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Acute Mental Healthcare in Hospital Emergency Departments in Ireland

A National Survey from the Office of the
Inspector of Mental Health Services

April 2025

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Abbreviations

Table of Abbreviations	
AMAU	Acute medical assessment unit
ANP	Advanced nurse practitioner
APU	Acute psychiatric unit
BGH	Bantry General Hospital
BST	Basic specialist trainee
CADS	Community alcohol and drugs services
CAMHS	Child and adolescent mental health service
CLP	Consultation liaison psychiatry
CMHT	Community Mental Health Teams
CNS	Clinical Nurse Specialist
CUH	Cork University Hospital
DOP	Department of Psychiatry
ED	Emergency department
GDPR	General Data Protection Regulation
HCA	Health care assistants
HSE	Health Service Executive
HST	Higher specialist trainee
ID	Intellectual disability
IU	Injury unit
LUH	Letterkenny University Hospital
MGH	Mallow General Hospital
MHC	Mental Health Commission
MIUMED	Minor Injury Unit in Mullingar Emergency Department
MMUH	Mater Misericordiae University Hospital

Table of Abbreviations	
MRHP	Midland Regional Hospital Portlaoise
MRHT	Midland Regional Hospital Tullamore
MSW	Medical social worker
MUH	Mayo University Hospital
NCHD	Non-consultant hospital doctor
NCPSHI	National Clinical Programme for Self-Harm and Suicide-related Ideation
NGH	Naas General Hospital
PCLN	Psychiatric consultation liaison nurse
POLL	Psychiatry of Later Life
PUH	Portlincula University Hospital
RHA	Regional Health Areas
RN	Registered nurses
SOP	Standard Operating Procedure
SUH	Sligo University Hospital
SVUH	St Vincent's University Hospital
TUH	Tallaght University Hospital
UHG	University Hospital Galway
UHK	University Hospital Kerry
UHL	University Hospital Limerick
UHT	University Hospital Tipperary
UHW	University Hospital Waterford
WGH	Wexford General Hospital
WTE	Whole-time equivalent

Executive Summary

An estimated 51,000 first presentations of acute mental health need are made each year through hospital emergency departments and medical wards in Ireland¹. Referral to an emergency department for unscheduled mental health assessment is part of a suite of options recommended by the HSE, especially for out of hours unscheduled mental health care²³. There is growing awareness of the need to increase the range of acute mental health services and to improve urgent access and quality of care⁵.

Individuals with prior mental health needs are advised to contact their local community mental health services. New presentations may contact on-call primary care and/or attend the emergency department⁵. The HSE National Clinical Programme for Self-Harm and Suicide Related Ideation (NCPSHI) recommends that mental health services in the emergency departments be delivered '24 hours a day, 7 days a week'.^{2,3}

The Inspector of Mental Health Services at the Mental Health Commission (MHC) has a statutory duty to report on the quality of care and treatment given to persons in receipt of mental health service, wherever it occurs.⁹ An MHC generated provider-based confidential survey was sent via email to each HSE hospital or area manager with responsibility for an emergency department or a minor injury unit (IU). The data received by the MHC related exclusively to mental health services provided in the emergency department/IU. No specific reference to professional respondents was made as part of the report.

The data reveal substantial variations in mental health services in emergency departments across all health regions in Ireland. Mental health services differ in each Model 4 hospital and in every Model 3 hospital. Although local injury units (IU) are available 12 hours a day and 7 days a week, an emergency mental health service is not available in any IU. This survey found no consistent level of mental health service across a range of emergency departments in Ireland. Factors associated with variations include hospital model, health region, historical practice, and level of mental health investment within each emergency department.

Assessment

Standards of mental health assessment in emergency departments during daytime working hours differ markedly from mental health assessment experienced by those presenting out of hours. Greater variations were reported between Model 3 hospital emergency departments, where 'Out of hours' mental health

assessment is typically sequential, predominantly medical (rather than multi-disciplinary) and associated with substantial delay.

International best practice recommends medical and mental health professionals in emergency departments work together in a timely way¹², but this 'parallel assessment' is not available in most emergency departments in Ireland. The situation is more standardised in Model 4 hospitals, at least within daytime working hours. Outside of daytime hours, the majority of emergency departments rely on sequential assessments, staffed by adult psychiatry on-call from Community Mental Health Teams (CMHTs), or other hospital resources.

Environment

The limitations of emergency departments as a setting for acute mental health assessment for adults and children have been acknowledged internationally.²¹ Our respondents reveal that emergency department environments in Ireland vary widely. Some emergency departments have a dedicated mental health assessment room for parallel mental health assessment in keeping with NCPSHI standards, but in several Model 3 hospitals a dedicated space in the emergency department for mental health assessment is not guaranteed and in some Model 4 hospitals a single secure room for mental health assessment is described as 'insufficient' to meet the increasing demand. Poverty of space in emergency departments is a potential source of concern for those needing acute mental health care and for other emergency department users and for staff who care for them.

Staffing

In addition to space limitations, mental health staffing levels in emergency departments are inconsistent. Mental health care is a person-specific acute clinical service. Appropriate levels of mental health liaison nursing in emergency departments should extend beyond daytime working hours. All 24/7 emergency departments in Ireland need to be equipped with sufficient staff to address acute mental health needs as they

present. This staffing should include 24/7 mental health nursing in Model 3 and Model 4 hospitals.

Where mental health nursing staffing levels in emergency departments are low, the numbers of persons with self-harm, suicidality, and substance-misuse difficulties build up in the emergency department. Inevitably, under-resourcing of mental health nursing in emergency departments contributes to a revolving door, where adults and children with mental health difficulties return to the emergency department over and over again. Ten of the 35 survey responses (29%) made use of the survey free text to point out these staff shortages and to appeal for supports.

Care Planning

The NCPSHI emergency department standards^{2,3} reference some but not all mental health presentations. Mental health care planning in emergency departments is limited. Most people are seen and discharged to their community with sign postings either to their local CMHT, or hospital OPD, or other voluntary services such as Pieta and Jigsaw, but greater integration of acute mental health services is needed to provide alternatives to emergency departments and increase access for people to effective mental health care nearer their community.

The relative proportion of mental health patients attending Model 4 hospital emergency departments is too high (thousands of patients annually in Model 4 emergency department vs hundreds annually in Model 3 emergency departments) and so emergency department services nationally have become unbalanced. Improved mental health resources in Model 3 hospitals and possibly in IU would facilitate redistribution of mental health demand and ensure that urgent care is closer to the CMHT. Investment upstream is also needed in primary care and in associated spaces as outlined in Ireland's national mental health service plan, *Sharing the Vision*.⁴

Children

The NCPSHI^{2,3} states that access to mental health services "must be available at all times for children attending the emergency department with a mental health crisis",²³ that "each 24/7 emergency department should have defined access to assessment by Child and Adolescent Mental Health Services (CAMHS) through a simple referral procedure",² and that "there should be dedicated CAMHS liaison supported by on-call CAMHS

accessible 24/7 via a single point of contact".²

Our respondents report prolonged and inappropriate placement of children in emergency departments or in acute medical wards. The limitations experienced by children in emergency departments across Ireland should be seen in the light of gaps in CAMHS services already identified nationally by the MHC in its CAMHS report of 2023¹⁵ and in the light of earlier reports on the challenges young people face as they access acute mental health services.^{15,16,17} There is a continuing need to ensure more timely access to CAMHS services in emergency departments for children in Ireland.

Conclusion

This overview of mental health services in emergency departments in Ireland describes the concern associated with rising acute mental health demands. These will only be reduced with greater mental health investment in the community *and* in emergency departments. Firstly, it is time to reduce the pressure on Model 4 hospital emergency departments currently caring for a disproportionate volume of unscheduled acute mental health assessment. Initiatives in the community that require immediate evaluation include early intervention programmes for psychosis, assertive outreach locality teams and other endeavours to ensure more timely engagement such as crisis cafes²³. Measures such as these would ensure that CMHTs provide the full range of mental health services where it is most effective in the community - where people live, work and love.

Mental health service in emergency department is critically unbalanced. Care for children in emergency departments is especially problematic. Without greater governance and resources in hospitals and the community it will be difficult to achieve the standards of mental health care anticipated by national plans such as *Sláinetcare* and *Sharing The Vision*^{4,22}.

Yours sincerely



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A large, stylized number '1' in a light blue color, positioned to the left of the title. The background features a dark blue gradient with a pattern of small, light blue dots and a series of concentric, curved lines in a lighter blue shade, creating a sense of depth and movement.

Introduction

Introduction

Each year an estimated 51,000 first mental healthcare contacts are made through emergency departments and acute hospital wards in Ireland.¹

In 2024, the Health Service Executive (HSE) published new operational guidance through its 'National Clinical Programme for Self-Harm and Suicide-related Ideation' (NCPSHI).^{2, 3} The NCPSHI aims to provide "a standardised, safe, and informative process that supports health professionals and managers of services to implement the emergency department component of the programme".^{3(p.3)} The guidance is built upon earlier HSE advice on self-harm behavioural assessment in emergency departments² and the principles outlined in the national mental health strategy document, *Sharing The Vision*.⁴

Access to acute psychiatric care is a challenge internationally⁵. There is renewed interest in the search for improved approaches to unscheduled mental health care by increasing the range of services and improving access and quality of care. An overview of mental health care in emergency departments in Ireland is timely, given the scale of mental health activity in emergency departments, the availability of new guidance from the HSE national programme, and recent restructuring of HSE health services into regional health areas (RHAs).

HSE Regional Health Areas (RHAs)

In July 2023, the Government of Ireland approved a new HSE Health Regions Implementation Plan.⁶ Six new HSE health regions were formed between March and September, 2024⁷ with each 'responsible for providing hospital and community care for the people of that region'.⁸

RHA responsibilities include regional hospitals with various levels of emergency departments and injury units. The term emergency department refers to 24/7 emergency services available in Model 3 and Model 4 HSE hospitals, whereas injury units are limited to 12-hour urgent care provision seven days a week in Model 2 HSE facilities.

Six HSE RHAs are named geographically: HSE Dublin and North East; HSE Dublin South East; HSE Dublin and Midlands; HSE Mid West; HSE South West; and HSE West and North West. Thirty-five HSE emergency department/injury units are distributed throughout these six RHAs providing unscheduled access to acute mental health assessment via their services (see Table 1 below).

Table 1: *Emergency department/Mental health Survey Respondent Hospitals by Model & RHA*

Regional Health Area	Model 2	Model 3	Model 4	Total
HSE Dublin & North East RHA	-	4	3	7
HSE Dublin & South East RHA	2	3	1	6
HSE Dublin & Midlands RHA	-	6	1	7
HSE Mid West RHA	3	-	1	4
HSE South West RHA	2	2	1	5
HSE West & North West RHA	1	4	1	6
Grand Total	8	19	8	35

The National Clinical Programme for Self-Harm and Suicide Related-Ideation (NCPSHI), Operational Guidance Document for the Emergency Department

The HSE provides operational guidance and 'standardised methodology' to enable emergency department services to establish self-harm programmes in local service areas. In 2024, this guidance was updated in its 'National Clinical Programme for Self-Harm and Suicide Related Ideation Operational Guidance Document for the Emergency Department'.² The scope of this HSE guidance is limited to self-harm and suicidal ideation, so it does not include the full extent of mental health presentation to hospital emergency departments. Neither does it extend to services within an injury unit.

According to NCPSHI guidance, "Mental health services should ensure that the NCPSHI programme in the emergency department is delivered 24 hours a day, 7 days a week".^{2(p.xv)} Service may be delivered by nursing at Clinical Nurse Specialist (CNS) and registered Advanced Nurse Practitioner (ANP) levels, and by Non-Consultant Hospital Doctors (NCHD) in psychiatry, and other mental health medical professionals. All should be implementing the components of the NCPSHI. One aim is to develop a national emergency department database to inform future NCPSHIs.^{2(p.143)}

The office of the Inspector wishes to acknowledge the work being done through the HSE NCPSHI to set appropriate standards and provide operational guidance in the area of emergency medicine and mental healthcare. The latest NCPSHI guidance outlines key operational priorities including 'Patient Journey', 'Assessment of Children', 'Evaluation', 'Environment' and 'Governance', and so these became the focus of this overview.

2

Method

Method

The Inspector of Mental Health Services at the MHC has a statutory responsibility to report on the quality of care and treatment given to persons in receipt of mental health services, wherever that it occurs.^{9(s 51(1)(b)(i))}

In keeping with these statutory duties, the office of the Inspector of Mental Health Services created a provider-based confidential survey and sent it via email to each HSE hospital or area manager with responsibility for an emergency department or a minor injury unit. The information received in response related to mental health services provided in the emergency department/injury unit, and no specific reference to professionals involved was made as part of this report.

Responses to our survey were provided by nominated HSE personnel, both clinical and non-clinical (see Table 2 below).

Table 2: *Emergency department/Mental health Survey - Grouped roles of nominated survey respondents*

Title	Number of Respondents	Proportion of Respondents
Hospital/General Manager	11	28%
COO/CEO/ Director of Nursing/Clinical Director	8	21%
Assistant Director of Nursing	4	10%
CNM3/Candidate Advanced Nurse Practitioner/Self-harm nurse	3	8%
Consultant Liaison Psychiatrist	3	8%
Emergency Medicine Consultant/ Doctor	3	8%
Liaison Psychiatry Clinical Lead	2	5%
Consultant	1	3%

Title	Number of Respondents	Proportion of Respondents
Consultant with clinical responsibility for the Injury Unit	1	3%
Locum registrar	1	3%
Provider of minor injury services	1	3%
Unscheduled Care Manager	1	3%

Thirty-five emergency department or injury unit emergency services were identified across the six HSE RHAs in Ireland, in hospitals ranging from Model 4 to Model 2. Complete responses were received for all 35 hospital emergency departments/injury units (100% response rate).

The data were gathered between March 2024 and December 2024. Where initial responses needed clarification, the survey was followed up by telephone calls, and details of the services were entered in an Excel spreadsheet, including both numerical and free-text elements.

