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Deputy Louis O'Hara.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

22nd May 2025

PQ Number: 24256/25

PQ Details: To ask the Minister for Health if her Department will ensure that mental health records of people presenting to accident and emergency experiencing a mental health crisis are immediately referenced upon arrival; her plans to ensure that they are secured and monitored once they have presented; and if she will make a statement on the matter. -Louis O'Hara

Dear Deputy O'Hara,

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.

When people are experiencing a mental health crisis, they will often attend Emergency Departments (ED's) to access mental healthcare. While individuals are in some cases appropriately seen in an ED setting, it can be a challenging environment for people with mental health difficulties. As a result, the HSE has prioritised the development of alternative treatment pathways, as well as service improvements in ED settings. This has involved the rollout of the National Clinical Programme for Self-Harm and Suicide Related Ideation (NCPSHSI), liaison mental health services, the development of crisis resolution services in the community, enhancement of digital mental health supports and the rollout of the Suicide Crisis Assessment Nurse (SCAN) service in primary care.

Mental healthcare in Emergency Departments

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.

National Clinical Programme for Self Harm and Suicide Related Ideation

The National Clinical Programme for Self Harm and Suicide Related Ideation (NCPSHI) aims to standardise and improve the care of individuals presenting with self-harm in emergency settings. It emphasises timely, skilled assessments and the development of emergency care plans in collaboration with patients and their families.

All patients who present to an ED undergo key steps as part of the emergency care pathway. These include:



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

The NCPSHI was first introduced in 2014 with a focus on self-harm in the Emergency Department. It was revised in 2022 to extend into the community and provide more detailed pathways of care in different clinical situations. It is currently implemented in 26 ED's with 24-hour service including the Children's Hospital Ireland (Tallaght) and planning is underway to ensure full national coverage. This Model of Care 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 the programme has funded 48.5 Clinical Nurse Specialist (CNS) posts.

The NCPSHI 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 family/supporters will receive support and advice on suicide prevention, the patient will be linked with the most appropriate care provider, and both the patient and their general practitioner will receive a written plan of care.

Patients are referred to the NCPSHI following medical triage and assessment within the ED. As per international best practice, the 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. 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.

For patients with both physical and mental health needs, the NCPSHI and EMP promote the use of parallel assessments. Support is also provided in general hospital settings through liaison mental health services.

Further information on the NCPSHI is available here:

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

The HSE recognises the need for an appropriate space for mental health assessments within Emergency Departments that meet the privacy, dignity and safety needs for those with acute mental health presentations. The HSE is also reviewing the appropriateness of the ED for mental health service users and is exploring the development of assessment suites within future designed approved centres.



As part of the NCPSHI, assessment rooms in EDs for people presenting after self-harm have been audited and plans for achieving required service improvements put in place. Currently, there is a 70% compliance rate in the 26 EDs that are open 24/7 with the PLAN (Psychiatric Liaison Accreditation Network) standards.

Liaison mental health services

Liaison mental health services (LMHS) provide a specialist service for individuals attending EDs in a crisis and are available to all age groups. LMHS manage ED presentations, which occur in areas overlapping mental and physical healthcare.

A Model of Care for Liaison Psychiatry has now been finalised and is due to be launched in May 2025. This will determine the pathway for children, adults and older adults presenting to EDs nationally. In Model 3 Hospitals where the number of presentations are lower or the number of beds are less than 500, this model recommends 0.5 Consultant Liaison post and other 0.5 from one of the Clinical Programmes. Implementation of this Model of Care will require additional staffing resources, which will be progressed through the national estimates process and rolled out incrementally.

I trust this is of assistance to you.

Yours Sincerely,

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