

The Role and Potential of Social Worker Involvement in Hospital Emergency Departments: A Practice-Based Scoping Review

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Received: August 6, 2018 Accepted: October 2, 2018 Published: October 4, 2018

doi:10.5296/ijsw.v5i2.13472 URL: <http://doi.org/10.5296/ijsw.v5i2.13472>

Abstract

Background: Social worker input into hospital emergency department (ED) services would appear to be central to the provision of effective, durable and comprehensive services. Unfortunately, there are few literature overviews to summarise this potential.

Methods: A practice-based scoping review was conducted to identify the role and potential of social worker involvement in emergency department settings. After initial screening, abstracts of 252 articles were read and screened, resulting in 37 articles, which were reviewed and thematically analysed by pairs of reviewers, and also appraised for quality and relevance.

Results: Three key practice areas of social work involvement in emergency departments were identified: mental health, suicide risk and crisis, and chronic disease. Details of social work involvement in each key practice area as noted in the literature were outlined. Beyond this, two priority focus areas were also noted: social work screening and assessment in ED, and developing a social work model that is relevant to ED.

Conclusion: The identified key practice areas and priority focus areas provide a useful guide for practitioners (to more clearly define their assistance and interventions in ED), and for managers and academics (to more clearly guide the development of social work policy, practice and staffing models in ED settings).

Keywords: Emergency department, Hospital services, Social work role, Scoping review

1. Introduction

The health care sector in Australia and internationally is responding to policy reforms aimed at increasing safety, care outcomes and patient satisfaction whilst reducing, or at least managing, service costs. In response health services are redefining service scope, and health practitioners, including social workers are having to competitively identify competency and value. At the same time there is pressure to broaden the scope and expertise of service roles. Increasingly the focus and range of services provided by health care providers is narrowing towards concentrating on safe and effective responses to clearly identified health conditions.

In this context, hospital social work is in a state of flux and change (McMichael, 2000). Within the profession there is increasing requirement for hospital social workers to demonstrate that their work reflects best practice and current evidence (Moriarty & Manthorpe, 2016). Within hospitals and among healthcare professionals, there is often confusion as to the role of social workers, their relationships with other professionals, and there are often inappropriate work assignments and referrals (McMichael, 2000). One way to provide greater clarity in such a context is to identify key practice issues from existing research through a review of relevant literature. In particular, in contexts of complexity and ambiguity, scoping reviews, with their broad inclusion criteria and methodological breadth are likely to be most meaningful (Moriarty & Manthorpe, 2016).

Social work interventions occur across the spectrum of service delivery, including in hospital emergency departments (ED). In such settings, social workers provide counselling, information, support, referral, community resource linking, discharge planning, advocacy and other key services (McClennen, Keys, & Day, 2016; Moore, Ekman, & Shumway, 2012). Within the current environment of healthcare service and workforce reforms the role of social workers in ED settings is under review, and other professionals are increasingly advocating to

fulfil such functions (Ryan, Clemmett, & Snelson, 1997; Wand, White, & Patching, 2010, 2011).

However, many patients who frequent hospital emergency departments have complex needs and multiple unmet medical, psychological, behavioural and social concerns; they often have fewer personal resources, sometimes with inadequate support from community service providers (Meng, Muggli, Baetz, & D'Arcy, 2017; Pines et al., 2011). As such, social workers would appear to be central to meeting the needs of such patients, but unfortunately there is limited research examining the utility of social work services in ED settings (Moore et al., 2012).

To more fully document relevant research, we chose to conduct a scoping review to document existing social work interventions and expectations, and explore potential roles of social workers in hospital emergency departments. In this review we also sought to engage social work practitioners in critical appraisal of research and to synthesise practical evidence which is fit-for-purpose for social work practice and planning.

An important means of establishing evidence in social work and related areas is to conduct some form of review or overview of the literature (Fitzgerald et al., 2017; Rozas & Klein, 2010). For this review, the team chose a scoping review methodology (Arksey & O'Malley, 2005), acknowledging that these are suited to collaborative or team-based approaches (Levac, Colquhoun, & O'Brien, 2010). Scoping reviews are rigorous surveys of the literature to identify key concepts, and describe the nature of evidence on a topic (Arksey & O'Malley, 2005). Within the scoping review process, literature within a defined set is identified through a bibliographic data base search, screened for alignment with the research question, summarized, and then thematically analysed to determine key issues. Such reviews have been used in a range of health and welfare settings, and found to be particularly useful for identifying available evidence and noting research gaps, particularly in complex or emerging areas (Anderson, Allen, Peckham, & Goodwin, 2008; Arksey & O'Malley, 2005), and suited to team collaborations (Levac et al., 2010).

