

# Paramedic Mental Illness Care Education

## Navigating Preparedness for Practice

Robert Bear, PhD Candidate, Flinders University  
Head of Discipline - Paramedicine (Undergraduate), Charles Sturt University

Dr Candice Oster, Primary Supervisor, Flinders University  
Dr Louise Roberts, Supervisor, Flinders University



Charles Sturt  
University



Flinders  
University

## Introduction

### Background

Mental health presentations now account for nearly one in three ambulance call-outs, yet most paramedic graduates receive very little dedicated training in this area.

Paramedics consistently report feeling underprepared, underqualified, and at risk when managing mental illness in practice. Despite incremental reforms, translation of education into practice remains inconsistent and ineffective. (Hou et al., 2013; McCann et al., 2018)

These early studies identified chronic gaps in mental health training, with curricula coverage disproportionate to the frequency and complexity of patient encounters. More recent research (Parent et al., 2020) (Donnelly et al., 2024) (Emond et al., 2019) confirms these gaps persist nationally and internationally, particularly in areas such as communication, de-escalation, and low-acuity care.

### Scoping Review

To systematically address these gaps, this PhD project incorporates a scoping review protocol (Bear, Oster & Roberts 2024) to map and synthesise interventions aimed at enhancing mental health literacy and skills in paramedicine. The review follows the Joanna Briggs Institute methodology, searching MEDLINE, CINAHL, Scopus, ERIC, and grey literature to chart the scope, effectiveness, and limitations of existing interventions.

Early findings from this scoping review highlight key approaches:

- Consumer co-design deepens empathy and communication
- Interprofessional immersion doubles student confidence
- Experiential placements (≥2 weeks) and high-fidelity simulation reduce stigma by ~50%
- Sustainable CPD and cultural mentors are essential for embedding change

Despite these promising strategies, reforms remain piecemeal and translation into practice is inconsistent. (Brewster et al., 2022) What is missing from the literature is an understanding of why these efforts fail to prepare graduates and paramedics adequately, and what industry stakeholders themselves believe will bring about meaningful and sustainable change.

### Study Contribution - Aims

This project directly addresses that gap by exploring the lived experiences and perspectives of key stakeholders, academics, graduates, and frontline paramedics, using a Constructivist Grounded Theory approach. Combined with the global evidence synthesis, it aims to develop a roadmap for co-designed, interprofessional, and experiential curricula supported by sustained institutional and system backing. The study seeks to inform meaningful curriculum reform that will lead to better preparation for practice in mental health care within paramedicine.

## Methods/Study Design

### Design

Qualitative study that will utilise Constructivist Grounded Theory (CGT). Aims to explore why mental health education in paramedicine is not meeting demands and identify stakeholder-informed solutions. The study includes a scoping review of existing educational interventions (Bear, Oster & Roberts 2024) that provided background context and informs the iterative interview guide.

### Participants & Sampling

Three stakeholder groups:

- University Academics (paramedicine) - Phase 1 (n=9)
- Practising Paramedics - Phase 2 - Ongoing (n=5)
- Recent Paramedic Undergraduate program graduates - Phase 3

Purposive sampling to ensure diverse, information-rich perspectives (~n30 participants). Recruitment via the Australasian College of Paramedicine and university program leads to target academics.

### Data Collection

Semi-structured, in-depth interviews using open-ended questioning were conducted online. Interviews recorded, transcribed, anonymised and uploaded to NVivo.

### Analysis

Iterative CGT process supported by NVivo:

- Initial coding → Focused coding → Axial coding → Theoretical coding
- Constant comparative method across cases and stakeholder groups

Memo-writing and theoretical sampling to refine categories and support emerging theory

Following Phase 1 data collection and analysis, and the ongoing Phase 2 work, the emergence of a Grounded Theory is now developing.

## Key Findings

### Phase 1 - Academic Perspectives

The phase 1 analysis has provided a rich network of codes, which have revealed some key themes about how paramedic academics view the issue.

Analysis has revealed one central theme and five prominent sub-themes.

