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Review: Systematic review and metasynthesis of qualitative literature on young people's experiences of going to A&E/emergency departments for mental health support

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Background: There has been an increase in children and young people attending emergency departments for mental health reasons, including self-harm. Patients often report having poor experiences when attending emergency departments for mental health support. However, there has yet to be a review exploring the experiences of young people. Our aim in this study was to synthesise qualitative literature on young people's experiences of going to emergency departments for mental health support. **Methods:** A systematic review and metasynthesis were conducted. Five databases and grey literature were searched for relevant studies. Five articles met study criteria and were analysed using an iterative process of thematic synthesis. **Results:** The synthesis yielded four overarching themes: (a) emergency departments' inability to meet the mental health needs of young people, (b) emergency departments exacerbating patient distress, (c) patients feeling like a burden or undeserving of treatment and (d) consequences of poor emergency department experiences. **Conclusions:** These findings (based on a still very limited literature) highlight the role that emergency departments have in relation to being a key point of contact with young people who self-harm. To properly engage with patients, emergency departments need to have the resources to provide compassionate care and follow clinical guidelines regarding assessments.

Key practitioner message

- Poor treatment and negative encounters with staff are often reported by young people who attend emergency departments for mental health support.
- This is the first review to synthesise the qualitative literature exploring young people's experiences of going to emergency departments for mental health support.
- Emergency departments are a key point of contact for young people seeking mental health support and as such emergency department staff should ensure that they are providing empathetic and person-centred care.
- Care described in the studies we found falls well short of recommendation in clinical guidelines internationally: Their full implementation is likely to result in substantial improvements in care.

Keywords: Emergency service; hospital; self-injurious behaviour; suicidal ideation; qualitative research; adolescent; young adult

Introduction

There is a growing concern regarding the mental health and well-being of children and young people internationally. Recent data show an increase in suicidal ideation, plans, attempts and death by suicide in young adults in the United States (Twenge, Cooper, Joiner, Duffy, & Binau, 2019). In England and Wales, recent suicide rates revealed 4.9 deaths by suicide per 100,000 population in the 15–19 age group in 2020 (Office for National Statistics, 2021). There has also been an increase in self-reported self-harm in community settings among young people, particularly young women between the ages of 16–24 in England (McManus et al., 2019).

In England, the lifetime prevalence of self-reported self-harm rose from 2.4 to 6.4 between 2000 and 2014 (McManus et al., 2019). Despite these increasing rates, the majority of those who self-harm do not come to the attention of health services (Geulayov et al., 2018; McManus, Bebbington, Jenkins, & Brugha, 2016), but

for those who do, emergency departments or accident and emergency services (A&E) are a key point of contact. Specifically, it presents an opportunity to engage those at-risk of repeated self-harm or future suicide attempt and provide them with support, targeted interventions and appropriate referrals to mental health services. For example, interviews with young people who attended emergency departments in the United States after a suicide attempt revealed that healthcare workers could play an important role in enhancing protective factors, such as reestablishing connections and strengthening social support (Holliday, 2012).

Despite having high levels of mental health needs, young people in the 16–24 age group are less likely to receive treatment compared to other age groups (McManus et al., 2016). In the absence of specialist mental health support, young people have reported being signposted to A&E if they were in crisis (Appleton, Elahi, Tuomainen, Canaway, & Singh, 2021). Similarly, the proportion of young people going to emergency departments for self-harm increased from 50% in 2019 to 57% in 2020 across 10 countries, including England (Ougrin et al., 2021). The most common concerns of young people attending emergency departments for mental health reasons were suicide ideation, depression or low mood, suicidal attempt, anxiety and self-injury (Cloutier et al., 2010).

Recent literature suggests that patients, including young people, often report poor experiences in psychiatric inpatient and emergency department services (e.g. MacDonald et al., 2020; Wood & Alsawy, 2016). Such experiences are important to explore as they can have an impact on future self-help, disclosure and help-seeking (MacDonald et al., 2020; Owens, Hansford, Sharkey, & Ford, 2016). Owens et al. (2016) explain this as being a cycle, wherein negative experiences in emergency departments reinforce the patient's negative self-evaluation, which perpetuates the cycle of self-harm, shame and avoidance of services. This is especially worrying as those who self-harm are at increased risk of repeated self-harm and suicide (Geulayov et al., 2016; Mars et al., 2019).

There are variations across the United Kingdom in adherence to guidelines on care following self-harm. For example, the proportion of patients receiving psychosocial assessments varied across UK hospitals (Cooper et al., 2013; Geulayov et al., 2016) wherein, between 22% and 88% of patients received a psychosocial assessment by a mental health professional (Cooper et al., 2013). These findings are concerning since the period after discharge is a high-risk time for young people, particularly those in a mental health crisis (Hawton et al., 2020; Summers et al., 2020). Studies have reported that self-harm is a risk factor for subsequent suicide (Geulayov et al., 2016) and that approximately 20.7% of people who self-harm will present again to the same hospital within a year (Bergen, Hawton, Waters, Cooper, & Kapur, 2010). Quinlivan et al. (2021) found that psychosocial assessments were perceived as helpful wherein, people reported feeling better, less suicidal and less likely to repeat self-harm after compassionate and supportive assessments.

A recent review explored patients' experiences of care in emergency departments following self-harm (MacDonald et al., 2020). Although, this review included studies on young people, their analysis focused on patients' experiences regardless of age. There has yet to be a review specifically exploring young people's experiences of going to emergency departments for mental health support. A review in this area is vital given the negative experiences and poor treatment highlighted in the literature described above. Young people specifically have reported additional stigma regarding their age when accessing mental health support in hospital emergency departments (Byrne et al., 2021). Therefore, there is a pressing need to review existing evidence regarding young people's experiences to identify any gaps in knowledge and inform policy and clinical provision.

