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Review Article

Mental Health Care Experiences in Prehospital and Community Settings: A Scoping Review

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ABSTRACT

Background Mental health issues are among the top ten causes of disease burden worldwide. Many people waiting for mental health treatment are being resorted to emergency or crisis services and evidence points to low levels of satisfaction with these services. The purpose of this scoping review is therefore to explore the experiences of mental health patients accessing prehospital settings, for example emergency care through ambulance use and emergency medical services, and community care.

Data and Methods To identify a knowledge gap and sources of evidence, a scoping review was conducted that examined research about the experiences of people accessing prehospital and community care. A scoping review using a systematic and comprehensive literature search of databases resulted in the inclusion of 10 articles. These articles were synthesised using thematic analysis and resulted in five different themes related to access of community and prehospital based sources.

Results The themes identified were: (i) communication; (ii) relationship with patients and family members; (iii) attitude of providers and trust established; (iv) care and support; and (iv) satisfaction. Some themes overlap and were interrelated. For example, attitudes of healthcare staff determined the type of communication with patients: either positive or negative. In turn, communication by healthcare staff also affected the relationship formed with the patients and the trust established with them. In addition, results of quantitative studies were presented separately.

Conclusion The review identified that mental health service users accessing prehospital and community-based services are seeking support because of dissatisfaction with immediacy of responses elsewhere. To meet this increased demand, paramedics need further education and support on mental health to ensure the appropriate care of these service users.

Keywords prehospital, community mental health services, mental health, paramedics

INTRODUCTION

Globally, mental illness (including depression, anxiety, schizophrenia and autism) account for the top ten causes of disease burden.[1] In 2019, there were 970.1 million cases of mental disorders which increased from 48.1% between 1990 to 2019.[1] Mental illness is highly prevalent in high- and upper-middle-income countries.[2] The burden of mental illness is also increasing in low-income countries but because of low coverage of epidemiological data in these countries, the estimates are not very accurate.[1] The prevalence of mental illness, and how to support people experiencing mental illness, is therefore a growing concern worldwide.

Worldwide, mental disorders were the second leading cause of years-lost lived with disability (YLDs) in both 1990 and 2019.[1] In England, mental illness is the second-largest source of burden of disease and is more common and longer-lasting than other health conditions.[3]At any given time one in six working-age adults have symptoms associated with mental illness.[4] Mental illness is also highly prevalent in high income countries such as United States of America (USA),[1] with an estimate of more than one in five adults living with a mental illness.[5] Similarly, the prevalence of mental disorders is also very high in Australia with an estimate of over two in five Australians aged 16-85 experiencing mental disorders.[6] The high prevalence of mental health disorders continues its trend in Europe, especially in western Europe with 3.9% of all death in the European Union in 2017 resulting from mental and behavioural disorders.[7]

Emergency services in the UK consist of the police, fire and emergency medical services (EMS), this division of services follows a similar pattern in the USA and Australia with variations across Europe.[8] It is often the ambulance service (also known as EMS) that is under extreme pressure to support those suffering from mental health issues. Many people experiencing mental illness (such as depression or anxiety) call an ambulance because they are guaranteed a response.[9] In fact two-fifths of people waiting for mental health treatment are now forced to resort to emergency or crisis services.[10] Mental health crisis teams can support people in the community but require a referral from another healthcare professional such as a general practitioner.[11] Long waits for mental health treatment are largely down to an insufficient mental health workforce.[10] EMS provide interventions to reduce suicide, deescalate distress and promote appropriate service use.[12] Services have developed to help respond to the need, for example in some areas mental health nurses help triage emergency medical calls and make appropriate referrals.[13] However, paramedics struggle with time limitations and lack of underpinning specialist mental health knowledge, despite regularly working with this patient group; they also want to improve care.[9] It is important to acknowledge that paramedics are not expected to diagnose a mental health illness, but they are expected to manage and refer patients to appropriate specialist services or transport them to a place of safety,

according to local protocols and national guidelines.[14]