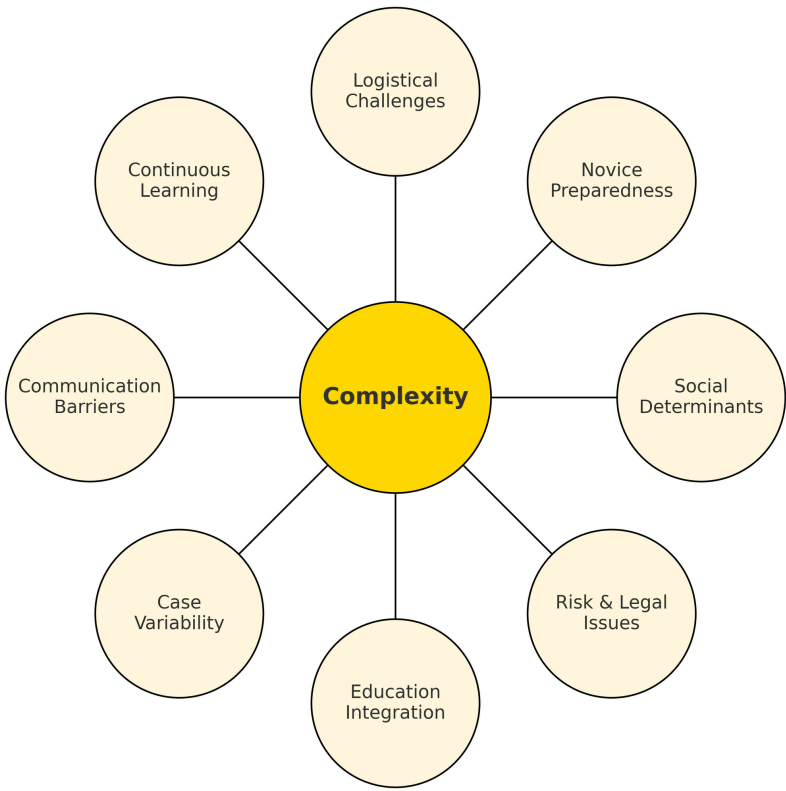
**Central Theme: Complexity**

Complexity and Variability of Mental Illness Cases:

Academics highlighted the diverse nature of mental health presentations. This variability presents challenges in diagnosis, treatment, and management, requiring paramedics to adapt their approaches on a case-by-case basis, making education design challenging.

The model below demonstrates the nuanced dimensions that drive the perception of complexity in mental illness care education in paramedicine.

### The Dimensions of Complexity



#### Sub-Theme One: Change

Academics highlighted the complexity of mental illness care and stressed the importance of change that incorporates collaborative approaches, consumer involvement, practical experience, and ongoing education to better prepare graduates for the realities of practice.

#### Sub-Theme Two: Risk

Academics consistently reported that the industry does not provide adequate support or education for paramedics managing mental illness, which they believe increases risks to both clinician safety and patient outcomes. They emphasised that improved mental health literacy through appropriate education is essential for reducing these risks.

#### Sub-Theme Three: Role Identity

Paramedics often have a strong identification with their profession, but there's a need for clarity of their role and responsibilities, especially in mental illness care.