The aim of this systematic review and metasynthesis is to explore the experiences of going to A&E/emergency departments for mental health support for young people between the ages of 12 and 25.

Methods

The protocol for this review was registered with PROSPERO (registration number: CRD42022322125) and is reported in accordance with PRISMA guidelines (Moher et al., 2009).

Search strategy

A search strategy was developed in collaboration with a specialist librarian and refined following scoping searches. A PICOS framework was utilised to identify search terms relating to young people, A&E/emergency departments, mental health support and qualitative studies (see Appendix S1). Once the strategy was finalised, five databases (Medline, PsycINFO, Embase, Web of Science and CINAHL) were searched using a combination of keywords and Medical Subject Headings (MeSH). These searches were conducted from the inception of databases until June or July 2022. As to our knowledge, this is the first systematic review in this area, no date limits were applied to searches.

We also searched grey literature via Google Scholar using broad terms: young people, emergency department, self-harm or mental health, and qualitative studies.

Eligibility criteria

For a study to be included in this review, it had to meet the following criteria: (a) study participants include young people between the ages of 12 and 25, (b) studies that include a range of populations must report results specific to young people (i.e. between the ages of 12 and 25), (c) study participants will attend A&E/hospital emergency department services seeking mental health support (e.g. after self-harm or suicide attempt), (d) studies should be written in English and (e) studies should be either qualitative or mixed methods.

Studies were excluded if: (a) the participants were attending A&E/emergency department services for reasons other than mental health support (e.g. physical illnesses), (b) studies were looking at emergency response services (e.g. set up after a natural disaster or war zone) or community emergency services (e.g. police or fire services), (c) the study participants are outside of the age group of interest (i.e. over 25 and under 12), (d) studies that include a wide age range, but do not report findings by age group, (e) studies that utilise only quantitative methods, (f) studies not written in English and (g) conference abstracts, theses, commentaries or reviews.

Study selection

Search results were imported into EndNote v.20 and duplicates were removed. The initial stage of screening involved reviewing titles and abstracts according to the eligibility criteria. Full-text screening was then conducted on the relevant studies (i.e. studies that met the inclusion criteria, or where there was some uncertainty about eligibility) identified from the initial screening

stage. Both initial and full-text screening was conducted by G.C., and a further 25% of screening for both stages was independently cross-checked by H.S. Any discrepancies were resolved through discussion among reviewers and other team members.

Quality assessment

The included studies were assessed for quality by G.C. using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018). This tool was chosen as it allows for the quality appraisal of empirical studies which use qualitative, quantitative or mixed methods. For this review, only the sections that focus on qualitative and mixed methods were utilised. During the appraisal, each criterion was rated either 'yes', 'no' or 'cannot tell'. If a reviewer responded with 'cannot tell', this criterion was discussed further with another reviewer. Twenty per cent of the quality assessment was independently cross-checked by H.S.

As this is the first review in this area, no studies were excluded based on the results of the quality assessment, but the quality of included studies was taken into account when interpreting the findings.

Data extraction

A data extraction form was created using Microsoft Excel and piloted on a small percentage of the articles. Any necessary amendments were made before the results were extracted in full. Extracted data included author, year of publication, country of origin, population (young people), participant characteristics (e.g. age, gender etc.), the reason for attending the emergency department, method of data collection, analyses utilised by the authors and main findings/themes identified in the article. G.C. conducted the data extraction and 20% was independently conducted by H.S.

Data synthesis

All relevant studies were extracted from records and imported into NVivo v.12 software. All sections of the relevant studies were included in the metasynthesis. A thematic synthesis was conducted following guidance from Thomas and Harden (2008). Four independent researchers (G.C., R.A., N.V.S.J. and H.S) were involved in the data synthesis. First, G.C. familiarised herself with the data and then coded the selected studies line-by-line. The initial set of codes were then examined according to similarities and differences. The initial codes were then discussed among four researchers (G.C., R.A., N.V.S.J. and H.S.) to work towards the consolidation of categories/themes. The final meta-themes were agreed upon by all researchers through an iterative process of thematic synthesis.

Results

Study selection

The title and abstracts of 1176 articles were screened for eligibility. After conducting a full-text screening of 25 articles, a total of five articles met the eligibility criteria (Byrne et al., 2021; Campbell, Lovas, Withers, & Peacock, 2020; Freeman et al., 2022; O'Keeffe, Suzuki, Ryan, Hunter, & McCabe, 2021; Owens et al., 2016) were included in this review (see Figure 1).

Study characteristics

Details on study characteristics are presented in Table 1. The five included studies involved over 86 young people from three different countries: the United Kingdom, Canada and Australia. Only two studies provided percentages in relation to gender characteristics for the relevant sample. Specifically, both Owens et al. (2016) and Byrne et al. (2021) had a sample that comprised primarily of females (97% and 85% respectively). One study did not specify the total sample size or participant characteristics, including gender, ethnicity or country of birth (Campbell et al., 2020). The young people sought out mental health support at emergency departments for many reasons, including self-harm and suicidal behaviour. Only one of the studies used mixed methods (Byrne et al., 2021) and the remaining studies used qualitative study designs. Two studies explored the experiences of young people alongside those of adult patients, parents/carers or emergency department practitioners (Campbell et al., 2020; O'Keeffe et al., 2021). Except for the inclusion of other populations in some studies, there were no observable differences between age, gender or ethnicity.

