Little Minds, Big Emotions: Rethinking Mental Health Screening for Children in Emergency Care - A Scoping Review

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BACKGROUND

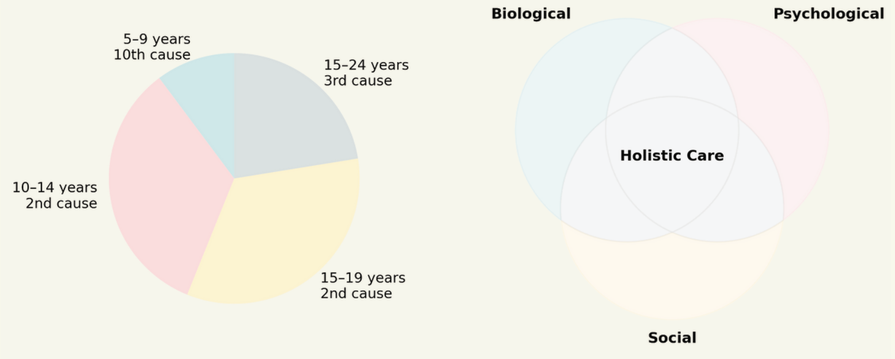
Paediatric mental health is a critical global health concern, with suicide remaining the second leading cause of death among children and adolescents aged 10 to 19 years (1,2,3). Children who die by suicide are seven times more likely to have visited an emergency department in the 30 days preceding their death (4), highlighting emergency care as a pivotal point for early identification and intervention. Paramedic-led care in out-of-hospital settings is increasingly the first point of clinical contact for children in acute psychological distress (5). However, this frontline role remains undersupported, with no validated, developmentally appropriate mental health screening tools currently implemented in paramedic practice across England or Australia (6-12), alongside minimal specialised training and the inherent constraints of timecritical environments. Assessing mental health in children is inherently complex, requiring approaches that are attuned to their stage of development and evolving emotional and cognitive capacities (13). A biopsychosocial approach offers a holistic, child-centred framework for improving assessment and care, yet it remains largely absent from paramedicine (14). Addressing these clinical and structural gaps is essential to strengthening early intervention and ensuring equitable emergency mental health care for children and adolescents.

WHY THIS RESEARCH MATTERS

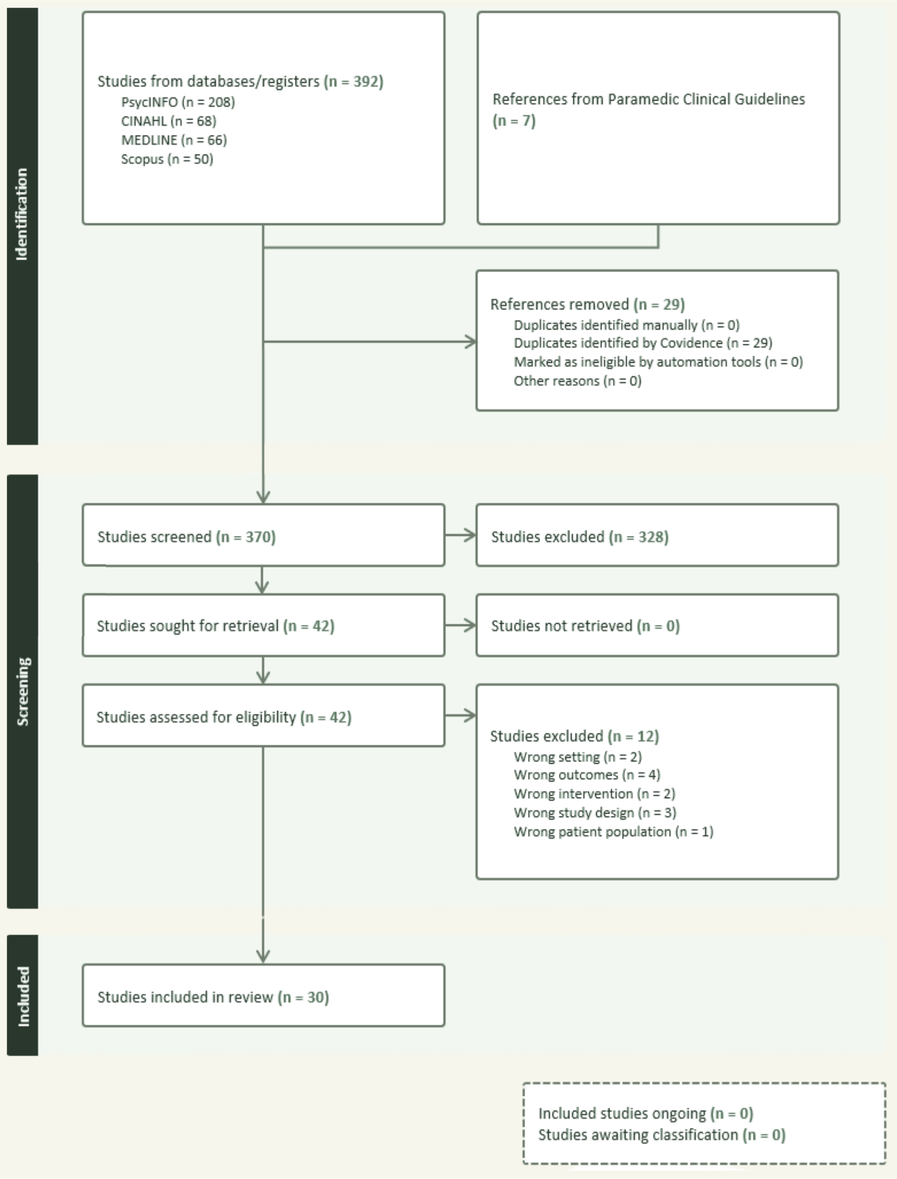
- Suicide is the 2nd leading cause of death ages 10–19, 3rd in ages 15–24, 10th in ages 5–9 (1,2,3)
- Youth who die by suicide are 7x more likely to have visited an emergency department within 30 days prior (4)
- In 2019: 8,327 suicide deaths (ages 10–14), global rate 30 per 100,000 (15)
- 50% of mental disorders begin by age 14; most remain undiagnosed early, and delayed detection worsens outcomes and reduces Treatment effectiveness (16)
- Paramedics often first responders for youth in crisis, but no validated paediatric mental health tools exist for out-of-hospital (5)