#### Sub-Theme Four: Curriculum Gaps

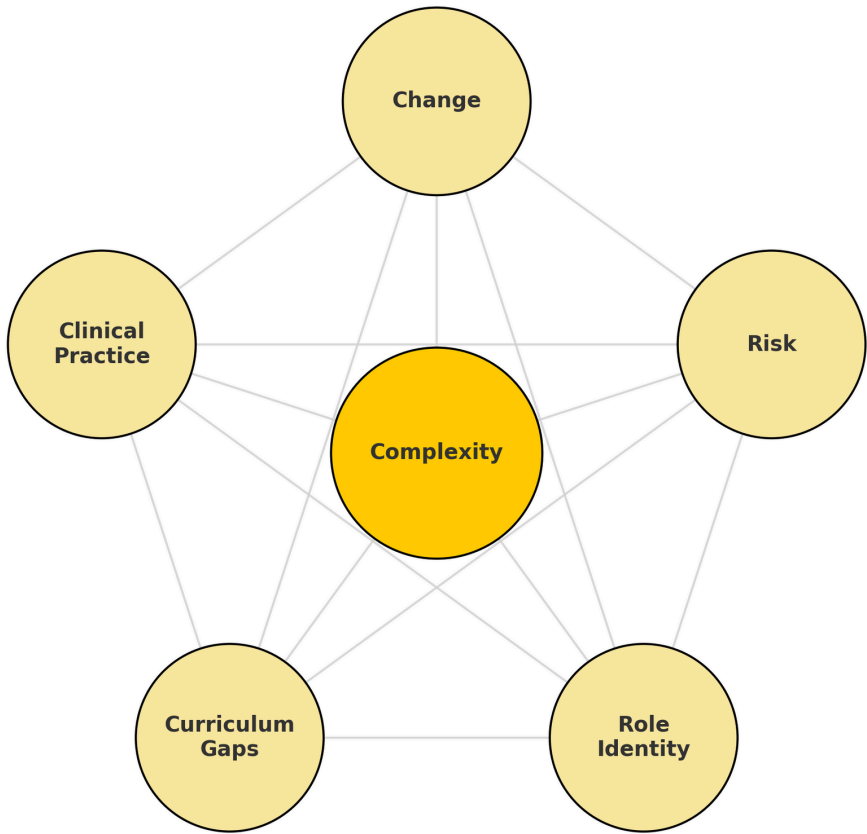
The data consistently highlighted insufficient mental health training for paramedics, particularly in practical skills and real-world application. Academics stress that simulations, placements, and exposure to diverse patients are essential for translating theory into practice and building communication and assessment skills.

#### Sub-Theme Five: Clinical Practice

The data highlights the complexity of responding to mental health crises in paramedicine, emphasising the need for improved education, communication, and systemic reform, while stressing the importance of challenging stigma, fostering empathy, and adopting a patient-centred approach to shift professional attitudes toward mental illness.

The model presented below represents the rich interconnected interdependence of the Phase 1 data themes

