



National Clinical Programme for Self-Harm and Suicide-related  
Ideation

**“Enhancing the Acute Hospital Emergency  
Department and Primary Care Response  
to Self-Harm and Suicidal-related  
Ideation”**

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9<sup>th</sup> November 2023



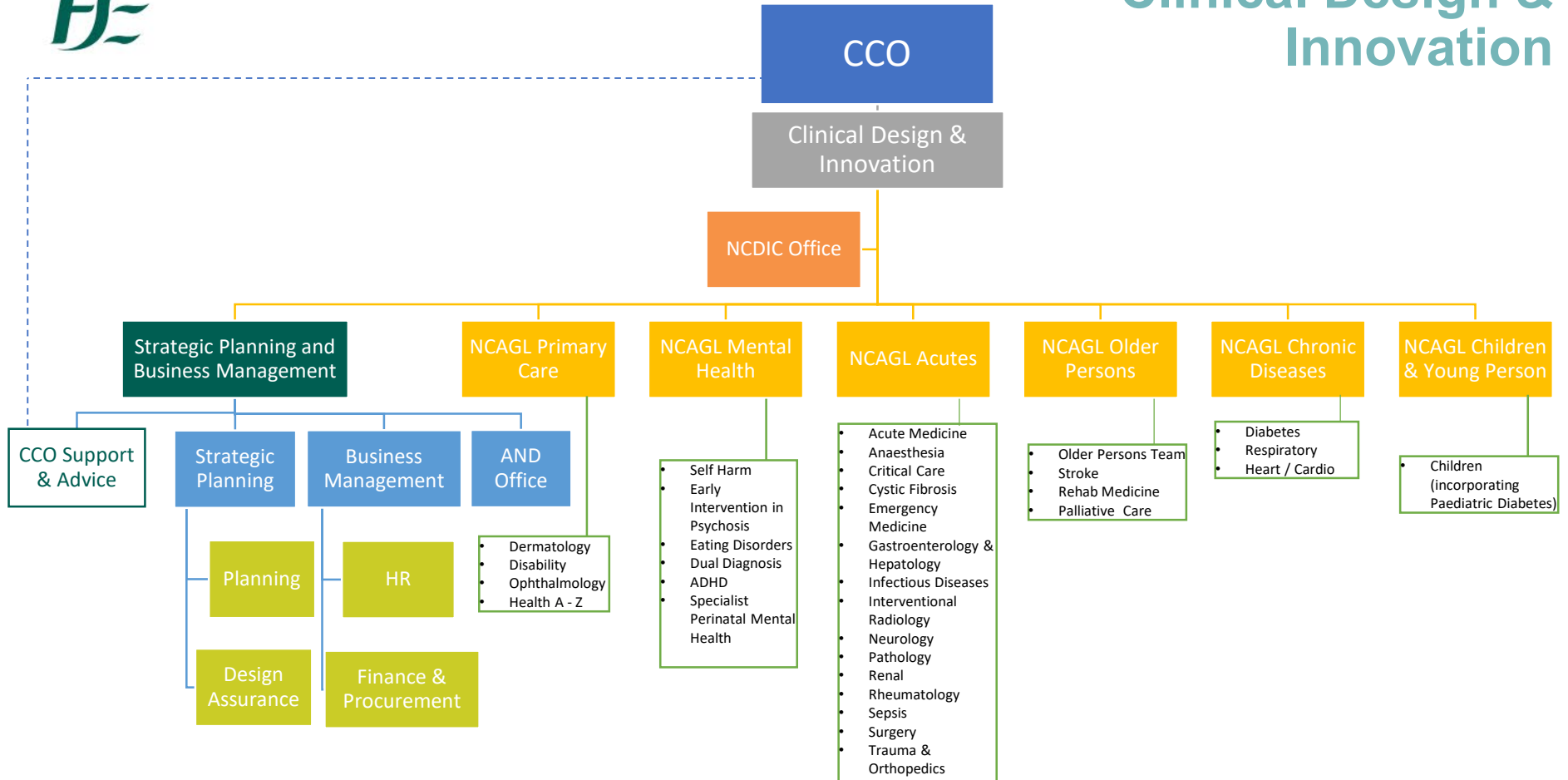


# Aims and Objectives

- ▶ **National Clinical Programmes Overview**
- ▶ **National Clinical Programme for Self-Harm and Suicide-related Ideated**
- ▶ **Statistics**
- ▶ **Policies and Model of Care**
- ▶ **Vision and Objectives**
- ▶ **Clinical components of the programme**
- ▶ **Focus on services for people who present to the Emergency Department**
- ▶ **Pathway of care for people presenting to GP (SCAN)**



