



Oifig an Chomhairleora Chliniciúil
Náisiúnta agus Ceannaire Grúpa do
Mheabhairshláinte

HSE, Ospidéal an Dr Stevens, Baile Átha
Cliath 8, DO8 W2A8

Office of the National Clinical
Advisor and Group Lead for Mental
Health

HSE, Dr Steevens' Hospital, Dublin 8,
DO8 W2A8

www.hse.ie
[@hselive](https://twitter.com/hselive)

e: ncagl.mentalhealth@hse.ie

Deputy Mark Ward,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

Date: 24th May 2024

PQ Number: 11238/24

PQ Question: To ask the Minister for Health the number of individuals that have been seen by the national clinical care programme for self-harm and suicide related ideation by year since it was established; the number of individuals that received a follow up appointment after being discharged for the same time period; the services offered to these individuals; 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.

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. The programme has been operating since 2014, in February 2022 Minister Butler launched a revised model of care, 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.

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.

Further information and associated documents can be assessed at

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

Data:

While the NCP has been operating since 2014, accurate data that has been verified is available from 2018-2022. Data is collected in arrears and is not on a live system. Data is inputted by clinicians into an excel template.

Table 1: Number of Individuals assessed in NCPSHI by year

	2018	2019	2020	2021	2022
Total Referrals	13032	13286	15174	14622	17000
Assessments completed	11737	11844	13576	13070	15163

Not all patients referred from the ED to the NCPSHI are assessed, a small number may have left the emergency department before the assessment can start, before the assessment is complete or before the referral was complete. In addition some patients get transferred for a mental health assessment offsite or die before the assessment

Table 2: Number of Individuals that received a follow-up appointment after being discharged 2018-2022

	2018	2019	2020	2021	2022
Total Referrals	13032	13286	15174	14622	17000
Assessments completed	11737	11844	13576	13070	15163
Admissions to Approved Centre	2026	2035	2151	2367	2636
Referrals to next care appointments	9700	9718	11254	10598	12597

Some patients are admitted to approved centre after the assessment, therefore follow-up appointments after discharge are not clinically appropriate in these incidences. For the majority of people presenting they are signposted to a range of services depending on their individual needs following assessment. This can include mental health services/teams, voluntary agencies, GP, counselling services and addiction services.

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