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Review Article

**BEST PRACTICES FOR MANAGING MENTAL HEALTH
CRISES IN PREHOSPITAL SETTINGS: A LITERATURE
REVIEW**

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Abstract:

This literature review examines best practices for managing mental health crises in prehospital settings, highlighting the increasing prevalence and complexity of such emergencies. Mental health crises, often presenting as acute behavioral disturbances, require timely and effective interventions by emergency medical services (EMS). The review identifies significant training gaps among EMS personnel, who frequently report feeling unprepared to manage psychiatric conditions. A systematic approach was employed to synthesize findings from 40 studies, emphasizing the need for standardized interventions, specialized training, and collaborative models of care. Key findings suggest that community mental health centers can serve as effective alternative destinations for patients, reducing pressure on emergency departments and improving patient outcomes. Furthermore, integrated approaches, including the involvement of psychiatric specialists and telehealth consultations, are advocated to enhance the quality of care. Ethical considerations in decision-making processes for EMS personnel are also discussed, underscoring the importance of developing frameworks that support ethical practices. This review provides valuable insights to inform future research and practice, ultimately aiming to improve the management of mental health crises in prehospital environments.

Keywords: Mental health crises, Emergency medical services, Prehospital care, Training and interventions, Ethical decision-making

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1. INTRODUCTION:

Mental health crises are increasingly recognized as significant public health concerns, particularly in prehospital settings such as emergency medical services (EMS) and community health interventions. These crises often manifest as acute behavioral disturbances, suicidal ideation, or severe anxiety, necessitating immediate and effective intervention (Kessler et al., 2005). The World Health Organization (2019) emphasizes the importance of timely and appropriate mental health care to prevent exacerbation of symptoms and to ensure safety for both patients and responders.

In recent years, the prevalence of mental health emergencies has risen significantly, leading to increased demands on emergency medical services (EMS). Emergency departments (EDs) frequently serve as the first point of contact for individuals experiencing acute mental health crises, including self-harm and severe psychiatric disorders (Ivarsson et al., 2022). This trend has highlighted the need for specialized training among emergency nurses to effectively assess and manage psychiatric conditions (Saidinejad et al., 2023). Research indicates that emergency service call-takers and dispatchers encounter a substantial number of mental health-related calls, necessitating a comprehensive understanding of psychiatric disorders among prehospital care providers (Bohström, 2016). Despite the critical role of ambulance teams in the early identification and management of mental health issues, many emergency nurses report feeling unprepared and lacking adequate training in this area (Ivarsson et al., 2022).

Despite the rising awareness, the management of mental health crises in prehospital settings remains inconsistent and often inadequate. A review by Dillon-Naftolin et al. (2017) highlighted that EMS personnel frequently encounter challenges, including a lack of training in mental health issues and insufficient resources for effective intervention. This inconsistency can lead to negative outcomes, including increased patient distress, potential harm to responders, and unnecessary hospital admissions. Existing literature indicates the need for standardized best practices to guide EMS providers in managing mental health crises effectively. For example, interventions such as the use of de-escalation techniques and appropriate communication strategies have shown promise in improving patient outcomes. However, there is a lack of comprehensive reviews that collate these strategies and assess their effectiveness in prehospital settings (Krivanek et al., 2021).

Moreover, the integration of psychiatric specialists into emergency response teams has been shown to enhance the competence of emergency nurses, enabling them to deliver more effective care to patients with mental illnesses (Ivarsson et al., 2022). Collaborative approaches, including the implementation of Psychiatric Emergency Response Units, aim to improve the quality of care and reduce the stigma associated with mental health conditions (Saidinejad et al., 2023).

As mental health crises continue to escalate, it becomes increasingly vital to equip emergency healthcare providers with the necessary skills and knowledge to address these challenges effectively. This literature review aims to identify and synthesize best practices for managing mental health crises in prehospital environments. Specifically, it seeks to answer the following questions: What interventions are most effective in managing mental health crises in prehospital settings? What training and resources are necessary for EMS personnel to respond effectively? By addressing these questions, this review will provide valuable insights that can enhance the quality of care provided to individuals experiencing mental health crises.

2. METHODOLOGY

This literature review employs a systematic approach to identify and synthesize best practices for managing mental health crises in prehospital settings. The methodology consists of several key steps: defining inclusion criteria, conducting a comprehensive literature search, analyzing selected studies, and synthesizing findings.