### Phase 1 - Theme Representation Model



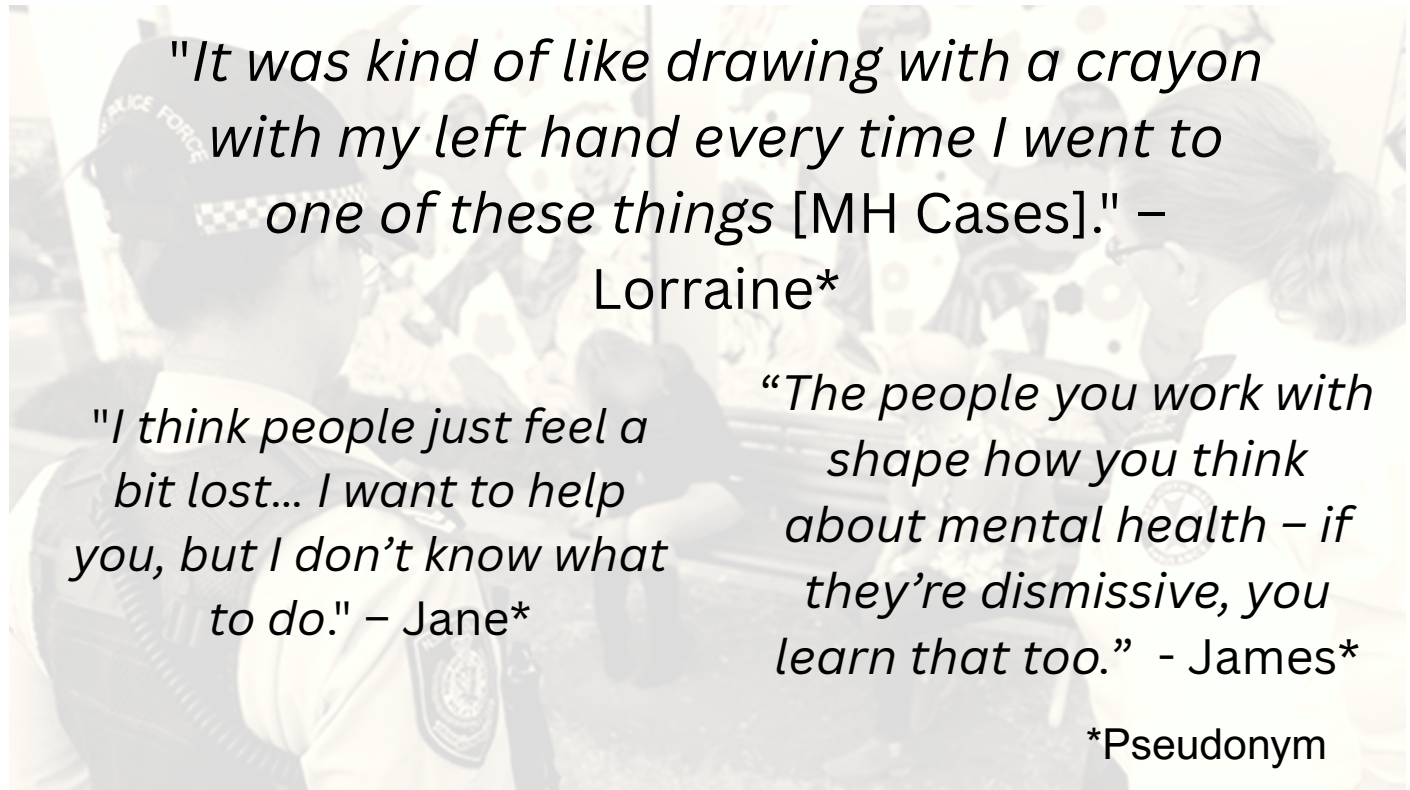
*The interdependence of these themes illustrates the systemic and multifaceted nature of the challenges facing mental health education in paramedicine.*

## Key Findings

### Phase 2 - Paramedic Perspectives Ongoing Recruitment Data Collection & Analysis

The ongoing phase 2 analysis has provided some interesting early insights about how paramedics view the issue.

1. Education Misalignment & Simulation Needs:
  - University education lacks prehospital relevance and practical engagement.
  - Simulation and scenario-based learning are critical for building confidence.
2. Complexity in Low Acuity Mental Health Care:
  - Ethical and clinical uncertainty in non-crisis cases is a major challenge.
  - Paramedics feel unsupported and unsure about referral pathways.
3. Sedation Culture & Risk Aversion:
  - Sedation is increasingly used, sometimes pre-emptively and punitively.
  - Fatigue and KPIs drive risk-averse behaviour and premature restraint.
4. Mentorship & Cultural Influence:
  - Positive role models shape long-term attitudes toward mental health care.
  - Junior staff are more prone to frustration due to unmet expectations.
5. Systemic Disconnect & Structural Barriers:
  - Paramedics feel unsupported by broader health systems.
  - Lack of referral options and integration leaves clinicians isolated.