Quality assessment

The quality assessment using MMAT indicated that four of the five studies were of high methodological quality (see Table 1 and Appendix S2).

Synthesis of findings

Following thematic synthesis, four themes were identified that encapsulated the experiences of young people when attending emergency departments for mental health support: (a) emergency departments' inability to meet the mental health needs of young people, (b) emergency departments exacerbating patient distress, (c) patients feeling like a burden or undeserving of treatment and (d) consequences of poor emergency department experiences. The language used in the following sections has remained close to that used by the authors of the included studies.

Theme 1: Emergency departments' inability to meet the mental health needs of young people

Young people from four of the five included studies perceived the emergency department as being unable to meet their mental health needs (i.e. Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). Specifically, a participant expressed that 'not enough happened' and that they 'should have just stayed home' (Byrne et al., 2021, p. 6). Byrne et al. (2021, p. 6) found that participants viewed the emergency department as a holding place, 'just somewhere to be', rather than a service that could provide a therapeutic function. This finding was reflected in another study, which found some young people had reported leaving the hospital, without having been offered a psychiatric assessment (Owens et al., 2016). O'Keeffe et al. (2021) explained that patients may not be receiving psychosocial assessments because not all individuals who present with self-harm are referred to the liaison psychiatry team. Some young people reported being denied usual physical care as a result of the self-inflicted nature of their injuries: 'They refused to treat me!! . . . basically 'cos it's self-harm. . . I feel like giving up. What's the point if no-one even wants to try and help'. (Owens et al., 2016, p. 288).

Young people also reported being discharged before they felt well enough to leave: 'I don't know really why they let me [go] because I wasn't okay' (Byrne et al., 2021, p. 6). Young people felt that early discharge was the result of emergency department staff not taking their suicidal behaviour seriously or considering them insufficiently unwell enough to remain in the emergency department: 'they don't give you follow-up support. They

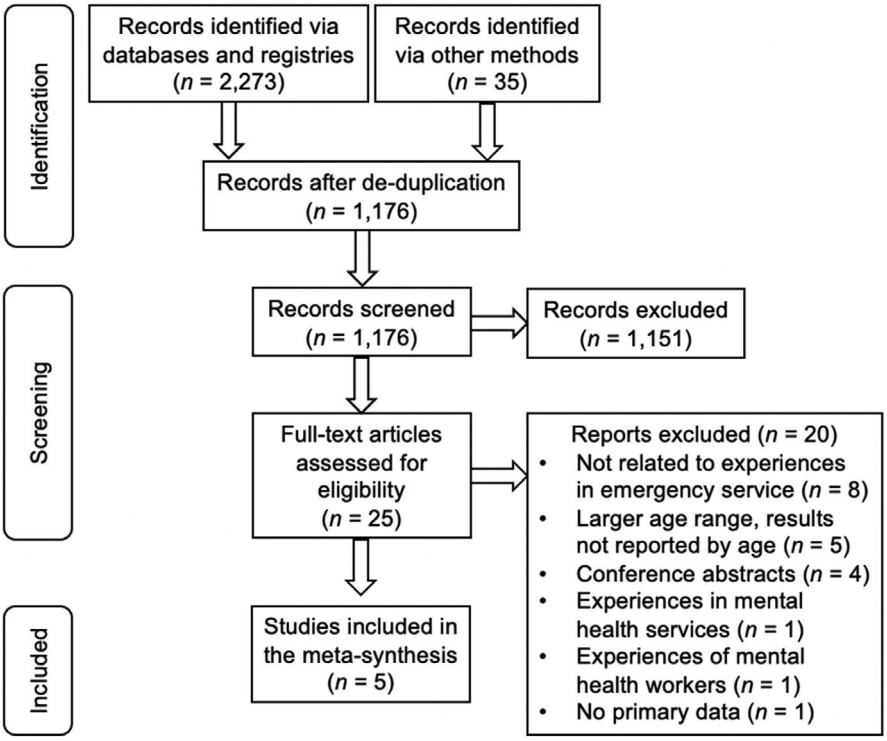

Figure 1. PRISMA flow chart.

Table 1. Characteristics of included studies

Author	Year	Country	Aim	Population and sample	Methods	Quality
Byrne et al.	2021	Australia	To examine young people's experiences of seeking care for self-harm at emergency departments	Young people (aged 12–25), *N* = 13	Semistructured interviews and questionnaires conducted for participants who were recruited via the national youth mental health foundation, with data analysed using thematic analysis	High
Campbell et al.	2020	Canada	To explore youth and parent perspectives on youth mental health emergency department use	Young people (aged 16–25) and parents, total sample not stated	Consultations via individual or group engagement sessions, with participants recruited via mental health liaison, and advertisements in community mental health services	Low
Freeman et al.	2022	Australia	To explore young people's experiences at emergency departments when attending with suicidal behaviour	Young people (aged 16–25), *N* = 35	Focus groups, consisting of participants recruited via professional networks, stakeholder organisations and mental health services etc., with data analysed using thematic analysis with an inductive approach	High
O'Keeffe et al.	2021	United Kingdom	To explore patient, carer and practitioner perspectives on the treatment of self-harm in emergency departments	Patients, including young people under 25, carers and practitioners, *N* = 79, young patients (*n* = 7)	Focus groups and semistructured interviews, with participants recruited via mental health charities, service user groups, online advertisements etc. with data analysed using framework analysis	High
Owens et al.	2016	United Kingdom	To examine young people's perceptions of A&E treatment following self-harm	Young people (aged 16–25), *N* = 31	Secondary analysis of qualitative data from an experimental online discussion forum, with data analysed using inductive thematic analysis	High

