Assessment and Management of Self-Harm in the ED

1. **General Principles**
   - Patients who harm themselves have high rates of mental disorder, life stress and have an increased risk of further self-harm and suicide.
   - *All* patients presenting to the ED following self-harm should have a brief mental health assessment by ED staff and should be referred to a trained mental health professional for assessment at the earliest possible opportunity.

2. **Immediate Triage**
   - Patients should be triaged on arrival with the mental health triage scale (see laminate of scale on wall in Triage) in addition to the standard triage.
   - Staff should be aware of ongoing availability of means of repetition (e.g. tablets, weapon on person) and deal with this risk accordingly.

3. **ED Doctor assessment**
   - In addition to necessary medical assessment and management, the ED Doctor should also consider the following:
     - Is the patient physically fit to wait?
     - Is there obvious severe emotional distress?
     - Is the person actively suicidal?
     - Is the person likely to wait for medical treatment and further mental health assessment?
     - Does the patient have mental capacity?

4. **When a patient following self-harm refuses treatment**
   - Remember that the Mental Health Act cannot be used in the ED to give treatment (medical or psychiatric) against a person's wishes.
   - Consider whether or not the patient has the capacity to refuse treatment. If not, consider whether there is a situation of such urgent necessity that you proceed to treat the patient in their 'best interests' (ie under the common law).
   - Do a brief mental health assessment. Consider whether there are grounds to apply for involuntary admission (under the Mental Health Act, 2001) to a psychiatric unit for treatment of a mental disorder.
   - Seek the advice of a senior colleague and/or contact CUH Psychiatry

5. **When a patient following self-harm absconds from the ED**
   - Telephone the patient and ask him/her to come back for assessment / treatment.
   - Contact the patient's next-of-kin.
   - Contact security to search the hospital area.
   - Consider contacting the Gardai.
   - Complete an incident form for risk management.

6. **Referral by ED staff to Psychiatry**
   - All patients following self-harm should be referred to Psychiatry.
     - Patients over 16 years should be referred to the Self-Harm/Liaison Psychiatry CNS (8-4pm Monday-Sunday; VPN 65327/65324 or the On-Call Psychiatry SHO/Registrar (4-8am Monday – Sunday; VPN 67103).
     - Patients under 16 years should be referred to Child & Adolescent Psychiatry (Tel: CUH switchboard).

7. **Referral to CUH Social Work**
   - All patients <18 yrs following self-harm should be referred to the CUH Social Worker in addition to Psychiatry.
   - All cases of adult presentation where Child Protection/Welfare concerns are identified.
   - All cases of adult self-harm presentation where Domestic Abuse / Elder Abuse is identified

8. **Psychiatry Response to a Self-Harm Referral**
   - Psychiatry will respond to urgent referrals by telephone in the first instance.
   - This will be followed by an assessment on the same day, the timing and priority of which will depend on the level of urgency and on the day's workload
   - The outcome of the assessment and the management plan will be:
     - recorded in the ED notes using a standardised assessment form
     - discussed verbally with the ED staff
     - discussed with the patient and/carer
     - communicated to the patients GP