Experiences of mental health service users while accessing paramedic care has not been widely researched.[9,15] It is essential to consider these views to improve the quality of care provided.[16] Emergency mental health care is a critical matter since the prevalence of mental illness is increasing, resulting in a higher emergency department (ED) patient volume.[17] Recent review of these services has found very low levels of satisfaction with crisis services, where only 13% of service users thought that the service met their need.[18] Therefore, this review draws together the available evidence of those with mental health issues accessing prehospital care to understand experiences of care. A scoping review was considered appropriate to conduct since the aim of this study was to identify and explore the knowledge gaps and any emerging evidence linked to the experiences of people with mental health challenges assessing prehospital care.[19]

DATA AND METHODS

A scoping review based on the Arksey and O'Malley's framework[20] (2005) was conducted to identify knowledge gaps, consider the current available literature and to clarify research conducted into the experiences of people experiencing mental health issues and the care they received in the prehospital settings. The following databases were searched: Academic Search Ultimate, PsychINFO, Complementary Index, CINAHL Complete, ERIC, MEDLINE Complete, SocINDEX, Education Source, Science Direct, Directory of Open Access Journals, Supplemental Index, PsycARTICLES, British Library EThOS and SciELO. Table 1 summarises the search strategy. Papers published between 1990 and 2021 were included in the search. Hand searching, the references list of relevant papers, was also undertaken.

Inclusion and Exclusion Criteria

The inclusion criteria for the scoping review included any primary study type that focused on perception and experience of people with mental health issues using pre-hospital services. Initially, the focus was only on emergency services, but a dearth of research led to including treatment provided in community settings. Studies which involved people with physical or intellectual disabilities with coexisting mental illness or studies that included children were excluded from this review as they might have different experiences or specific opinions.

The search yielded a total of 1,961 studies; after removing 673 duplicates this left 1,288 studies. Screening of the studies was done by reading titles and abstracts, leaving 25 articles. Of these, six articles were removed; three were in another language and another three did not have full text. The full text of these three articles were searched through other means but remained unsuccessful in obtaining them. Next, the full text of the remaining 19 articles was read and after applying the inclusion criteria, 9 were selected for review. Another one article was included in the review after hand searching, making a final of 10 articles (Diagram 1).

Articles were searched by the first author and selected by both authors. The final selected articles were agreed by consensus based on the inclusion criteria. Critical appraisal of the selected papers was completed using Mixed Methods Appraisal Tool (MMAT).[21] Since this scoping review study included a variety of studies, this tool was thought best to use for the critical appraisal. The tool consists of two initial screening questions which leads to individual studies to follow for the appraisal. Both authors independently appraised the studies, and any discrepancies was solved through discussion. As the tool discourages to calculate the overall score, Table 2 reports the ratings of each study type together.

An inductive thematic analysis was applied, and data were synthesised around common themes.[22,23] The theme generation was guided by the data and not based on pre-defined codes and thus was inductive in nature.[24] The themes generated by first author were cross-checked by the second author. The themes were reconsidered to accommodate any data that sat outside of the themes.

RESULTS

Data extraction of the selected articles was completed with the synopsis shown in Table 2. The initial analysis showed that most of the studies were from high-income countries: UK (n=2), Australia (n=2), USA(n=2), Sweden (n=1), the Netherlands (n=1), Israel (n=1); and only one (Bangladesh) was from low-income countries. Seven studies were qualitative, two were mixed methods and one quantitative study. Seven studies assessed either ambulance or prehospital, or EMS or mobile crisis teams and three assessed community-based mental health services, the participants of which were assessed by emergency response team. Five studies (7) reported on mental health issues, while two reported on general health issues, two reported on mental health and substance abuse problems and one reported on gender-based violence and abuse.