just kind of expect you to go and be fine just because you've had a small like, 24 h break from something, they expect you to be okay' (Freeman et al., 2022, p. 8). Similarly, Byrne et al. (2021, p. 10) described how the 'nature of the information that they provided at triage… may have resulted in an underestimation of their risk', with participants feeling that their distress failed to 'meet a threshold of what [staff] require' (Byrne et al., 2021, p. 8). This is further emphasised by participants perceiving emergency department staff as disregarding their distress and concerns about being discharged: 'I told them, "I feel like if you send me home, I'm going to do something again." They told me straight up, "I don't think you will." … I felt like no-one was really hearing me, hearing what I really needed'. (Byrne et al., 2021, p. 8).

Young people's perception of staff as unable to recognise the severity of presenting to emergency departments after self-harm or a suicide attempt was linked to their perception of staff as having minimal or no training on self-harm (Byrne et al., 2021). Some young people perceived staff to be 'really uneducated on adolescent mental health in general' (Byrne et al., 2021, p. 8). However, Campbell et al. (2020) reported that young people trusted the quality of care provided by staff in the emergency department as staff had a basic level of knowledge of mental health. Four of the five included studies (Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016) recognised the need and potential benefits of training emergency department staff. Specifically, these authors discussed how training could improve staff knowledge of mental health problems, address possible stigmatising attitudes towards self-harm and suicidal ideation and improve confidence in managing self-harm and suicide-related presentations.

There were mixed reports on the quality of care upon leaving the emergency department. Some young people described good follow-up care, including immediate referral to appropriate mental health services (O'Keeffe et al., 2021). However, most young people reported having received minimal or no follow-up support: '… when I left the hospital (after a suicide attempt), they kind of just said, "See you", it was as bad as that, and they didn't provide me with any information or any follow-ups'. (Freeman et al., 2022, p. 8). Some young people expressed that something as simple as a follow-up call would have been helpful (Byrne et al., 2021).

Theme 2: Emergency departments exacerbating patient distress

Byrne et al. (2021) reported that emergency departments actively increased young people's distress. This theme captures different aspects of the emergency department, and how these aspects can increase patient distress. The subthemes identified include: (a) participants felt the environment was stressful, (b) participants felt ignored or forgotten and (c) participants perceived staff as uncaring which exacerbated their distress.

Participants felt the environment was stressful. The environment of the emergency department was often described as having an adverse effect on young attenders' already distressed emotional states (e.g. O'Keeffe et al., 2021). For example, the loud noises and bright lights were described by young people as 'stressful' and 'scary' (Byrne et al., 2021, p. 6). Those who attended emergency departments when they were a child and again as a young adult preferred the children's hospital because they felt that adult emergency departments more intimidating (Byrne et al., 2021). Participants in O'Keeffe et al.' (2021) study described the emergency department environment as chaotic.

Young people from two of the included studies (Byrne et al., 2021; Freeman et al., 2022) spoke about the lack of privacy in the waiting rooms and about staff speaking loudly during triage processes: 'Everyone can hear what I'm saying and it's like, well I don't really want people to know. It's not a thing that I like to talk about in public. "I'm suicidal, I've done this"' (Byrne et al., 2021, p. 5). The authors noted that this lack of privacy impeded young people disclosing the full details of their difficulties (Byrne et al., 2021; Freeman et al., 2022), especially as many already found self-harm or suicidal ideation difficult to disclose (e.g. O'Keeffe et al., 2021). Some young people suggested possible solutions to address the privacy concerns, such as completing online questionnaires and allocating private areas to conduct triage assessments (Byrne et al., 2021).

Participants felt ignored or forgotten. Young people described feeling ignored or forgotten while in the emergency department (Byrne et al., 2021; Freeman et al., 2022; Owens et al., 2016). This resulted from long waiting periods, with no indication of how long they were expected to wait (Byrne et al., 2021). Some young people felt others were treated more promptly (Freeman et al., 2022), leading to perceptions of emergency department staff as prioritising nonintentional physical injuries or physical health conditions over mental health problems (Freeman et al., 2022). Participants in one study reported being ignored and left unsupervised which allowed them to engage in further self-harm in the emergency department (e.g. Owens et al., 2016).

Participants perceived staff as uncaring which exacerbated their distress. Four studies described negative experiences of interacting with emergency department staff (Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). For instance, some young people described staff as 'cold' or having 'no emotion at all' (Byrne et al., 2021, p. 7). Others described staff as judgemental and dismissive: 'some nurses… just look at you with utter disgust like you're some monster' (Owens et al., 2016, p. 288). These negative experiences were particularly common for people who repeatedly attended emergency departments: 'they judge you and the doctor – you go walking to ED and they'd go – and they – you've been there many times and they go, "You're back again"'. (Freeman et al., 2022, p. 7). Experiences of stigma appeared to be reinforced by age, with staff telling young people 'it's just a phase', and failing to acknowledge the seriousness of young people's self-injurious behaviour (Byrne et al., 2021, p. 11).

Three studies explored how these negative experiences with staff exacerbated participants' distress, and feelings of shame and worthlessness already experienced after self-harm (Byrne et al., 2021; O'Keeffe et al., 2021; Owens et al., 2016). This is evidenced by participants expressing that: 'you feel so low after self-harming and being treated with contempt or anger or people walking on eggshells just makes it worse. If people

would simply treat us in a business-like manner, with a touch of sympathy perhaps, it would help…' (Owens et al., 2016, p. 288).