Recognising that the available literature on this issue was mixed, it was agreed that it would be beneficial to prioritise findings such that the highest quality and most clinically relevant publications would have the greatest weight of evidence in the review (Ogilvie et al., 2008). Consequently it was determined that the traditional scoping review methodology would be adapted to incorporate a rating of the quality and relevance of each included article (Daudt, Van Mossel, & Scott, 2013). The review was conducted as a practice-based research initiative, led by five social work practitioners working with an experienced research mentor (Daudt et al., 2013; Fitzgerald et al., 2017).

The social workers undertaking this scoping review were working within an outer-metropolitan public hospital in one of Australia's state capital cities. The local area serviced by the hospital had been undergoing significant population growth which is now at 313,785 residents. In response to this population growth, the hospital has grown from a 48-bed hospital in 1990 to comprise 448 beds presently and remains substantially under resourced in acute beds for population needs. The hospital's emergency department is the second busiest (often the busiest) in its state. The population serviced by the hospital is culturally diverse and socially disadvantaged with resultant high levels of psychosocial

complexity and risk for many patients accessing health care. For example, some 72,609 (26.1%) of residents are born overseas and 12.8% speak a language other than English at home. Socioeconomically, 31.1% of the population falls within the most disadvantaged quintile, whilst 17.6% of families have no parent employed and 19.4% are one-parent families.

2. Methods

We adapted a number of steps from existing frameworks (Arksey & O'Malley, 2005), which are presented in diagram form (Figure 1).

The research team (six people) met as a whole to discuss their interest in the topic and formulate a research question. Recognising that traditional PICO format (Patient, Intervention, Comparison, and Outcome) was not relevant to the nature of this issue a more general research question was established. This was stated as “What is the role and potential of social worker involvement in hospital emergency departments?”.

1) Based on the question, a number of search terms were considered and trial searches were undertaken on CINAHL, PsycINFO and SocINDEX bibliographic databases. Table 1 outlines the search terms utilised. With application of limiters regarding: time frame (previous 20 years), context and journal type, the database search yielded 740 ‘hits’.

Table 1. Agreed search terms

Category	Search terms selected
Service Context	Emergency department OR Emergency service OR ED
AND	AND
Discipline Focus	Social Work
AND	AND
Activity Focus	Assessment OR Crisis Intervention OR Crisis Management

2) All titles were read by two team members independently. Any titles which appeared to have some potential relevance to the research question were included and the abstract was retrieved. There were 443 articles excluded at title level.

3) After removal of duplicates (3), the abstracts of all 294 hits were read by two team members, who screened them for alignment with the research question. This resulted in 252 articles being excluded on the basis of a consensus decision between two team members in reference to the research question.

4) The remaining 42 articles were retrieved and downloaded. Each was also read by two team members independently. They undertook a process of thematic analysis of the key themes of each article. They documented key points, quotes, findings or conclusions that pertained to the research question, and also ranked each article on quality and relevance, (Appendix 1). Five additional articles were excluded at this point, found not to be relevant. Each pair of reviewers then discussed their ratings and established consensus on a final rating of quality and relevance for each article.

5) Based on a consensus process, researchers worked in pairs to compare their key points, summaries and conclusions for each article. In cases of discrepancy the pair met together, returned to the article and noted their respective points and rationale. Final conclusions were then agreed for each article. Each was also categorised according to the three levels of relevance and quality (Figure 1). There were no instances of discrepancy after initial discussions.

6) In a three stage collating and summarising exercise, all team members met together with their respective summaries and key points from each of the higher quality and higher relevance articles. Potential categories encompassing these findings were discussed within the team to ensure congruence. In the second stage, the team extracted key points from each of the high quality and relevance articles, thematically grouping issues identified. In the third stage, the team used this thematic structure to include any other information drawn from articles that were classified as intermediate level. Finally notes from lower level quality and relevance articles were also included in the structure where relevant. In this way the information obtained from higher quality and relevance articles had the greatest prominence in the derived evidence.

