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Mental Health Service in Emergency Departments in Ireland

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An estimated 51,000 people with first presentations of acute mental health (MH) problems are seen in hospital emergency departments (ED) and medical wards each year in Ireland[1]. Assessment in ED is recommended for unscheduled MH needs, especially out of hours.[2,3,4] A recent report from the Mental Health Commission (MHC) highlights the need to increase the range of acute MH services to improve urgent access and quality of unscheduled MH care[5].

In keeping with the statutory duty to report on the care given to persons in receipt of MH service, wherever it occurs,[6(s 51(1)(b)(i))] the Inspector generated a confidential survey and sent it via email to each HSE area manager with responsibility for a hospital ED or injury unit (IU). This enquiry relating to MH service provided in the ED/IU[7] focused on assessment, environment, staffing, care planning, and children's care, and it found that substantial variations exist in MH services in ED across all health regions in Ireland[7].

Assessment

Standards of assessment during 'office hours' differ markedly from MH assessment experienced by those presenting to ED 'out of hours'. Greater variations were reported between level 3 hospital EDs, where 'out of hours' MH assessment is typically sequential, predominantly medical (rather than multi-disciplinary) and associated with substantial delays. Although injury units (IU) are available 12 hours per day and 7 days per week, MH services are not available in any IU.

International best practise recommends medical and MH professionals work together in a timely way [8,] but this 'parallel assessment' is not available in many EDs in Ireland. Outside of office hours, the majority of EDs rely on sequential assessments, staffed by adult psychiatry on-call from CMHTs, or other hospital resources[7].

Environment

Some ED in Ireland have a dedicated room for parallel MH assessment in keeping with NPCSHI standards[3], but in several level 3 hospitals a dedicated space for MH assessment in ED is not guaranteed and in some level 4 hospitals a single secure room for MH assessment is described as 'insufficient' to meet increasing MH demands and overcrowding.

The ED is not an ideal setting for acute MH assessment for adults, adolescents or children.[9] Poverty of space in ED is a jeopardy for those needing acute MH care and for other ED users and the staff who care for them all.

Staffing

MH staffing levels in ED in Ireland are not consistent with standards. All 24/7 EDs in Ireland need to be equipped with sufficient staff to address acute MH needs when they present. Appropriate levels of MH liaison nursing in ED should extend beyond office working hours, including 24/7 MH nursing in level 3 and level 4 hospitals.

Wherever MH nursing levels are low the numbers of persons with self-harm, suicidality, and substance-misuse build up in ED. Under-resourcing in ED contributes to a revolving door, where adults and children with MH difficulty return over and over again. Ten of the 35 survey responses (29%) made use of the free text to point out staff shortages and to appeal for supports[7].

Care Planning

MH care planning in ED is inconsistent and limited by several factors. Most people in ED are seen and discharged to their community with sign-posting either to their local CMHT, or hospital OPD, or voluntary services such as Pieta and Jigsaw. NCPSHI standards[4,5] reference some but not all MH presentations. Greater integration with community MH services is needed, to provide alternatives to ED and to increase effectiveness of care.

The proportion of MH patients attending ED in level 4 hospitals is too high (thousands attend annually at level 4 ED vs hundreds annually at level 3 ED) and so ED services have become unbalanced. Improved MH resources in level 3 hospitals (and in IU) would facilitate redistribution of MH demand and ensure urgent care planning moved closer to the CMHT where local care planning is possible. Investment upstream is needed in primary care and in the community as outlined in Ireland's national MH service plan, Sharing the Vision.[10]

Children's care

Respondents report a persistent failure to ensure timely access to CAMHS services for children in EDs in Ireland, with numerous cases of prolonged and inappropriate placement of children in EDs and in acute medical wards. The experience of children in ED in Ireland highlights persistent gaps in services already identified by the MHC CAMHS report of 2023,[11] and in earlier reports on the challenges faced by young people accessing MH services.[11,12,13]

The NCPSHI[4,5] states that access to MH Services "must be available at all times for children attending the ED with a MH crisis",[2(p.70)] that "each 24/7 ED should have defined access to assessment by Child and Adolescent Mental Health Services (CAMHS) through a simple

referral procedure",[4(p.70)] and that "there should be dedicated CAMHS liaison supported by on-call CAMHS accessible 24/7 via a single point of contact".[4(pp.70–71)]

In conclusion, leaders responsible for ED services in Ireland reported their experience of increasing challenges associated with rising acute MH demands[7]. These difficulties will only be resolved through greater investment in MH in the community *and* in ED.

It is time to reduce the pressure on level 4 hospital EDs which are currently caring for disproportionate volumes of unscheduled acute MH assessment. Action is needed to enable CMHTs to provide the full range of MH service, not only in ED, but in communities where it is effective, closer to where people live, work and love.

A wider range of community MH initiatives needs immediate roll-out and evaluation. These measures include (but are not limited to) early intervention programs for psychosis, assertive outreach teams and endeavours to ensure earlier local MH engagement using social media tools and crisis cafes[5].

MH services in ED are currently unbalanced. Without more effective governance and greater MH investment in ED and in the community, it is difficult to see how progress in MH services promised in national plans such as *Slainte Care* and *Sharing The Vision*[10,14] will be delivered.

Declarations of Conflicts of Interest:

None declared.

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