Survey responses were considered in the light of NCPSHI health policy and published literature. All 35 service responses were considered in the light of five key NCPSHI standards: patient journey, assessment of children, evaluation, environment, and governance.

Ethical Standards and Data Protection

Procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation, and the Helsinki Declaration of 1975, revised in 2001.¹⁰ Data was managed with due regard to the provisions of the General Data Protection Regulation (GDPR).^{11(p.1)}

3

Survey Responses

Survey Responses from each Emergency Department arranged by RHA

Dublin and North East
Dublin and South East
Dublin and Midlands
South West
Mid West
West and North West

HSE Dublin and North East RHA

HSE Dublin and North East RHA includes eight HSE hospitals with various emergency departments/injury units located at two Model 4 HSE hospitals (Beaumont Hospital and the Mater Misericordiae University Hospital), four Model 3 HSE hospitals (Our Lady of Lourdes Hospital, Drogheda; Cavan General Hospital; Our Lady's Hospital, Navan; and Connolly Hospital), and two Model 2 HSE hospitals with injury units (Monaghan Hospital and Louth County Hospital, Dundalk).

Model 4 Hospitals

The HSE Dublin and North East RHA Model 4 hospitals with 24/7 emergency departments are Beaumont Hospital and the Mater Misericordiae University Hospital (MMUH).

1. Beaumont Hospital Emergency Department

Beaumont Hospital is a Model 4 HSE hospital with a 24/7 emergency department, and a consultation liaison psychiatry (CLP) team providing mental health assessments within daytime working hours in its emergency department, on acute medical wards and at a dedicated OPD service. Beaumont Hospital has an established protocol for identifying mental health patients in its emergency department who require access to the CLP team.

The number of people in Beaumont emergency department referred for mental health consult is

increasing year on year. In 2023, the Beaumont CLP team completed 2,866 acute mental health assessments in its emergency department and its associated wards.

During daytime working hours, mental health patients in Beaumont emergency department are managed according to the national clinical programme for emergency departments (NCPSHI), with a biopsychosocial risk assessment carried out by trained staff with CLP liaison team input. Psychiatric assessment is carried out in parallel with medical assessment, consistent with national and international recommendations.^{3, 12}

Out of hours (outside of 9am to 5pm), mental health assessment in the emergency department is carried out by adult psychiatry on-call. 'Medical clearance' is requested before out-of-hours assessment and so mental health assessment at these times is always sequential rather than in parallel.

Standardised risk assessment tools are not in use in Beaumont emergency department 'as there is no evidence base for these'. New staff receive training in biopsychosocial assessment, through induction and additional supports.

Beaumont Hospital CLP team members include 2.5 (5 × 0.5 whole-time equivalent (WTE)) adult consultant psychiatrists, five (5 × 1.0 WTE) non-consultant hospital doctors (NCHD) (three are trainees in general practice and two are trainees in psychiatry), two (2 × 1.0 WTE) NCHD psychiatrists at specialist registrar trainee level, one (1 × 1.0 WTE) clinical psychologist, one (1 × 1.0 WTE) social worker, and two (1.8 × 1.0 WTE) admin staff.

CLP nursing staff include one (1 × 1.0 WTE) self-harm Advanced Nurse Practitioner (ANP), three (3 × 1.0 WTE) self-harm Clinical Nurse Specialists (CNS), and one (1 × 1.0 WTE) clinical nurse specialist (CNS) in alcohol/substance misuse. This CLP staff complement does not include CLP staffing covering for psycho-oncology and transplant services.

The Beaumont CLP team gives priority to mental health patients based on clinical need. Those assessed include patients presenting with suicidal ideation and self-harm and those presenting with eating disorders. A structured triage system is used in the emergency department. Nurse consultation in the emergency department takes place in a dedicated room, when available, with priority given to multi-disciplinary consultation (two or more disciplines including nursing, medical, and any other when available).

Onward referrals are made to local community mental health teams (CMHTs), and to primary care services (including GPs), and other relevant services such as homelessness services, addiction services, Pieta House, and Jigsaw. Referrals to CMHTs are usually of individuals already known to the community service.

Levels of mental health service available to the emergency department patients differ for those presenting in-hours, compared to those presenting with mental health issues out of hours. Wait time can be prolonged for adult CMHT assessment out of hours. There is limited capacity for mental health assessment in Beaumont emergency department, as there is only one psychiatric interview room designed with anti-ligature fittings and safe furniture.

Long waits are also common (especially out of hours), for assisted admission when compulsory admission under the Mental Health Act is required, and when voluntary admission to another approved centre is required out of hours.

Limited mental health staffing resources are available in the emergency department to provide one-to-one supervision where indicated, due to patient numbers. This results in prolonged length of stay for mental health patients in the emergency department. The Beaumont CLP team in the emergency department does not receive input from a child and adolescent mental health service (CAMHS).

Children and young people with mental health difficulty presenting to Beaumont emergency department are assessed in the first instance by adult mental health teams (with CLP team within hours and on-call adult CMHT NCHD team out of hours), but without CAMHS input.

Survey responses stated that 'young people who cannot be safely discharged may remain in the emergency department until special arrangements can be made for urgent CAMHS input' and 'there is no availability of out of hours or emergency CAMHS access to inpatient beds. Patients aged between 16 and 17 years old with acute mental health care need, may spend several days in Beaumont emergency department awaiting transfer to an appropriate mental health care facility.'

2. The Mater Misericordiae University Hospital Emergency Department

The Mater Misericordiae University Hospital (MMUH) is a Model 4 HSE hospital with a 24/7 emergency department, and an mental health CLP team providing acute mental health assessments in the emergency department. This same team also provides mental health assessments to medical wards as well as to a dedicated outpatient department (OPD) service.

There were 2,116 mental health presentations seen in MMUH emergency department in 2023. When a mental health need is identified by MMUH emergency department staff, a phone referral is made to the CLP service to assess the patient. Within daytime working hours, a parallel mental health assessment is made (including by more than one discipline), as recommended by national clinical programme guidance (NCPSHI).

When the referral is made out of hours, there is no parallel assessment. The on-call adult CMHT psychiatry service provides mental health assessment and requests medical clearance beforehand. Out of hours mental health assessment is sequential rather than in parallel (as recommended by NCPSHI).

A structured risk assessment tool is not used. Instead, the CLP service relies on a biopsychosocial assessment, which includes consideration of risk.

Multi-disciplinary staffing of the MMUH CLP team includes two consultant psychiatrists (1.7 × 1.0 WTE), as well as one-half consultant (1 × 0.5 WTE), responding to major trauma, and one (1 × 1.0 WTE) consultant psychiatrist for psycho-oncology.

CLP nursing representation includes one (1 × 1.0 WTE) liaison CNS, three (3 × 1.0 WTE) CNSs focused on self-harm (with the support of the National Clinical Programme), one (1 × 1.0 WTE) CNS focused on alcohol/substance misuse issue, one (1 × 1.0 WTE) ANP for trauma, and one (1 × 1.0 WTE) CNS for psycho-oncology. Psychology is integrated with the CLP team via one (1 × 1.0 WTE) psychologist and two (2 × 1.0 WTE) CNSs for trauma, and two CNS (2 × 1.0 WTE) for psycho-oncology. There is a dedicated medical social worker for psycho-oncology, and two (2 × 1.0 WTE) administrative staff.

The MMUH CLP team in the emergency department prioritises patients presenting with self-harm and suicidal ideation. Group therapies or self-management groups are not available through the emergency department, and so access to these requires referral elsewhere. The MMUH CLP team has a developing clinical pathway for persons with eating disorders, but at present there are no dedicated resources for this growing demand. MMUH emergency department is an adult service, but the CLP team provides mental health assessment of children aged between 16 and 18 years. MMUH does this without input from CAMHS.

The CLP team makes onward referrals from the emergency department to CMHT teams, and to primary care services (including GP). Contacts are made with other services as may be relevant, such as homelessness services, Pieta House, and Jigsaw. Information is provided in the emergency department that signposts access to hospital outpatient mental health services and other resources elsewhere.

The survey responses revealed that MMUH emergency department is experiencing major problems with provision for 16–17-year-olds, without input from CAMHS in the emergency department service. The problem is especially demanding where acutely unwell 16–17-year-olds with a first episode of psychosis have been waiting in the emergency department for up to one week, remaining inappropriately in the emergency department or acute medical setting, due to a lack of access to CAMHS beds.

Model 3 Hospitals

HSE Dublin and North East RHA has four Model 3 hospitals with 24/7 emergency departments at Our Lady of Lourdes Hospital Drogheda, Cavan Hospital, Our Lady's Hospital Navan, and Connolly Hospital Blanchardstown, Dublin.

1. Our Lady of Lourdes Hospital Emergency Department, Drogheda

Our Lady of Lourdes Hospital Drogheda is a Model 3 HSE hospital with a 24/7 emergency department service, and a CLP team providing mental health assessments in the emergency department and on medical wards. Patients in the emergency department are triaged and those presenting with mental health-related problems are referred to the CLP team. The hospital does not use a specific risk assessment tool.

The Drogheda CLP team consists of one (1 × 1.0 WTE) consultant psychiatrist, one (1 × 1.0 WTE) NCHD, two (2 × 1.0 WTE) clinical nurse managers (CNMs), two (2 × 1.0 WTE) Clinical Nurse Specialists (CNS), one (1 × 1.0 WTE) clinical psychologist, and one (1 × 1.0 WTE) admin staff. Survey respondents could not provide the numbers presenting to Drogheda emergency department with mental health needs.

The Drogheda CLP team prioritises patients presenting with self-harm or suicidal ideation, as well as patients presenting with eating disorders, and those presenting with symptoms of psychosis. The CLP team also manages acute presentations arising from dementia, substance misuse disorder and acute mental health difficulties of young adults aged 18–25, and women with perinatal mental health difficulty. A CLP liaison nurse (1 × 1.0 WTE) attends to patients experiencing substance abuse disorders, and a (1 × 1.0 WTE) CNS specialising in dementia is also available, as well as one (1 × 1.0 WTE) clinical psychologist.

During daytime working hours there is a dedicated room in the emergency department for multi-disciplinary consultation in parallel, in accordance with NCPSHI.

The CLP team is not available outside certain working hours. Out-of-hours acute mental health patients in Drogheda emergency department are assessed by standard emergency department nursing staff and, depending on their clinical urgency, transferred to the Drogheda Department of Psychiatry (DOP) for further assessment in their department. Others with mental health needs wait in the emergency department for the CLP team to review them within daytime working hours.

Group therapies or self-management facilities are not made available through the emergency department. Signposting and referral is made by the emergency department staff to primary care services, including GPs. Contact is made with other services that may be relevant (such as homelessness services, residential services, Pieta House, and Jigsaw). Information is provided to each patient, and referrals are made as appropriate to CMHT or a medical social worker (MSW).

The survey respondent described ongoing difficulty with information sharing across clinical teams once referral is made by the emergency department. Mental health patients frequently return to Drogheda emergency department with similar presentations after a short period of time, but without an explicit care plan. The result is the so-called 'revolving door'.

2. Cavan General Hospital Emergency Department, Cavan

Cavan Hospital is a Model 3 HSE hospital with a 24/7 emergency department and a CLP team providing assessments in emergency department and acute medical wards. The CLP also provides a dedicated OPD service.

There were an estimated 217 mental health referrals seen directly through the ED in 2023. Acute patients are triaged by the emergency department staff and, where necessary, referral is made to the CLP team. Accurate data regarding staff levels could not be obtained, as data was not available, and emergency department services and CLP teams have divided management split between different governance structures.

Within hours, Cavan Hospital emergency department provides a dedicated room for nurse mental health consultation and multi-disciplinary parallel consultation. Onward referrals may be made by the CLP to a CMHT or to primary care services (including GP), and other relevant services such as a homelessness or other support services.

The survey respondent highlighted that Cavan Hospital emergency department experiences major issues involving young patients with mental health difficulty, between the ages of 15 and 18, presenting in crisis situations, especially those young people seeking a place of safety. Such crises can persist for several days or more. Staff feel insufficiently resourced to manage this cohort of patients, resulting in frustration for clinical teams, patients, and their families.

3. Our Lady's Hospital Emergency Department, Navan

Our Lady's Hospital Navan is a Model 3 HSE hospital with a 24/7 emergency department. Mental health assessment in the emergency department is provided by the area CMHT psychiatry service. The hospital emergency department does not keep a record of the numbers of mental health presentations seen. Emergency department staff are trained in the Manchester triage process, but not specifically in mental health assessment. The emergency department has a (1 × 1.0 WTE) CNM dedicated to crises around self-harm, with access to a dedicated room for clinical assessment. Following assessment, contacts with and referrals to other services are made as appropriate, via consultation with the consultant on-call.

4. Connolly Hospital Emergency Department, Blanchardstown, Dublin

Connolly Hospital is a Model 3 HSE hospital with a 24/7 emergency department. The hospital has a CLP service providing mental health assessments to the emergency department and to its acute medical wards. In 2023, there were 1,387 mental health presentations to Connolly emergency department.

Patients who present to Connolly emergency department with mental health issues are triaged using the Manchester Triage System. If a patient requires a mental health assessment while in emergency department, they are referred to the liaison psychiatry team on the day of presentation. A POLL (Psychiatry of Later Life) team attends Connolly from the nearby Mater Hospital (MMUH), when patients from its catchment area are being cared for in emergency department or in Connolly wards.

Staffing of the Connolly Hospital CLP team includes 2 Consultant Psychiatrists (1 × 1.5 WTE), one (1 × 1.0 WTE) CNS and one (1 × 1.0 WTE) ANP. The emergency department has specialised arrangements to provide for care and treatment of patients who present with deliberate self-harm/suicidal ideation, and the CNS role is dedicated to these patients in line with the National Clinical Programme (NCP SHI).

During daytime working hours of 8am to 5pm, Connolly Hospital emergency department provides a dedicated room and both nursing and multi-disciplinary consultations for mental healthcare. At nighttime (out of daytime working hours), the on-call NCHD for psychiatry is available for patients presenting to the emergency department with mental distress.