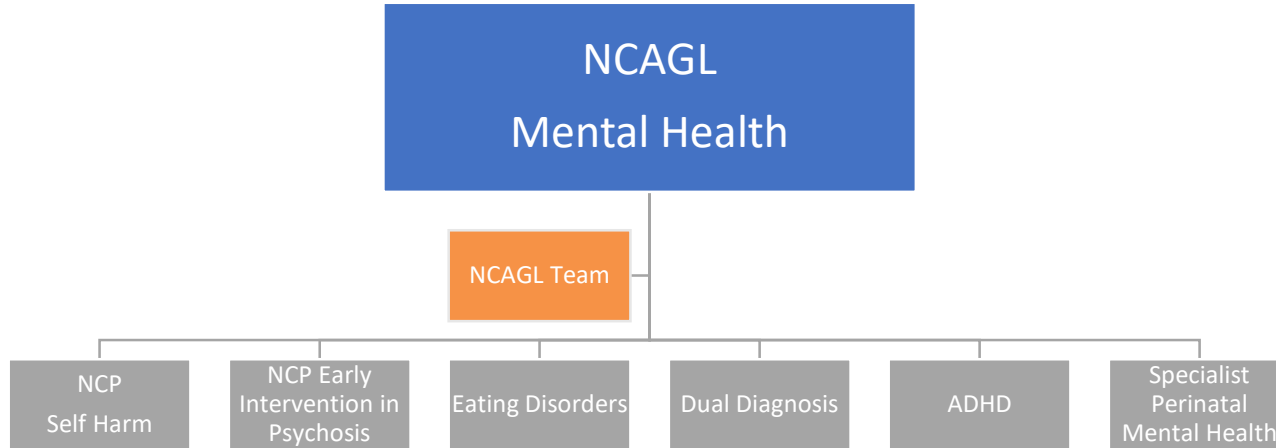
# Clinical Design & Innovation





# Clinical Design & Innovation

NCAGL Mental Health

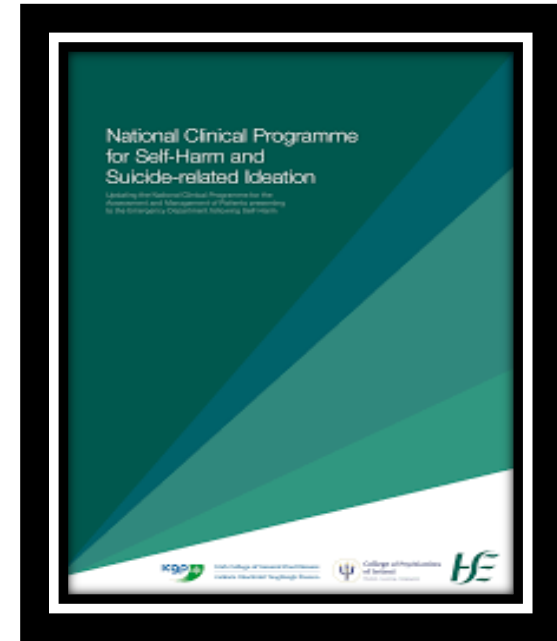




# National Clinical Programme for Self-Harm and Suicide-related ideation

## The Core Team

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<b>Ms Rhona Jennings</b>	<b>Programme Manager</b>
<b>Dr Katerina Kavalidou</b>	<b>Data Manager</b>
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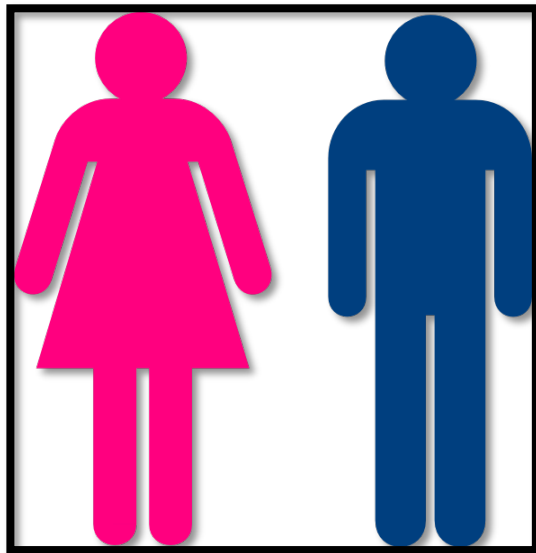


