



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Deputy Mark Ward.
Dail Eireann,
Dublin 2.

09th May 2022

PQ Number: 22069/22

PQ Question: To ask the Minister for Health if he will report on the new model of care for persons presenting with self-harm that are under the influence of drugs and alcohol and the way that they fit into the model of care; the supports that are available for dual diagnosis in this scenario; and if he will make a statement on the matter - Mark Ward

Dear Deputy Ward,

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.

National Clinical Programme for Self Harm

In 2014 the National Clinical Programme for the Assessment and Management of Patients who present to the Emergency Department (NCP SH) was introduced in a number of emergency departments (ED) that were operating 24/7.

In 2016 an agreed Model of Care was published and the service expanded. It established a clinical framework to ensure that any person who presents to the ED following self-harm or with suicide-related ideation receives a compassionate, empathic, validating response, and a therapeutic assessment and intervention from a suitably trained mental health professional; that every effort is made to ensure that a family member or supportive adult is involved in assessment and safety planning, and that they are followed up and linked to appropriate next care.

The funding and appointment of dedicated Mental Health Clinical Nurse Specialists (CNS) has contributed to the improvements in response for people with self-harm or suicide-related ideation in each ED.

The update to the model of care (2022) provides a framework to improve services for all who self-harm or present with suicide-related ideation, regardless of where they present. The changes recommended have been informed by evidence, by the experience of clinicians and managers, and by feedback from individuals and family members with lived experience of self-harm and suicide.

Chapter 5 of the revised MOC makes 2 recommendations in relation to substance misuse

- Each ED and GP should have clear policies and pathways for accessing onward referral to relevant local addiction services
- Each ED should have access to onsite addiction specialists. This needs to be developed through the Primary Care Addictions Programme and the Dual Diagnosis Clinical Programme.

Dual Diagnosis

Any service user presenting to the Emergency Department under the influence of alcohol and/or illicit drugs and deliberate self-harm /suicidal ideation after being medically cleared will be in most cases assessed by the Liaison Psychiatry team including the Mental Health Clinical Nurse Specialists /on call psychiatry crisis team in the Emergency Department and appropriate onward referral made to the Mental Health Services (including inpatient admission in a psychiatric unit) / Community Mental Health Teams and/or the HSE Addiction Services including the Integrated Alcohol Services in the Community (which is planned to be established initially in two areas initially by the end of the year), depending on the outcome of the initial mental health assessment. The Liaison team will be supported by Alcohol Liaison Nurses in the Emergency Department (when such posts are established) and there is expected to be a pathway for referral to Dual Diagnosis Teams by the Liaison Psychiatry Teams and the Community Mental Health Teams (when the Model of Care for Dual Diagnosis is approved and published) depending on the care needs identified on initial assessment or on admission.

For more information visit <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/ncpsh-model-of-care-by-chapters/>

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



Dr Amir Niazi
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