On discharge from the emergency department, Connolly Hospital staff refer patients to local CMHTs, to Primary Healthcare Services, and to other services that may be relevant (e.g. homeless services).

The survey respondent commented that “the current service at Connolly would benefit from having CLP nurse liaison psychiatry available 7 days per week”.

Model 2 Hospitals

HSE Dublin and North East RHA also has two Model 2 hospitals, with urgent injury units (IU) at Louth Hospital and Monaghan Hospital.

1. Louth Hospital (Dundalk Injury Unit)

Louth Hospital is a Model 2 HSE hospital with an Injury Unit (IU) on site providing urgent services for patients 5 years and older, presenting with minor injuries “that are not life-threatening and unlikely to require hospitalisation”. Dundalk IU operates seven days a week between 9am and 8pm. There is no mental health assessment at Dundalk IU, and no policies or data available in relation to mental health presentations to Dundalk IU.

2. Monaghan Hospital (Monaghan Injury Unit)

Monaghan Hospital is a Model 2 HSE Hospital with an Injury Unit (IU) on site providing urgent services for patients 5 years and older presenting with minor injuries “that are not life-threatening and unlikely to require hospitalisation”. Monaghan IU operates seven days a week between 9am and 8pm. There is no mental health assessment at Monaghan IU and no policies or data available in relation to mental health presentations to Monaghan IU.

HSE Dublin and South East RHA Model 4 Hospitals

HSE Dublin and South East RHA has two Model 4 Hospitals, each with a 24/7 emergency department, at St Vincent's University Hospital, Elm Park, Dublin, and at University Hospital Waterford (UHW).

1. St Vincent's University Hospital Emergency Department

St Vincent's University Hospital (SVUH) is a Model 4 HSE hospital with a 24/7 emergency department, and a CLP team providing assessments to the emergency department and to acute medical wards, and a dedicated OPD service. The CLP team also supports other SVUH departments, including psychiatry of old age, an eating disorder service (admitted patients only), the psycho-oncology service, and other medical specialties (neurology, gastroenterology, pain, cardiology, infectious diseases, renal, liver transplant).

The numbers of acute mental health patients seen in SVUH emergency department are increasing annually. In 2023, there were 1,598 mental health presentations (including 1,128 with self-harm or suicidal ideation) to SVUH emergency department.

SVUH emergency department nursing staff use a triage tool with an enhanced patient referral pathway to psychiatry. Staffing of the CLP team includes three (3 × 1.0 WTE) consultant psychiatrists (one of whom is dedicated to the psycho-oncology service), one (1 × 1.0 WTE) higher specialist trainee (HST) psychiatrist and one (1 × 1.0 WTE) basic specialist trainee (BST), one (1 × 1.0) WTE GP trainee, one (1 × 1.0 WTE) NCHD doctor, and CLP nursing grades (1 × 0.8 WTE ANP, 1 × 0.85 WTE CNS, 1 × 0.8 WTE CNM2) totalling 2.45 WTE.

The SVUH CLP team prioritises the care of patients presenting to the emergency department in acute distress, whether from self-harm or suicidal ideation, or because of other acute presentation with mental health difficulty. The CLP team has specialised arrangements for people presenting with substance misuse, older adults with mental health needs, and women with perinatal mental health needs. The SVUH CLP team liaises with psychology staff attached to medical specialties (neurology, gastroenterology, pain, cardiology, infectious diseases, renal, and liver transplant) and the psycho-oncology service.

Referrals are made by the SVUH CLP team to CMHT and primary care services (including GP), and to other services that may be relevant, with signposting to other allied resources.

Between the hours of 8am and 5pm, SVUH emergency department has access to a dedicated room, enabling multi-disciplinary parallel consultation in line with the NCPSHI.

However, out of hours, the CLP service has no dedicated space for urgent assessments. These out-of-hours assessments are carried out by the on-call NCHD in a sequential way requiring prior medical clearance.

The survey respondent noted that the SVUH CLP team is significantly under-resourced in comparison to Irish national mental health policy⁴ and international best practice recommendations.¹³ The closure of the emergency department in St Columcille's Hospital, Loughlinstown, downgrading that facility to an IU, is correlated with an increase since 2013 in urgent mental health presentations to SVUH emergency department, the second highest nationally in terms of self-harm,¹⁴ and with little corresponding increase in terms of resources.

2. University Hospital Waterford Emergency Department

University Hospital Waterford (UHW) is a Model 4 HSE hospital with a 24/7 emergency department, a CLP team providing mental health assessments to the emergency department and acute medical wards, and a dedicated OPD service.

There were 1,462 mental health attendances in 2023 to the UHW emergency department, with 217 direct admissions to the co-located department of psychiatry (DOP). Emergency department nursing staff in UHW use a triage system (the Manchester triage system) "enabling mental health need to be identified and prioritised". The survey respondent indicated that to date the UHW emergency department, the CLP and the DOP have not been under the same governance, and so accurate staff numbers could not be provided.

Between the hours of 8am and 5pm, CLP services at UHW are available in the emergency department with specialist ability to assess mental health difficulties from dementia to substance misuse disorder, and the mental health difficulties of young adults aged 18-25. UHW emergency department gives priority to mental health assessment and makes a dedicated room available at these times.

Out-of-hours emergency department mental health services at UHW are provided by non-consultant hospital doctors with access to the on-call psychiatrist. At these times, emergency department assessment is sequential and occurs after medical clearance. Information and signposting are available in the emergency department, regarding access to OPD mental health services.

The survey respondent drew attention to high levels of frustration within the UHW emergency department service, regarding frequent delays in mental health assessment.

Model 3 Hospitals

HSE Dublin and South East RHA has three Model 3 HSE hospitals with 24/7 emergency department facilities at St Luke's Hospital Kilkenny, Tipperary University Hospital and Wexford General Hospital.

1. St Luke's Hospital, Kilkenny Emergency Department

St Luke's Hospital in Kilkenny is a Model 3 HSE Hospital with a 24/7 emergency department with CLP staff providing mental health assessments to the emergency department and to acute medical wards. The CLP team comprises one (1 × 1.0 WTE) NCHD (not BST), three (3 × 1.0 WTE) CNSs, and one (1 × 1.0 WTE) administrative staff. Consultant psychiatry supervision is provided on-call by HSE CMHT sector teams.

There were 330 mental health assessments in St Luke's emergency department in 2023. Emergency department nursing staff use a triage tool (The Manchester triage) "so that mental health needs are identified and prioritised". Referrals are made by emergency department staff to the CLP team. Risk assessment in the emergency department is carried out by the clinical team, but a structured risk assessment tool is not used.

St Luke's emergency department gives priority to mental health patients presenting with self-harm and suicidal ideation, as well as those presenting with perinatal mental health difficulties, and those with eating disorders, substance misuse disorders, and young adults aged between 18 to 25.

At all times, the emergency department has a dedicated room for nurse consultation and NCHD consultation. There is signposting in the emergency department to addiction services and self-help groups. Referrals are made in the emergency department onward to CMHT, primary care services and other services that may be relevant, such as homelessness services or other residential services.

Patients presenting with perinatal mental health difficulty are managed by one CNS (1.0 × WTE) with a special interest in perinatal psychiatry; those with self-harm or suicidal ideation are managed by one CNS (1.0 WTE). Staff with expertise in eating disorders are yet to be recruited.

The survey response commended the CLP team for its excellent service to the hospital, and to its acute medical admission units and hospital wards, but it also noted rising numbers of mental health presentations seen in the emergency department and acute medical assessment unit (AMAU) for all age groups. The survey respondent noted that CLP psychiatry in St Luke's is not additionally funded apart from one self-harm CNS. All other mental health needs in the emergency department are drawn from resources in the HSE CMHT. A business case has been submitted to the HSE for a dedicated CLP psychiatry service at St Luke's Hospital.

2. University Hospital Tipperary Emergency Department

University Hospital Tipperary (UHT) is a Model 3 HSE hospital with a 24/7 emergency department and a CLP team providing mental health assessments in UHT emergency department. This prioritises patients presenting with self-harm or suicidal ideation as well as those presenting with other forms of psychological distress, including mental health difficulties in the perinatal phase. Patients seen in emergency department are triaged by emergency department staff on presentation, and referred to CLP for further management.

There is a dedicated room within UHT emergency department suitable for multi-disciplinary consultation, with signposting to addiction services and local mental health supports. Referrals are made, as appropriate, by the emergency department to local CMHT and primary care services (including GP), and contacts are made with other services that may be relevant, such as homelessness services or other residential services.

During regular hours (between 9am and 5pm, Monday to Friday), the emergency department CLP is delivered by CLP nursing staff with one NCHD available Monday to Friday. This CLP team also provides assessments to acute medical

wards. Consultant supervision is provided by the local CMHT. Out of hours mental health service in the emergency department is limited to on-call community psychiatry services.

In 2023, there were 891 mental health assessments of patients presenting with self-harm or suicidal ideation to UHT emergency department. The emergency department staff use the Manchester triage system, and patients must be “medically cleared” by the emergency department medical staff before being referred to CLP. Staffing numbers were not provided as the UHT emergency department management has no role in mental health allocation or their WTEs.

Our survey respondent noted that a dedicated CLP team is required in UHT emergency department with a dedicated CNS available 24/7 to assist with mental health assessments of patients. Liaison with the local CAMHS service is an urgent priority, as vulnerable children may be waiting several days for assessments.

3. Wexford General Hospital Emergency Department

Wexford General Hospital (WGH) is a Model 3 HSE hospital with a 24/7 emergency department facility. A nurse-led CLP team provides mental health assessments to this emergency department and to acute medical wards between the hours of 9am and 5pm, Monday to Friday. A CLP NCHD is available on-call Monday to Friday only. Consultant psychiatrist supervision is provided by the local CMHT. Clinical risk assessment is carried out by emergency department staff, and a structured tool is not used. The survey respondent noted that not all locum staff may be trained in mental health risk assessment.

The WGH CLP team consists of one (1 × 0.5 WTE) consultant psychiatrist (with planned retirement August 2024), one (1 × 1.0 WTE) NCHD (not replaced for periods of leave), and four (4 × 1.0 WTE) nursing staff, with on-call support from University Hospital Waterford.

The numbers of mental health assessments in WGH emergency department are increasing each year. In 2022, there were 1,022 mental health presentations, including for self-harm and suicidal ideation. (WGH emergency department closed

in 2023 for several months due to a fire and so figures are not available).

According to our survey respondent, the patient journey for those presenting to WGH emergency department with mental health difficulty is determined by clinical need and by these staffing arrangements.

Within daytime working hours those presenting with mental health difficulty are referred to the CLP nurse service, but out of hours, patients are seen sequentially by emergency department staff. These out of hours patients may be admitted to medical wards to await mental health review by the CLP team the next day or, in cases with very high risk, transferred to the DOP in University Hospital Waterford.

Model 2 Hospitals

HSE Dublin and South East RHA has two Model 2 level hospitals with urgent Injury Units at St Columcille's Hospital in Loughlinstown, Co Dublin, and at St Michael's Hospital, Dun Laoghaire, Co Dublin.

1. St Columcille's Hospital, Loughlinstown, Co Dublin (IU)

St Columcille's Hospital is a Model 2 HSE hospital with an urgent injury unit open from 8am to 7pm each day. The IU service caters for patients from age 14 years and upwards, and is dedicated “to treat injuries that are not life threatening and are not likely to need a hospital admission”. The service accepts self-referral or referral via a GP or another emergency service. Their webpage makes no reference to mental health needs or assessment, and their survey response regarding mental health care was marked ‘non-applicable’. (Survey response noted that St John of God mental health care provide onsite psychiatry for the National Gender Service within St Columcille's Hospital. This is an appointment service within daytime working hours).

2. St Michael's Hospital, Dún Laoghaire, Co Dublin (IU)

St. Michael's Hospital in Dún Laoghaire is a Model 2 HSE hospital with a minor injuries department (IU), open from 8am to 8pm each day. The service caters for patients from age 14 years and upwards.

The IU service accepts self-referral or referral via a GP or another emergency service. Their webpage makes no reference to mental health needs or assessment and their survey response was marked 'non-applicable'.

HSE Dublin and Midlands RHA

The HSE Dublin and Midlands RHA has two Model 4 HSE hospital with a 24/7 emergency department at St James's Hospital, Dublin and Tallaght University Hospital; and four Model 3 HSE hospitals with 24/7 emergency departments (the Midland Regional Hospital, Portlaoise; Naas General Hospital; and the Midland Regional Hospital Tullamore), and a 12-hour 7-days-a-week injury unit at Mullingar emergency department at Mullingar Hospital.

Model 4 Hospitals

1. St James Hospital Emergency Department, Dublin

St James's Hospital is a Model 4 HSE hospital with a 24/7 emergency department and a CLP psychiatry team providing assessments to the emergency department, to acute medical wards and to a dedicated OPD service.

There were approximately 2,200 mental health presentations to St James's Hospital emergency department in 2023. Our survey response noted that patients are assessed by emergency department staff and then referred to psychiatry where appropriate. Within daytime working hours, referral to psychiatry may be made in parallel to referral for medical and surgical problems.

Out of hours, referral is made to on-call psychiatry staff, but parallel assessment is still provided.

St James's CLP team includes three (3 × 1.0 WTE) consultant psychiatrists, one (1 × 1.0 WTE) BST, one (1 × 1.0 WTE) HST, one (1 × 1.0 WTE) GP trainee, and a CLP nursing complement of 6.2 WTE CNSs. The hospital liaison team liaises with 6.2 WTE psychologists and one (1 × 0.5 WTE) social worker (psycho-oncology).

A dedicated room is available at all hours for patients who attend St James's emergency

department with symptoms of mental health distress. A biopsychosocial risk assessment is made. Psychology contributes to group therapies and self-management groups when referred by the emergency department.