# Suicide and Self-Harm National and International Perspective

- **Suicide accounts for at least 700,000 deaths globally per year (WHO, 2022)**
- **It is estimated that for a person who has died by suicide, there were as many as 20 others who self-harm (WHO, 2014)**
- **In 2020 there were approx. 1.3 million attendances at Emergency Departments (ED) in Ireland**
- **For the same year there were 12,553 self-harm presentations to hospitals by 9,500 individuals (Joyce et al, 2022)**
- **Central Statistics Office (CSO) estimated that there were 340 deaths by suicide in 2020 (NOSP, 2022).**
- **A systematic review and meta-analysis reported in 2014 that it was likely that one in twenty-five patients who self-harm and present to the ED will go on to die by suicide in the 10 years following their index presentation (Carroll et al, 2014)**




- Male suicide rates were more than three and a half times higher at 17.6 deaths per 100,000 compared to female suicide rates of 4.7 in 2019 (CSO 2022)
- In the years 2011 to 2017, rates were generally between 4 to 5 times higher for men than for women (CSO 2022)





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## Hospital-presenting self-harm among older adults living in Ireland: a 13-year trend analysis from the National Self-Harm Registry Ireland

M. Isabela Troya,<sup>1,2</sup>  Eve Griffin,<sup>1,2</sup> Ella Arensman,<sup>1,2,3</sup> Eugene Cassidy,<sup>4</sup> Faraz Mughal,<sup>5</sup> Caoimhe Ni Loneragan,<sup>4</sup> James O'Mahony,<sup>6</sup> Sally Lovejoy,<sup>7</sup> Mark Ward,<sup>8</sup> and Paul Corcoran<sup>1,2</sup>

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<sup>7</sup>National Clinical Programme for Self-Harm and Suicide-related Issues, Office of the National Clinical Advisor and Group Lead, Dr. Steevens Hospital, Dublin, Ireland

<sup>8</sup>The Irish Longitudinal Study on Ageing, Trinity College Dublin, Dublin, Ireland

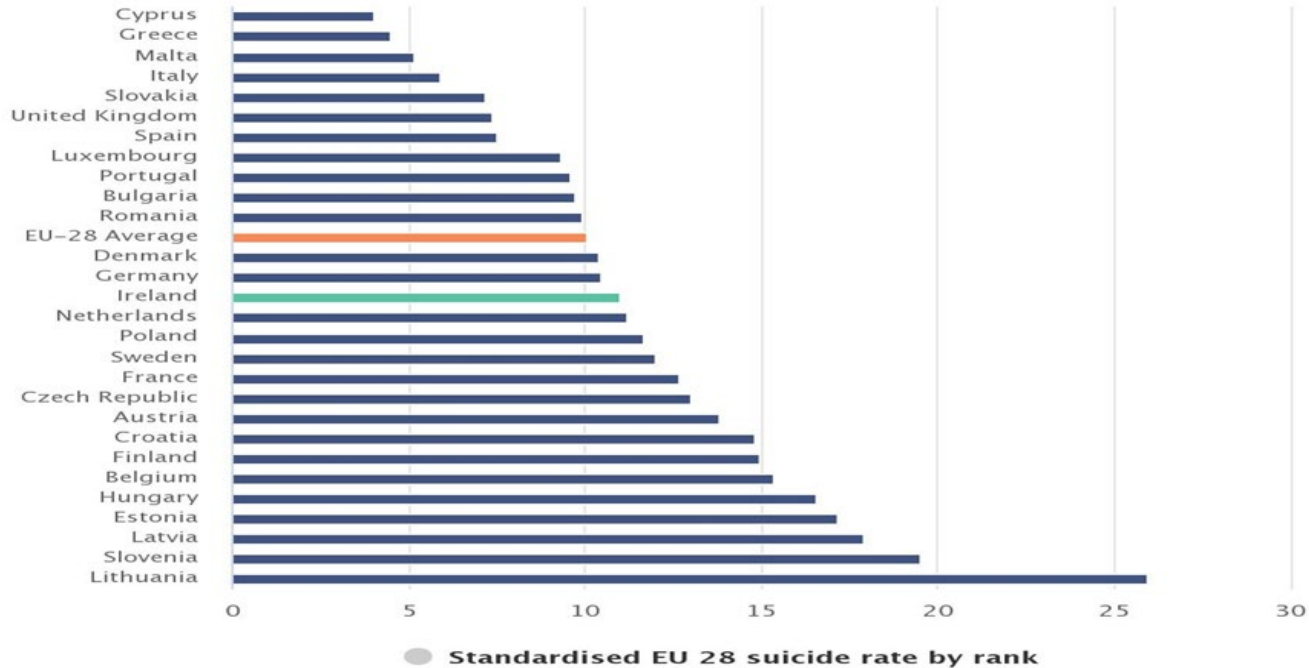
- Findings indicate that self-harm in older adults remains a concern with approximately 533 presentations per year in Ireland.
- While in younger age groups, females report higher rates of self-harm, this gender difference was reversed in the oldest age group (80 years and over), with higher rates of self-harm among males.