Table 1: Terms Used in the Search Strategy

Search Term 1	research* OR study* OR method* OR qualitative OR quantitative OR review*
Search Term 2	mental health OR mental illness OR mental disorder OR psychiatr* illness
Search Term 3	ambulance OR ambulance service OR paramedic OR emergency medical service OR ems OR pre-hospital OR prehospital
Search Term 4	perceptions OR attitudes OR opinion OR experience OR view

Themes Identified from Qualitative Studies

Thematic analysis identified various themes that were based on the experiences of patients within the prehospital and community settings. These are communication;

relationships with patients and family; attitude of staff and trust established by them; care and support; and satisfaction with services. The results of the quantitative studies that did not consider experiences of patients are explained separately.

1. Communication

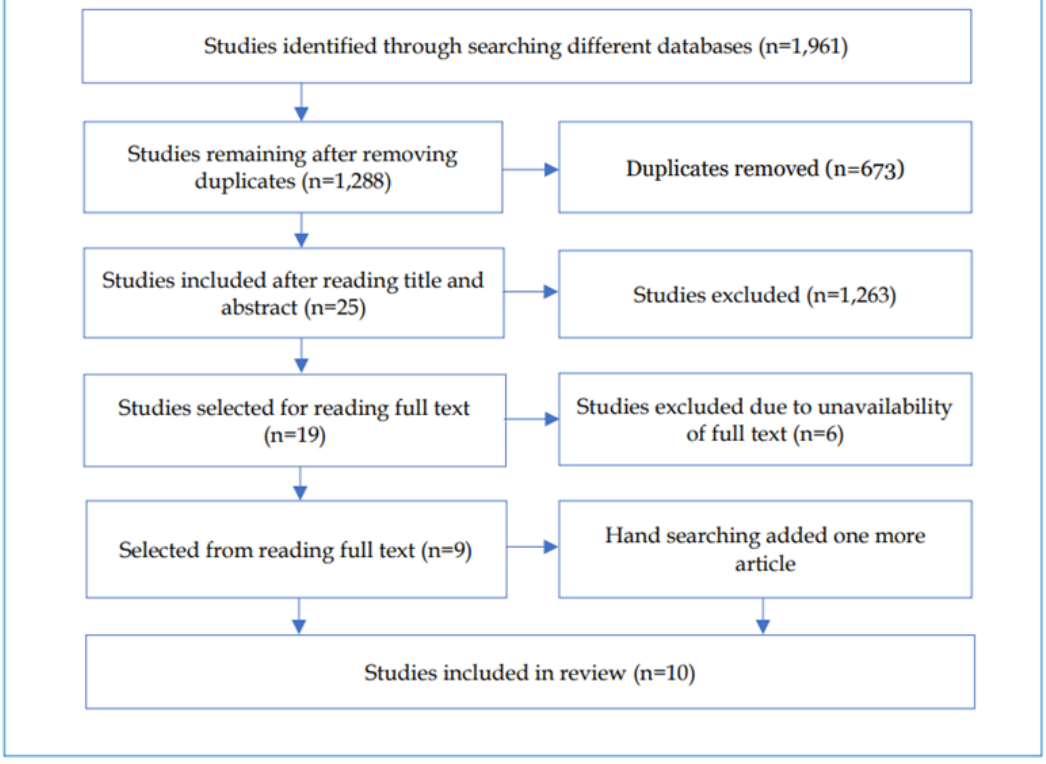
The way in which staff communicated with patients within the prehospital and community arena was important to patients. While positive communication was viewed by patients as a means of building trust,[25] confidence and encouragement,[26] negative or poor communication resulted in reporting unfavourable experiences and feeling judged[18] and acting in an unclear way.[26] Verbal and non-verbal communication by health professionals was significant for the patients to feel reassured.[27] Verbal communication included being listened to, being informed and treated in a friendly manner, while non-verbal expression of 'professional calmness' was seen as being in control of the situation.[27] Positive communication such as informing and involving patients and their family in the care they received[26] and listening to the concerns of patients[15] was also seen as encouraging.