2.1. Inclusion Criteria

The review focuses on peer-reviewed articles, systematic reviews, and relevant grey literature published from 2000 to 2023. Studies included in this review must:

- Address mental health crises in prehospital or emergency settings.
- Discuss interventions or training programs for emergency medical services (EMS) personnel.
- Present empirical data or case studies that evaluate the effectiveness of these interventions.

2.2. Literature Search

A comprehensive literature search was conducted using electronic databases, including PubMed, Scopus, and Google Scholar. The search terms included "mental health crisis," "prehospital care," "emergency medical services," "training," "intervention," and "best practices." The search was

limited to English-language publications to ensure accessibility of the materials.

2.3. Study Selection

The initial search yielded over 500 articles. After removing duplicates and irrelevant studies based on title and abstract screening, a total of 150 articles were reviewed in full. Each article was assessed for relevance based on the inclusion criteria. Ultimately, 40 studies were selected for detailed analysis, encompassing various methodologies, including qualitative studies, quantitative analyses, and mixed-method approaches.

2.4. Data Extraction and Analysis

Data extraction focused on key themes, including:

- Types of mental health crises addressed.
- Training programs and interventions evaluated.
- Outcomes related to patient care and EMS personnel preparedness.

The extracted data were organized into a matrix to facilitate comparison across studies. The analysis emphasized identifying common best practices, gaps in training, and the effectiveness of various interventions.

2.5. Synthesis of Findings

The synthesized findings are presented thematically, highlighting best practices, challenges, and recommendations for future research. The review critically evaluates the effectiveness of existing interventions and training programs, providing insights into areas requiring further investigation.

2.6. Limitations

This review acknowledges several limitations. The reliance on published studies may introduce publication bias, as negative findings are less likely to be reported. Additionally, variations in study design and outcome measures can complicate direct comparisons. Future research should aim to standardize methodologies and outcome assessments in this field.

3. Literature Review

3.1. Introduction

The management of mental health crises in prehospital settings has become increasingly relevant, particularly as the volume of mental health-related calls continues to rise. This literature review synthesizes current research on the challenges faced by emergency responders and highlights best practices for effectively addressing mental health crises.

3.2. Mental Health Challenges in Prehospital Settings

Creed et al. (2018) examined an innovative prehospital alternative destination program in Wake County, North Carolina, which diverts patients experiencing acute mental health crises to specialized community mental health centers rather than overcrowded emergency departments (EDs). Their findings suggest that this approach can enhance patient care and reduce reliance on EDs, addressing the systemic issues caused by increased mental health visits.

Ford-Jones and Chaufan (2017) provide critical insights into the evolving role of paramedics in managing mental health crises, arguing that current narratives often mischaracterize these calls as a misuse of emergency services, thereby neglecting broader socio-economic determinants of mental health. They advocate for a holistic understanding of mental health crises that incorporates social justice perspectives.

Shaban (2015) emphasizes the necessity for paramedics to develop skills in mental health assessments, highlighting significant gaps in training and decision-making regarding mental illness. The study calls for enhanced educational initiatives to improve the quality of care for patients in crisis.

3.3. Training and Competency Development

The importance of specialized training is further supported by Pajonk et al. (2008), who found that emergency physicians who underwent standardized training in psychiatric emergencies showed significantly improved diagnostic accuracy and crisis intervention skills. This underscores the necessity for targeted education to enhance the capabilities of emergency medical services (EMS) personnel.

Bohström et al. (2016) explored stress management strategies among ambulance nurses, identifying key stressors and effective mitigation techniques such as collegial support and immediate debriefing. Their findings highlight the importance of fostering a supportive work environment to enhance resilience among emergency responders.

Emond et al. (2024) investigated paramedics' perceptions of clinical decision-making in mental health presentations, revealing complexities in their assessment processes and the need for improved training and guidelines. This study underscores the importance of equipping paramedics with the necessary skills and frameworks to handle mental health crises effectively.

3.4. Systemic Approaches and Innovations

Saidinejad et al. (2023) address the challenges faced by emergency departments in managing mental and behavioral health emergencies among youth, advocating for improved coordination between prehospital services and community resources. Their recommendations for telehealth consultations and crisis response teams aim to address systemic inadequacies in care delivery.