Patients who present to St James's emergency department with mental health symptoms may be referred onward to a CMHT, primary care services, or other relevant resources such as homelessness services, Pieta House, or Jigsaw, or to outpatient mental health services within the hospital. These referrals are made by the consultation liaison CLP team. According to our survey respondent the CLP service provides training to emergency department staff and there are excellent collaborative relations between the emergency department and the CLP.

1. Tallaght University Hospital Emergency Department

Tallaght University Hospital (TUH) is a Model 4 hospital with a 24/7 emergency department and a CLP team providing mental health assessments to the emergency department, to acute medical wards and to a dedicated OPD service. The local HSE CMHT staff provide on-call psychiatry, and local psychiatry of later life (POLL) services provide a liaison service to other areas of the hospital.

In 2023, there were 1,610 mental health presentations (including self-harm and suicidality) to TUH emergency department. Mental health referrals identified in the emergency department are given priority. Electronic referrals for mental health assessment may also be sent from the community in anticipation of parallel assessment by emergency medicine and psychiatry. TUH emergency department staff use the Manchester triage system and any patient with suicidality or significant mental health symptoms indicates that they should be seen by a clinician within one hour.

The mental health patient journey includes referral to CLP psychiatry during core hours and a referral to on-call psychiatry out of hours. Risk is assessed following referral to CLP but also by the medical team and nursing personnel.

Outside daytime working hours of 9am to 5pm, TUH mental health services are provided by the

local HSE psychiatry on-call services covering the emergency department and also medical and surgical inpatient beds during on-call periods. CLP psychiatry staff are rostered to take part in on-call work.

The CLP team comprises two (2 × 1.0 WTE) consultant liaison psychiatrists, four (4 × 1.0 WTE) NCHDs with locum cover (including one BST and one HST), three (2.8 × 1.0 WTE) CNMs or CNSs and one (1 × 1.0 WTE) administrator. The survey respondents noted that there are frequent additional vacancies due to leave or recruitment difficulties.

According to our survey, the TUH CLP team provides an open-door service with a problem-solving ethos, encouraging clinicians (from the emergency department and throughout the hospital) to make contact early to discuss queries and possible mental health referrals. TUH has specialised arrangements in place to provide mental health services to people presenting with an intellectual disability (ID) at Cheeverstown Services (a local ID services provider) and a CNS post for Intellectual Disability (ID) for the hospital, funded year-to-year at present.

During daytime working hours (between 8am and 5pm) patients attending the emergency department with mental health distress receive a priority assessment in a dedicated room with nurse and multi-disciplinary consultation.

Out of hours (between 5pm and 8am), CLP nurse consultation and multi-disciplinary consultation are not available. At these times on-call psychiatry NCHDs prioritise patients based on clinical need, in consultation with a senior registrar psychiatrist or adult consultant psychiatrist on call.

No group therapies or self-management groups are available to patients in the emergency department. Regarding the patient journey, the hospital team may refer as appropriate to a CMHT or to primary care services. Other relevant services such as a homelessness service, Pieta House or Jigsaw may also be contacted.

The TUH CLP team generally make such referrals, and it is rare for the emergency department to do so without assessment by psychiatry

prior to discharge. Direct referrals may follow a senior consultant-to-consultant discussion, e.g. emergency department or acute-floor physician to liaison consultant or on-call psychiatrist.

The survey response from TUH commented that planning and quality assurance for emergency psychiatry services would work better if an emergency psychiatry strand served the entire acute floor (which includes the acute medical assessment unit, the acute medical unit, and the acute surgical unit alongside the emergency department) rather than only the emergency department, as many patients also require those services.

Model 3 Hospitals

There are four Model 3 hospitals in HSE Dublin and Midlands RHA with 24/7 emergency departments. One of these hospitals (Mullingar) also has an IU.

1. Midland Regional Hospital Portlaoise Emergency Department

Midland Regional Hospital Portlaoise (MRHP) is a Model 3 HSE hospital with a 24/7 emergency department. A nurse-led CLP team provides assessments to Portlaoise emergency department and to acute medical wards. The CLP team does not provide a dedicated OPD service. Mental health referrals may be made to the CAMHS teams and to POLL teams. Other hospitals also transfer patients to the emergency department at MRHP for mental health assessment.

The survey respondent at MRHP did not provide data regarding the annual number of mental health assessments at their emergency department.

With regard to patient journey, mental health referral pathways are in place seven days a week with onward referral to the local DOP or CAMHS following medical or surgical clearance. Mental health consultation services within the hospital are sequential and provided by a local CMHT.

During daytime working hours (8am to 5pm), MRHP emergency department patients with mental health symptoms are seen by a dedicated CLP nurse available for consultation.

Out of hours (from 5pm to 8am), MRHP emergency department relies on the adult CMHT on-call team with onward referral to the local DOP or CAMHS sequentially following medical or surgical clearance.

The survey indicated that MRHP emergency department is unable to provide a dedicated mental health assessment room in the emergency department due to space constraints and competing demands. Group therapies or self-management groups are not available to patients in MRHP.

Staffing dedicated to the CLP team includes CLP nursing (seven days a week during daytime working hours). Out-of-hours psychiatry is provided on-call by the local CMHT. Specialised arrangements are in place to provide mental health services to people with dementia and substance misuse issues, young adults aged between 18–25, as well as people presenting with self-harm and suicidal ideation, and with eating disorders.

Patients who present to the emergency department with symptoms of mental illness may be referred onward as appropriate by the emergency department team or by the team reviewing the patient (e.g. medical, surgical, paediatric) to a HSE CMHT, primary care services, other relevant services such as a homelessness service, or to liaison supports.

People with perinatal issues may be seen in the perinatal clinic in the hospital each Wednesday. Consults to the maternity services occur throughout the week.

2. Naas General Hospital Emergency Department

Naas General Hospital (NGH) is a Model 3 HSE hospital with a 24/7 emergency department. Its CLP team provides acute assessments to NGH emergency department and to acute medical wards. The CLP team consists of one (1 × 1.0 WTE) consultant psychiatrist, one (1 × 1.0 WTE) CLP liaison NCHD registrar, one (1 × 1.0 WTE) ANP, and three (3 × 1.0 WTE) CNSs specialising in self-harm. A POLL service and a CAMHS service also provide mental health consults in the general hospital.

Within hours (9am to 5pm), the CNS on the NGH CLP team provides an assessment to those presenting with self-harm or suicidal ideation, in line with the national clinical programme (NCPSHI). If the patient is admitted with a medical issue, an ANP will liaise and assess the patient on a post-take ward round and provide pro-active assessment.

In 2023, 1,200 patients with mental health difficulty were referred for mental health in NGH emergency department (care was shared between a CNS in self-harm and the rest of the CLP liaison nursing team). Clinical risk assessment is completed using a biopsychosocial approach without using a specialised tool.

As for the patient journey, the response to our survey indicated that the CLP assessment follows sequentially on a risk assessment provided by a member of the medical or nursing team. Specialised mental health service arrangements exist for people presenting with dementia and for older adults. A community-based psychiatrist of older adults provides specialist assessment to patients over 65 years of age at the liaison team's request.

A dedicated room is provided at all hours to patients who attend the emergency department with symptoms of mental health distress. During the hours of 8am to 5pm, a CLP team nurse consultation service is also provided.

Out-of-hours assessment is provided sequentially by the on-call adult NCHD from the CMHT.

Group therapies or self-management groups are not available to patients in the emergency department but patients are signposted to community-based addiction services and local voluntary organisations if required. The CLP team refers patients to primary care services or to other services that may be relevant, such as a homelessness or residential service, Pieta House or Jigsaw. The survey respondent commented that NGH emergency department would benefit from a CLP CNS in addiction.

3. Midland Regional Hospital Tullamore Emergency Department

Midland Regional Hospital Tullamore (MRHT) is a Model 3 HSE hospital with a 24/7 emergency department. The CLP service provides mental health assessments in the emergency department and to acute medical wards. Other teams providing mental health services to the hospital include POLL and community alcohol and drugs services (CADS).

Patients who attend the MRHT emergency department with symptoms of mental health distress have access to a nurse consultation at all hours and an on-call psychiatrist from 9pm to 9am. Resources such as a priority assessment, dedicated room or multi-disciplinary consultation are not available.

The MRHT emergency department provided urgent mental health assessments in 2023 for 305 people attending with acute mental health difficulties.

MRHT emergency department nursing staff use the Manchester triage to identify patients who require access to the CLP team. The patient journey differs according to clinical need and time of presentation.

During daytime working hours, patients in MRHT emergency department with mental health problems may be referred to the CLP (8am to 5pm).

For out of hours and during the nighttime, emergency department patients needing mental health assessment may be transferred to an external hospital for assessment. On-call CMHT staff provide mental health services within the hospital. Staffing dedicated to the CLP team consists of three (3 × 1.0 WTE) CNSs.

Arrangements are in place for people who present with specific challenges such as dementia via a POLL team. Patients dealing with substance misuse must access community addiction services. Young adults aged 18–25 and patients presenting with self-harm, suicidal ideation, eating disorders, symptoms of psychosis or other psychological distress have access based on clinical needs assessment to a CNS, a consultant psychiatrist, and a psychiatric consultation-liaison

nurse (PCLN). No specialised arrangements are in place for perinatal or intellectual disability challenges.

Group therapies or self-management groups are not available to patients in MRHT emergency department. Patients who present to the emergency department with symptoms of mental illness may be referred as appropriate to a CMHT, primary care services, other relevant services such as a residential service, or outpatient mental health services within the hospital. These referrals may be made by the emergency department team, the consultation liaison team, or the medical and surgical teams.

4. Mullingar Hospital Emergency Department

Mullingar Hospital is a Model 3 HSE hospital with a 24/7 emergency department. A CLP service provides mental health assessments in the emergency department and to acute medical wards, but it does not provide a dedicated outpatient department service.

The number of mental health presentations that come to Mullingar emergency department each year is recorded but the hospital respondent did not provide a specific figure when surveyed.

Mental health emergency department nursing staff use the Manchester triage system to categorise and identify patients requiring access to the mental health liaison team. Staff dedicated to the CLP team include mental health CLP nurses who work 9am to 9pm seven days a week and are accessible to the emergency department by phone to request review of the patient in the emergency department. The survey response did not include exact staff numbers.

The survey respondent described the patient journey as follows; emergency department and mental health teams carry out a parallel assessment when a mental health problem emerges unless the patient is medically unfit for a joint assessment. Nursing carries out a mental health risk assessment following referral to the CLP team. No team other than the CLP provides mental health services within the hospital.

Perinatal patients presenting at Mullingar Hospital are seen by a dedicated mental health nurse. No other specialised arrangements are in place to provide mental health services to people presenting with specific challenges. Priority assessment, dedicated rooms and multi-disciplinary consultations are not available. Group therapies or self-management groups are available to patients in the emergency department, with input provided by the mental health nurse.

Patients who present to the emergency department with symptoms of mental health difficulty may be referred to a CMHT team, relevant services such as homelessness or residential, or to OPD mental health services within the hospital. Such referrals are made by the consultation liaison team.

5. Mullingar Emergency Department Injury Unit

The Minor Injury Unit in Mullingar Emergency Department (MIUMED) is an acute department (IU) open from 8am to 6pm, seven days a week.

MIUMED exclusively provides upper/lower limb minor injury services for Mullingar Hospital emergency department and advises patients presenting with potential mental health needs to attend the emergency department before registration.

The emergency department does not record the number of mental health presentations that come to the injury unit each year as they do not provide access to mental health services. It is not known how many such patients visit MIUMED. The injury unit does not provide mental health risk assessments, nor does it provide any specialised arrangements for people presenting with specific mental health challenges such as self-harm. The emergency department does not provide any mental health care resources, nor does it have processes in place to manage patients presenting with mental health needs, except to refer them to Mullingar Hospital injury unit before registration.

HSE South West RHA

HSE South West has one Model 4 HSE hospital with a 24/7 emergency department at Cork University Hospital, two Model 3 HSE hospitals with 24/7 emergency departments at Mercy University Hospital in Cork and University Hospital Kerry and two Model 2 hospitals with IUs at Mallow General Hospital and Bantry General Hospital.

Model 4 Hospitals

1. Cork University Hospital Emergency Department

Cork University Hospital (CUH) is a Model 4 hospital with a 24/7 emergency department and a CLP service providing mental health assessments to the emergency department and to acute medical wards and a dedicated OPD service. At CUH the CAMHS and psycho-oncology teams also provide mental health services to the hospital emergency department.

The hospital records the number of people seen in emergency department by CLP or CAMHS. In 2023, there were 1,569 patients, of whom 140 were children.

CUH emergency department uses an mental health triage tool to identify patients who require access to the CLP team. Mental health risk assessments are carried out by an emergency department nurse following referral by the emergency department to CLP. An inpatient HSE DOP provides mental health services within the hospital.

CUH staff numbers dedicated to the CLP team comprise two (2 × 1.0 WTE) consultant liaison psychiatrists, two (2 × 1.0 WTE) NCHDs, four (4 × 1.0 WTE) CNSs for self-harm, one (1.0 × WTE) CAMHS liaison and one (1.0 × WTE) non-consultant hospital doctor (NCHD).

CUH emergency department has specialised arrangements to provide mental health services to people presenting with substance misuse, self-harm, suicidal ideation or eating disorders. The hospital has a self-harm service, a policy for access to the Cork CAMHS Eating Disorder service and a clinical decision unit.

At all hours, patients with symptoms of mental health distress who attend CUH emergency department have access to a priority assessment, a dedicated room and nurse consultation. In daytime working hours (8am to 8pm) patients have access to a multi-disciplinary consultation. Sequential assessment only is provided beyond these hours. There are no group therapies or self-management groups available to patients in the emergency department.

The emergency department team or the CLP team may refer patients with symptoms of mental health difficulty as appropriate to CMHT, primary care services, outpatient mental health services in CUH or to other relevant services such as a homelessness service.

Model 3 Hospitals

HSE RHA SW has two Model 3 HSE hospitals with 24/7 emergency departments, at the Mercy University Hospital in Cork City, and University Hospital Kerry.