Community health clinics and interventions were used as a means of forming social networks.[28] Appropriate communication during handover of patients to the ED was seen as an important factor that affected the quality of care received by patients. If the handover had a smooth transition with good communication, it was viewed positively. Conversely, if there was poor communication during handover, this made patients feel isolated and peripheral to the care, and therefore viewed negatively.[15]

2. Relationship with Patients and Family

Patients and their family valued a close and professional caring relationship established by the health care professionals. A respectful and caring relationship was highly valued by patients, even more so than the medical treatment they received.[25] Similarly, patients valued the relationship with their service providers and found them accessible because they felt they could discuss their distress with them.[28] The relationship was affected if controlling practices were used. If providers used restrictive interventions such as handcuffs, this was perceived as traumatic and distressing by patients.[28,29] This also prevented forming of a positive relationship with patients who then criticised the police for using restrictive interventions such as using handcuff even if they were not aggressive.[29]

Diagram 1: Flow Chart for Identification and Selection of Studies



3. Attitude of Staff and Trust Established by Them

The attitude of healthcare professionals was one of the vital factors that affected the perceived care of mental health patients. For example, a negative attitude from EMS healthcare professionals towards people with mental illness and substance abuse problems surprised or distressed the bystanders and most importantly could deter the patients from seeking assistance in future.[30] Helpful and understanding attitudes of providers are viewed as

Table 2: Synopsis of Selected Studies

Author	Study Design/Setting	Study Population	Type of Service/Professionals Involved	Main Findings	Quality Assessment MMAT
Ferguson N, Savic M, McCann TV et al.[15]	Qualitative/All over Australia especially Victoria and New South Wales	Men experiencing mental health and/or alcohol and other drugs problem	Ambulance service/paramedics	Both positive and negative experiences Communication and attitude of paramedics affected participants' experience of care Patients' experience of handover in ED affected their perceived quality of care	Yes: 5 No: 0 Can't tell: 0
Boysen G N, Nystrom M, Christensson L et al.[25]	Qualitative/South-west of Sweden	Patients or relatives/carers who call ambulance for non-urgent condition	Early chain of health care/paramedics, medical tech, ambulance nurse	Trust in early chain of healthcare does not automatically include medical care Professional caring relationship, positive and respectful care and communication with patients positively affected their experience	Yes: 5 No: 0 Can't tell: 0
Prener C, Lincoln AK[30]	Qualitative/North-eastern city in USA	People with mental illness and substance abuse problem	An urban American Emergency Medical Services (EMS) agency/Paramedics	EMS providers had negative attitude towards psych calls These psych calls were seen as abuse of system and were not viewed as ' real emergencies' EMS providers felt their safety was compromised (due to lack of training) while dealing with interfacility transfers The providers realised that their attitude and altered behaviour towards psych calls could be surprising or distressing to bystanders Change in demeanour by providers with patients in psych calls could deter them from seeking assistance in future thus affecting their treatment trajectories	Yes: 5 No: 0 Can't tell: 0
Owiti JA, Palinski A, Ajaz A et al.[31]	Qualitative/an inner-city London borough of Tower Hamlets, UK	Multi-ethnic immigrant population with mental health problem	Cultural Consultation Service (CCS) with community mental health services/Care coordinator (a community psychiatric nurse), social worker and occupation therapist	Patients valued their relationship with their care coordinators in the CCS program and found them accessible Patients found services such as psychological interventions as useful recovery tools. Some patients visited these services frequently to form, maintain or fit into social networks Patients found the care coordinators desired to continue engaging and working with them	Yes: 5 No: 0 Can't tell: 0