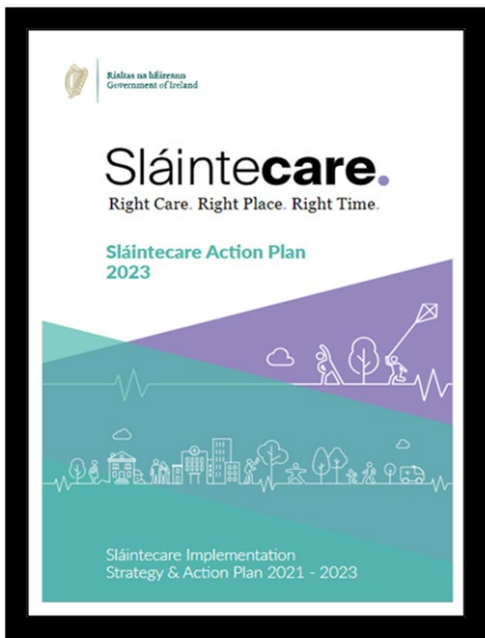
# Suicide - International Perspective

Figure 2 Standardised EU 28 suicide rate by rank 2017





# Health Policy Context





# Development of the NCP SHI

## National Clinical Programme Self-Harm Timeline



FIG. 1.1 DEVELOPMENTS IN THE CLINICAL PROGRAMME 2012-2021



**NCP SHI**

Rationale, Vision and Objectives

### VISION

To ensure this clinical programme is embedded into everyday clinical practice so that every individual who presents to General Practice, Emergency Department, Community Mental Health Team or CAMHS following self harm, or suicide –related ideation, will receive a timely, expert assessment of their needs, and is connected to appropriate next care. That the individual and their families are valued and supported, by staff who themselves are valued and supported.

**700,000**

Deaths globally  
Per year

**12,553**

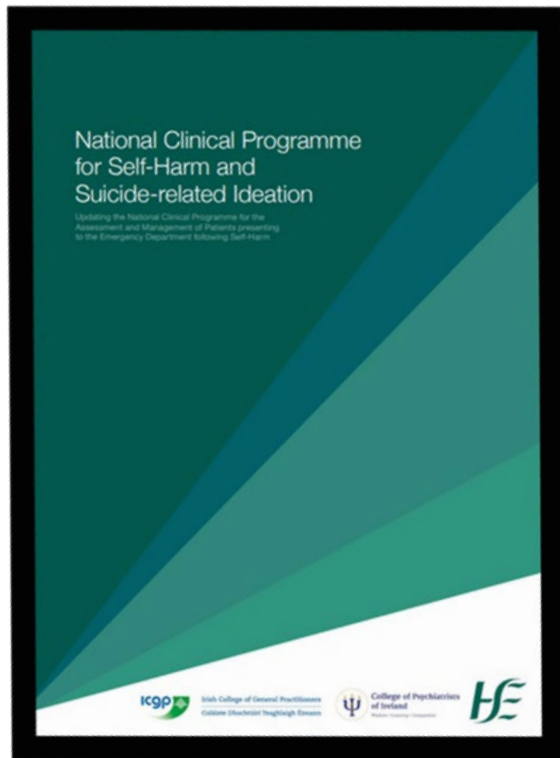
Self-harm presentations to  
hospital in 2020