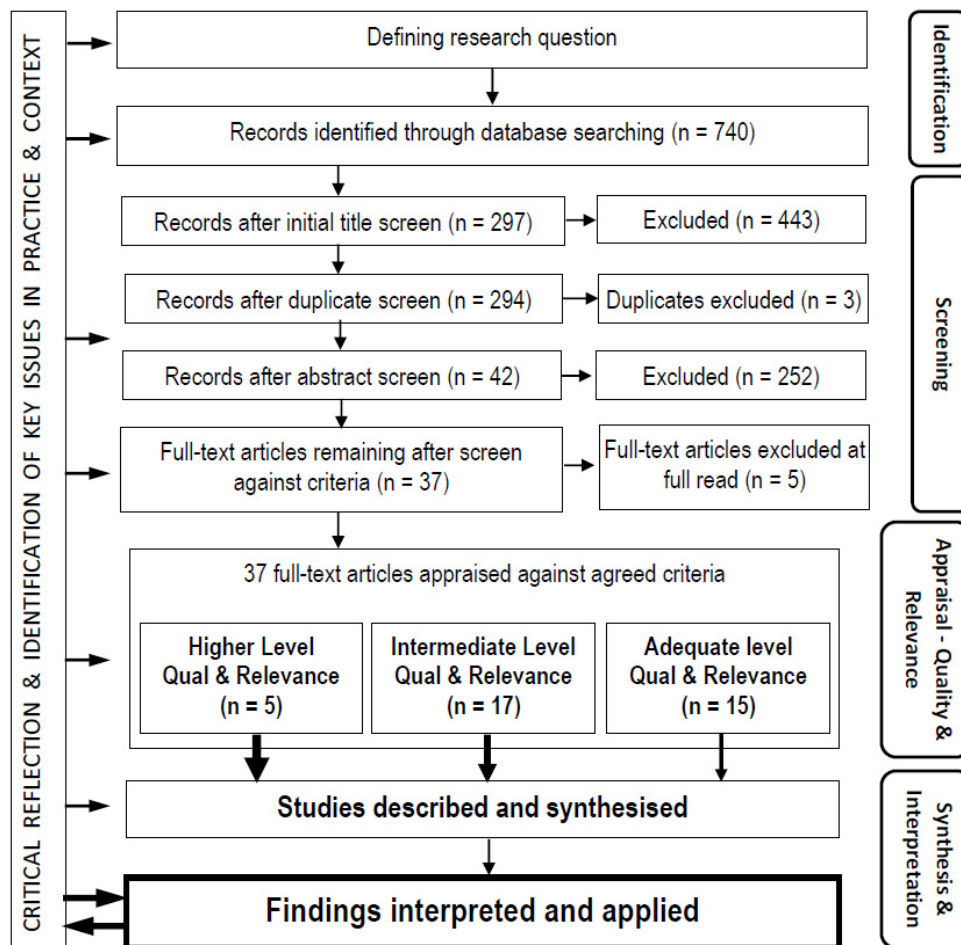


Figure 1. Flow diagram of practice based scoping review

3. Results and Discussion

Thematic analysis of the literature identified in the current review reflected a number of areas in which social worker involvement in ED benefits the patient and their family, other professionals, and the broader health system. First, the review provided a detailed description of the role of social workers in ED. Second, it identified three key practice areas for social workers in this context, namely: mental health, suicide risk and crisis intervention, and chronic disease. Third, the review drew from the literature to identify two important priority focus areas for social work in ED: the need for greater social work screening and assessment in ED settings, and the need for a social work practice model that is relevant to ED. While the key practice areas describe existing patient groups for whom social work intervention in ED has been seen as vital, the priority focus areas identify priorities for the expansion and consolidation of social work in ED. These themes provide a very useful overview of the relevant literature, which may contribute to the expansion of the role of social work in ED.

3.1 Role of Social Workers

Reviewed articles noted the vital role of social workers in complex ED admissions (Mason & Auerbach, 2009), in cases where patients are intoxicated or addicted (McCormack et al., 2013), or where admissions are involuntary (Lindsey, Joe, Muroff, & Ford, 2010). In crisis situations, they play a strategic role in the transition from emergency services to outpatient services while ensuring the patient remains safe (Lizardi & Stanley, 2010). Social workers provide a key service in responding to both the immediate clinical response to psychosocial needs, and a central role in the patient's navigation through a highly complex service system which often has a diverse range of patient care stakeholders who are both internal and external to the ED. Based on their skills and knowledge in goal setting, family/carer system engagement, knowledge of what is available via a range of external service providers, and understanding of clinical roles and care process within the ED environment, social workers often undertake the core task of coordinating immediate responses to complex psychosocial needs and planning for aftercare post discharge.

Increasingly emergency departments provide treatment for the disenfranchised, the homeless with no social support, the mentally ill, and those who have little or no insurance or do not know how to access "routine" care (Kelly, 2005). Reviewed articles reflected the key role social workers play when patients' social and contextual problems impact their medical problems (Mason & Auerbach, 2009). Social workers contribute to ED processes in many ways, including identifying facts and issues that are important for understanding and handling a patient (Räsänen, 2012). Importantly, social workers can be vital advocates for both the patient and family members in the ED setting, for example, facilitating visitation by close family or friends, which evidence has shown can reduce the severity of PTSD in the aftermath of a potentially traumatic event (Lubomirsky et al., 2014). Social workers also advocate for patient rights and ensure they and their families are involved in their care and treatment and promote self management where possible (Hill, Joubert, & Epstein, 2013). Good communication and patient involvement in care reduces assumptions being made, and enhances a patient's self-determination around their illness (Kelly, 2005).

