



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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18.10.19

Deputy Catherine Murphy TD
Dail Eireann,
Leinster House,
Kildare Street
Dublin 2.

PQ 39648/19 Question: To ask the Minister for Health the mental health support services available for inpatients in each hospital nationally; and if he will make a statement on the matter. -Catherine Murphy

Dear Deputy Murphy

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. I would like to apologise for the delay in responding to you.

I am answering this question in the context of mental health support to acute hospitals. Liaison psychiatry, also known as Psychological Medicine, is the medical specialty concerned with the care of people with both mental and physical health symptoms regardless of presumed cause. The specialty uses the bio psychosocial model and is concerned with the inter-relationship between the physiology, psychology and sociology of human ill health.

These services are designed to operate in Acute Hospital Emergency Departments and wards and medical and surgical outpatients. The teams are multidisciplinary and clinically led by a consultant liaison psychiatrist who will have higher specialty training in General Adult Psychiatry with subspecialty endorsement in Liaison Psychiatry. Many liaison psychiatrists will also have Higher Specialty Training in General Medicine or General Practice.

The multidisciplinary team should include specialist Mental Health Nurses, Clinical Psychologists, Occupational Therapists and Social Workers together with high quality administrative support.

The rationale for developing the subspecialty is as follows:

- It is estimated that 5% of all Emergency Department attendances are due to mental disorders. Within the ED group, self-harm is a prominent presenting symptom. Chronic and repeat attenders to ED may also benefit from liaison psychiatry input and typically count for 8% of all ED attendances. The most common reason for frequent attendance is an untreated mental health problem.
- 25% - 33% of people with long-term physical health problems also have a concurrent mental illness. This increases the risk of physical health complications together with the costs of treating the physical illness and is associated with an increased length of stay and worse outcome.



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- There is a clear evidence base demonstrating the increased cost of mental health problems generally and in particular their impact on physical health conditions.

Hence, liaison psychiatry provides a key link between physical and mental health care providers thereby ensuring people using acute hospitals have access to mental health services. An important task of hospital based liaison psychiatry services is to ensure that there are strong links with other mental health services particularly those based in the community.

When fully recruited to, all Level 3 and Level 4 hospitals i.e. those with a 24 hour Emergency Department will have a liaison psychiatry service except for the three Level 3 hospitals in the Midlands (Portlaoise, Tullamore and Mullingar). Clarification on the future roles of these hospitals i.e. whether they are at Level 2 or Level 3 will determine whether a liaison psychiatry service will be funded and developed by the HSE in these sites.

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