1. Mercy University Hospital Emergency Department

Mercy University Hospital (MercyUH) is a Model 3 HSE hospital with a 24/7 emergency department and a CLP service providing mental health assessments in the emergency department and acute medical wards, as well as a dedicated OPD service. CAMHS and POLL teams also provide mental health services to MercyUH.

Approximately 1,000 patients attended the MercyUH emergency department with mental health presentations in 2023.

Patients requiring mental health assessment by the CLP team are identified in the emergency department via a trained triage process. A parallel assessment is undertaken when a mental health problem emerges because of the patient attending the emergency department with another presentation, with the patient referred to the CLP psychiatry team for a mental health risk assessment while medical treatment continues. Both assessments and treatments continue in parallel depending on the acuity of the respective issues.

Out of hours, an on-call adult psychiatry team provides mental health services within the hospital, including the emergency department. Staff dedicated to the CLP team include one (1.0 WTE) consultant, two (2 × 1.0) WTE NCHDs, and one (0.5 × 1 WTE) medical intern, two (2 × 1.0 WTE) CNSs and one (1.0 WTE) alcohol liaison nurse. The survey respondent noted that there are eight funded nursing posts, six of which are currently vacant. MercyUH staffing in the emergency department has no access to psychology input and no administrative support.

Specialised arrangements are in place for patients presenting to MercyUH emergency department with issues of substance misuse, self-harm, and suicidal ideation. At all hours, patients attending the emergency department with symptoms of mental distress have access to multi-disciplinary consultation and a dedicated room, although at times the room is difficult to obtain due to overcrowding.

Within daytime working hours (8am to 5pm) emergency department patients also have access to nurse consultation, an inclusion health team and parallel assessment. Out-of-hours (from 5pm to 8am), mental health patients are assessed by the emergency department team and referred to on-call psychiatry.

Group therapies and self-management groups are not available to emergency department patients in MercyUH. Patients who present with symptoms of mental health illness may be referred onward by the CLP team, by the on-call psychiatry team, or by the CAMHS team to a CMHT, to primary care services, to MercyUH's outpatient mental health services or to other relevant services. OPD referrals are challenged by a shortage of mental health nursing support and lack of POLL support.

Responding to the survey, MercyUH described a need for greater mental health support in the emergency department, with at least 12-hour nursing service seven days a week, but recruitment is an issue. Old age psychiatry (POLL) support would be highly valuable in the emergency department.

2. University Hospital Kerry Emergency Department

University Hospital Kerry (UHK) is a Model 3 HSE hospital with a 24/7 emergency department and a CLP service providing mental health assessments in the emergency department and to acute medical wards, and a dedicated OPD service. Other CMHT teams also provide mental health services to UHK.

In 2023, the number of patients presenting to UHK emergency department with suicidal ideation and/or thoughts of self-harm was 594. The emergency department does not record data for those mental health patients who present to the emergency department without suicidal ideation or self-harm thoughts.

The UHK emergency department uses the Manchester triage system. Registered nurses (RNs) and health care assistants (HCAs) in the emergency department receive ongoing training by attending presentations from the crisis CNS team multiple times a year.

Patients with mental health problems are referred by phone to the crisis team for review and mental health assessment. Their presenting complaint is addressed by the specific team making the referral. A mental health risk assessment is conducted sequentially following referral to the CLP.

Staff dedicated to the CLP team comprise three (3 × 1.0 WTE) mental health CNSs and one (1 × 1.0 WTE) psychiatry NCHD at senior house officer level on call out of hours. Other than CLP, CAMHS also provides mental health services in the emergency department at UHK.

Specialised arrangements are in place for people presenting with dementia, perinatal difficulty, self-harm, suicidal ideation, eating disorders, symptoms of psychosis or other psychological distress. Mental health patients are triaged, referred, and treated by the appropriate discipline.

Patients who attend UHK emergency department have access to priority assessment, a dedicated room, nurse consultation and multi-disciplinary consultation at all hours. The emergency department crisis team and the CLP team

(consultant/NCHD) are available if required until 8pm. Out of hours, only consultant/NCHD reviews are available.

There are no group therapies or self-management groups available to patients in the emergency department, as these are provided by psychiatry in the UHK mental health unit.

The UHK emergency department crisis team (mental health) make onward referrals for patients with mental health symptoms to a CMHT, primary care services or other services that may be relevant such as a homelessness service. This information is provided to the patient only and their family is included as applicable.

The survey respondent at UHK commented that their emergency department services would benefit from availability of a mental health social worker and an alcohol/substance-misuse liaison CNM/CNS, as well as 24/7 Crisis CNS availability. At UHK, mental health presentations increase after 3pm, and some patients have a pattern of recurrent attendances to the UHK emergency department, requiring an overall MDT approach with specific plans of care.

Model 2 Hospitals

HSE RHA SW has two Model 2 HSE hospitals at Mallow General Hospital and at Bantry General Hospital. Mallow General does not have an emergency department, but Bantry General Hospital does have an urgent care IU.

1. Mallow General Hospital

Mallow General Hospital (MGH) is a Model 2 HSE hospital. It does not have an emergency department or IU, but it does have a CLP service providing assessments to acute medical wards. This service is provided through Cork University Hospital (CUH).

MGH does not record the number of mental health presentations seen. Referrals to the hospital are GP-differentiated and exclusion criteria are in place because these services are not provided at the hospital. Specialised arrangements for patients with mental health difficulty consist of a referral to the appropriate service in CUH.

2. Bantry General Hospital IU

Bantry General Hospital (BGH) is a Model 2 HSE hospital with an acute medical assessment unit and IU open from 8am to 8pm seven days a week. Mental health presentations are referred to the CMHT. Mental health patients are seen but the timeframe is dependent on availability in the community service.

BGH hospital IU does not specifically record people attending with injuries relating to mental health crisis. A patient who is identified as having a mental health problem emerging when the patient attends the hospital with another presentation or who exhibits symptoms of mental illness at the time of discharge is referred by the medical team or the discharge coordinator to the CMHT service or primary care services. Other relevant services such as a residential service may also be contacted. No specialised arrangements are in place to provide mental health services to mental health patients.

HSE Mid West RHA

There are four hospitals in HSE Mid-West RHA: one Model 4 HSE hospital (University Hospital Limerick), and three Model 2 HSE hospitals (Nenagh Hospital, Ennis Hospital, and St John's Hospital, Limerick).

Model 4 Hospitals

1. University Hospital Limerick Emergency Department

University Hospital Limerick (UHL) is a Model 4 HSE hospital with a 24/7 emergency department and CLP psychiatry services providing assessments in the emergency department and to acute medical wards. CAMHS and Old Age Psychiatry teams also provide mental health services to UHL.

UHL does not record the number of mental health presentations that come to its emergency department each year. The explanation given by the survey respondent for not recording this information in the emergency department is that UHL mental health is under the governance of the community health organisation and not UHL. Staffing numbers dedicated to the UHL CLP team

in terms of WTE a week were not provided by UHL. Again, the reason stated was mental health staffing is not under the governance of UHL.

UHL emergency department staff use the Manchester triage system to identify patients who require access to the CLP team. This triage has been adjusted in UHL "to provide a more defined component for mental health presentations". The patient journey care pathway involves the emergency department team or hospital specialty team referring to the crisis team or CLP team as required and as appropriate. UHL emergency department does not provide a mental health risk assessment following referral to CLP.

At UHL, an emergency department crisis team responds to patients presenting with suicidal ideation, self-harm, psychological distress, symptoms of psychosis, dementia, and perinatal mental health issues, as well as young adults aged 18-25, young people in need of CAMHS or old age POLL psychiatry. A dedicated room, a nurse consultation, and a multi-disciplinary consultation (of two or more disciplines) are available to provide care to a patient who attends the emergency department with symptoms of mental distress over a 24-hour period.

Group therapies or self-management groups are not available to mental health patients in the UHL emergency department and there are no identified signposting arrangements in place for patients who present to the emergency department with symptoms of mental illness at the time of discharge. If an onward referral takes place, this is made by CLP.

Model 2 Hospitals

The HSE Mid-West region has three Model 2 HSE hospitals: Nenagh Hospital, Ennis Hospital and St John's Hospital, Limerick.

1. Nenagh Hospital Injury Unit (IU)

Nenagh Hospital is a Model 2 HSE hospital with a minor injury unit open 12 hours a day and 7 days a week. The number of mental health presentations to Nenagh Hospital each year is not recorded as mental health presentations are outside the injury unit criteria and these are referred onward to the emergency department at UHL.

There is no established process regarding the IU identifying patients who require access to a liaison team, as there is no emergency department on-site. Where a patient is identified as having a mental health problem on attending the IU with another presentation, they are referred to UHL emergency department. Nenagh hospital does not provide a mental health risk assessment following referral to UHL emergency department.

CMHTs provide mental health services within Nenagh Hospital. No mental healthcare resources are available to provide care to any patient who attends the IU with symptoms of mental distress; in such circumstances a referral is made by the IU team to UHL emergency department. There are no group therapies or self-management groups available to patients in the IU. Signposting arrangements at discharge for patients who present to the IU with symptoms of mental illness involve a referral to UHL emergency department. If an onward referral takes place, this is made by the IU team.

2. Ennis Hospital

Ennis hospital is a Model 2 HSE hospital, with an acute psychiatric unit (APU) adjacent to the hospital. The number of mental health presentations coming to Ennis Hospital each year is not recorded and there is no established process for identifying patients who require access to the mental health liaison team.

The hospital does not have an emergency department, since mental health patients usually present directly to the APU based nearby at the hospital. When an acute mental health problem emerges when the patient attends the hospital with another presentation, the person can be seen in the APU. The hospital does not provide a mental health risk assessment following referral to CLP. The CMHT based at the APU provides mental health services within the hospital.

No specialised arrangements were identified to provide mental health services to people who present with specific challenges. Mental health care resources are available on transfer to the APU. There are no group therapies or self-management groups available to patients in the hospital. Signposting arrangements at discharge for patients who present with symptoms of

mental health illness involve directing patients to the APU. No specific team is responsible for making a referral if an onward referral is required.

3. St John's Hospital Limerick Injury Unit

St John's Hospital, Limerick, is a HSE Model 2 hospital with an urgent care injury unit open seven days a week from 8am to 7pm. Approximately 20 mental health presentations were recorded as "out of criteria referrals" to the St John's Hospital IU in 2023.

St John's Hospital plans to review the current process at its IU for mental health referral and develop a Standard Operating Procedure (SOP) informed by the NCPSHI. The current care pathway for patients with mental health problems involves contact with the crisis team located in UHL emergency department or contact with the patient's GP. St John's Hospital IU does not provide a mental health risk assessment. A crisis team provides IU services within the hospital. No dedicated mental health staff were identified.

Patients presenting with suicidal ideation, self-harm, psychological distress, or symptoms of psychosis are referred onwards to the crisis team at UHL or the UHL CLP team.

A dedicated room in the IU and adult general nurses and doctors are available to patients with symptoms of mental distress during the hours of 8am to 5pm. Adult general nurses and doctors are available from 5pm to 8am.

There are no mental health group therapies or self-management groups available to patients in St John's IU. Signposting arrangements for patients who present with symptoms of mental illness include referral by the IU team to primary care services (including GP), to other services that may be relevant (e.g. a homelessness or other residential service) or to the crisis team.

According to the survey respondent, the hospital recognises the need to review and strengthen referral pathways from IU to key mental health services, both to the crisis team and to other psychiatry-based services.

HSE West and North West RHA

The HSE West and North West RHA has one Model 4 HSE hospital with a 24/7 emergency department (University Hospital Galway), four Model 3 HSE hospitals with 24/7 emergency departments (Letterkenny University Hospital, Mayo University Hospital, Portlinculla University Hospital and Sligo University Hospital) and one Model 2 HSE hospital (Roscommon University Hospital).

Model 4 Hospitals

1. University Hospital Galway Emergency Department

University Hospital Galway (UHG) is a Model 4 HSE hospital with a 24/7 emergency department and a CLP team providing mental health assessments in the emergency department and to acute medical wards. UHG CLP does not provide a dedicated OPD service. Our survey respondent at UHG emergency department did not provide information on any other teams providing mental health services to the hospital.

Mental health presentations to the emergency department are not yet classified by the UHG IT system but the hospital CLP team estimated that in 2023, a total of 1,931 emergency department patients were referred to CLP and 851 were referred onwards.

UHG has an established process for identifying patients requiring access to the CLP. Patients with mental health problems attending the emergency department with another presentation are triaged prior to mental health assessment and then referred to psychiatry, primary care, or to CMHT by the emergency department doctor. The CLP team comprises one (1 x 0.4 WTE) consultant liaison psychiatrist, one (1 x 1.0 WTE) liaison psychiatry registrar, one (1 x 1.0 WTE) CNS, one (1 x 1.0 WTE) CNM, and one (1 x 1.0 WTE) administrator.

Specialised arrangements are in place to provide mental health services for people presenting with dementia and for older adults (through the Psych Older Lift/Memory Service at UHG), people presenting with self-harm or suicidal

ideation (through two CNSs in line with NCPSHI), intellectual disability (through a mental health intellectual disability team), perinatal mental health issues (through a consultant-led acute hospital perinatal team), and other psychological distress (psycho-oncology team).

At all hours, patients have access to priority assessment and a dedicated room. From 8am to 5pm, nurse consultation and a multidisciplinary team (MDT) consultation is also available. Out of hours assessment in emergency department is provided by on-call staff in a sequential way.

Group therapies or self-management groups are provided to patients elsewhere in UHG; nursing and psychology have input to these therapies.

Patients presenting to the emergency department with symptoms of mental health distress may be referred onward by the CLP to outpatient mental health services within the hospital or to other relevant services such as a homelessness or residential service. Patients may also be signposted to a weekend support service, a mid-week crisis clinic or to consultant psychiatric review.

The UHG survey respondent commented that access to the CLP at UHG is limited and so the emergency department staff are dependent on an out-of-hours service. Bed capacity is challenged in the acute adult mental health unit. Patients with mental health difficulty requiring admission wait for prolonged times in the emergency department.