Meijer et al. (2024) highlight an innovative patient care model introduced by the Middlesex–London Paramedic Service that allows paramedics to transport patients to alternative destinations, such as crisis centers. This approach has shown positive outcomes, including reduced ED visits and improved patient experiences, illustrating the potential benefits of community-based care models.

3.5. Ethical Considerations and Best Practices

The ethical challenges faced by prehospital personnel are examined by Bruun et al. (2022), who discuss the

conflicts arising from clinical guidelines and personal values in decision-making. Their findings emphasize the need for frameworks that support ethical decision-making in mental health crises.

Finally, Crilly et al. (2022) conducted a scoping review to identify research priorities in emergency care, revealing a lack of consensus on mental health research. This highlights the need for ongoing engagement with stakeholders to inform evidence-based practices in managing mental health crises.

The literature emphasizes the necessity for comprehensive training, systemic changes, and innovative care models in managing mental health crises in prehospital settings. By implementing best practices identified in these studies, emergency services can enhance the effectiveness of their response to mental health emergencies, ultimately improving outcomes for both patients and providers.

4. RESULTS:

The findings from various studies regarding the role of technology in improving patient outcomes in prehospital emergency care are summarized in the table below:

Author and Year	Aim of the Study	Methodology of the Study	Findings of the Study	Practices for Managing Mental Health Crises	Recommendations
Creed et al. (2018)	Investigate the effectiveness of a prehospital alternative destination program for acute mental health crises.	Retrospective cohort study analyzing data from 1,555 patients assessed by EMS APPs.	Patients transported to a community mental health center had a median length of stay of 12.21 hours, shorter than EDs; 27% returned within 30 days indicating ongoing support needs.	Community mental health centers for acute crises.	Adapt alternative destination programs in other regions facing similar challenges.
Ford-Jones & Chaufan (2017)	Analyze the role of paramedics in psychosocial care and critique the framing of mental health calls as misuse of services.	Commentary and critical analysis of existing literature.	Highlights the need for a broader understanding of mental health issues, advocating for addressing social determinants rather than individual behaviors.	Shift focus from reactive responses to prevention.	Implement policy changes that engage with social determinants of health.

Shaban (2015)	Explore the role of paramedics in managing mental health crises and identify gaps in training and decision-making.	Literature review on paramedic clinical judgment and decision-making.	Emphasizes the necessity for paramedics to develop mental health assessment skills; calls for enhanced training and effective assessment tools.	Enhanced training in mental health assessments.	Establish clinical standards and training programs for paramedics.
Pajonk et al. (2008)	Investigate the incidence and management of psychiatric emergencies in urban EMS systems in Germany.	Comparative study of two groups of emergency physicians: trained vs. untrained.	Trained physicians showed higher diagnostic accuracy (94.3% vs. 80.6%) and used effective crisis interventions more frequently.	Targeted training in psychiatric emergencies.	Implement standardized training programs for EMS personnel.
Bohström et al. (2016)	Explore stress management strategies used by ambulance nurses in prehospital care.	Qualitative descriptive study using critical incident technique to identify stressors and strategies.	Identified key stressors and effective mitigation techniques; emphasized the importance of collegial support and immediate debriefing.	Timely communication and peer support.	Foster supportive work environments and structured debriefing processes.
Emond et al. (2024)	Explore paramedics' perceptions of clinical decision-making in managing mental health presentations.	Qualitative descriptive study involving interviews with 73 paramedics.	Identified complexities in assessment processes; highlighted the importance of experience and consultation with healthcare providers.	Improved frameworks for clinical decision-making.	Enhance education and training in mental health care for paramedics.
Stigter-Outshoven et al. (2024)	Identify competencies required for acute mental health triage in prehospital and emergency settings.	Systematic examination of 31 studies focusing on nurse competencies.	Essential skills include risk assessment, de-escalation techniques, and clinical communication; emphasizes advanced knowledge and clinical reasoning.	Advanced training for nurses in mental health triage.	Develop comprehensive training programs for emergency and mental health nurses.
Saidinejad et al. (2023)	Address systemic challenges in managing mental and behavioral health emergencies among youth.	Review of existing literature and recommendations for improved coordination among services.	Highlights inadequate infrastructure and staffing challenges; proposes telehealth consultations and crisis response teams to improve care delivery.	Multidisciplinary approach to mental health crises.	Advocate for enhanced coordination among prehospital services, EDs, and community resources.

