

## CONFERENCE ABSTRACT

### **Assessment and Management of Self Harm in Emergency Departments in Ireland: The National Clinical Programme**

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In 2014, more than 11,000 people came to Irish general hospital Emergency Departments following self-harm. It is known that up to 15% of patients who present following self-harm leave the Emergency Department (ED) without a bio-psycho-social (BPS) assessment of risk and need, and 17% will repeat their self-harm act within 3 months.

Self-harm is the single biggest risk factor for completed suicide, increasing the risk of suicide 40-fold, as compared to the general population. Suicide is now the commonest cause of death for young men (aged 15-24 years) and middle aged men (45-54 years). Alcohol consumption is implicated in more than 37% of cases of self-harm and half of those who die by suicide have had a history of alcohol abuse in the final year of their lives.

Diversity with regard to assessment procedures and management in health settings, as well as feedback from families bereaved by suicide, have led to repeated calls for the development and resourcing of an effective response for people who present to health services having engaged in self-harm.

The aim of this National Clinical Care Programme (NCP) for the Assessment and Management of Patients Presenting to Emergency Departments following Self-harm is to develop a standardised and effective process for the assessment and management of individuals of all age ranges, including children, adolescents, adults and older adults, who present with self-harm to ED.

It refers to the mental health/bio-psycho-social assessment and initial management of both risk and need following self-harm, in the acute hospital Emergency Department, from time of presentation to discharge.

This NCP requires that all patients presenting to ED with self-harm (including suicidal ideation and intent) receive standardised triage, bio-psycho-social assessment and assertive follow up by skilled clinicians.

Family/carers will be included in the assessment and follow up process. The quality of the programme will be monitored through a set of key metrics.

The objectives of this programme are to:

- Improve the assessment and management of all individuals who present to ED with self-harm
- Improve access to appropriate interventions at times of personal crisis
- Ensure rapid and timely linkage to appropriate follow-up care
- Optimise the experience of families and carers in trying to support those who present with self-harm.

The Clinical Programme started in December 2014 and has now been implemented in 16 of the targeted 21 hospitals in Ireland with 24 hour EDs. This was done by the deployment of Mental Health Clinical Nurse Specialists to the Emergency Departments. As well as assessment, their role has included on-site training for non-mental health ED staff to improve integrated care. Data reflecting the objectives of the Clinical Programme has been collected and will be presented and discussed.

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**Keywords:** self-harm; emergency departments; ireland

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