



Deputy Roderic O'Gorman.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

14<sup>th</sup> March 2025

**PQ Number: 11913/25**

**PQ Question: To ask the Minister for Health to outline the approach to triaging patients presenting at accident and emergency facilities around the country; how they are linked in to acute mental health services, particularly at off-peak times; and if she will make a statement on the matter. -Roderic O'Gorman**

---

Dear Deputy O'Gorman

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.

All patients who present to an Emergency Department (ED) undergo key steps as part of the emergency care pathway:

- Patient triage (nurse assessment using standardised tools that determines the clinical priority of the patient according to the severity of their presentation)
- Emergency Medicine Clinician assessment (emergency medicine doctor or nurse practitioner)
- Investigations (tests)
- Treatment
- Referral to appropriate specialty e.g. liaison mental health services for further specialty assessment
- Decision to admit or discharge the patient with appropriate follow up (hospital or community mental health services).

Hospital Emergency Departments' prioritise and treat the most unwell patients and those with life-threatening illnesses first. Some patients who present to an ED may be known by Community Mental Health Services already and there may be enhanced co-ordination and care planning between ED staff and both inpatient and outpatient mental health services as required. For patients with both physical and mental health needs, the National Clinical Programme for Self-Harm and Suicide Related Ideation (NCPSHI) and Emergency Medicines Programme (EMP) promote the use of parallel assessments, whereby a mental health professional can work alongside ED staff or medical staff in meeting patients' needs.



### **Liaison Mental Health Services (LMHS) and National Clinical Programme for Self Harm and Suicide Related Ideation (NCPSHI)**

LMHS provide a specialist service for individuals' attending ED's in a crisis and are available to all age groups. LMHS also provide support to patients who are inpatients in acute hospitals, as well as their treating clinicians. LMHS manage ED presentations which occur in areas overlapping mental and physical healthcare. Internationally, this specialty is known variously as liaison psychiatry, psychological medicine, and general hospital psychiatry.

Patients are referred to the NCPSHI following medical triage and assessment within the ED. The NCPSHI and Emergency Medicines Programme promote the use of parallel assessments, whereby a mental health professional can work alongside ED staff or medical staff in meeting patients' needs. A comprehensive biopsychosocial assessment is completed by Clinical Nurse Specialists (CNS's), other equally qualified mental health professionals and Non-Consultant Hospital Doctors (NCHD's), all of whom receive clinical guidance and supervision from Consultant Psychiatrists. An emergency safety plan is developed in collaboration with the patient and supportive adult. The patient is bridged to their next appropriate care appointment and a follow up telephone contact is made to the patient within 24 hours.

The NCP Self Harm and Suicide Related Ideation was first introduced in 2014 and is now implemented in 26 ED's with 24 hour service including CHI Tallaght, with planning under way to ensure full national coverage. In February 2022 Minister Butler launched a revised Model of Care (MOC). The MOC outlines in detail the response for people who present to the ED including services for children and adolescents with self-harm and suicide related ideation. To date this programme has funded 48.5 Clinical Nurse Specialists (CNS) posts.

The NCP aims to ensure that all patients who present to the ED following self-harm or with suicidal ideation will receive a prompt biopsychosocial 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.

### **Suicide Crisis Assessment Nurses (SCAN)**

While continuing to maintain and further improve the NCP within the acute hospital ED's, the updated NCPSHI MOC now extends into the community where GP's play a central role in the recognition of suicide related behaviours and in interventions with patients. An important feature in the updated MOC is the incorporation of the existing Suicide Crisis Assessment Nurse (SCAN) service within the NCPSHI. Suicide Crisis Assessment Nurses (SCAN) provide assessment and support to GP patients who present with suicide-related thoughts, who might otherwise be referred to the emergency department or community mental health services. The SCAN service is being rolled out nationally as part of the model of care for the NCP (2022).

There are 22 funded CNS posts providing a SCAN service across the HSE. The breakdown is as follows:

- 7 in HSE Dublin and North East
- 2 in HSE Dublin and Midlands
- 5 in HSE Dublin and South East
- 4 in HSE South West
- 4 in HSE West and North West



The SCAN service conforms to the key recommendations of A Vision for Change (2006), and more recently [Sharing the Vision](#) (2020) and [Connecting for Life](#), Ireland's national strategy to reduce suicide 2015-2020, which has been extended to 2024, as well as numerous other government and HSE policy and guidance documents.

This year, funding has been secured for an additional 6 SCAN nursing posts to expand SCAN services to CAMHS, adults and to members of travelling community.

Further information on this programme can be found here:

<https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/>

Following assessment, the patient is referred to one of several care pathways, depending on needs:

**Admission to an Acute Psychiatric Unit** For patients requiring immediate hospitalization, they are transferred to a psychiatric inpatient unit, either voluntarily or under the Mental Health Act 2001 if they pose a risk to themselves or others.

**Crisis Resolution & Home Treatment (CRHT) Teams** If hospitalization is **not required**, but the patient is in crisis, they may be referred to a CRHT team, which provides intensive home-based support.

**Referral to Community Mental Health Services** For patients who do not require urgent intervention but need ongoing care, they are referred to:

- Community Mental Health Teams (CMHTs) for follow-up.
- Primary Care Services (e.g., GP, counseling).
- Addiction or social services, if needed.
- Discharge with Safety Plan

**Patients deemed safe for discharge are provided with:**

- A safety plan (self-care strategies, warning signs, emergency contacts).
- Details of follow-up appointments with community services.
- Contact numbers for crisis helplines (e.g., Samaritans, Pieta House).

**Emergency Pathways for High-Risk Patients**

- If a patient refuses treatment but is at significant risk, they can be detained under the Mental Health Act 2001 for further evaluation.
- In cases of intoxication or dual diagnosis (substance use & mental illness), patients may receive medical stabilization before psychiatric assessment.

I trust this information is of assistance to you.

Yours Sincerely,

---

**Tony McCusker**  
**General Manager**  
**Access and Integration; HSE Mental Health Services**