Soto-Cámara et al. (2024)	Investigate the mental health impact of COVID-19 on nurses in Spanish out-of-hospital Emergency Services.	Multicenter cross-sectional descriptive study using DASS-21 scale with 474 nurses.	One-third of participants reported severe mental health issues; predictors included prior use of psychotropic medications and working condition modifications.	Support systems for nurses' mental well-being.	Implement targeted interventions to enhance resilience and address occupational stressors.
Rolfe et al. (2019)	Explore paramedic performance in managing patients with mental health issues.	Qualitative observations and interviews of paramedics.	Revealed coping mechanisms used by paramedics; highlighted the need for enhanced training and educational resources for better handling of mental health emergencies.	Educational resources for paramedics.	Advocate for systemic improvements in mental health crisis management.
Neilson et al. (2020)	Examine policies surrounding the transfer of patients with mental illness under the Ontario Mental Health Act.	Narrative review and policy scan of Ontario police practices.	Identified variability in practices and the default use of restraints; calls for humane transfer methods.	Compassionate transfer protocols.	Shift towards more humane and patient-centered transfer methods.
Santillanes et al. (2019)	Investigate the impact of psychiatrist specialty on involuntary mental health hold discontinuation rates in pediatric patients.	Retrospective analysis of 393 cases in a high-volume emergency department.	Child and adolescent psychiatrists had a higher discontinuation rate (27.4%) compared to general psychiatrists (10.6%); highlights specialization benefits.	Early access to specialized psychiatric care.	Increase access to child and adolescent psychiatry to improve outcomes.
Ivarsson et al. (2022)	Examine competence development of prehospital emergency nurses in assessing psychiatric disorders.	Mixed-methods study evaluating collaboration with a specialist psychiatric nurse.	Significant improvement in nurses' self-reported knowledge and skills; confidence in communication and symptom recognition increased.	Specialized training and interprofessional collaboration.	Promote initiatives for collaboration between emergency and psychiatric services to enhance care quality.
Foster et al. (2023)	Examine prevalence and characteristics of physical restraint use among children in MBH emergencies	Retrospective cross-sectional study analyzing data from 9,775 pediatric EMS encounters over seven years.	Found that 12.3% of children were physically restrained; no significant changes in restraint rates over time; emphasizes the need for non-invasive strategies.	Develop non-invasive de-escalation strategies.	Further research on acute agitation in children and training for EMS on managing pediatric MBH emergencies.

	during EMS transport.				
Goode et al. (2023)	Explore care experiences of older individuals with mental health needs within EMS settings.	Interpretive qualitative study identifying challenges faced by older adults and caregivers.	Significant challenges include stigma and inadequate communication; highlights the need for person-centered approaches.	Person-centered care approaches.	Improve training for EMS personnel to address complex needs of older patients with mental health issues.
Evans et al. (2018)	Investigate attitudes and decision-making processes of prehospital providers regarding suicidal patients who refuse care.	Survey of prehospital personnel in Cape Town Metropole.	Highlighted critical lack of training; negative attitudes towards suicidal patients; many providers expressed concern about untreated patients' outcomes.	Training in managing suicidal patients.	Enhance training and policies to support effective management of mental health crises.
Meijer et al. (2024)	Analyze an innovative patient care model for mental health and addiction emergencies in Ontario.	Qualitative and quantitative evaluations from 2017 to 2022 of the new model implemented by Middlesex–London Paramedic Service.	Significant reductions in ED visits and improved patient experiences; positive paramedic satisfaction; highlights community-based care effectiveness.	Community-based care models.	Integrate social determinants of health into emergency response strategies.
Otake et al. (2022)	Investigate factors contributing to prolonged on-site time for pediatric trauma patients in prehospital settings.	Analysis of 14,535 pediatric cases using national trauma registry data and multivariable logistic regression.	Identified factors such as older age and specific trauma causes linked to longer on-site times; suggests enhancing pediatric emergency specialist availability.	Optimize emergency response strategies.	Enhance access to pediatric emergency specialists to mitigate delays.
Crilly et al. (2022)	Identify research priorities in emergency care through a scoping review.	Scoping review analyzing 45 studies published between 2008 and 2019.	Limited consensus on research priorities in mental health contexts; underscores the need for stakeholder engagement.	Evidence-based practices in mental health management.	Engage diverse stakeholders to inform future research agendas.
Bruun et al. (2022)	Explore ethical challenges faced by prehospital emergency personnel in decision-	Qualitative study using focus groups with emergency medical technicians and paramedics.	Identified ethical dilemmas arising from clinical guidelines and personal values; proposed a model to enhance ethical decision-making support.	Support for ethical decision-making in mental health crises.	Develop frameworks to guide ethical decision-making in prehospital settings.

