Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oibríochtaí Meabhairshláinte
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12th February 2019

Deputy Donnchadh Ó Laoghaire TD
Dail Eireann,
Leinster House,
Kildare Street
Dublin 2.

PQ 5365/19 Question: To ask the Minister for Health the supports available to those presenting to accident and emergency displaying signs of mental illness but have yet to receive an official diagnosis; and if he will make a statement on the matter. -Donnchadh Ó Laoghaire

Dear Deputy Ó Laoghaire

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The National Clinical Programme for the assessment and management of patients who present to emergency department following a self-harm act has been operational since 2014. Today the clinical programme is delivered in 24 out of 26 Emergency Departments in hospital across the country. Later this year the clinical programme will be live in the 3 National Paediatric Hospitals in Dublin. Specialist nurses are currently been recruited.

The vision of the national clinical programme is to ensure that every individual who presents to the Emergency Department following an act of self-harm or with suicidal ideation will receive a timely, expert assessment of their needs, and be connected to appropriate next care. The individual and their family are valued and supported, by staff who themselves are valued and supported.

The aim of the national clinical programme is to ensure that all patients who present to the Emergency Department following self-harm or with suicidal ideation will receive a prompt bio psychosocial assessment, their next of kin will receive support and advice on suicide prevention, the patient will be linked with the next appropriate care, and both the patient and their general practitioner will receive a written plan of care.

The GP should be regarded as the first point of medical contact for all persons with mental health disorders, including self-harm, with the exception of those requiring Emergency Department care for a physical health problem.

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The below report on the National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm provides further information on this Clinical Progamme.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

_____
Dr Sinead Reynolds
General Manager Mental Health Services

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Report on National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm.

The Clinical Programme was the first mental health programme introduced. There is good evidence that people who self-harm are at increased risk of completing suicide, and if they can meet with a mental health professional following self-harm they are much more likely to engage with appropriate help and this will reduce the risk of suicide. The programme aims to provide a timely mental health assessment to all who present to the ED with suicidal behaviour. Information from the National Self-Harm registry was showing that up to 30% of people who self-harm were leaving the ED without a mental health assessment. Between 2012 and 2014 a working group, developed a Model of Care. This model of care outlined 4 areas for improving practice – Improving reception within the Emergency Department; improving quality of the mental health assessment; improving involvement of next of kin and improving follow-up and linkage to next care. Since 2014 Clinical Nurse Specialists (CNS) have been funded from the HSE Mental Health budget (Programme for Government Funding) and allocated to Emergency Departments that are open 24/7. Emergency Department staff and mental health staff have received training in the Clinical programme and detailed data has been collected on all presentations since the commencement of the programme. The Model of Care and a Review of the Operation of the Programme are available online on https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-clinical-programme-for-the-assessment-and-management-of-patients-presenting-to-emergency-departments-following-self-harm.pdf

The following table shows the number of hospitals implementing the Clinical Programme.

Table 1. Services delivering the Clinical Programme and CNS staffing.

	2013/14	2015	2016	2017	2018	2019
No of EDs	0	13	16	24 (22)	24 (21)	24 (22)
No of CNS allocated	35.5	0	0	3.5	7 (3 for paediatric hospitals)	11.5
No of CNS in post	0	16	28	31.5 (plus part time Consultant)	35	35

*11.5 CNS posts requested. 2019 funding not yet finalised.
Once funding is made available thought mental health development funds, the local service then appoints the CNS.

There are twenty six 24/7 EDs in Ireland. CNSs are funded through the mental health service. They are employed and managed by the mental health service. They receive clinical supervision from a Consultant Psychiatrist. In 2016 St James's and Tallaght Hospital stopped taking part in the Clinical Programme; they wished all governance to be taken over by their hospital, which was not in keeping with recommendations of the Model of Care. A number of alternative approaches have been pursued without success and so the programme is not

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in place in these hospitals. It is anticipated the programme will recommence in Tallaght in mid-2019. To date there is no indication that St. James's will recommence the programme. In 2017, full year data was only available for 22 hospitals, Wexford were delivering the programme, but not submitting data, and the Mater Hospital commenced the programme midway through 2017. In 2018, Sligo Hospital, Tullamore Hospital and Portlaoise Hospital were unable to fully deliver the clinical programme, as staff were on leave and were not replaced. These staff are back in place for 2019. We have been informed that in 2019 Connolly Hospital, and Naas Hospital will not have a CNS in post – previously appointed CNSs have left posts as they have moved out of the area. Naas is continuing to implement the programme with a Non Consultant Hospital Doctor in place. Connolly Hospital has stated they will be unable to deliver the programme. We are working with the local clinicians and management to support them in resolving this situation. Since 2018, any services that need to recruit new staff are reporting delays and difficulties. We are working with the Office of Nursing and Midwifery and HSE HBS in resolving some of these issues.