Model 3 Hospitals

In HSE West and North West RHA there are four Model 3 HSE hospitals with a 24/7 emergency department: (Letterkenny University Hospital, Mayo University Hospital, Portlinculla University Hospital and Sligo University Hospital) and one Model 2 HSE hospital (Roscommon University Hospital).

1. Letterkenny University Hospital Emergency Department

Letterkenny University Hospital (LUH) is a Model 3 HSE hospital with a 24/7 emergency department. A CLP service provides assessments in the

emergency department and to acute medical wards. This team includes a self-harm CNS and an alcohol liaison CNS.

In 2023, approximately 900 patients with mental health needs presented to LUH emergency department.

The emergency department does not have an established process for identifying mental health patients who require access to the CLP. The care pathway for a patient with a mental health problem may include the emergency department staff contacting either the liaison/self-harm CNS on duty or the mental health NCHD on-call. The inpatient DOP provides mental health services to patients within the hospital.

CLP staff in the emergency department comprise one (1 x 1.0 WTE) consultant psychiatrist, five (5 x 1.0 WTE) CNSs (one perinatal, two self-harm, two liaison), and one shared (2 x 0.5 WTE) alcohol liaison CNS. The self-harm CNS post is currently vacant.

At all hours, patients with symptoms of mental distress have priority assessment. In daytime working hours (from 8am to 5pm), CLP nurse consultation is also available. The LUH emergency department no longer provides a dedicated room for patients with symptoms of mental distress. Addiction services therapies/groups are available to patients elsewhere in the hospital.

Patients presenting with symptoms of mental health distress may be referred onwards by staff in the emergency department or by CLP nursing, if seen by them.

The survey respondent highlighted the lack of appropriate facilities for mental health staff in the emergency department, specifically a lack of access to an appropriate assessment room. The response described a “distinct disparity” in the way mental health patients are treated and pointed out a “huge disconnect” between the emergency department and mental health services.

2. Mayo University Hospital Emergency Department

Mayo University Hospital (MUH) is a Model 3 HSE hospital with a 24/7 emergency department with a CLP team providing assessments to the emergency department and to acute medical wards as well as providing a dedicated OPD service.

MUH emergency department does not record the annual number of mental health presentations. The explanation given is the absence of a comprehensive clinical record system in the department. The emergency department has an established triage system to identify mental health presentations. Following this triage, mental health assessment is completed by CLP nurses with direct referral to the DOP for a small cohort.

Where mental health patients require assessment of physical complaints, an onward referral is made in the emergency department as required. MUH does not use a mental health risk assessment tool following referral to the CLP. CAMHS and older person mental health services provide mental health services within the hospital.

The CLP staffing includes medical and nursing personnel only. These provide specialised mental health services to people presenting with specific challenges including people with dementia, older adults, perinatal women and patients presenting with self-harm and suicidal ideation.

MUH emergency department has a dedicated room for mental health for CLP nursing and multi-disciplinary assessment between 8am and 5pm. Out of hours, mental health services are provided sequentially by an on-call NCHD.

There are no group therapies or self-management groups available in the emergency department to mental health patients. Signposting arrangements to these services include referral by MUH to the CMHT, primary care services (including GP) and to other services that may be relevant. When onward referral is required, this comes from the CLP or the medical social worker.

3. Portlincula University Hospital Emergency Department

Portlincula University Hospital (PUH) is a Model 3 HSE hospital with a 24/7 emergency department and a CLP psychiatry service providing mental health assessments in the emergency department and on the acute medical wards. Roscommon CMHT Services provide 24-hour on-call mental health support for acute presentations.

In 2023, there were 446 presentations to PUH emergency department with self-harm and an increased number of other mental health presentations (552). This included a growing number of presentations with substance misuse. PUH emergency department has seen a 12% increase in self-harm presentations year on year. Twenty-five percent of these have been of children under 15 years of age.

The emergency department has an established triage process to identify patients who require access to the mental health CLP team. Staff training in mental health assessment is currently being reviewed. PUH emergency department makes specialised arrangements for various needs, including perinatal mental health and the needs of patients presenting with self-harm or suicidal ideation.

The PUH CLP team includes one (1 × 1.0 WTE) CNS in self-harm, one (1 × 1.0 WTE) CNS in liaison psychiatry, one (1 × 1.0 WTE) psychiatric registrar in liaison psychiatry, and one (1 × 0.5 WTE) consultant in liaison psychiatry (a joint appointment with Galway University Hospital). A CNS post for perinatal mental health is currently vacant but recruitment is ongoing. A consultant liaison psychiatrist works on-site in PUH three days a week. The CLP team is supported by 24/7 on-call general NCHD cover in PUH, who liaises with the on-call consultant psychiatrist in Roscommon.

There is no on-site mental health unit in PUH, so Roscommon University Hospital provides 24/7 cover for the acute care of mental health presentations. Our survey respondent in PUH emergency department could not provide staffing information as on-call mental health teams are based elsewhere in the community.

During daytime working hours, PUH emergency department mental health resources include a dedicated mental health assessment room and a CLP nurse with a consultation room suitable for multi-disciplinary consultation.

Out-of-hours mental health resources at PUH include a dedicated mental health room and an on-call NCHD psychiatry medical registrar supported by a consultant psychiatrist on call for Portlincula and Roscommon.

No group therapies or self-management groups are available in PUH emergency department. Onward signposting to these services includes referral by a hospital emergency department team to the CMHT or other services that may be relevant. The PUH CLP team or the on-call psychiatry registrar is responsible for referral.

The survey respondent at PUH highlighted that the emergency department experiences significant delays with mental health patients referred for admission to an acute psychiatry bed. Mental health patients may wait in the PUH emergency department on a trolley from several hours to up to seven days in some instances. This practice has increased post-COVID. Several mornings each week two to three mental health patients can be found waiting in PUH emergency department to be reviewed by the psychiatry service based at Roscommon University Hospital.

4. Sligo University Hospital Emergency Department

Sligo University Hospital (SUH) is a Model 3 hospital with a 24/7 emergency department and a CLP team that provides assessments in the emergency department and to acute medical wards. The hospital does not record the number of annual mental health presentations attending the emergency department at SUH.

The patient journey is as follows: the treating physician in the emergency department who identifies the mental health problem speaks to the CLP service. Staffing on the CLP comprises medical, nursing and administration. The CLP does not have specialised arrangements providing mental health services to people who present with specific challenges.

During daytime working hours, mental health care resources are available in Sligo emergency department and these include nurse consultation, priority assessment and multi-disciplinary consultation. For out-of-hours presentations, nursing support is available until 8pm; after that mental health needs are met by medical staff only.

Sligo University Hospital provides addiction services in the form of group therapies in the emergency department. Signposting by emergency department staff at discharge includes contact with other services that may be relevant, referral to a CMHT and to primary care services, including GP.

Model 2 Hospitals

1. Roscommon University Hospital

Roscommon University Hospital (UHR) is a Model 2 HSE hospital with a co-located APU. UHR does not have an emergency department and does not record the number of mental health presentations.

In-patients to UHR with mental health needs are referred directly to a consultant psychiatrist from the APU as appropriate. Onward referral is made by a medical consultant led team. UHR does not have an emergency department since acute mental health resources are co-located with Roscommon APU. Our survey respondents noted that good relationships exist between the services so as to treat mental health patients as required.

4

Methodological Considerations

Methodological Considerations

A study of this type requires a survey technique, but the utility of these data and this survey analysis is dependent on the relevance of the questions and quality of the responses. The full-scale HSE response is helpful in this regard.

Identification of persons responsible for the emergency department was made possible by recent reorganisations within the HSE, initially through the formation of hospital groups and, ultimately, through the reorganisation into RHAs. The survey respondents were responsible for the emergency department, or nominated by those with this responsibility, and they came from a variety of disciplines, reflecting the multi-disciplinary nature of our health service leadership. The inclusion of a range of professions was recommended by the HSE management and arguably corrected for possible bias arising from correspondence with a single clinical or managerial discipline. Nevertheless, the data quality is likely to vary in certain key areas; staffing levels, for example, are in constant flux, and so we urge caution to avoid over reliance or interpretation of specific details in this regard.

Reference to the NCPSHI standards was made possible by their recent revision, and this is to be welcomed. Issues regarding the clinical governance of mental health services in the community or in emergency departments are beyond the scope of the MHC, although these data highlight areas of concern which will require integrated management and clinical leadership.

We found varying levels of compliance with the key HSE NCPSHI standards for all emergency departments in Ireland.

A large, stylized number '5' in a light blue color, positioned on the left side of the page. The number is partially overlaid by a light blue rectangular box. The background features a dark blue gradient with a pattern of small, light blue dots and a series of concentric, light blue curved lines that create a sense of depth and movement.

Analysis

Analysis

We used a survey technique to establish the range of unscheduled mental health service available for patients presenting to emergency departments in HSE hospitals in Ireland. A confidential survey generated by the MHC was completed by nominated HSE personnel to examine the range of mental health service in each HSE emergency department or IU across six HSE RHAs. The MHC wishes to acknowledge the cooperation of HSE management in completing this first national study, and to commend HSE providers for their cooperation leading to a 100% survey response rate.

Survey responses were received from persons identified as having responsibility for emergency department (or their nominee), and these were collated, including both numerical and free text elements. The range of HSE respondents and their role is shown in Table 2 (page 13).

All survey responses were treated in confidence.

Survey respondents were free to respond to a range of questions regarding mental health services in emergency department. The list of these questions is shown in Appendix 1. The narrative results are described above (see 'Survey Responses from each emergency department arranged by RHA').

Response data was then considered with reference to five key themes described in the NCPSHI document: Patient Journey; Assessment of Children; Evaluation; Environment; and Governance.

1. Patient Journey

For those with mental health needs presenting to an emergency department, the 'patient journey' varies according to individual and service factors. Service factors include hospital model, health region and resource levels within each emergency department. We found no consistent level of mental health service in emergency department services or across RHAs or hospital models in Ireland.

The NCPSHI standards promote parallel multi-disciplinary mental health assessment in emergency departments, "whereby a mental health professional can work alongside emergency department staff or medical staff in meeting the

patient's needs"^{2(p.56)}

Parallel assessment is recognised internationally as best practice in emergency department CLP¹³ but opportunity for parallel assessment in emergency departments is not consistently available in hospitals in Ireland. The situation is better within working hours, but outside of daylight working hours, most HSE emergency departments rely on other on-call arrangements to provide sequential assessments, frequently staffed by adult psychiatry on-call from CMHTs, or other hospital medical resources.

During daytime working hours, most Model 4 hospitals have timely arrangements for parallel mental health assessment substantially in line with the guidance of the NCPSHI. However, survey respondents report major differences between some Model 4 HSE hospital emergency departments and even greater variation in emergency departments in Model 3 HSE hospitals.

In some hospitals, where cooperation between service inputs is strongest, more timely parallel mental health assessment is delivered in the emergency department, at least in daytime 'working' hours. Mental health assessment in other hospital emergency departments is routinely sequential rather than in parallel. Best practice involves parallel side-by-side assessment in the emergency department as there is no evidence to support the practice of 'medical clearance'.¹² Nevertheless, in many urgent circumstances, mental health assessment out of hours in emergency departments is sequential, predominantly medical (rather than multi-disciplinary) and therefore associated with substantial delay.

Chart 1: Question 16 survey responses

What mental healthcare resources are available to provide care to a patient who attends the ED with symptoms of mental distress during the hours of 8am-5pm?

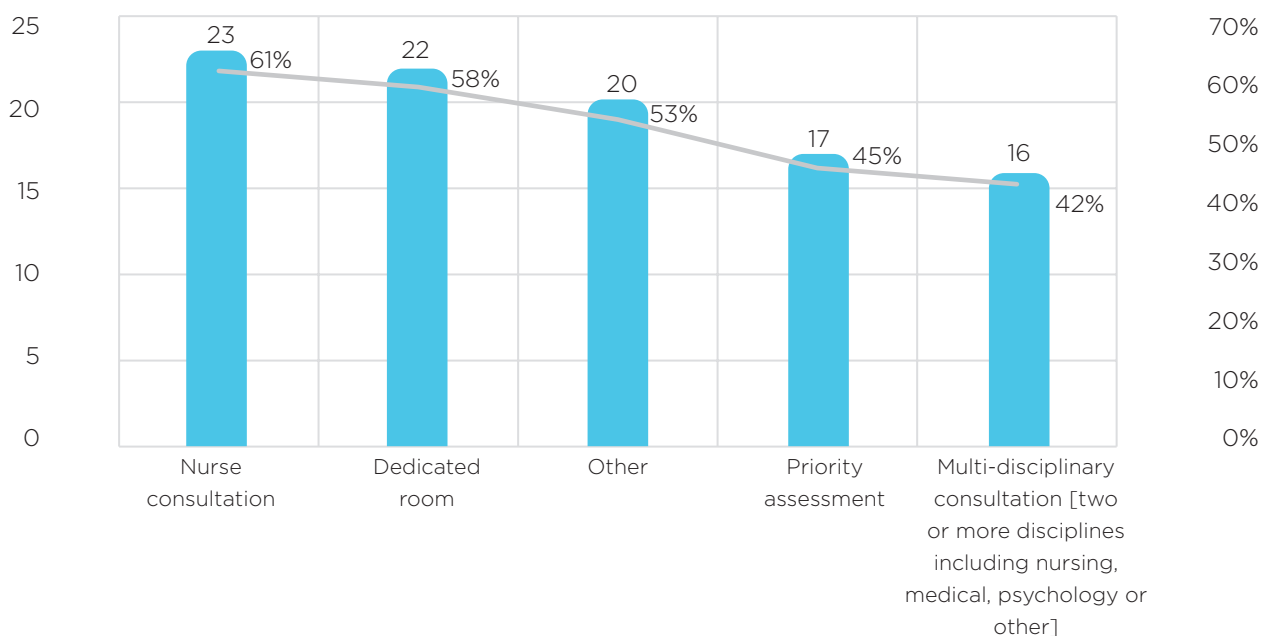


Chart 2: Question 17 survey responses

What mental healthcare resources are available to provide care to a patient who attends the ED with symptoms of mental distress during the hours of 5pm-8am?