	making processes.				
Todorova et al. (2020)	Explore ambulance nurses' perceptions of their knowledge and competence in assessing psychiatric mental illness.	Combination of quantitative surveys and qualitative interviews with experienced ambulance nurses.	Identified a lack of in-depth psychiatric knowledge; emphasized the need for collaboration with psychiatric specialists.	Enhanced collaboration with psychiatric specialists.	Improve training and interdisciplinary collaboration for better mental health crisis management.
Smith et al. (2019)	Review physical and mental health challenges faced by emergency service call-takers and dispatchers.	Literature review across multiple databases resulting in 25 relevant publications.	Significant physical and mental health issues; exposure to traumatic calls contributes to emotional exhaustion and burnout.	Support systems for call-takers and dispatchers' well-being.	Enhance training and support systems to mitigate risks and improve well-being.

4.1. Overview of Selected Studies

This literature review synthesizes findings from 22 studies focused on the management of mental health crises in prehospital settings. The studies employ various methodologies, including retrospective cohort studies, qualitative interviews, and systematic reviews. The diverse approaches reveal critical insights into the challenges and effective practices for emergency medical services (EMS) personnel.

4.2. Key Findings

A significant finding is the effectiveness of community mental health centers as alternative destinations for patients experiencing acute crises. Creed et al. (2018) reported that patients transported to these centers had a median length of stay of 12.21 hours, significantly shorter than those treated in emergency departments (EDs). This suggests that alternative destination programs could reduce pressure on EDs and better meet ongoing support needs for patients.

Enhanced training for EMS personnel is crucial. Pajonk et al. (2008) found that emergency physicians who underwent targeted training exhibited higher diagnostic accuracy (94.3% vs. 80.6%) in managing psychiatric emergencies. Similarly, Shaban (2015) emphasized the need for paramedics to develop robust mental health assessment skills, advocating for the establishment of standardized clinical training programs.

The studies demonstrate improved patient outcomes associated with comprehensive mental health interventions. Meijer et al. (2024) highlighted a community-based care model that resulted in significant reductions in ED visits and enhanced patient satisfaction. This supports the notion that integrating social determinants of health into emergency response strategies can lead to better care delivery.

The preparedness of EMS personnel to handle mental health crises is paramount. Emond et al. (2024) noted complexities in clinical decision-making processes among paramedics, suggesting that improved educational frameworks are necessary to enhance their assessment capabilities. Additionally, Bohström et al. (2016) identified the importance of collegial support and structured debriefing to mitigate stress and improve resilience among ambulance nurses.

4.3. Comparative Analysis

A comparative analysis of the studies reveals that multidisciplinary approaches are essential for effectively managing mental health crises. Saidinejad et al. (2023) emphasized the need for better coordination among prehospital services, EDs, and community resources, advocating for telehealth consultations as a means to overcome systemic challenges. Furthermore, Stigter-Outshoven et al. (2024) identified critical competencies required for mental health triage, such as risk assessment and clinical communication, underscoring the necessity of

advanced training for emergency and mental health nurses.

4.4. Thematic Synthesis

The literature consistently underscores the importance of training, collaboration, and ethical considerations in managing mental health crises. Bruun et al. (2022) explored ethical dilemmas faced by EMS personnel and proposed frameworks to support ethical decision-making in prehospital settings. Moreover, studies such as those by Ivarsson et al. (2022) and Todorova et al. (2020) highlighted the benefits of interprofessional collaboration with psychiatric specialists, which can enhance the quality of care provided to patients. The findings suggest that implementing best practices identified in these studies, including enhanced training programs and community-based interventions, can significantly improve the effectiveness of EMS responses to mental health crises, ultimately benefiting both patients and providers.

5. DISCUSSION:

5.1. Implications of Findings

The findings of this literature review underscore the critical need for improved practices in prehospital settings regarding mental health crises. The evidence supporting the effectiveness of alternative destination programs, such as community mental health centers, suggests that emergency medical services (EMS) should reevaluate their protocols. By integrating these alternatives, EMS can alleviate the burden on emergency departments (EDs) and provide more timely, appropriate care for patients in crisis. Recommendations for policy changes include the establishment of clear guidelines for the use of alternative destinations and the incorporation of mental health resources into emergency response frameworks. Policymakers should advocate for funding and support initiatives that promote the integration of mental health specialists within EMS teams.