Table 2 (Continued): Synopsis of Selected Studies

Author	Study Design/Setting	Study Population	Type of Service/Professionals Involved	Main Findings	Quality Assessment MMAT
McKenna B, Furness T, Oakes J et al.[29]	Qualitative/metropolitan Melbourne, Australia	People with mental health crisis	Northern Police and Clinician Emergency Response (NPCER) team; Police and mental health clinicians (a mental health nurse)	The consumer advisor thought that police had no understanding of people with mental illness and would restrict anyone even if they were not aggressive The presence of a mental health nurse trained in de-escalation enabled a modification of the approach resulting in a less traumatic experience for the consumers and their carers Consumers were managed in a least restrictive environment either in their own home or the community where they lived and was perceived as more dignified process	Yes: 5 No: 0 Can't tell: 0
Scott RL[32]	Mixed-method/ DeKalb County, a metropolitan area in Georgia, USA	People with psychiatric emergency	Mobile crisis programme/Psychiatric nurse	The mobile crisis programme was effective as 55% of crisis situation handled by the mobile crisis team were managed without psychiatric hospitalisation compared to 28% of situation handled by police intervention, a statistically significant difference Consumers and police officers gave positive ratings to the mobile crisis programme Consumers' and police officer's responses to the open-ended questions were predominantly positive	Yes: 1 No: 4 Can't tell: 0
Naved RT, Rimi NA, Jahan S et al.[31]	Mixed-method/A rural area Matlab in Bangladesh	Women abused with gender- based violence and women reporting physical or sexual violence or suicidal ideation or attempt	Maternal and Infant Nutrition Interventions in Matlab (MINIMat)/Trained mental health counsellor who were paramedics	About 38% women were unhappy with waiting time The reason mentioned by women for being unhappy about the waiting times included - the paramedics seemed to keep them waiting until it was convenient for them to call them, worked leisurely, wasted time gossiping, and chatting on phones 98% of women reported that paramedics conducted session very well or well and everyone said they were treated well by the paramedics All 28 participants appreciated the attitude and behaviour of paramedics and 6 highly appreciated. All women appreciated equal treatment of the paramedics towards them 99% of women reported the paramedics had a non-judgemental attitude	Yes: 3 No: 2 Can't tell: 0

Table 2 (Continued): Synopsis of Selected Studies

Author	Study Design/Setting	Study Population	Type of Service/Professionals Involved	Main Findings	Quality Assessment MMAT
Daggenvoorde TH, Gijsman HJ, Goossens PJJ[26]	Qualitative/Netherlands	Patients with bipolar or psychotic disorders and their family members	Mobile crisis team/ health providers (doctors and nurses)	Positive and negative experiences were expressed by study population Positive experiences included informing family members about diagnosis and interventions, professionals were helpful and understanding Negative experiences included mobile crisis team acted in unclear way, health professional did not take the call seriously, took longer time to arrive and patients were treated as criminals	Yes: 5 No: 0 Can't tell: 0
Togher FJ, OÇathain A, Phung V et al.[27]	Qualitative/Five counties in the UK	People living in five counties covering mixed urban and rural population using ambulance service	One of 11 ambulance services in England, the East Midlands Ambulance Service NHS Trust/Paramedics	Users were extremely anxious about their health and they valued reassurance from ambulance service staff They appreciated professional behaviour of staff and this instilled confidence in their care The verbal and non-verbal communication of ambulance staff was important for the users to feel reassured Users valued a quick response of an ambulance on-scene whether they had a life-threating emergency or not	Yes: 5 No: 0 Can't tell: 0
Khawaled R, Bauer A, Rosca P et al.[33]	Quantitative/Tel Aviv, Central and Southern districts of Israel	People with psychiatric emergency	Community Emergency Psychiatric Service (CEPS)/ on-call psychiatrist and call handler	CEPS was found capable of providing a viable service for psychiatric emergencies in a population of approximately 2.7 million CEPS may increase the number of referrals to outpatient clinics in the community as well as the number of voluntary and involuntary hospitalisations after working hours	Yes: 3 No: 2 Can't tell: 0

