Deliberate Self Harm and the Emergency Dept.

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IAS Conference Sligo October 2010

Background

- DSH significant problem.
- 11,700 DSH Emergency Dept. presentations 2008 (NSRF)
- Predominantly an urban/inner city phenomenon.
- 2008 stats (episodes per 100,000 pop.)

	Men	Women
National rate	180	223
Limerick City	525	470
Cork City	350	260
Limerick Co.	135	150

Most common methods.

- Deliberate Self Poisoning.

  Anti depressants, anxiolytics, analgesics in particular

- Self cutting.

Emergency Dept Treatment.

- Medical – psychological input.
- Triage nurse – Manchester Triage System.

NUMBER	NAME	COLOUR	TARGET TIME (minutes)
1	Immediate	RED	0
2	Very Urgent	ORANGE	10
3	Urgent	YELLOW	60
4	Standard	GREEN	120
5	Non-urgent	BLUE	240

Limited mental health focus often resulting in long waiting period to be assessed.

A&E DSH Services.

Late 1990's – development of embryonic "Liaison Mental Health" services in the general hospital setting.

Definition: *Liaison psychiatry, also known as consultation-liaison psychiatry is the branch of psychiatry that specializes in the interface between medicine and psychiatry, usually taking place in a hospital or medical setting.*

National Suicide Strategy – "Reach Out" recommendations….

2008 – specialist mental health professional in most Emergency Dept's……. under threat?

Diverse range of services/roles.

Characteristics.

- Generally nurse led services. Usually an experienced mental health nurse.
- Clinical nurse specialist grade.
- Higher Diploma/Masters education.
- Range of job titles:
  - Liaison Mental Health nurse.
  - Crisis Intervention Nurse
  - Deliberate Self Harm nurse
  - Psychiatric Consultation Liaison nurse.
  - Psychiatric Liaison Nurse.
  - Liaison Self Harm nurse

Role.

- Provide a prompt psychosocial assessment of each DSH attendee.
- Risk Assessment.
- Brief Therapeutic Intervention.
- Arrange follow up options if suitable for discharge.
- Develop links with various community based services – GP, homeless, CMHT, Drug and alcohol services, voluntary organisations (Console, Aware) MABS.
- Majority of services do not follow up …….some exceptions.
- Recent developments focused on assertive follow up/primary care.
- Education role – A&E staff.
- Limited after hours service however.

Dept of Liaison Psychiatry Limerick

- Based in MWRH - large regional hospital.
- Provides consultation to 3 other hospitals locally.
- Team: Consultant liaison psychiatrist;
  1 Junior doctor G.P trainee;
  4 Clinical nurse specialists;
  Part time psychologist;
  Secretary.
- Operational hours – 8am – 2.30am 7 days.
- Consultation – Liaison Model.
- DSH assessment significant proportion of overall caseload.

Consultation.

- Referrals from ward setting via fax – seen within 24 hours.
- Emergency Dept – will accept referrals directly from the triage nurse – seen within one hour if medically fit to be assessed. Majority seen within 30 minutes.
- Children seen post DSH. (After hours only)
- Consult Emergency Dept database …past attendances.
- Consult mental health database…..past attendances.
- After hours CNS links with CMH teams at start of shift.
- Interview room……

Liaison


CMHT
Medical Surgical Teams
Acute Admission Unit
Liaison Psychiatry
Voluntary Agencies
Drug/ Alcohol
GP
Homeless Services.

Post Crisis Support – Crisis Card.

- Weekend Support.
- Family Reassurance.
- Outgoing Support Calls.

Follow Up

- DSH clientele generally poor to attend follow up services…nationally.

- Efforts to encourage follow up attendance….
  - Crisis Outreach Nurses.
  - Assertive outreach model.
  - Can visit at home.
  - Involve a "significant other"….confidentiality issues.
  - Crisis Card.

Problematic Scenarios

- Pt. severely intoxicated from OH / Drugs.
  - "head shop drugs"…recent phenomenon.
  - Benzodiazepine abuse / withdrawal.

- Contingent suicide threats. (Lambert MT. 2002)
  - Homeless.
  - Court avoidance.
  - Litigation. Seeking a M.H. diagnosis.
  - Acute drug/OH withdrawal…heroin in particular.

  Indicative of underlying personality disorder…hospitalisation generally counter-productive.

- **Leaving before psychosocial assessment.**
  - **Nationally varies from 2% to 28% (NSRF 2008)**

Table 2 People attending the accident and emergency department for self-harm who did not receive a psychosocial assessment by a member of the liaison psychiatry team

	n	%
Left after registration but before triage	4	1
Left after triage but before seeing an A&E doctor	70	21
Took their own discharge from A&E	20	6
Left after being seen by A&E doctor but prior to psychiatry assessment	56	16
Discharged home by an A&E doctor	126	37
Transferred to a psychiatric hospital by an A&E doctor (outside normal working hours)	25	7
Admitted medically	38	11
Left during psychiatry assessment	2	1
Total	341	100

Beaumont Hospital.

(Mullins, McHale & Cotter 2010)

Thank You!

References:

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