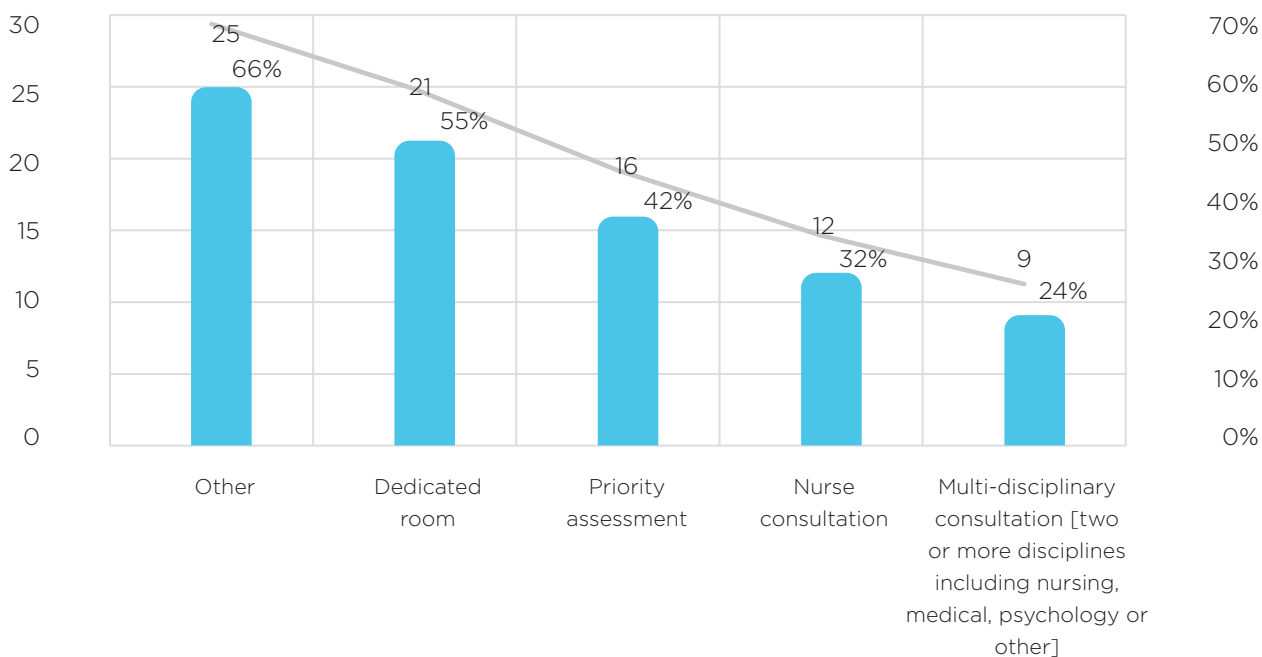


Chart 3: Question 19 survey responses

What signposting arrangements are in place for patients who present to the ED with symptoms of mental illness at the time of discharge? What is the referral pathway?

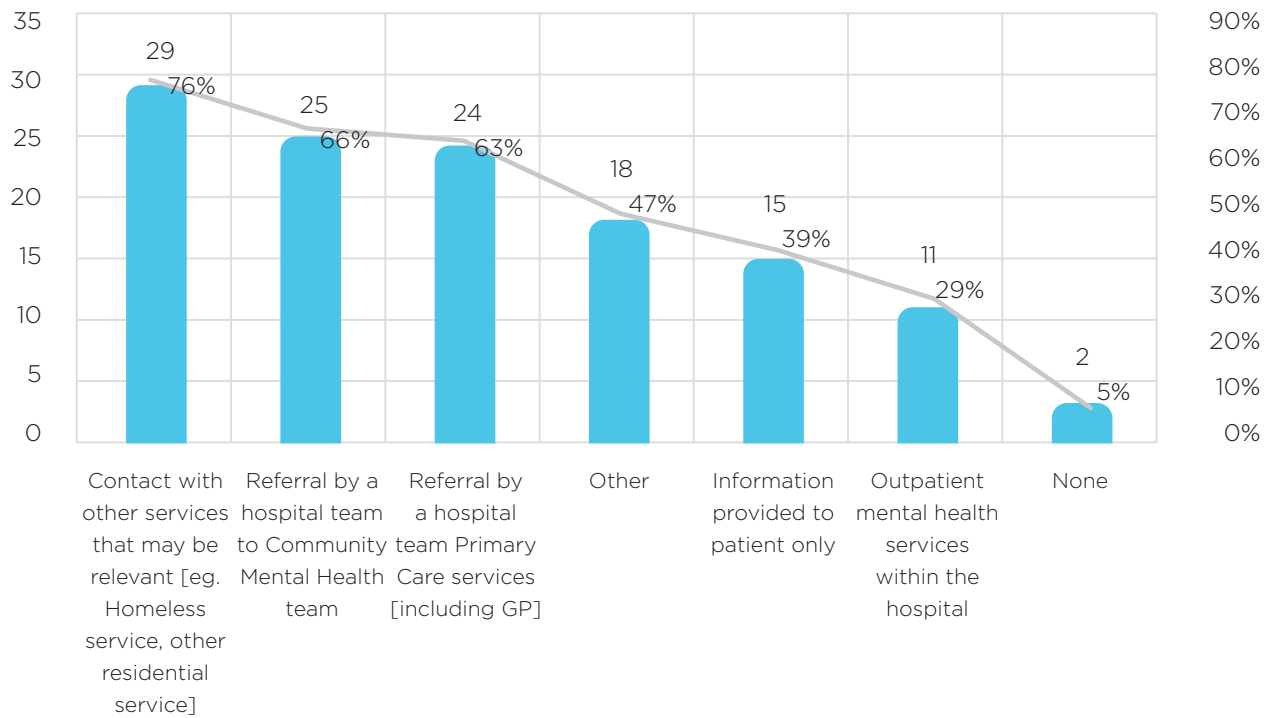
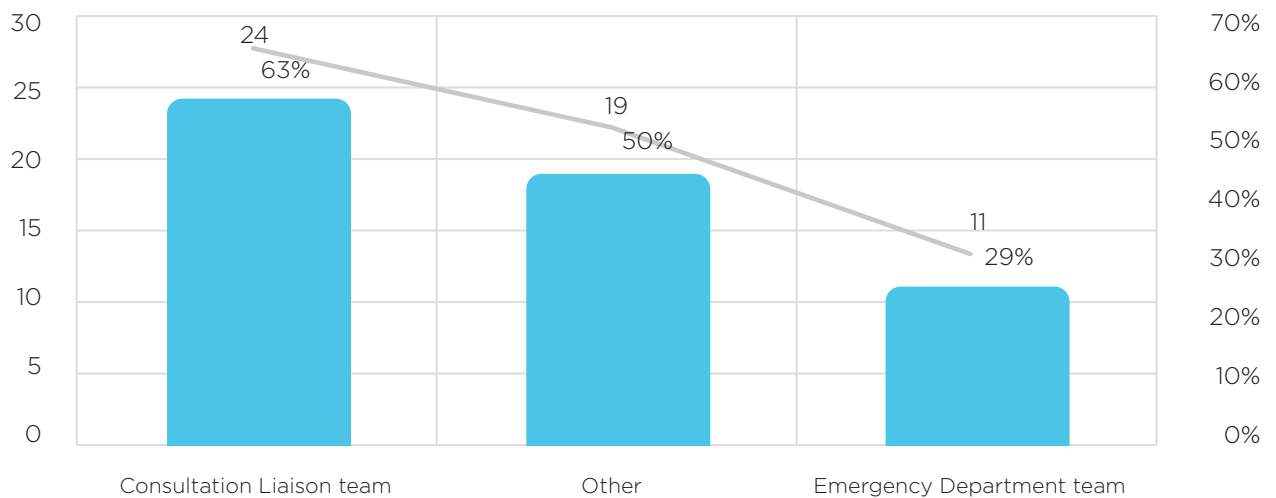


Chart 4: Question 20 survey responses

If an onward referral takes place, what team within the hospital makes that referral?



2. Assessment of Children

The NCPSHI guidance is clear in relation to mental health assessment of children in emergency departments, stating that timely access to mental health services “must be available at all times for children attending the emergency department with a mental health crisis”,^{2(p.70)} that “each 24/7 emergency department should have defined access to assessment by Child and Adolescent Mental Health Services (CAMHS) through a simple referral procedure”,^{2(p.70)} and that “there should be dedicated CAMHS liaison supported by on-call CAMHS accessible 24/7 via a single point of contact. The mental health service responsible for assessment of children up to the age of 18 years in the emergency department should be explicit. Consent should be obtained for mental health assessment from the parent or guardian”.^{2(pp.70-71)}

Our survey respondents reported that in some Model 4 hospitals and several Model 3 hospitals, these standards of mental health assessment for children in emergency department do not exist. The survey respondents described a similar story of delayed mental health assessment for young people leading to inappropriate and prolonged placement of children in emergency departments or acute medical wards. Apart from the inherent waste of clinical resources, the consequent risk to staff and to the young people presenting to emergency department is a cause for concern.

This urgent concern emerged in the survey respondents’ free-text fields relating to gaps in emergency department services for unscheduled assessment of children and young people attending with an urgent mental health need. Several respondents highlighted variation in children’s services across emergency departments. These findings need to be seen in the light of major gaps in CAMHS services already identified nationally by the MHC in its CAMHS report of 2023.¹⁵ These findings should also be viewed in the light of earlier reports on access to children’s mental health services.^{15, 16, 17} Hopefully the reorganisation of the HSE into functional RHAs will provide the opportunity to address these issues (at least in the emergency department) and so increase the momentum towards reform in this whole area. There is an urgent need to ensure that timely CAMHS services are available in emergency department for children in Ireland.

3. Evaluation

The NCPSHI recommends emergency department mental health services engage in a clinical audit with “research evaluation of service and associate issues, on a local and national basis, in collaboration with other mental health services as appropriate, aiding the involvement of patients in service development and contributing to the formation of a national clinical/academic forum”.^{3(p.10)}

This survey revealed the use by mental health staff of a clinical biopsychosocial approach to risk assessment in emergency department without the use of a specific risk tool. This is to be commended as there is no evidence for the use of standardised tools in mental health risk assessment. Mental health clinicians use a biopsychosocial clinical method of risk assessment and in many emergency departments CLP clinicians contribute to teaching this to the wider staff complement.

Our survey respondents told us that other shared care arrangements between emergency departments and mental health services need evaluation. Systems of data collection in emergency departments varied very widely and, in some places, collected data was not available. An improved system of data collection is embedded in the recommendations of the NCPSHI.

Most emergency department units across Ireland use a similar triage process¹⁸. Many respondents cite one particular emergency department triage tool “as standard”¹⁹ stating that it “identifies and prioritises mental health need”. It has long been recognised that the Manchester Triage Tool does not optimally prioritise mental health needs and so a post-emergency department mental health triage tool is needed. This has been recommended by the National Emergency Medicine Programme. Whilst “triage is an integral part of any modern emergency department system” there is a need for evaluation of specific triage tools in relation to mental health care. There is a need to acknowledge that a triage tool in emergency department does not equate to a mental health risk assessment.²⁰

There is substantial concern regarding the availability of timely parallel mental health assessment for persons (adults and children) in emergency departments. While the NCPSHI

standards are met in some Model 4 hospitals (at least within daytime working hours), and NCPSHI standards do not extend to IU services, in many other emergency departments (including other Model 3 hospitals) mental health assessments are still sequential and delayed. The difference between the standard of acute mental health care in emergency departments during daytime working hours compared to that out of hours is concerning. This situation needs to be resolved at a service level. Hopefully applying improved systems of clinical governance will facilitate this progress.

4. Environment

The propriety of the emergency department environment for mental health assessment has been questioned internationally.²¹ In Ireland, referral to an emergency department for unscheduled mental health assessment is part of health service policy, and the HSE recommends emergency department referral as part of its suite of options, especially out of hours.² Our survey respondents reported increasing numbers of patients attending emergency departments for unscheduled mental health assessments in every RHA in Ireland. The updated NCPSHI has emphasised the need for non-emergency departments based access to unscheduled mental health assessment where there is no acute medical co-morbidity.²

Emergency department environments vary widely. Many emergency department units have space dedicated to mental health assessment during daytime working hours. Our survey responses confirmed that a dedicated mental health assessment room in an emergency department is available for parallel mental health assessment in many HSE hospitals (a standard set by the NCPSHI), but in several Model 3 HSE hospitals a dedicated space in emergency departments for mental health assessment is not guaranteed. In some Model 4 hospitals the availability of one secure room for mental health assessment was described as 'insufficient' to meet the scale of the demand.

The consequences of poverty of appropriate space and staff with mental health training in emergency departments are substantial for those needing mental health care and potentially harmful for other users of the emergency department and for the staff who care for them.

5. Governance

Clinical governance refers to 'a framework through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver.'^{22(p.2)} Central to clinical governance is a "commitment to agreed service levels and quality of care to be provided".^{22(p.2)} The NCPSHI standard states that there 'should be' good working relationships between nursing and medical staff with clinical supervision, training and collaboration.^{3(p.10)}

Our survey respondents reveal differing governance arrangements in emergency departments determined by many factors including competing clinical needs and resource allocations, as well as professional and historical practices.

Access to data is also a governance problem. In some instances, no numerical data was available. In other instances, data pertaining to one part of the service was missing. NCPSHI standards refer to self-harm and suicidality and so, in some instances, data was collected regarding assessments for these issues, but frequently no data was available regarding the whole of mental health presentation at the emergency department.

Where clinical relationships are strongest, these contribute to functional governance systems for policy development, clinical supervision, and service support.

