

# Trends in patients presenting to A&E with suicidality in a hospital Liaison service



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## Introduction

- By 2021 at least 50% of Hospital Liaison Services are expected to meet the requirements for “Core 24”
- A&E attendances have risen by 50% in the past 10 years
- There has also been a 10% rise in the use of adult CMHTs<sup>2,3</sup>
- Our liaison service at the Royal Cornwall Hospital moved to Core 24 in April 2018. 2020 saw the opening of a new Crisis Hub in the light of the Covid-19 pandemic.

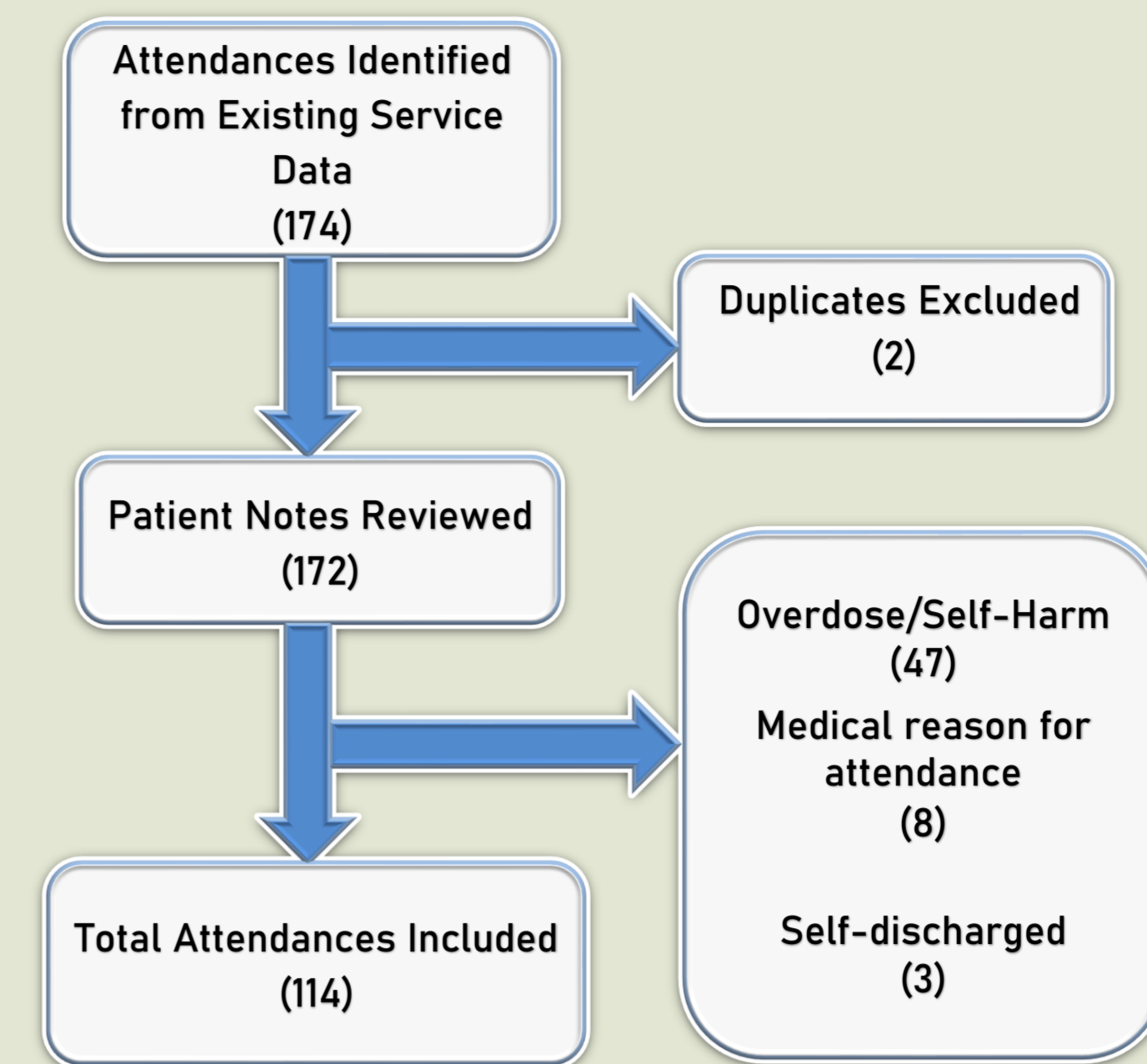


**Question:** With the move to a Core 24 and increasing pressures on CMHTs as well as A&Es, has there been a change in the role of liaison services?