Table 3: Findings of Quantitative Studies

Author	Efficiency & Effectiveness	Satisfaction	Improvement of Patients' Health
Khawaled R, Bauer A, Rosca P et al.[33]	Efficient and viable service – Of the 1,472 calls, 13.5% patients referred for treatment to local outpatient clinics and 7.8% receiving home visits with (66 out of 116) resulting in hospitalisations		
Naved RT, Rimi NA, Jahan S et al.[31]	Logistic regression analysis showed that the women who considered the discussion topic very important were two times more likely to rate the session as very useful Women who were strongly encouraged to explore a way out of violence were almost seven times more likely to consider the session very useful	About 55% of the women were happy about waiting time and 38% were unhappy About 58% of those who felt bad and 50% of those who felt very bad about waiting time reported waiting more than one hour.	Overall, 74% women reported the session to be bit useful, and 16% reported the session was very usefu 85% of women who considered to be useful said that it made them feel light and 22% of women said that it helped them understand that the violence against them was not their fault
Scott RL[32]	The mobile crisis program was effective as 55% of crisis situation handled by the mobile crisis team were managed without psychiatric hospitalisation compared to 28% of situation handled by police intervention, a statistically significant difference	22 clients of the mobile crisis team gave the program a mean ± SD rating of 27.4 ±4.9 out of a maximum possible rating of 32 Ten family members gave the program a mean rating of 27.7±5.8	

supportive by family.[26] Similarly, professional behaviour of staff was also viewed as a positive attribute.[17,27] A desire to provide a service and engage with the patients was seen as providers having a positive role within the context of care coordinators.[28] Whereas unhelpful attitudes and actions such as making patients wait, working leisurely, gossiping and chatting over the phone made patients feel unhappy, especially if they had to leave their children in someone else's charge or if the accompanying children kept crying.[31]

Trust in healthcare professionals was established by a positive attitude and behaviour shown towards the patients. Patients were easily able to trust healthcare professionals not on the basis of what care they received but based on the health professional's ability to pay attention to both medical and existential issues.[25] In contrast, the EMS providers in one study[30] thought their own safety was compromised while dealing with people who presented with mental health problems and people with substance abuse problems because of inadequate training they had received in this regard.

4. Care and Support

Care and support was perceived in many ways such as getting reassurance from paramedics or community health staff,[27] paramedic counselling sessions that helped the patients to 'feel light'[31] and paramedics being non-judgemental and inspiring confidence.[31] The healthcare providers were seen as supportive to families because of this caring and understanding attitude.[26] A quick response from the paramedics was always appreciated,[27] whereas if the healthcare providers arrived late, it negatively affected the patients and their family.[26]

The presence of a mental health nurse trained in de-escalation apart from the police during prehospital care resulted in less traumatic experiences for the patients and their carers.[29] The process of managing patients in their own home or community was seen as more dignified and caring than transporting them to ED.[29]

5. Satisfaction with Services

Satisfaction with the community mental health services and the prehospital intervention was mentioned in several studies. Patients expressed greater service satisfaction related to privacy and confidentiality with community-based counselling sessions[31] and a mobile crisis programmes[32] and gave positive ratings to the services they received. Similarly, patients who received counselling[31] and psychological interventions[31] found them useful.

Results of Quantitative Studies and Controlled Trial

Apart from themes obtained from qualitative studies, some statistics related to community-health related programmes were mentioned by one quantitative study,[33] and two mixed-methods studies.[31,32] The quantitative findings from these mixed-methods studies (Table 3) spoke to the satisfaction and outcomes of care including waiting times, in addition to reporting the efficiency and effectiveness of services studied, therefore it was important to include them as it complemented the overall experience of patients accessing prehospital and community mental health services. The findings include moderate satisfaction around mental health support service delivery and an improvement in terms of patients' health[31] and a moderate

satisfaction around mobile crisis intervention, mitigating the need for psychiatric hospitalisation.[32]

DISCUSSION

This study identified several important themes and characteristics that patients with mental health issues valued and wanted to see in the healthcare staff and services they used. These factors, in combination, affected the experience of care received by this patient group. Some themes overlap and are therefore interrelated. For example, attitudes of healthcare staff determined the type of communication with the patients: either positive or negative. In turn, communication by healthcare staff also affected the relationship formed with the patients and the trust established with them. Positive communication leads to better outcomes and more effective relationship between patients with mental health issues and healthcare staff.