Studies indicated that young people were often 'desperate to be shown a little kindness' (Owens et al., 2016, p. 287). A participant from Campbell et al.' (2020, p. 5) article explained that 'It's not always about the treatment you receive, it's about how you're treated'. Notably, all five studies highlighted the importance of positive encounters with emergency department/A&E staff (Byrne et al., 2021; Campbell et al., 2020; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). For example, simple demonstrations of care, 'even something as simple as tone' or 'a kind face' led to young people feeling more at ease (Byrne et al., 2021, p. 7). Similarly, young people described their desire for staff to have empathy and treat them like a human (e.g. Campbell et al., 2020).

It is important to note that some young people did report having positive encounters with A&E staff (Byrne et al., 2021; Campbell et al., 2020; O'Keeffe et al., 2021; Owens et al., 2016). Young people emphasised the importance of feeling as though they were being heard (e.g. Campbell et al., 2020), and as such positive encounters with staff often include those where staff engaged in active listening (Byrne et al., 2021).

Some participants recognised that pressure on emergency department staff might impair their ability to respond kindly to attenders (Byrne et al., 2021; Owens et al., 2016). For example, one participant acknowledged that 'A&E departments can be very understaffed (I know my local A&E is) so the staff get very stressed and overworked and are prone to vent their frustration on patients sometimes'. (Owens et al., 2016, p. 288).

Theme 3: Patients feeling like a burden or undeserving of treatment

Many young people reported feeling like a burden or undeserving of treatment. These feelings may have been the result of a combination of self-stigma and the self-inflicted nature of their injuries (Byrne et al., 2021; O'Keeffe et al., 2021; Owens et al., 2016). For example, Byrne et al. (2021, p. 5) described how self-stigma was substantiated by young people differentiating themselves from other patients by referring to other patients as 'actually' unwell. In some cases, participants would lie about the cause of their injuries: 'I had to lie to the hospital, so they didn't think I'm stupid' (Owens et al., 2016, p. 288).

Young people compared the self-inflicted nature of their injuries to other patients with physical illnesses, indicating feelings of shame and guilt for presenting to the emergency department for self-harm: 'I'm here because I've almost put myself here, when there could be someone who's having a heart attack… I feel bad, because I feel like I'm taking up their time' (O'Keefe et al., 2021, p. 7). Young people also reported feeling 'selfish and needy' (Byrne et al., 2021, p. 5), which resulted in feeling as though they were undeserving of treatment: 'I felt really bad for asking [for a cup of water]… because there were people suffering next to me' (Byrne et al., 2021, p. 5). Some participants even reported feeling that they deserved poor treatment: 'when you're that low you think you deserve bad treatment and are not able to complain' (Owens et al., 2016, p. 288).

Young people's experiences of feeling like a burden or feeling undeserving of treatment were exacerbated by their perceptions of receiving poor treatment by staff in emergency departments (Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). For example, young people reported being belittled by staff and accused of 'wasting time that could be used on real patients' (Owens et al., 2016, p. 288).

Theme 4: Consequences of poor emergency department experiences

Participants felt that negative experiences in the emergency department and lack of effective help increased risk of subsequent self-harm or suicide attempt (Byrne et al., 2021; Freeman et al., 2022; Owens et al., 2016). For example, after being discharged from the emergency department, young people felt that they did not have the resources to support themselves: 'So, like, I know a couple of people that get sent home and end up trying to commit suicide because they don't know who to turn to'. (Freeman et al., 2022, p. 8). Others reported that in order to convey the severity of their distress to staff, 'they would need to engage in more serious/dangerous self-harm in future' (Byrne et al., 2021, p. 7). Two studies found that young people's negative experiences in the emergency department increased their intention to end their life (Byrne et al., 2021; Owens et al., 2016). Specifically, one individual stated that 'next time, I'm not even going to have a chance' in reference to surviving their next suicide attempt (Byrne et al., 2021, p. 7).

Four of the five included studies examined the potential consequences of poor experiences in the emergency department (Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). Young people felt deterred from future help-seeking while in crisis due to experiences of lack of help and of negative and stigmatising attitudes from staff (Byrne et al., 2021; Freeman et al., 2022). Two studies explained how this led to a vicious cycle of patients repeatedly attending emergency departments due to having received inadequate initial care (Byrne et al., 2021; Freeman et al., 2022). Participants emphasised that this cycle was avoidable: 'I wasn't really left with many options, so I went home. Then a week later, I had a suicide attempt and was admitted to a psychiatric unit, which I feel like could have been prevented if I was not dismissed in the first place and was maybe given some options, as well, to help and not kind of left on my own to figure it out' (Byrne et al., 2021, p. 7).

Discussion

To the authors' knowledge, this is the first review to synthesise the qualitative literature exploring young people's experiences of going to A&E/emergency departments for mental health support. Studies reviewed revealed the following themes: (a) emergency departments' inability to meet the mental health needs of young people, (b) emergency departments exacerbating patient distress, (c) patients feeling like a burden or undeserving of treatment and (d) the consequences of poor emergency department experiences.

Young people perceived emergency departments as being unable to meet their mental health needs. For example, some young people who presented with self-harm were not offered psychiatric or psychosocial assessments or any form of signposting or referral. Emergency department attendance not only failed to result in effective help, but was often experienced as exacerbating distress, for example, through stressful environments, long waiting periods and negative interactions with apparently uncaring staff. Encounters with staff who were kind and appeared to listen were important and contrasted with many experiences of attending emergency departments. Shame following self-harm was often reinforced by negative interactions with staff, resulting in many young people feeling like a burden or undeserving of treatment. Young people recurrently described these experiences as resulting in subsequent avoidance of help-seeking and increased risk of self-harm or suicide.