In particular, the review noted that social workers play a key role in patient discharge and transition from the ED (Cleak & Turczynski, 2014). The skills and capacity of social workers

to connect patients with community supports, to assist with relationship issues, and to facilitate practical social and contextual outcomes (Joubert, Lee, McKeever, & Holland, 2013; Mason & Auerbach, 2009), makes their contribution to the ED setting vital. These community connections reduce psychological and social deterioration which has been shown to contribute to ill health (Auerbach & Mason, 2010; Cleak & Turczynski, 2014), this is particularly so in the transition to ambulatory (or outpatient) care (Cleak & Turczynski, 2014); a context where patients require facilitation and coordination of numerous forms of support, coordination, care and assistance (Mason & Auerbach, 2009).

Reviewed studies also suggested that by assisting patients, and especially older patients with complex social and medical conditions, social workers contribute to reducing the number and length of hospital admissions (Mason & Auerbach, 2009). Indeed it has been noted that social workers can improve treatment outcomes as well as decrease rates of overutilization and costs in emergency department settings through the application of standard social work strategies such as case management, psycho-education, follow-up, and motivational interventions (Alonzo, Stanley, Cournos, & Goldfinger, 2013; Wells, Lagomasino, Palinkas, Green, & Gonzalez, 2013).

Beyond these general dimensions, some key practice areas were specifically identified in the reviewed studies. These are outlined below. Appendix 2 provides an overview of the articles reviewed.

3.2 Key Practice Area – Mental Health

Literature included in the current review noted that individuals who experience psychological or mental health issues, or those who have health conditions exacerbated by mental health concerns, often present to ED for assessment and support (Baraff, Janowicz, & Asarnow, 2006; Clarke, Usick, Sanderson, Giles-Smith, & Baker, 2014; Hill et al., 2013). The complexity of issues around mental health presentations in ED was evident across the reviewed literature. Mental health problems make up 15% of ED presentations (Clarke et al., 2014; Goode, Melby, & Ryan, 2014), and patients who present to ED with mental health concerns have substantially increased lengths of stay, compared with others (Clarke et al., 2014; Goode et al., 2014).

The emergency department is a focal point of contact for many vulnerable individuals and those of sub-groups who may require specific support, such as young people in out-of-home care, with suicidal ideation (Cronholm et al., 2010), or people from certain racial and ethnic minorities (Wells et al., 2013). Mental health presentations to ED are often complex, in conjunction with other factors and may include situational crises such as homelessness and substance misuse (Funn & Woodruff, 2011), and therefore require deliberate psychosocial attention.

Reviewed articles noted that in the ED setting, social workers are required to assist people with depression (Wells et al., 2013), those with acute anxiety or panic attacks (Katerndahl, 1996), older persons with chronic mental health concerns (Joubert et al., 2013; Thienhaus & Piasecki, 2004) and those with behavioural problems (Thienhaus & Piasecki, 2004). Reviewed studies also noted the growing need for crisis intervention, as police and other officers divert mentally ill people in crisis away from the criminal justice system to the

hospital emergency system (Tyuse, 2012). This further underscores the need for enhanced psychosocial support by social workers in the ED setting (Tyuse, 2012).

The current literature review identified a number of social work related skills which are very important in assisting people with mental health conditions in the ED setting. These include specialised intervention skills in responding to those with mental health needs (Clarke et al., 2014; Goode et al., 2014; Tyuse, 2012), problem solving abilities (Alonzo et al., 2013) and more general case management skills (Griswold et al., 2008). Social workers in this setting have a unique role and capacity to listen, empathise and give advice (Wells et al., 2013). In particular, their skills include crisis intervention and debriefing. When applied correctly in the early stages following a traumatic event, it can enhance the recovery process and reduce negative long term psychological impacts (Bell, 1995). Social workers are also specially trained to identify potential crises in the context of psychosocial stressors, and assist to de-escalate, as well as link patients with community organisations which can support the individual more appropriately (Moore et al., 2012). As noted above, the ability to identify and link patients with appropriate community support, contributes to the prevention of unnecessary hospital admissions and re-presentations (Auerbach & Mason, 2010; Cleak & Turczynski, 2014). Conversely, social worker involvement in this setting may also maximise non-hospital referrals (Mason & Auerbach, 2009), especially when backed up by community mental health support (Putman, 1998).