**340**

Death by suicide  
in 2020



# Model of Care





# Model of Care





# Clinical Components of the NCPSHI

## 4 Pillars of the NCPSH

**Empathic,  
Compassionate  
Response**

**Expert  
Interventionist  
Assessment** including  
Emergency Care Plan

**Next of Kin involved  
at assessment and  
discharge planning**

**Follow-up and  
bridging to next care**



## Key Programme Interventions

- **Biopsychosocial therapeutic assessment**
- **Family/Carer involvement incl. collateral history**
- **GP letter sent within 24 hours**
- **Emergency Care Plan on leaving ED**



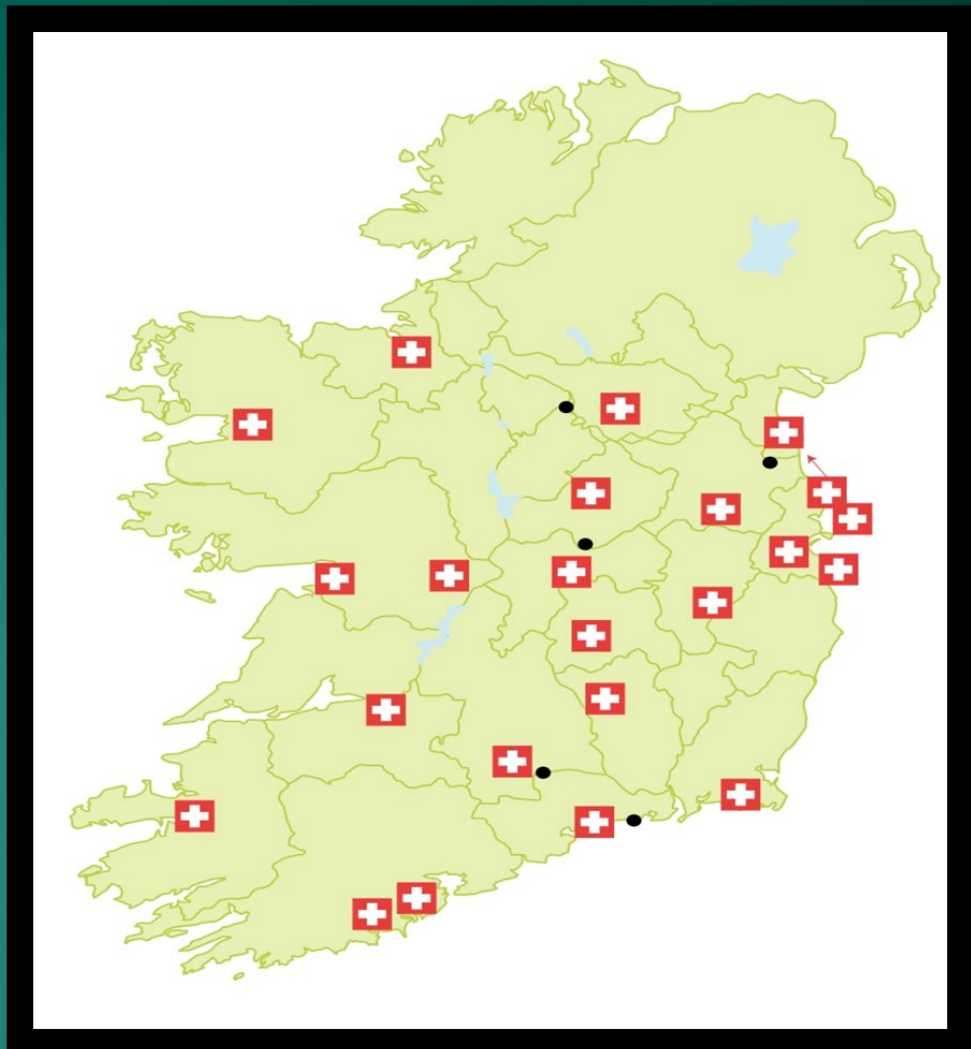


# Implementation

- **Delivered in Model 3 and 4 hospitals that have EDs open 24hrs a day**
- **As of March 2023 the NCP SHI will be implemented in all 26 adult Irish hospitals**
- **One paediatric hospital ED service has commenced with funding provided for other paediatric EDs**
- **49 Clinical Nurse Specialist funded posts**
- **Multidisciplinary team approach**