Comparison with existing literature

Many of our findings are consistent with the literature exploring the experiences of adults, which for example, describe lack of psychosocial assessments in emergency departments, or of discharge planning and onward referral (Cooper et al., 2013; Rheinberger et al., 2021).

Our finding that young people often perceive staff as having minimal or no training on self-harm coheres with studies of emergency department staff, who report a lack of skills and training in caring for patients who present with self-harm (McCann, Clark, McConnachie, & Harvey, 2006; O'Connor & Glover, 2017). In addition, emergency department doctors reported focusing solely on the physiological aspects of treatment, including offering physical treatments based on the patient's wound or level of poisoning, and felt that addressing emotional aspects of self-harm was not within their expertise (Hadfield, Brown, Pembroke, & Hayward, 2009).

Our findings on the impact of the emergency department environment in exacerbating distress are also congruent with reports on adult attenders, for example, regarding the chaotic environment and impact of waiting times (e.g. Quinlivan et al., 2021; Rheinberger et al., 2021). The apparent prioritisation of nonintentional physical injuries or other physical health conditions was reported by patients in several other studies (e.g. MacDonald et al., 2020; Rheinberger et al., 2021). Adult patients also often describe negative and hostile interactions with staff, including stigmatising attitudes held by staff (MacDonald et al., 2020; Quinlivan et al., 2021; Rheinberger et al., 2021). This is consistent with research into the perceptions of emergency department staff wherein, A&E staff expressed more negative attitudes towards adolescents who self-harm, in comparison to Children and Adolescent Mental Health Services (CAMHS) staff (Timson, Priest, & Clark-Carter, 2012).

MacDonald et al.' (2020) systematic review and synthesis of research into patient experiences of emergency department care following self-harm revealed that individuals, irrespective of the level of suicidal intent, felt that they were denied the identity of 'patient'. Specifically, these authors found that as a result of dismissive treatment from staff, individuals felt that their authenticity and legitimacy as a patient was being questioned. Participants felt that this denial of patienthood was due to the self-inflicted nature of their injuries and it would often lead to participants feeling like a burden (MacDonald et al., 2020). These findings are consistent with the theme from this metasynthesis relating to patients feeling like a burden or undeserving of treatment.

Lastly, the consequences of negative experiences in the emergency department have been described in the literature wherein, negative interactions with staff induced feelings of shame and often resulted in patients feeling less inclined to engage in future disclosure or help-seeking (MacDonald et al., 2020). In addition, patients reported that they were less likely to disclose or seek help for their self-harm due to having received inadequate care in the emergency department (MacDonald et al., 2020).

Strengths and limitations

To the authors' knowledge, this is the first review to synthesise qualitative data on the experiences of young people going to A&E/emergency departments for mental health support. The use of a systematic and structured method such as metasynthesis is a strength as it allows for the findings of qualitative studies to be integrated and reconceptualised to form comprehensive interpretations that go beyond those attained from the individual studies (Chrastina, 2018). For this review, the themes were agreed on collaboratively by a diverse research team, including members from different and mixed academic backgrounds (including political science, epidemiology, clinical and experimental psychology).

General limitations regarding the use of a systematic review include the difficulties locating relevant unpublished research, such as internal investigations conducted in hospitals. As such, the findings of this review may be missing important unpublished reflections around this topic. Specific limitations of this review include that we found only five studies and included all irrespective of their quality assessment score (although four of the five were rated as high quality). For example, some studies did not provide a full description of their sample (e.g. Campbell et al., 2020) and all studies failed to specify how recent their participants' experiences were with emergency departments.

Almost all of the included studies had a sample primarily consisting of females (Byrne et al., 2021; Freeman et al., 2022; O'Keeffe et al., 2021; Owens et al., 2016). This may be explained by high rates of self-harm among young women aged 16–24 (McManus et al., 2016, 2019), but results in an evidence gap regarding experiences of young men who attend emergency departments for mental health reasons. Generalisability is limited by the White ethnic background of most participants and the fact that eligible studies were from only three countries, all Anglophone and higher income.

It is important to note that although most studies explored young people's interactions with staff, studies tended not to identify which service within the emergency department these staff belong to, with a distinction often not made between general emergency department practitioners and qualified mental health practitioners working in services such as liaison teams. Because of this, it is difficult to discern which staff should be the focus of future research or interventions to improve patient care.

Implications

This review has some significant implications for both clinical practice and research. For example, improvements could be made to emergency department environments to make them more suitable for young people with mental health needs, such as allocating private areas to conduct triage assessments with young people so that they are more comfortable with disclosing their self-harm or suicidal ideation. This review highlighted that young participants felt emergency departments were unable to meet their mental health needs or provide adequate care. Many appeared not to have received the psychosocial assessments, adequate treatment for the physical consequences of self-harm and appropriate referrals to mental health services recommended in guidelines (The National Institute for Health and Care Excellence (NICE), 2022). Further research needs to explore any existing barriers to implementing current guidelines, and how they can be overcome to ensure adequate care is provided to young people.