While social workers can play a vital immediate role in the ED setting for people with mental health issues, a key advantage is that the role extends beyond the ED crisis, to inform discharge planning, therapeutic interventions, follow-up, community support and referrals, as well as advocacy (Alonzo et al., 2013; Auerbach & Mason, 2010; Clarke et al., 2014; Lindsey et al., 2010; Mason & Auerbach, 2009; Spurrell, Hatfield, & Perry, 2003; Thienhaus & Piasecki, 2004). The social worker is uniquely positioned to look outside of the medical model to provide understanding and empathy for the patient's lived situation (Wells et al., 2013), with an emphasis on their social context community linkages (Lindsey et al., 2010), thereby potentially averting future ED admissions.

3.3 Key Practice Area – Suicide Risk and Crisis

As reflected above, a core theme across the reviewed literature is that people in psychological distress often present at ED in crisis (Baraff et al., 2006). Emergency departments are a focal point through which to reach some people with depression and anxiety (Funn & Woodruff, 2011), and those of some ethnic communities who experience distress (Wells et al., 2013). Other key groups noted in the review include elderly people in psychological crises (Joubert et al., 2013), people experiencing panic attacks or acute anxiety (Katerndahl, 1996) adolescents with depression (Cronholm et al., 2010; Funn & Woodruff, 2011), drug users at risk of overdose (Jones et al., 2002), and young people who may have suicidal ideation or self-inflicted injuries (Rhodes et al., 2012; Rhodes et al., 2013). Indeed for many people in psychological crisis, the ED may be the key point of contact, and social work input in that setting is vital. Further, the emergency department is a crucial site for engaging with such patients and their families (Baraff et al., 2006; Jones et al., 2002), to facilitate the management of psychosocial concerns and to mitigate adverse outcomes.

Unfortunately, despite the prevalence of people who present to ED in psychological distress, the issue of under-diagnosis of these issues is a major concern (Wells et al., 2013). Under-diagnosis of depression and other conditions in ED, especially for people from racial and ethnic minorities, is evident in ED systems, and underscores the importance of enhanced social work input (Wells et al., 2013).

Beyond the follow-up and outreach strategies highlighted in the previous section, social work led interventions with people in psychological crisis and at risk of suicide, was strongly advocated in the reviewed literature (Baraff et al., 2006; Clarke et al., 2014; Joubert, Petrakis, & Cementon, 2012; Petrakis & Joubert, 2013). In particular, in the case of suicide risk, the specific supports offered by social workers are beneficial (Lizardi & Stanley, 2010). For children at risk of suicide, social work support which is sensitive to family difficulties, to social context, and which encompasses sensitivity to repetition of such behaviours, is required (Rhodes et al., 2013). While engaging with such patients and providing psychosocial interventions are very difficult, without adequate psychosocial follow-up, they are likely to make further attempts post-discharge (Lizardi & Stanley, 2010).

In this light, reviewed articles emphasised that social workers in ED should have comprehensive training and skills in psychological screening, problem solving (Alonzo et al., 2013) and traumatic event debriefing (Bell, 1995). Particular articles emphasised the need for, and benefits of, screening for depression and related issues (Cronholm et al., 2010), for older persons mental health concerns (Joubert et al., 2013), and for suicidality (Lizardi & Stanley, 2010).

3.4 Key Practice Area – Chronic Disease

Beyond crisis situations, some reviewed articles emphasised that social workers in ED settings have a key role in assisting people in the area of chronic disease (Hill et al., 2013). While many aspects of chronic disease are managed in primary health care settings, those with higher complexity (including interactions between chronic disease and depression) often present at ED for care (Spurrell et al., 2003). In this context people require support to deal with worsening symptoms, and to enhance their emotional, functional and physical coping, which are core social work skill areas (Hill et al., 2013). As with other patient groups in ED, social workers can make substantial impact on the welfare of those with chronic disease by providing health promotion and preventive health assistance at discharge (Hill et al., 2013).

The review noted the potential benefit of social work involvement in chronic care plans (Hill et al., 2013). As a result, there is a need for enhanced assessment and care planning tools to enable social workers to have greater input and impact with these patients (Hill et al., 2013). Social workers provide support to assist patients to identify and articulate the psychosocial impact of health concerns and progress this conversation to problem identification, goal setting, and then to a sense of increased confidence and control in managing their health needs. Social workers also identify and support patient engagement with a range of specialist services able to best meet gaps in health care and other psychosocial needs. Social workers undertake a central role in supporting continuity in service response for frequent ED re-presenters by developing patient centred service plans that identify established responses to health and psychosocial needs, and the roles of stakeholders in patient care.