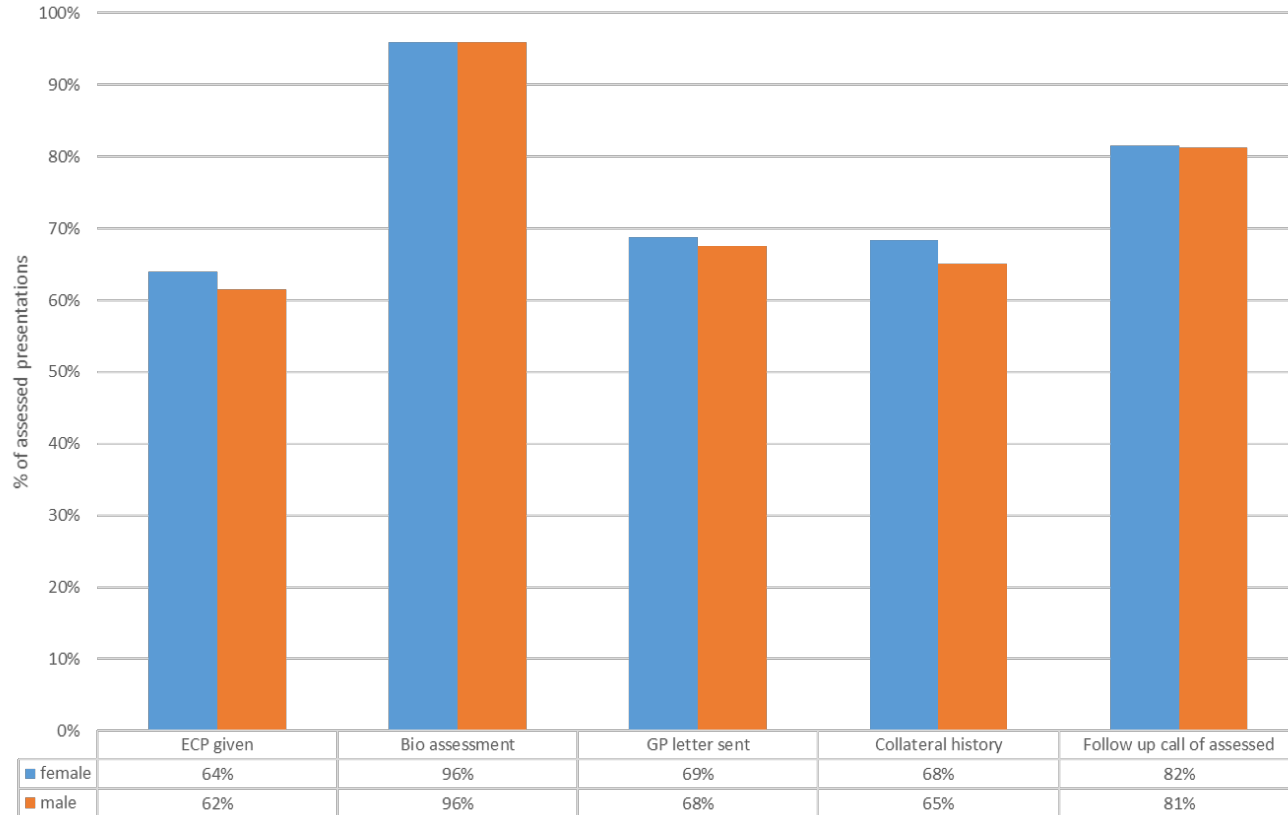


**Acute hospital Emergency  
Departments that have  
implemented the  
programme 2023**





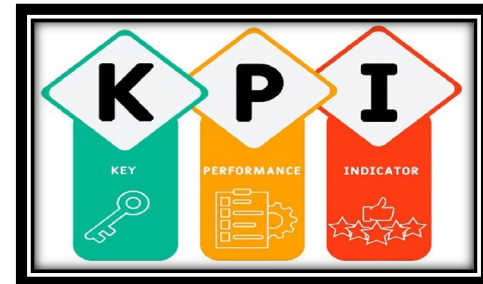
# NCP SHI Key Performance Indicators 2018-2022





