conference 2011. Gold Coast, Australia.* Authors: Parsons, V., & O’Brien, L

Providing Mental Health Care in Difficult Terrains. A Legislative Framework for Enhancing the Delivery of Pre-hospital Mental Health Care by Paramedics. *Australian College of Mental Health Nurses 37th International Mental Health Nursing Conference 2011. Gold Coast, Australia.* Authors: Parsons, V., & O’Brien, L

# ABBREVIATIONS/DEFINITIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ATS</td>
<td>Australasian Triage Scale</td>
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<tr>
<td>CDM</td>
<td>Clinical Decision making</td>
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<tr>
<td>CPR</td>
<td>Cardiac Pulmonary Resuscitation</td>
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<tr>
<td>DSM 5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Service</td>
</tr>
<tr>
<td>ICD10</td>
<td>International Statistical Classification of Diseases and Related Health Problems</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>PCI</td>
<td>Percutaneous Coronary Intervention</td>
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<tr>
<td>The Act</td>
<td>Mental Health Act 2007 (NSW)</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>VET</td>
<td>Vocational Education Training</td>
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Figure 1: Conceptual research framework proposed
ABSTRACT

The existing literature has consistently revealed that paramedics feel uneasy when it comes to managing the mentally ill in the community. At the heart of this are genuine concerns that they are simply not skilled and knowledgeable enough to engage in confident and competent decision making in this evolving area of clinical practice. They describe a lack of sufficient mental health knowledge and training, inadequate organisational decision tools, poor interagency collaboration, particularly with respect to the continuum of care between the pre-hospital and emergency department setting. They have concerns that mentally ill patients pose a significant risk to the safety of paramedics and expose them to future litigation.

Notwithstanding these challenges, the introduction of legislative powers for fully qualified paramedics under the New South Wales Government, Mental Health Act (‘the Act’) heralded a new era in clinical practice with respect to pre-hospital mental health care. However, research and the subsequent development of theory to account for this phenomenon in this area of clinical practice have remained scant.

A qualitative interpretative study that employed a hermeneutic phenomenology methodology was used to examine the lived experience of paramedics engaging in clinical decision making in the context of pre-hospital mental health care. The philosophical principles of hermeneutic phenomenology were adopted for this study as they were considered to be a suitable and innovative approach for exploring how paramedics made sense of their experience of providing emergency mental health care; how they perceived their role within the clinician-patient relationship; and the particular circumstances in which they decided to exercise their legislative responsibilities under mental health legislation. This philosophical approach captured the personal and reflective experiences of paramedics as they engaged in this aspect of clinical practice, with a particular focus on how paramedics made sense of the
experience and the language they used to describe it. With this in mind, the key research questions identified in this study were:

1. What is the experience of paramedics making clinical decisions in the context of pre-hospital mental health care and in particular, when making use of their legislative powers under the Act in clinical practice?

2. What meanings do paramedics give to their experience of undertaking the Ambulance mental health training and has this experience impacted their subsequent approaches to decision making in the context pre-hospital mental health care?

3. What is the experience of paramedics making use of existing Ambulance decision tools that relate to emergency mental health care?

4. What is the experience of paramedics as they negotiate the interplay between their professional experience of dealing with behaviourally disturbed patients, their individual beliefs and attitudes regarding behaviourally disturbed patients, and their legal powers under the mental health legislation?

Only fully qualified paramedics who had completed mandatory pre-hospital emergency mental health training and were in receipt of a written authority to exercise the functions granted to paramedics under the Act, were invited to participate in this study. Data collection methods included, semi structured interviews, observations and a demographic questionnaire. Subsequent data analysis and interpretation was guided by the thematic analysis approach proposed by van-Manen (1990) and in keeping with the hermeneutic phenomenological techniques developed by Gadamer (1976a). This process of analysis and interpretation was further enhanced by the researcher’s own professional knowledge, understanding and experience of this area of clinical practice. (See: Position as Researcher in this Study: A Personal Statement)
Findings of this study revealed that clinical decision making in relation to paramedics exercising their legislative powers under the Act is a complex, varied and multi-dimensional phenomenon. In particular, the study highlighted a range of situational and contextual factors that were found to impact heavily on decision making in this context. These included, i) Interpersonal and Individual factors; ii) Organisational and System factors; iii) Environmental factors; iv) Socio-professional factors and; v) Patient factors. Engaging in clinical decision making in the context of pre-hospital mental health care was often described by paramedics as stressful, with uncertainty and confusion in relation to their legal and professional accountabilities commonplace. The results indicated that actual or perceived risk of harm to self or others and patient non-compliance were key factors that influenced the decision by paramedics to detain patients under the involuntary provisions of the Act. Moreover, paramedics often lacked confidence in the emergency department environment of hospitals having the resources to provide ongoing supervision to mental health patients upon their arrival. Paramedics also expressed a desire for enhanced mental health training as well as organisational protocols to better support them in taking on these new legislative powers.

In conclusion, the significance of the findings of this study has been found to be particularly relevant in relation to a number of specific areas of paramedic practice, namely, education and training, professional development and clinical governance.