3.5 Priority Focus Area – Social Work Screening and Assessment in ED

The reviewed literature also highlighted that social work related screening and assessment is an important contribution in the ED setting (Cleak & Turczynski, 2014). Reviewed articles noted the benefit of social work screening and assessment for suicidality and self-harm (Lizardi & Stanley, 2010) mental health status, emotional and behavioural concerns (Auerbach & Mason, 2010), alcohol dependence, consumption and related concerns (Kenna et al., 2005), chronic care, and (Hill et al., 2013) broader psychosocial and quality of life issues (Petrakis & Joubert, 2013).

Importantly it was evident from the literature that any tools or methods for social work screening should be evidence based (Auerbach & Mason, 2010), and appropriately validated (Petrakis & Joubert, 2013) to meaningfully guide and inform social work interventions in the context of the multi-disciplinary team (Auerbach & Mason, 2010). Assessments should be contextually sensitive, acknowledging the types of presentations and referrals, with relevance to other team members, and potentially gauge expected outcomes and patient satisfaction (Petrakis & Joubert, 2013). Enhancement of these assessments and screening tools is seen as a crucial means of establishing the role and contribution of social work in the ED setting.

3.6 Priority Focus Area – A Social Work Model That is Relevant to ED

Given the breadth of potential avenues of social worker involvement in ED, it would appear that a coherent model of practice may also be beneficial to informing greater social work engagement in this setting. While proposing a theory is beyond the scope of the current study, some relevant points may be noted for a model that informs social work practice in the ED setting.

Such a model would accommodate a focus on patient outcomes (Moore et al., 2012), a commitment to a holistic approach (Petrakis & Joubert, 2013), and recognition of the impact of complexity (Joubert et al., 2013; Messinger, 2011) on all aspects of patient reality and service context. It would emphasise the need to balance the individual, patient-centred, psychosocial approach (Goode et al., 2014; Petrakis & Joubert, 2013) with the family and social context (Messinger, 2011), as well as system and structural context realities (Moore et al., 2012; Wand et al., 2011). Two reviewed articles posit that a realist conceptual framework, focusing on the interplay between context, mechanisms and outcomes may fit these requirements (Wand et al., 2010, 2011). The realist approach is consistent with social work in recognising that it is not necessarily the programmes or interventions that work, but rather people co-operating and choosing to make them work (Wand et al., 2010, 2011).

While the findings of this review provide useful insights into this topic, a number of limitations should also be noted. First, unfortunately there were few conclusive or experimental studies identified in the review. While it was possible to identify some higher quality and relevance studies from the selected articles using the agreed criteria (Appendix 1), on the whole the reviewed studies were more opinion and perspective pieces, but included descriptive, observational, qualitative and retrospective studies. In general this area lacks strong quantitative and controlled studies as well as rigorous comparisons or critical analysis of the role of social work in ED. There is clearly a need to critically analyse and appraise the potential role of social workers in these contexts. Such a critical analysis could be based on

the key concepts identified in this review.

Second, while this review has identified useful concepts, the findings are by no means exhaustive. For example, database searches were constrained by the practical reality of juggling research in the context of clinical practice. Despite these limitations, the current review serves as a good foundation for future research

4. Conclusion

In this project, social workers in a clinical setting identified an issue of concern in their current practice, refined a research question, conducted a clinically relevant scoping review, critically appraised research, and drew important conclusions from their appraisal. The resulting review also identified a number of key dimensions to inform practice and planning for expanded social work roles in ED. It has identified three key practice areas of social work involvement in emergency departments, namely: mental health, suicide risk and crisis, and chronic disease. It has also identified two priority focus areas from the literature, namely: social work screening and assessment in ED, and developing a social work model that is relevant to ED. The review concludes that social workers have an integral role in the emergency department team, and specifically in assisting patients with complex psycho-social and emotional concerns, vulnerable patients, the elderly, adolescents, and those with mental health concerns (Cronholm et al., 2010; Joubert et al., 2012). In documenting this breadth of input, the current review also highlights the need for skilled and experienced staff in ED (Clarke et al., 2014). Clearly, the role of social workers in ED settings is complex and emotionally taxing, so adequate training, support, and professional self-care are very important (Doyle, 2000). Beyond standard social work competencies, and psychosocial intervention skills, the review noted the need for specific skills in social work assessment (Baraff et al., 2006) and in dealing with critical incidents (Tyuse, 2012). The strong relational dimension of the work underscores the need for strong communication skills, as well as skills for establishing, maintaining, and strengthening relationships (Kelly, 2005).