Communication by healthcare providers was particularly important to patients and affected how they viewed the service.[25,26] In addition, the way in which communication was achieved affected the care patients received and determined the outcomes of such mental healthcare. This was illustrated by other studies where the quality of communication by mental health staff affected how patients perceived their care, therefore empowering them.[16] Patients and their carers viewed healthcare staff as showing professional behaviour if they received the correct information about their situation, treatment, and for example, the reason behind why they needed to be transported somewhere else for treatment was explained well.[34] If this communication was not done adequately, for example, healthcare staff not introducing themselves to the patients or not communicating directly with their relatives, then the patients expressed their dissatisfaction with the services received.[35] The results of this study also show a need for appropriate handover between paramedics and hospital staff.[35] The appropriate transfer of information, responsibility and/or accountability is an important aspect of clinical handover,[36] which can be enhanced by patient participation.[37] When patients themselves participated in the handover, it made them feel more involved in their care as they value having access to information that in turn promotes safe, high-quality care.[37]

A relationship formed by the healthcare staff with patients is another principal factor that influences the experience of care patients receive. Similarly, another study[38] also demonstrated how the quality of communication affected the relationship between healthcare staff and their patients. In the same way, experiences of mental health patients are affected by communication and the relationships formed with their healthcare staff.[39] Providing patient-centred mental health care and communication to patients is important to form a positive relationship between patients and healthcare professionals as it means the professionals include patients in the decision-making thus empowering them.[40] In a systematic review by Thomson and McCabe,[41] clinician-patient alliance and communication were also associated with more favourable patient adherence in mental health care. The ultimate objective of healthcare professionals and patient relationships is to improve the patient's health and the medical care they received.[42] When this relationship is compromised due to poor communication by healthcare professionals, it resulted in dissatisfaction among the patients.[43]

Another factor that affected the experience of mental healthcare received by the patients was the attitude of healthcare workers. A professional attitude, an understanding nature and willingness to help and care for the patients was seen as a positive attitude[15,26] whereas making patients wait, working leisurely and gossiping[31] was seen as an unhelpful attitude and viewed as negative by the patients, their families and bystanders. Similar to this study, the positive attitude of prehospital providers such as showing politeness and courtesy, the ability to reduce the patient's anxiety and paying attention to satisfy the patient's non-medical needs positively affected the care received by patients.[44] In contrast, studies also reported the effects of healthcare workers showing negative attitudes towards mental health patients.[45,46] The negative attitude shown by some emergency responders, such as paramedics, could reflect the challenge of working with a high volume of mental health patients with limited access to specialist services.[9] Negative attitudes are demonstrated in the form of fear and hostility, demonstrating a lack of knowledge and skill for responding to people who present with mental health problems. In Ross and Goldner's review, paramedics expressed negative attitudes towards working with patients with mental illness related to safety as they felt incompetent and lacked sufficient training.[46] It is therefore imperative that prehospital staff are provided with appropriate training including mental health training.[9] Other prehospital pathways such as providing community-based health services in the patients' own home also require training.[47,48] These alternative pathways are considered a positive alternative by the people who use the services. The need to provide continued mental health training is important for healthcare providers including those who work in community.[49] There is no national standard curriculum with reference to mental health education in the UK for paramedics; this is an area for further development to support the future paramedic workforce in dealing with mental health patients.[9]

Care and support received from healthcare staff were always valued by mental health patients. Support not only includes fulfilling physical needs, but also paying attention to emotional and psychological needs.[34,50] When such care and support was received from the prehospital or community healthcare staff, they were viewed as showing professional behaviour.[34]

The patients and their family/supporters in this scoping review expressed their satisfaction with prehospital services. Similar to the results of this review, several other studies also reported satisfaction with the prehospital services.[34,50] As satisfaction with healthcare services is also a determinant of the quality of services,[51] it is important that the needs of patients are appropriately dealt with by prehospital and community healthcare staff and that there is a continuous quality improvement process and continuity of care.[52,53] Patients using community-based care in this review were found to be more satisfied with the services. Results indicate that service users of well-developed community-oriented facilities are more satisfied

than the users of mental health services reliant mostly on hospital facilities during emergencies.[54] Patients are more satisfied if they can see a health professional within the community and if they receive continuity of care.[55]