6

Discussion

Discussion

Every year more than 51,000 persons with acute mental health need present to the emergency department and hospital acute wards.¹

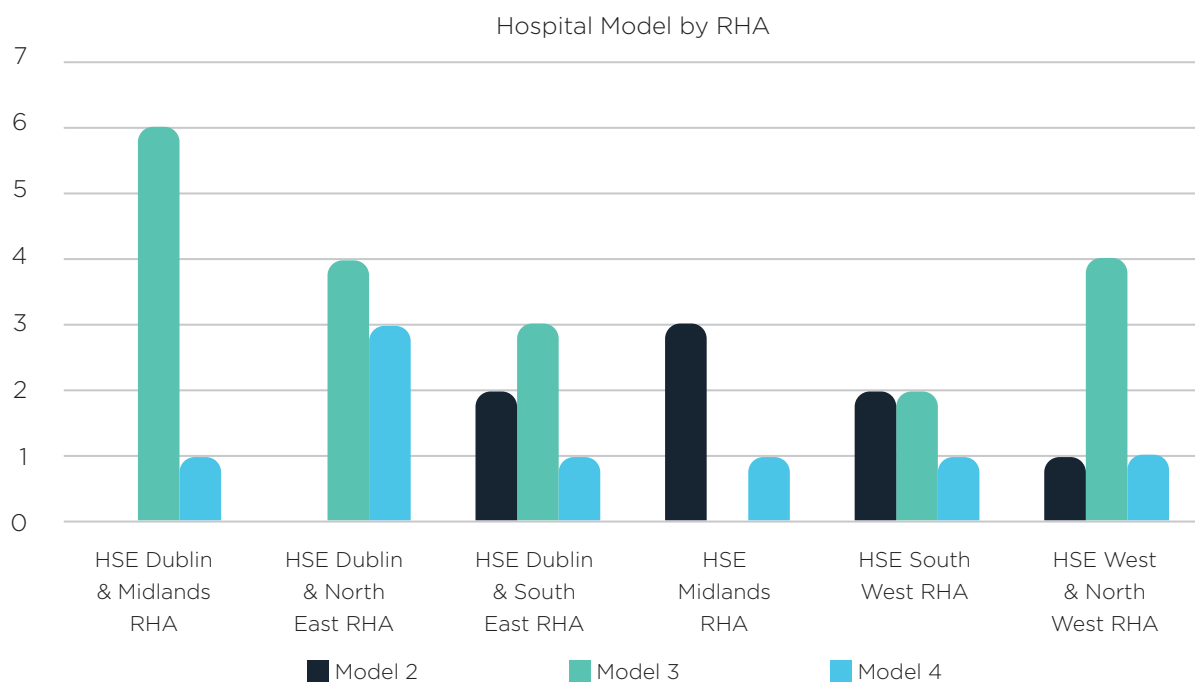
The emergency department is an acute clinical arena with substantial mental health service concerns. The HSE advises those in need of emergency mental health care to avail of several options including use of local emergency departments.^{2,3} People with mental health presentations compete for attention in the crowded emergency department space where many other life-threatening problems and demands must also be met. Our survey responses describe the increasing difficulty experienced by providers in this vital part of hospital real estate. These data add weight to the discussion regarding alternatives to the emergency department in emergency mental health care. The need to consider a full range of alternatives will grow as the mental health demand on emergency departments increase. Potentially useful models need to be evaluated in an Irish context. These include urgent care models offering extended

assessment and diversion following emergency department attendance and development of assessment centres outside the general hospital. There is a need to consider community crisis assessment initiatives to facilitate prompt assessment⁵. These needs are pressing in the context of discussions regarding the introduction of a new mental health act in Ireland.

Overall, this survey reveals a complex picture with variable levels of access to acute mental health care across 35 emergency units (emergency departments and injury units) in Ireland. No two HSE RHAs provide the same levels of acute mental health access in emergency departments. Differences exist across all RHAs and across all emergency departments and at all HSE hospital levels.

Chart 5: Emergency Department/ Mental Health Survey Respondent Hospital Model by RHA

Emergency Department/ Mental Health Survey Respondent Hospital Model by RHA



It is important to acknowledge the strengths and limitations of this provider-delivered survey. On the positive side, our study method allowed us to provide a timely overview of service provision in a critical area of our acute healthcare provision and to do so at a moment when both mental health and emergency department services are under considerable stress.

On the other hand, a self-report survey is only one part of a full-service evaluation. A deeper assessment of mental health provision in emergency departments in Ireland is beyond the scope of the MHC. Clinical governance responsibility for standards, service evaluation and regulation of emergency departments in Ireland rests with the HSE as both provider and regulator.

Hopefully the data gleaned here will be of use to those with responsibility for developing these essential limbs of our acute health service body. The fact that the response rate is so high adds strength to the analysis. Moreover, the quality and range of responses from all HSE emergency department managers reduces bias and adds to the study's reliability and validity.

In addition to physical space limitations, staffing levels for mental health CLP services in emergency department are inconsistent. According to our respondents, nursing CLP operates efficiently around some mental health issues presenting to emergency department (such as self-harm, suicidality and substance misuse), at least during daytime working hours, but where CLP nursing staff are not available numbers of persons with mental health difficulties build up in the emergency department. Untoward mental health outcomes are inevitable.

Mental health care in emergency department is a person-specific acute clinical service. Consideration should be given to a restructuring of mental health services in emergency departments such that patients have greater access to urgent care nearer to their community. This could be provided either in properly staffed Model 3 hospitals or even in IU. The proportion of mental health patients attending Model 4 hospital emergency department is too high and so the service has become unbalanced. Improved mental health resources in Model 3 hospitals, primary care GP (and possibly in IU) would facilitate a redistribution and ensure that urgent care is closer to the CMHT.

Under-resourcing in CLP in emergency department results in a revolving door where mental health patients return over and over again. Ten of the 35 survey responses (29%) made use of the survey to point out perceived staff shortages or to appeal for additional staffing supports. The most immediate and effective way to address these problems is through nursing. Appropriate CLP nursing resources in emergency departments should be available beyond daytime working hours. All 24/7 emergency departments in Ireland should be equipped with appropriate staff levels to address acute mental health needs and this staffing should include 24/7 CLP mental health nursing staff in Model 3 and Model 4 hospitals.

A large, stylized number '7' in a light blue color, positioned on the left side of the page. The background features a dark blue gradient with a pattern of small, light blue dots and a series of concentric, light blue curved lines that create a sense of depth and movement.

Conclusions and Recommendations

Conclusions and Recommendations

This provider-based survey of mental health in emergency departments in Ireland was carried out in fulfilment of the statutory responsibilities of the office of the Inspector of Mental Health Services at the MHC. The result is a timely overview of mental health service in the acute setting.

The MHC wishes to acknowledge the scale of mental health services already provided in emergency departments and to commend HSE staff working in emergency departments and in acute hospitals in Ireland. The data provided by leaders at the coalface of emergency department care indicate the volume of acute mental health demand in emergency departments is increasing.

This study identified several key issues that require urgent attention in emergency departments. There is a need for more equitable access to unscheduled mental health service for adults and children. There is a need to provide more timely CAMHS assessment for children in emergency departments who present with mental health difficulty and to address problems associated with delayed sequential assessment of adults and children who present out of hours with mental health problems.

These issues could also be addressed by greater investment upstream, at primary care level including in general practice and within the community, as outlined in Ireland's national mental health service plan, *Sharing the Vision*.⁴ The NCPSHI work in setting standards for better emergency department responses to some mental health difficulties is to be welcomed but goal setting needs to include all mental health presentations to emergency department, not only self-harm and suicidality.

A national standard of access to acute mental health care across all emergency departments is needed. Investment in the community is also necessary to reduce the pressure on Model 4 hospital emergency departments currently caring for a disproportionate volume of unscheduled acute mental health demand. Developments in emergency departments need to be balanced by appropriate investments in alternatives to

emergency departments for those patients requiring unscheduled mental health care, by ensuring that CMHTs provide the full range of mental health services where they are most effective in the community.

Enhanced mental health services in emergency departments are needed in many Model 3 hospital emergency departments but also in some Model 4 hospitals. Consideration should be given to greater provision of therapeutic mental health services in Model 3 hospital emergency departments and in IU clinics - especially in regions where there is a shortage of Model 3 and 4 hospital provision.

Finally, there is a need to empower CMHTs to provide more acute unscheduled local mental health care, with earlier intervention a priority. This would minimise the stress and burden on emergency departments in acute hospitals and go some way towards enhancing and sustaining recovery for people in acute mental health crisis in the community where they live, work and love.

8

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Appendices

Appendix 1

Table: ED/MH *Survey questions and response rates*

Question	Field Requirement	Field Type	Options	No. of Responses*
1. Name of Hospital?	Required	Free text	N/A	38
2. What is your role?	Required	Free text	N/A	38
3. Regarding your services, please select all that apply:	Required	Multi Option Set	<ul style="list-style-type: none"> • Hospital has an ED • Liaison psychiatry service provides assessments in the ED • Liaison psychiatry service provides assessments to acute medical wards • Liaison psychiatry provides a dedicated OPD service • Other teams provide mental health services to your hospital (e.g. psychiatry of old age, CAMHS, etc). If you have selected this option please describe below under 'Other' • [Free text Other box] 	38
4. Do you record the number of mental health presentations that come to the ED each year?	Required	Multi Option Set	<ul style="list-style-type: none"> • Yes • No 	38
5. If you have answered 'Yes' to Question 4, how many patients attend the ED with mental health presentations per year?	Not required	Free text	N/A	22
6. If you have answered "No" to Question 4, what are the reasons not to record this information?	Not required	Free text	N/A	16
7. Does the ED have an established process with regard to identifying patients who require access to the Liaison team? If 'Other' please describe.	Required	Single Option Set	<ul style="list-style-type: none"> • Yes • No • [Free text Other Box] 	38

Question	Field Requirement	Field Type	Options	No. of Responses*
8. If you have answered 'Yes' to Question 7, please describe: For example, standardized risk assessment as part of ED assessment, and all staff that conduct ED assessments have training in mental health risk assessment.	Not required	Free text	N/A	28
9. What is the care pathway for a patient when a mental health problem emerges as a result of the patient attending the ED with another presentation?	Required	Free text	N/A	38
10. Does the hospital provide a mental health risk assessment following referral to CLP?	Required	Single Option Set	<ul style="list-style-type: none"> • Yes • No 	38
11. If you have answer 'Yes' to Question 10, what discipline conducts this assessment?	Not required	Multi Option Set	<ul style="list-style-type: none"> • Medical team • Nursing • Psychology • [Free text Other box] 	14
12. Does a team other than the Consultation Liaison Psychiatry provide mental health services within your hospital, please indicate and describe below.	Not required	Single Option Set	<ul style="list-style-type: none"> • Inpatient Department of Psychiatry • Community Mental Health Team • Crises team • [Free text Other box] 	31
13. Please describe the staffing dedicated to the CLP team in terms of WTE per week: a) Medical staff dedicated to the CLP team. For example, Consultant Psychiatrist, BSTs, HSTs, Other (SHOs/ non-HST Registrars/GP trainees). b) Nursing. For example, Clinical Nurse Specialists, Staff grade, Manager grade. c) Psychology. d) Any other disciplines dedicated to the Liaison Psychiatric team. e) Admin.	Required	Free text	N/A	38

Question	Field Requirement	Field Type	Options	No. of Responses*
14. Do you have specialised arrangements to provide mental health services to people who present with the following specific challenges? If Yes, select the options below.	Not required	Multi Option Set	<ul style="list-style-type: none"> • Dementia • Intellectual Disability • Substance Misuse • Young adult aged 18-25 • Older adult • Perinatal • Patients presenting with self-harm • Patients presenting with suicidal ideation • Patients presenting with eating disorders • Patients presenting with symptoms of psychosis • Patients presenting with other psychological distress • No 	36
15. If you have answered 'Yes' to any of the options in Question 14, please describe.	Not required	Free text	N/A	26
16. What mental healthcare resources are available to provide care to a patient who attends the ED with symptoms of mental distress during the hours of 8am-5pm?	Required	Multi Option Set	<ul style="list-style-type: none"> • Priority assessment • Dedicated room • Nurse consultation • Multi-disciplinary consultation [two or more disciplines including nursing, medical, psychology or other] • [Free text Other box] 	38
17. What mental healthcare resources are available to provide care to a patient who attends the ED with symptoms of mental distress during the hours of 5pm – 8am?	Required	Multi Option Set	<ul style="list-style-type: none"> • Priority assessment • Dedicated room • Nurse consultation • Multi-disciplinary consultation [two or more disciplines including nursing, medical, psychology or other] • [Free text Other box] 	38

Question	Field Requirement	Field Type	Options	No. of Responses*
18. Are there group therapies or self-management groups available to patients in your hospital? If Yes, please select the disciplines below that have input into these therapies:	Required	Multi Option Set	<ul style="list-style-type: none"> • Medical • Nursing • Psychology • Addiction Services • No • Free text Other box] 	38
19. What signposting arrangements are in place for patients who present to the ED with symptoms of mental illness at the time of discharge? What is the referral pathway?	Required	Multi Option Set	<ul style="list-style-type: none"> • Referral by a hospital team to Community Mental Health team • Referral by a hospital team Primary Care services [including GP] • Contact with other services that may be relevant [e.g. homeless service, other residential service] • Information provided to patient only • Outpatient mental health services within the hospital • None • [Free text Other box] 	38
20. If an onward referral takes place, what team within the hospital makes that referral?	Required	Multi Option Set	<ul style="list-style-type: none"> • Emergency Department team • Consultation Liaison team • [Free text Other box] 	38
21. Is there anything else you would like to tell us about the access to and patient pathway through mental health services in the Emergency Department?	Not required	Free text	N/A	29
22. If you would be happy to be contacted, please leave your contact details (name, phone no, email)	Not required	Free text	N/A	30

* Note that response figures above include a response from Cashel Minor Injury unit which is not referenced within the paper and is therefore not included within the hospital respondent figures. Additionally, two hospitals provided two responses.



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