Within the Emergency Department training of ED staff in Mental Health awareness is seen as key to improving the reception patients receive within the ED. CNSs working in the programme have received training in training Emergency Department staff. The numbers of Emergency Departments who have received formal training has increased in 2018, with 13 Emergency Departments receiving the training. The barrier to delivering this training has been identified as Emergency Departments staff not completing the training. Working with the Emergency Medicine Programme we are about to conduct a national survey of Emergency Department staff awareness on mental health and self-harm and the results of this survey will be used to show the need for such training.

The review of 2017 identified that 12 of 26 Emergency Departments had rooms suitable for the assessment of people with mental health problems. In November 2017, the National Clinical Advisor and Group Lead (NCAGL) for Acute Hospitals and for Mental Health wrote a joint letter to each of the Hospital group CEOS, outlining the changes required in each ED. A self-audit of those rooms has just been completed and it shows that now 19 Emergency Departments have suitable rooms. We continue to work with all the services in ensuring they can introduce suitable rooms, or make required adjustments to rooms that are currently in use. We will request that all services complete a full risk assessment on continuing to use rooms that are not compliant with recommendations from the clinical programme.

Training is delivered twice a year to all the CNSs who are delivering the clinical programme. Since October 2018, non-Consultant hospital doctors (NCHD) have been included in this training. The National Clinical Lead has delivered training at NCHD in psychiatry national induction programme and has presented at teaching sessions at conferences and in individual hospitals. Over the past year CNSs and NCHDs work closely together and NCHDs have become more familiar with the clinical programme. The review of 2017 identified that in order to implement the programme in full each service should have 1 CNS per 200 presentations per annum. In all but the smallest services this would ensure that the service would have CNS cover between 8 am and 8pm seven days a week. This ensures the CNS can be present in the ED to complete assessments, provide each patient with a written Emergency Care plan, ensure next of kin is involved and provide follow up phone calls for all patients, including those assessed out of hours by the NCHD. Out of hours an NCHD will be available within 2 hours of the

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patient being fit for assessment; they will provide the patient with a written emergency care plan and will ensure next of kin involvement. They will handover information to the CNS the following day, and where appropriate the CNS can follow up with a phone call. There are a number of services where this is now working very well and it is considered the best use of CNS and NCHD time.

Data is available on all presentations since 2016. Over the last year the ICT department has worked on developing a system whereby we can analyse data as it is returned and this will continue to improve practice.

Table 2 shows full data available for 2017 and the following is seen: Data was available for 22 hospitals in 2017. Numbers presenting increased. The majority of patients were assessed within 6 hours. One service where there was a difficulty in recruiting clinical nurse specialist recorded that 47% of people were assessed within 6 hours, this service contributed to the overall reduction in the percentage assessed within 6 hours.

Table 2 2017 Data:

	Total 22 Hosp 17 1 (Jan – Jun)	**Total 22 Hosp 17 2 (Jul – Dec)**	**Full year 2016 (16 Hosp.)**	**Full year 2017 (22 Hosp.)**
No. of Patients Presenting	**5782**	**5787**	**6928**	**11,589**
No of patients receiving biopsychosocial assessment.	**5415 (94%)**	**5165 (89%)**	**6239 (91%)**	**10,580 (91%)**
Assessed within 6 hours of being fit for assessment.	**5018 (93%)**	**4486 (86%)**	**6099 (98%)**	**9516 (90%)**

The table below shows the data on some of the main objectives of the clinical programme:

Table 3. Performance on key objectives of the Clinical Programme

	2016 Jan – Jun	2016 Jul- Dec	2017 Jan –Jun	2017 Jul- Dec	2018 Jan- Jun
% presenting who receive a mental health assessment	90	89	89	90	92
% who are seen within 6 hours	96	99	91	81	96
% who receive a GP letter	50	71	85	91	92
% who have next of kin involved	61	67	67	95	86
% who				76	71

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receive an Emergency Care Plan*					
% who receive a follow up phone call.	46	48	49	56	78

From January 2019 the format of data collection will enable us to interrogate this data in more detail and this will identify how we can further improve services. This will depend on us having a data analyst to support analysis.

In January 2019 a National Nurse Lead has been appointed to work on the programme 1 day a month. He will work closely with the Clinical Lead and Programme manager in training and supporting staff to deliver this programme.

Documents for the Clinical Programme are available on https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/self-harm/resources/
Care Systems for Self-Harm and Suicidal Behaviour (2012)
Model of Care for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm (2016)
Review of Operation of the Programme (2017)
Standard Operating Procedure (2018)