Similarly, the results of quantitative studies reporting effectiveness, efficiency and health outcomes of patients in community-based interventions mostly reported positive conclusions of these services. Studies analysing home and community-based services have revealed better outcomes; mostly improved health care service use and increased satisfaction among patients and providers, including for older people.[56] Similar to our study where community-based services were mostly provided for people over 65 who expressed satisfaction with the services received,[56] also support community care among older patients as an appropriate form of care because of higher satisfaction among patients alongside moderate cost savings. Community-based mental health care has been found to be cost-effective[57] and able to improve health outcomes of the patients if the services are comprehensive and well-integrated with psychosocial programmes.[58] Multi-sectoral stakeholder TEAM approach to community mental health, which borrows from WHO, is successful in identifying and referring patients to appropriate mental health facilities thus reducing the treatment gap and stigma faced by patients.[59]

The countries included in this study have different per capital income, with United States having highest gross domestic product (GDP) per capital income i.e., $70,248.6 in 2021 followed by other European countries and lowest being for Bangladesh i.e. $2,457.9 in 2021.[60] These countries also have different health systems with some having a mixture of public and private systems such as USA, while others having universal social health insurance approach such as the Netherlands and Australia.[61] Countries like Sweden and United Kingdom has universal health system which is regulated nationally. Similarly, Israel provides universal coverage to its citizens and permanent citizens.[61] Because of this variation in income status as well as health care systems in various countries in our review, difference may exist in the way the patients approach the prehospital services as well as the way they are referred to the community mental health services. However, the basic principles of communicating better; showing positive attitude, care and support and satisfaction experienced by the mental health patients while approaching the prehospital as well as community based mental health services are important and should be given priority to further improve these services.

STRENGTHS AND LIMITATIONS

There are very few studies conducted on the experiences of people with mental health issues accessing prehospital care, as identified by our scoping review, the first of its kind in the UK. One key limitation is that most studies in this review are not based in the UK. However, the themes identified create a platform for learning and dissemination in the UK and further afield. More research is needed to build a greater understanding of this subject matter, especially considering the impact COVID-19 has had on these services. There is also an obvious gap in the literature evidenced by this review - both international and in the UK when considering the service users' experience of engaging in any form of mental health services, especially when accessing care or treatment in the pre-hospital arena.

CONCLUSION

The experiences of patients experiencing mental health illness using prehospital and community-based services are influenced by several factors, importantly focused more on non-medical attributes of care provided by the healthcare staff such as positive communication and relationship building, and in particular, relational aspects. The health providers' attitude, communication and relationship building, and care and support provided to the patient, affected patients' perception of care as well as their satisfaction with the services. More training of prehospital staff, such as paramedics, is vital as well as developing other pathways such as community-based care for the patient in mental health crisis seems imperative. This will also contribute to avoiding unnecessary hospital admissions and therefore relieve the pressure on a system that is already overwhelmed. Further research into the perceptions and experiences of those experiencing mental health issues in the UK as well as around the world is also needed.

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ABBREVIATIONS

CCS	Cultural Consultation Service
CEPS	Community Emergency Psychiatric Service
CINAHL	Cumulated Index to Nursing and Allied Health Literature
COVID-19	Coronavirus Disease-19
ED	Emergency Department

EMS	Emergency Medical Service
ERIC	Education Resources Information Center
EThOS	E-Theses Online Service
GDP	Gross Domestic Product
MEDLINE	Medical Literature Analysis and Retrieval System Online
MMAT	Mixed Methods Appraisal Tool
NHS	National Health Service
SciELO	Scientific Electronic Library Online
TEAM	Multi-sectoral Stakeholder TEAM Approach to Scale-Up Community Mental Health in Kenya
UK	United Kingdom
USA	United States of America
WHO	World Health Organization
YLD	Years-lost lived with disability

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