Our findings also reinforce the case for considering whether some emergency department attenders' needs may be better met by alternative forms of crisis support, such as community crisis centres, including crisis cafes. Crisis cafes provide walk-in assessments, nonclinical support and triage and are often provided by the voluntary sector and staffed by practitioners who may include peer support workers with lived experience of mental health problems. Their aim was to provide a kinder, more flexible and less clinical response to crises, although evidence on their effectiveness is still lacking (Dalton-Locke et al., 2021; Johnson et al., 2022) and they cannot provide treatment for physical consequences of self-harm (Dalton-Locke et al., 2021). These services are often for people over 18, although existing crisis models have been adapted for young people (e.g. Espresso Yourself Wellbeing Café for young people aged 11–18 years; The Lowdown, 2022).

Lastly, the limited number of studies identified indicates the need for further research on the experiences and perceptions of children and young people attending emergency departments for mental health support. In particular, future research could be coproduced with young people with relevant lived experience. Such research will develop our understanding of young people's experiences and consequently enhance our understanding of how emergency departments can take young people's needs into account when delivering care. Future research should aim to include more representative samples in order to produce findings that are more generalisable, for example, to young males and young people from Black, Asian and minority ethnic (BAME) backgrounds. Differentiating between experiences of general emergency department care and of contact with liaison psychiatry services would also be valuable in clearly identifying directions for improving interventions and services.

Conclusions

This study synthesised the qualitative literature exploring young people's experiences of going to A&E/emergency departments for mental health support. Our findings revealed that emergency departments are unable to meet the mental health needs of young people going to emergency departments for self-harm and suicidal ideation. In some cases, emergency departments can actively increase patient distress due to the stressful environment, long waiting periods and poor treatment from staff. Many young people have reported feeling like a burden or that they are undeserving of treatment due to a combination of self-stigma and judgemental treatment from staff. These negative experiences in the emergency department have problematic consequences as they can deter young people from future disclosure and help-seeking and lead to future self-harm. These findings highlight the crucial role that emergency departments have in relation to being a key point of contact with young people who self-harm. Therefore, it presents an opportunity to engage with these patients and provide them with appropriate referrals to mental health services and access to onward care, including brief and easily accessible crisis interventions. To do this, emergency departments must be able to provide adequate care and therapeutic interventions, either provided in the emergency department or through rapid signposting to other services.

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Ethical information

No ethical approval was required for this review.

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Supporting information

Additional Supporting Information may be found in the online version of this article:

Appendix S1. Medline search strategy.
Appendix S2. Quality assessment.

References

Appleton, R., Elahi, F., Tuomainen, H., Canaway, A., & Singh, S.P. (2021). "I'm just a long history of people rejecting referrals" experiences of young people who fell through the gap between child and adult mental health services. *European Child & Adolescent Psychiatry*, *30*, 401–413.

Bergen, H., Hawton, K., Waters, K., Cooper, J., & Kapur, N. (2010). Epidemiology and trends in non-fatal self-harm in three centres in England: 2000–2007. *The British Journal of Psychiatry*, *197*, 493–498.

Byrne, S.J., Bellairs-Walsh, I., Rice, S.M., Bendall, S., Lamblin, M., Boubis, E., … & Robinson, J. (2021). A qualitative