Patients are utilizing hospital emergency departments at increasing rates for both urgent and non-urgent conditions; the costs of these services are high. Social workers can play a vital role in providing comprehensive care to patients in this setting (Moore et al., 2012). Indeed from the literature reviewed, timely access to social work in the ED, creates scope for improved patient services, more effective discharges and critical psychosocial interventions when they are most required (Moore et al., 2012).

In summary, this scoping review has highlighted a clear lack of quality research in the area of direct social work practice in the emergency department. Despite this, it had shone a light on the unique contribution that social workers can apply to a variety of complex presentation in the emergency setting. Additionally it shows the potential scope of their interventions and contribution to supporting patients and reducing hospital admissions. The key themes included three key practice areas where social workers provide vital services in ED, and which should be the focus of professional expansion. In identifying the two priority focus areas of screening/assessment and a social work model, the current review has highlighted priorities for professional expansion. Moving forward, further research and development of an appropriate model based on these themes could provide a consistent, structured approach to care and enhance the role of social work within emergency departments world wide.

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Quality, Relevance and Summary of Findings

Authors & Year		
Title		
Journal / Source		

Quality:

1. AIMS & PROBLEM How clear are the aims of the research?							
1	Not clear	2	3	Somewhat	4	5	Very clear
Consider							
<ul style="list-style-type: none"> • Is the reason for the research clear? Is there a good description of the problem? • Have previous research findings and/or theories been considered? 							

2. METHODS How well does the paper set out the methods used in the study?							
1	Not well	2	3	Somewhat	4	5	Very well
Consider							
<ul style="list-style-type: none"> • Are the methods clear? Have the authors justified their research methods? • Do you think these methods are the most suitable means of answering their research question? 							

3. RESULTS & DISCUSSION How well are the results presented?							
1	Not well	2	3	Somewhat	4	5	Very well
Consider							
<ul style="list-style-type: none"> • Are the results linked to the question/problem? Are they linked to the broader literature? • Qualitative studies - Have key themes been described in detail? • Quantitative studies - Have results been adequately described? Do results seem reliable? 							

4. READABILITY Is the report written clearly?							
1	Not clear	2	3	Somewhat	4	5	Very clear
Consider							
<ul style="list-style-type: none"> • How understandable is it? • Are the various parts linked logically and coherently? • Are key terms defined? 							

5. IMPLICATIONS Does the report draw clear links to practice, policy or further research?

1 Not really	2	3 Somewhat	4	5 Very much
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Consider

- Are the benefits of the research highlighted?
- How well have the authors linked the results to everyday clinical practice/health service delivery?

TALLY: Quality Score: _____

Relevance:

6. CONTENT How relevant is the paper to your review question?

1 Not relevant	2	3 Somewhat	4	5 Very relevant
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Consider

- What are the stated aims and content area of the research?
- How generally relevant are these to the topic of your review?
- How directly relevant is this paper to your questions?

7. FOCUS How focused is the paper on your professional area (e.g Social Work, Child Therapy)

1 Not really	2	3 Somewhat	4	5 Very much
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Consider

- Is there a clear link between the profession / discipline focus of the paper and that of your team and your question?

8. CONTEXT Is the context of the research comparable with your practice context?

1 Not really	2	3 Somewhat	4	5 Very much
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Consider

- How similar are things like client demographics, service model, resource environment, etc.?

9. UTILITY How useable is the information provided in the paper for your practice?

1 Not useable	2	3 Somewhat	4	5 Very useable
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Consider

- Is the research conducted and presented in such a way that it is usable for your practice.
- Utility may be practical as well as theoretical (helping you develop useful ideas).