# NCP SHI Key Performance Indicators 2018-2022

- **When we monitored NCP SHI presentations with suicide-related ideation between June 2022 to January 2023 (n=3903), for past suicidality, 53% of those presentations did not have any past self-harm history (22% of them had ideation in the past 12 months).**
- **48.43% of all presentations reaching NCP SHI between 2018 until beginning of 2023 came with suicide-related ideation only.**





# SCAN service (Suicide Crisis Assessment Nurse)





# SCAN Service - Background

- First developed in SE Dublin in 2007 and then Wexford in 2008
- SCAN Evaluation 2012, NUIG and further SCAN services developed
- General Practice provides care for over 90% of mental health conditions without the need for secondary care input (ICGP 2020)
- GPs need pathways and immediate access to discussion and advise
- Reduces the need for referrals to the ED
- Approximately 50% of NCPSHI referrals do not need an ED –based assessment
- Much quicker referral process time/assessment times.
- Improves the primary / secondary care interface
- Less stigma / ease of access





# SCAN Service

- **CNS accepts direct GP referral of patient with suicidal ideation who does not require immediate physical health care or immediate referral to the local MHS**
- **Referral via a designated mobile phone number**
- **Patient is seen in the referring GP's practice by the CNS within 72 hours**
- **Aligns with the 4 key clinical components of the programme**
- **CNS discusses referral with GP and reports clinically to a Consultant Psychiatrist. Liaison with Patient, family member or support person**
- **Collaborative written Safety Plan.**
- **Brief check in call on the next working day.**
- **CNS provides a written assessment report to GP**
- **To provide 'bridging'- short term intervention where appropriate; when awaiting onward referral. Max 3 Follow up appts**
- **The patient remains in Primary Care unless formally accepted by the MHS**



**Empathic,  
Compassionate  
Response**

**Expert  
Interventionist  
Assessment** including  
Emergency Care Plan

**Next of Kin involved  
at assessment and  
discharge planning**

**Follow-up and  
bridging to next care**



# SCAN WTE Nationally

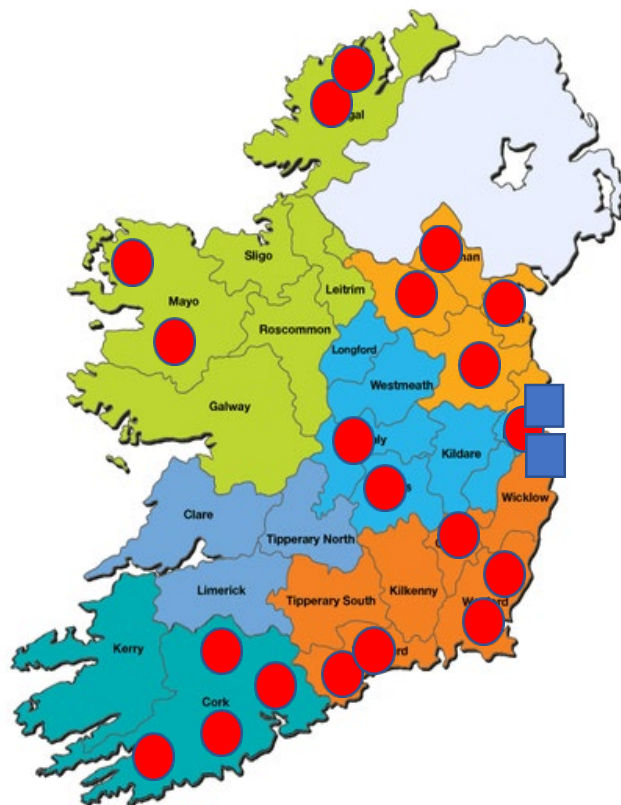
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Adult SCAN Services



CAMHS SCAN Services







# THANK YOU FOR LISTENING

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