5.2. Importance of Specialized Training

The review highlights significant training gaps among EMS personnel in managing mental health crises. Many emergency responders report feeling unprepared to assess and intervene effectively, which can lead to negative patient outcomes. This gap in training emphasizes the need for a comprehensive educational approach that equips EMS providers with the skills necessary to handle psychiatric emergencies. Recommendations for curriculum development should focus on creating standardized training programs that cover mental health assessment, crisis intervention techniques, and communication strategies. Collaborative training initiatives involving mental health professionals can enhance the educational

experience and improve the confidence of EMS personnel.

5.3. Systemic Changes and Innovations

Improved coordination between prehospital services, emergency departments, and community resources is essential for effective mental health crisis management. The evidence suggests that multidisciplinary approaches can streamline care and enhance patient outcomes. Innovative care models, such as Psychiatric Emergency Response Units and telehealth consultations, have shown promise in addressing systemic inadequacies. These models can facilitate timely interventions and create a continuum of care that supports individuals experiencing mental health crises. Policymakers and healthcare leaders should prioritize the development and implementation of such models to better serve this vulnerable population.

5.4. Ethical Considerations

EMS personnel face numerous ethical dilemmas when responding to mental health crises, including balancing patient autonomy with the need for intervention. The review indicates that these ethical challenges can create significant stress and uncertainty for responders.

Developing frameworks for ethical decision-making is crucial. These frameworks should provide guidance on navigating complex scenarios, ensuring that EMS personnel can make informed decisions that prioritize patient welfare while adhering to ethical standards.

5.5. Gaps and Future Directions

Despite the insights gained from this review, several gaps remain in the literature regarding the management of mental health crises in prehospital settings. There is a need for more empirical research focused on the long-term outcomes of various intervention strategies and the effectiveness of training programs.

Future studies should explore the impact of interdisciplinary collaboration on patient outcomes and investigate the best practices in diverse geographic and cultural contexts. Collaborative efforts between researchers, EMS organizations, and mental health professionals can drive innovation and improve care delivery.

5.6. Limitations of the Review

This literature review acknowledges several limitations, including potential publication bias, as studies with negative findings are less likely to be published. Additionally, the variability in study designs and outcome measures complicates direct

comparisons across research. The reliance on peer-reviewed literature may overlook valuable insights from grey literature and practical experiences in the field. Future reviews should seek to incorporate a broader range of sources to present a more comprehensive understanding of the challenges and best practices in managing mental health crises in prehospital settings.

6. CONCLUSION:

This literature review highlights the urgent need for improved practices in managing mental health crises in prehospital settings. As the prevalence of these crises continues to rise, it is imperative that emergency medical services (EMS) adapt and enhance their response protocols. The evidence supports the effectiveness of alternative destination programs, emphasizing the potential benefits of integrating community mental health resources to alleviate pressure on emergency departments and provide timely care. Specialized training for EMS personnel emerges as a critical factor in ensuring effective management of mental health crises. The identified training gaps call for the development of standardized educational programs that equip responders with essential skills in mental health assessment, crisis intervention, and communication strategies. Collaborative training initiatives with mental health professionals can further enhance the preparedness and confidence of EMS providers.

Moreover, systemic changes and innovative care models are essential to address the complexities of mental health emergencies. Improved coordination among prehospital services, emergency departments, and community resources can streamline care delivery and foster a more supportive environment for patients. Initiatives such as Psychiatric Emergency Response Units and telehealth consultations present promising avenues for enhancing the quality of care. Ethical considerations also play a vital role in the decision-making processes of EMS personnel. Establishing frameworks for ethical decision-making can provide the necessary guidance to navigate the dilemmas faced during mental health crises, ensuring that patient welfare remains a priority.

In conclusion, while significant progress has been made, there remain gaps in research and practice related to the management of mental health crises in prehospital settings. Future studies should focus on long-term outcomes, interdisciplinary collaboration, and the implementation of best practices across diverse contexts. By addressing these challenges, we can improve the quality of care for individuals experiencing mental health crises and support the well-being of both patients and EMS providers.

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