



Oifig an Chomhairleora Chliniciúil
Náisiúnta agus Ceannaire Grúpa do
Mheabhairshláinte

HSE, Ospidéal an Dr Stevens, Baile Átha
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Deputy Heneghan,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

02nd April 2025

PQ Number: 12951/25

PQ Question: To ask the Minister for Health the immediate steps being taken to improve the treatment of individuals presenting at A&E with suicidal ideation, including measures to ensure they are properly assessed, monitored, and provided with appropriate crisis intervention; and if there are plans to introduce dedicated emergency mental health response units outside of A&E to better support individuals in crisis. -Barry Heneghan

Dear Deputy Heneghan,

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.

A Model of Care National Clinical Programme for Self Harm and Suicide related Ideation provides a framework to improve services for all who self-harm or present with suicide-related ideation, regardless of where they present. Launched by Minister Butler in February 2022 it outlines in detail the response for people who present to the emergency department including services for children and adolescents with Self-harm and Suicide Related Ideation.

The Model of Care ensures that those presenting to the ED receives a compassionate, empathic, validating response, and a therapeutic assessment and intervention from a suitably trained mental health professional. 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 programme is implemented in 26 emergency departments (ED) with 24 hour service including CHI Tallaght. To date the programme has funded 48.5 Clinical Nurse Specialists posts.

While continuing to maintain and further improve the NCP within the acute hospital EDs, the updated NCPSH MOC now extends into the community. An important feature in the Updated MOC is the incorporation of the existing Suicide Crisis Assessment Nurse (SCAN) service within the NCPSH. It will be rolled out nationally in the coming years as a collaboration between GPs and specialist mental health professionals, with the aim of delivering a service of similar

quality for people who present in suicidal crisis in primary care settings. There are currently 33 SCAN funded posts across 14 counties. There is a CAMHS SCAN service in North Dublin and Donegal are currently recruiting to develop a similar service for young people. Further information and associated documents can be assessed at <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/>

The *'Model of Care for Crisis Resolution Services'* was developed as a direct recommendation of Sharing the Vision, Ireland's national mental health policy. It arose from the recognition that people who are experiencing mental health crisis need specialist services to provide brief intensive supports in a timely way to assist them in their recovery journey.

There are two key service components in Crisis Resolution Services:

- **Crisis Resolution Teams** play a vital role by providing intensive mental health interventions and support in the patient's home and the community **as an alternative to a hospital admission**. Evidence from practice indicates service users and carers value, and benefit from home and community interventions and supports. The Crisis Resolution Team use the skills of the multidisciplinary team to assess the service user's needs and to develop an individual care plan that supports the individual service user on their recovery journey.
- **Solace Café** teams provide an out-of-hours friendly and supportive community crisis prevention and crisis response service in the evenings and at weekends in a café style/non-clinical safe environment. The café service, *Solace Café*, will support individuals and their family members/carers to manage their mental health and well-being by providing clear supports and effective signposting to services provided by the HSE and other third sector and statutory providers.

The Model of Care for Crisis Resolution Service is currently being tested across five pilot sites, and is currently undergoing an independent evaluation. This evaluation will help assess whether the desired outcomes are being met and inform future development of the service. By continuously learning and adapting based on the evaluation results, the HSE can improve the model and ensure it effectively meets the needs of individuals with mental difficulties.

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
National Clinical Advisor & Group Lead for Mental Health
Clinical Design and Innovation
Health Service Executive