

The Assessment and Management of Patients

who present to the Emergency Department (ED) following Self-Harm: HSE Clinical Programme

Patients who self harm/attempt suicide are known to have an **increased risk of dying by suicide**. It is not always possible to predict who will go on to die by suicide, but evidence shows that 1% of people who present to the ED following self-harm will have died by suicide within 12 months.

(National Confidential Inquiry into Suicides and Homicides –UK, 2018).

In Ireland the National Clinical Programme for the Assessment and Management of patients who present to the ED following self-harm provides evidence based recommendations on how all patients should be managed.

(HSE 2016).



All patients should receive an empathic, compassionate and timely response within the Emergency Department

This is achieved by

- Ensuring all ED staff receive training in mental health and suicide awareness.
- Staff provide as rapid a response as possible
- Each ED has a safe and private room for Mental Health Assessments.



All patients receive an expert biopsychosocial assessment of needs and risks.

This is achieved by

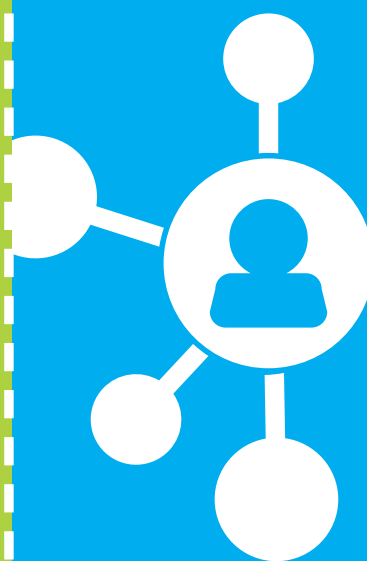
- Ensuring a Mental Health Clinical Nurse Specialist (CNS) or non-Consultant Hospital doctor in psychiatry completes a full assessment of the patient's needs and risks before they are discharged from hospital.
- This assessment is an intervention in providing compassionate support.
- Following the intervention a collaborative Emergency Care Plan is developed to support the patient's safety until they are linked to next appropriate care.



In all cases every effort should be made to encourage the patient to allow a family member/ friend to assist in the assessment and management

This is achieved by

- Explaining the value of family/friend involvement at both assessment and management phase.
- Giving the family member/friend a copy of the document *Would you know what to do if someone close to you told you they were thinking of suicide.* (NOSP.ie)



All patients should receive follow up and connecting to next appropriate care.

This is achieved by

- The mental health professional will ensure the name and number of appropriate next care is written on the Emergency Care Plan.
- The mental health CNS will phone the person within 24 hours of discharge from the hospital to review the Emergency Care Plan.
- The CNS will contact appropriate next care.



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