## Emerging Theory

#### Core Process:

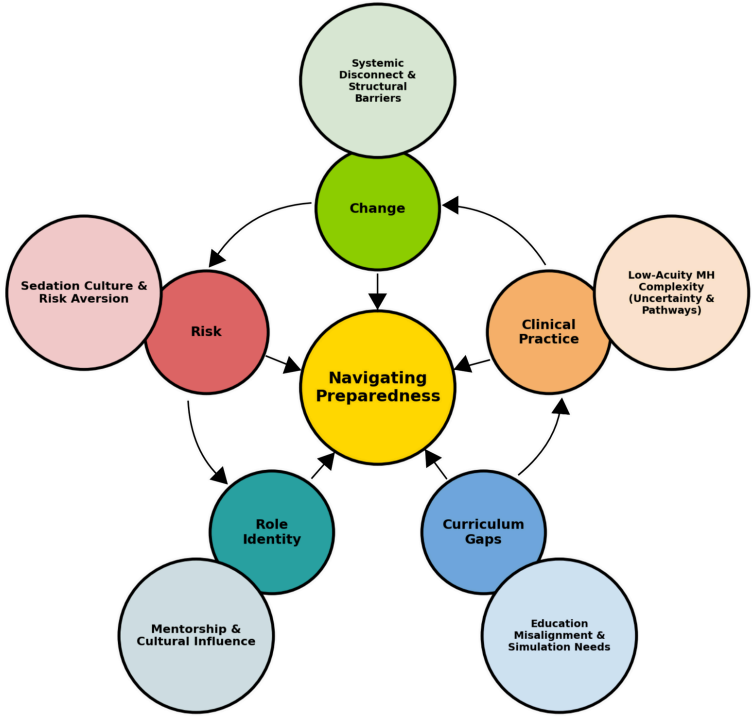
Paramedics continuously negotiate how prepared (or unprepared) they are for practice in the complexity of mental illness care.

**Navigating Preparedness** is shaped by interacting influences, exposure (simulation, placements), culture (mentorship, norms, stigma), and systemic support (referral pathways, interagency integration). Preparedness is negotiated, not assured, emerging through exposure, culture, and systemic support rather than linear acquisition, with the sub-themes dynamically feeding back into readiness for practice.

#### Dynamic Interaction:

The themes don't sit in isolation; they interact and reinforce one another.

**Example:** Curriculum gaps → weaken clinical practice → drives change → increases risk → reshapes role identity.



Preparedness for practice is negotiated rather than assured, emerging through exposure, culture, and systemic support rather than through linear acquisition.

### References

1. Bear, R., Oster, C., & Roberts, L. (2024, July). OSF Registries | Mental Health & Illness Education in Paramedicine: A Scoping Review. Scoping Review Protocol Registration. <https://doi.org/https://doi.org/10.17605/OSF.ICNRM6>
2. Brewster, L., Bear, R., & Maria, S. (2022). Overcoming stigma of mental illness in paramedicine: A model for future practice. *Australasian Journal of Paramedicine*, 19. <https://doi.org/10.33151/ajp.19.1023>
3. Donnelly, E. A., Ford-Jones, P., & Oehme, K. (2024). "Treat them like a person": An exploration of behavioral health emergencies and stigma in the emergency medical services. *Stigma and Health*. <https://doi.org/10.1037/sah0000553>
4. Emond, K., O'Meara, P., & Bish, M. (2019). Paramedic management of mental health related presentations: a scoping review. *Journal of Mental Health*, 28(1), 89–96. <https://doi.org/10.1080/09638237.2018.1487534>
5. Hou, X. Y., Rego, J., & Service, M. (2013). Review article: Paramedic education opportunities and challenges in Australia. *EMA - Emergency Medicine Australasia*, 25(2), 114–119. <https://doi.org/10.1111/1742-6723.12034>
6. McCann, T. V., Savic, M., Ferguson, N., Bosley, E., Smith, K., Roberts, L., Emond, K., & Lubman, D. I. (2018). Paramedics' perceptions of their scope of practice in caring for patients with nonmedical emergency-related mental health and/or alcohol and other drug problems: A qualitative study. *PLOS ONE*, 13(12). <https://doi.org/10.1371/journal.pone.0208391>
7. Parent, A., Smith, R., Townsend, R., & Johnston, T. (2020). Mental health education in Australian paramedic curriculum – A scoping review. *Australasian Journal of Paramedicine*, 17. <https://doi.org/10.33151/ajp.17.791>

### Acknowledgements

1. Mr Lyle Brewster, Charles Sturt University, NSW, Australia
2. Dr Sonja Maria, Charles Sturt University, NSW, Australia
3. Charles Sturt University, Tri-Faculty Conference Funding Support Scheme

### Contact information

Name: Robert Bear  
Phone: 02 65 829438  
Email: [rbear@csu.edu.au](mailto:rbear@csu.edu.au)  
ORCID iD: <https://orcid.org/0000-0001-8221-8721>