RESULTS

- 30 studies | 31 validated tools
- 21 screening, 10 assessment tools
- All in hospital-based settings – none in paramedic care
- Only 5 tools aligned with BPS model to some degree
- Four themes generated



METHODS



THEMES

Reconsidering the Scope and Purpose of Paediatric Mental Health Tools

- Tools range utilised beyond their validated scope (1)
- "Screening" and "assessment" terms used interchangeably (17)
- Universal screening has benefits; however, it is difficult to integrate into emergency care pathways (3)

Gaps in Paramedic-Led Paediatric Screening

- There are no paediatric mental health tools used in paramedic-led care (5)
- Contributes to inconsistent triage and possible over-reliance on pharmacological interventions (19)
- Emergency care context may delay access to appropriate services (19)

Limited Use of the Biopsychosocial Model

- Biopsychosocial approaches are underused in emergency care, limiting holistic, developmentally informed practice (19)
- Tools often prioritise sychological symptom (19)

Implementation and Practical Use Gaps

- language barriers, digital exclusion, and limited neurodiverse representation in validation (20,21)
- Tech innovations (e.g., tablet-based, multilingual tools) show promise but need inclusive design (20,21)
- Inconsistent training and unclear follow-up (20,21)

AIMS AND OBJECTIVES

- Map validated paediatric mental health tools used in emergency care settings`
- Identify validated paediatric mental health screening and assessment tools utilised in emergency care
- Assess each tool's alignment with the Biopsychosocial (BPS) model
- Explore the feasibility of implementing these tools in paramedic-led care

CONCLUSION

Critical Gap

Paediatric mental health screening and assessment tools remain largely absent from paramedic clinical guidelines in both Australia and England, representing missed opportunities for early identification and intervention. Urgent integration of consistent, inclusive, and contextually responsive approaches is required.

System Fragmentation

While validated tools exist in other healthcare domains, inconsistent application, ambiguous escalation pathways, and fragmented connections between in-hospital and out-of-hospital services continue to undermine continuity and effectiveness of care.

Reframing Screening

Screening should be a continuous process, seamlessly integrated across triage, assessment, referral, and follow up, not a one-off event

What if no child went unseen?

'This isn't just about tools or guidelines, it's about building systems rooted in empathy, equity, and the courage to do better."

FUTURE RECOMMENDATIONS

- Explore the adaptability and clinical relevance of biopsychosocial-aligned tools within paramedicine.
- Develop structured, developmentally informed guidance to support paramedics in delivering timely, continuous mental health care for children and adolescents
- English-only inclusion may have excluded relevant international evidence applicable to paramedicine

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