account of young people's experiences seeking care from emergency departments for self-harm. *International Journal of Environmental Research and Public Health*, *18*, 2892.
Campbell, L.A., Lovas, D., Withers, E., & Peacock, K. (2020). Opening the door: Inviting youth and parent perspectives on youth mental health emergency department use. *Research Involvement and Engagement*, *6*, 1–8.
Chrastina, J. (2018). *Meta-synthesis of qualitative studies: Background, methodology and applications*. Helsinki, Finland: NORDSCI Conference.
Cloutier, P., Kennedy, A., Maysenhoelder, H., Glennie, E.J., Cappelli, M., & Gray, C. (2010). Pediatric mental health concerns in the emergency department: Caregiver and youth perceptions and expectations. *Pediatric Emergency Care*, *26*, 99–106.
Cooper, J., Steeg, S., Bennewith, O., Lowe, M., Gunnell, D., House, A., … & Kapur, N. (2013). Are hospital services for self-harm getting better? An observational study examining management, service provision and temporal trends in England. *BMJ Open*, *3*, e003444.
Dalton-Locke, C., Johnson, S., Harju-Seppänen, J., Lyons, N., Sheridan Rains, L., Stuart, R., … & Lloyd-Evans, B. (2021). Health crisis care in England: A national investigation of crisis care systems. *BMC Health Services Research*, *21*, 1–12.
Freeman, J., Strauss, P., Hamilton, S., Pugh, C., Browne, K., Caren, S., … & Lin, A. (2022). They told me "this isn't a hotel": Young people's experiences and perceptions of care when presenting to the emergency department with suicide-related behaviour. *International Journal of Environmental Research and Public Health*, *19*, 1377.
Geulayov, G., Casey, D., McDonald, K.C., Foster, P., Pritchard, K., Wells, C., … & Hawton, K. (2018). Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): A retrospective study. *The Lancet Psychiatry*, *5*, 167–174.
Geulayov, G., Kapur, N., Turnbull, P., Clements, C., Waters, K., Ness, J., … & Hawton, K. (2016). Epidemiology and trends in non-fatal self-harm in three centres in England, 2000–2012: Findings from the multicentre study of self-harm in England. *BMJ Open*, *6*, e010538.
Hadfield, J., Brown, D., Pembroke, L., & Hayward, M. (2009). Analysis of accident and emergency doctors' responses to treating people who self-harm. *Qualitative Health Research*, *19*, 755–765.
Hawton, K., Bale, L., Brand, F., Townsend, E., Ness, J., Waters, K., … & Geulayov, G. (2020). Mortality in children and adolescents following presentation to hospital after non-fatal self-harm in the multicentre study of self-harm: A prospective observational cohort study. *The Lancet Child & Adolescent Health*, *4*, 111–120.
Holliday, C. (2012). *Teen suicide: Experiences in the emergency department following a suicide attempt*. PhD thesis, Washington State University.
Hong, Q., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., … & Vedel, I. (2018). *Mixed methods appraisal tool (MMAT) version 2018 user guide*. National Collaborating Centre. Available from: http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf [last accessed 7 July 2022].
Johnson, S., Dalton-Locke, C., Baker, J., Hanlon, C., Salisbury, T., Fossey, M., … & Lloyd-Evans, B. (2022). Acute psychiatric care: Approaches to increasing the range of services and improving access and quality of care. *World Psychiatry*, *21*, 220–236.
MacDonald, S., Sampson, C., Turley, R., Biddle, L., Ring, N., Begley, R., & Evans, R. (2020). Patients' experiences of emergency hospital care following self-harm: Systematic review and thematic synthesis of qualitative research. *Qualitative Health Research*, *30*, 471–485.
Mars, B., Heron, J., Klonsky, E.D., Moran, P., O'Connor, R.C., Tilling, K., … & Gunnell, D. (2019). Predictors of future suicide attempt among adolescents with suicidal thoughts or non-suicidal self-harm: A population-based birth cohort study. *The Lancet Psychiatry*, *6*, 327–337.
McCann, T., Clark, E., McConnachie, S., & Harvey, I. (2006). Accident and emergency nurses' attitudes towards patients who self-harm. *Accident and Emergency Nursing*, *14*, 4–10.
McManus, S., Bebbington, P.E., Jenkins, R., & Brugha, T. (2016). *Mental health and wellbeing in England: The adult psychiatric morbidity survey 2014*. Leeds, UK: NHS Digital.
McManus, S., Gunnell, D., Cooper, C., Bebbington, P.E., Howard, L.M., Brugha, T., … & Appleby, L. (2019). Prevalence of non-suicidal self-harm and service contact in England, 2000–14: Repeated cross-sectional surveys of the general population. *The Lancet Psychiatry*, *6*, 573–581.
Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., & PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *BMJ*, *339*, b2535.
O'Connor, S., & Glover, L. (2017). Hospital staff experiences of their relationships with adults who self-harm: A meta-synthesis. *Psychology and Psychotherapy: Theory, Research and Practice*, *90*, 480–501.
Office for National Statistics (ONS). (2021, September 7). Suicides in England and Wales: 2020 registrations. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations [last accessed 7 July 2022].
O'Keeffe, S., Suzuki, M., Ryan, M., Hunter, J., & McCabe, R. (2021). Experiences of care for self-harm in the emergency department: Comparison of the perspectives of patients, carers and practitioners. *BJPsych Open*, *7*, e175.
Ougrin, D., Hoi-ching Wong, B., Vaezinejad, M., Plener, P.L., Mehdi, T., Romaniuk, L., … & Landau, S. (2021). Pandemic-related emergency psychiatric presentations for self-harm of children and adolescents in 10 countries (PREP-kids): A retrospective international cohort study. *European Child & Adolescent Psychiatry*, *31*, 1–13.
Owens, C., Hansford, L., Sharkey, S., & Ford, T. (2016). Needs and fears of young people presenting at accident and emergency department following an act of self-harm: Secondary analysis of qualitative data. *The British Journal of Psychiatry*, *208*, 286–291.
Quinlivan, L.M., Gorman, L., Littlewood, D.L., Monaghan, E., Barlow, S.J., Campbell, S.M., … & Kapur, N. (2021). 'Relieved to be seen'—Patient and carer experiences of psychosocial assessment in the emergency department following self-harm: Qualitative analysis of 102 free-text survey responses. *BMJ Open*, *11*, e044434.
Rheinberger, C., Macdonald, D., McGillivray, L., Maple, M., Torok, M., Nicolopoulos, A., & Shand, F. (2021). 'Relieved to be seen'—Patient and carer experiences of psychosocial assessment in the emergency department following self-harm: Qualitative analysis of 102 free-text survey responses. *International Journal of Environmental Research and Public Health*, *18*, 10262.
Summers, P., O'Loughlin, R., O'Donnell, S., Borschmann, R., Carlin, J., & Hiscock, H. (2020). Repeated presentation of children and adolescents to the emergency department following self-harm: A retrospective audit of hospital data. *Emergency Medicine Australasia*, *32*, 320–326.
The Lowdown. (2022). Emotional wellbeing: Wellbeing drop-in. Available from: https://thelowdown.info/emotional-wellbeing/ [last accessed 1 December 2022].
The National Institute for Health and Care Excellence (NICE). (2022, September 7). Self-harm: Assessment, management and preventing recurrence. Available from: https://www.nice.org.uk/guidance/ng225/chapter/Recommendations#psychosocial-assessment-and-care-by-mental-health-professionals [last accessed 7 July 2022].

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*, 1–10.

Timson, D., Priest, H., & Clark-Carter, D. (2012). Adolescents who self-harm: Professional staff knowledge, attitudes and training needs. *Journal of Adolescence*, *35*, 1307–1314.

Twenge, J.M., Cooper, A.B., Joiner, T.E., Duffy, M.E., & Binau, S.G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*, *128*, 185–199.

Wood, L., & Alsawy, S. (2016). Patient experiences of psychiatric inpatient care: A systematic review of qualitative evidence. *Journal of Psychiatric Intensive Care*, *12*, 35–43.

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