Appendix 2. Reviewed article characteristics

Author and Year	Country	Method/Study Design	Assessment Methods Used	Perspective	Qual & Rel*
Alonzo et al (2013)	USA	Qualitative. Description of interview protocol	Problem-Solving and Comprehensive Contact Intervention	Mental Health/ Psychiatry	Adequate
Auerbach et al (2010)	USA	Qualitative & Quantitative - Retrospective data analysis of Social Work intervention	N/A	Social Work	Higher
Baraff et al (2006)	USA	Quantitative - Retrospective data analysis of suicidal patients	N/A	Mental Health/ Psychiatry	Intermediate
Bell (1995)	USA	Literature Review and Theoretical Analysis	N/A	Social Work	Adequate
Clarke et al (2014)	Canada/UK	Literature Review and Theoretical Analysis	N/A	Nursing	Intermediate
Cleak et al (2014)	Australia	Literature Review and Theoretical Analysis	N/A	Social Work	Adequate
Cronholm et al (2010)	USA	Qualitative - Interview of Health workers	N/A	Public / Pop'n Hth.	Intermediate
Doyle (2000)	Australia	Experiential Narrative	N/A	Social Work	Adequate
Funn et al (2011)	USA	Quantitative - Retrospective data analysis	N/A	Social Work/Medical	Intermediate
Goode et al (2014)	UK	Qualitative - Interview of Health workers	N/A	Nursing	Intermediate
Griswold et al (2008)	USA	Qualitative & Quantitative – Semi-structured interview	Short Form Healthy Survey (SF-36)	Mental Health/ Psychiatry	Intermediate
Hill et al (2013)	Australia/ USA	Quantitative - Retrospective data analysis of	N/A	Social Work	Intermediate
Holland 2010	USA	Qualitative & Quantitative - Retrospective data analysis	N/A	Social Work	Intermediate
Jones et al (2002)	UK	Qualitative & Quantitative - Retrospective data analysis	N/A	Public / Pop'n Hth.	Adequate
Joubert et al (2012)	Australia	Quantitative & Quantitative - Retrospective data analysis & semi structured interviews	Beck Depression Inventory	Social Work	Higher
Joubert et al (2013)	Australia	Quantitative & Quantitative - Retrospective data analysis and semi structured interviews	Geriatric Depression Screening Tool, PIE, MANSA, MOS, Satisfaction.	Social Work	Intermediate
Katerndahl (1996)	USA	Quantitative - Retrospective data analysis	DSM-IV	Medical	Adequate
Kelly (2005)	USA	Literature Review and Theoretical Analysis	N/A	Nursing	Adequate

Kenna et al (2005)	USA	Quantitative & Quantitative - Retrospective data analysis. Semi structured interviews	Short Index of Problems, Alcohol Use Disorders Identification Test	Medical	Adequate
Lindsey et al (2010)	USA	Quantitative - Retrospective data analysis	DSM-IV	Social Work	Intermediate
Lizardi et al (2010)	USA	Literature Review and Theoretical Analysis	N/A	Mental Health/ Psychiatry	Intermediate
Lubomirsky et al (2014)	USA	Quantitative & Quantitative - Retrospective data analysis. Semi structured interviews	Abbreviated Injury Scale, PTSD Checklist, Depression Scale, Anxiety Inventory	Mental Health/ Psychiatry	Adequate
Mason et al (2009)	USA	Quantitative- Retrospective data analysis	N/A	Social Work	Higher
McCormack et al (2013)	USA	Qualitative & Quantitative - Retrospective data analysis	N/A	Public / Pop'n Hth.	Higher
Messinger (2011)	USA	Qualitative – Review of practices	N/A	Public / Pop'n Hth.	Adequate
Moore et al (2012)	USA	Literature Review and Theoretical Analysis	N/A	Social Work	Adequate
Olfson 2005	USA	Quantitative- Retrospective data analysis	N/A	Social Work/ Psychiatry/ Medical	Intermediate
Petrakis et al (2013)	Australia	Qualitative & Quantitative - Retrospective data analysis	Manchester Short Assessment of Quality of Life (MANSA)	Social Work	Higher
Rhodes et al (2012)	Canada	Quantitative- Retrospective data analysis of	ED presentations, demographic social and clinical variables	Public / Pop'n Hth.	Intermediate
Rhodes et al (2013)	Canada	Quantitative- Retrospective data analysis of	ED presentations, demographic social and clinical variables	Public / Pop'n Hth.	Adequate
Ryan et al (1997)	UK	Experiential Narrative	N/A	Psychiatry/ Nursing	Adequate
Spurrell et al (2003)	UK	Quantitative - Retrospective data analysis	Health of the Nation Outcome Scale, Global Ass't of Functioning	Mental Health/ Psychiatry	Intermediate
Thienhaus et al (2004)	USA	Experiential Narrative and Theoretical Analysis	N/A	Psychiatry/Medical	Intermediate
Tyuse (2012)	USA	Quantitative & Qualitative - Retrospective data analysis, Review of intervention	N/A	Social Work	Intermediate

Wand et al (2010)	Australia	Literature Review and Theoretical Analysis	N/A	Nursing	Adequate
Wand et al (2011)	Australia	Quantitative - Retrospective data analysis	K-10, General Self Efficacy Scale	Nursing	Adequate
Wells et al (2013)	USA	Quantitative & Qualitative	PHQ-9	Mental Health/ Psychiatry/ Social Work	Intermediate

* Composite indicator of quality and relevance to the specific area of this review question

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