## Methodology

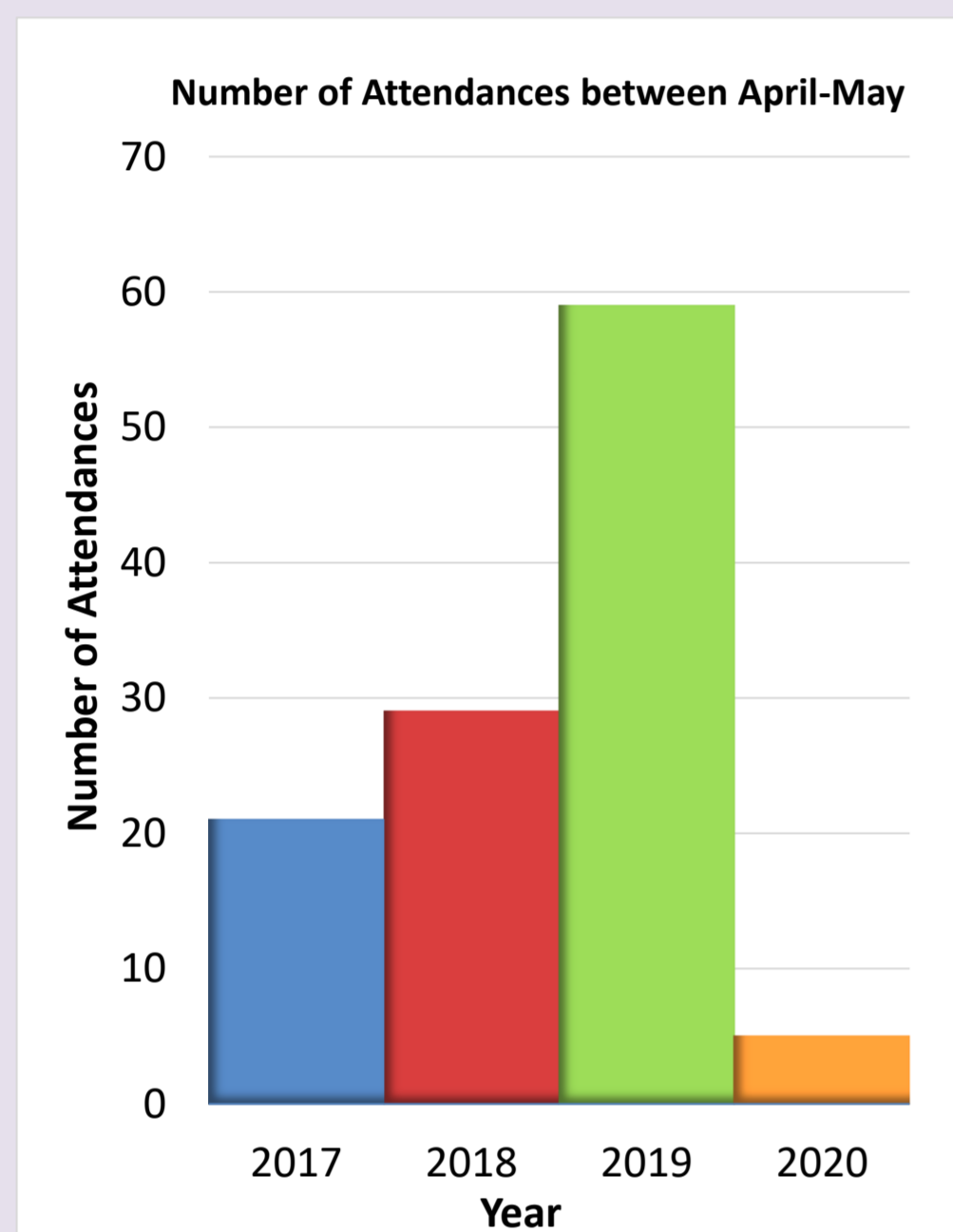
- We focused on all patients attending with suicidality over a 2 month period across 4 years.

April-May:  
2017  
2018  
2019  
2020



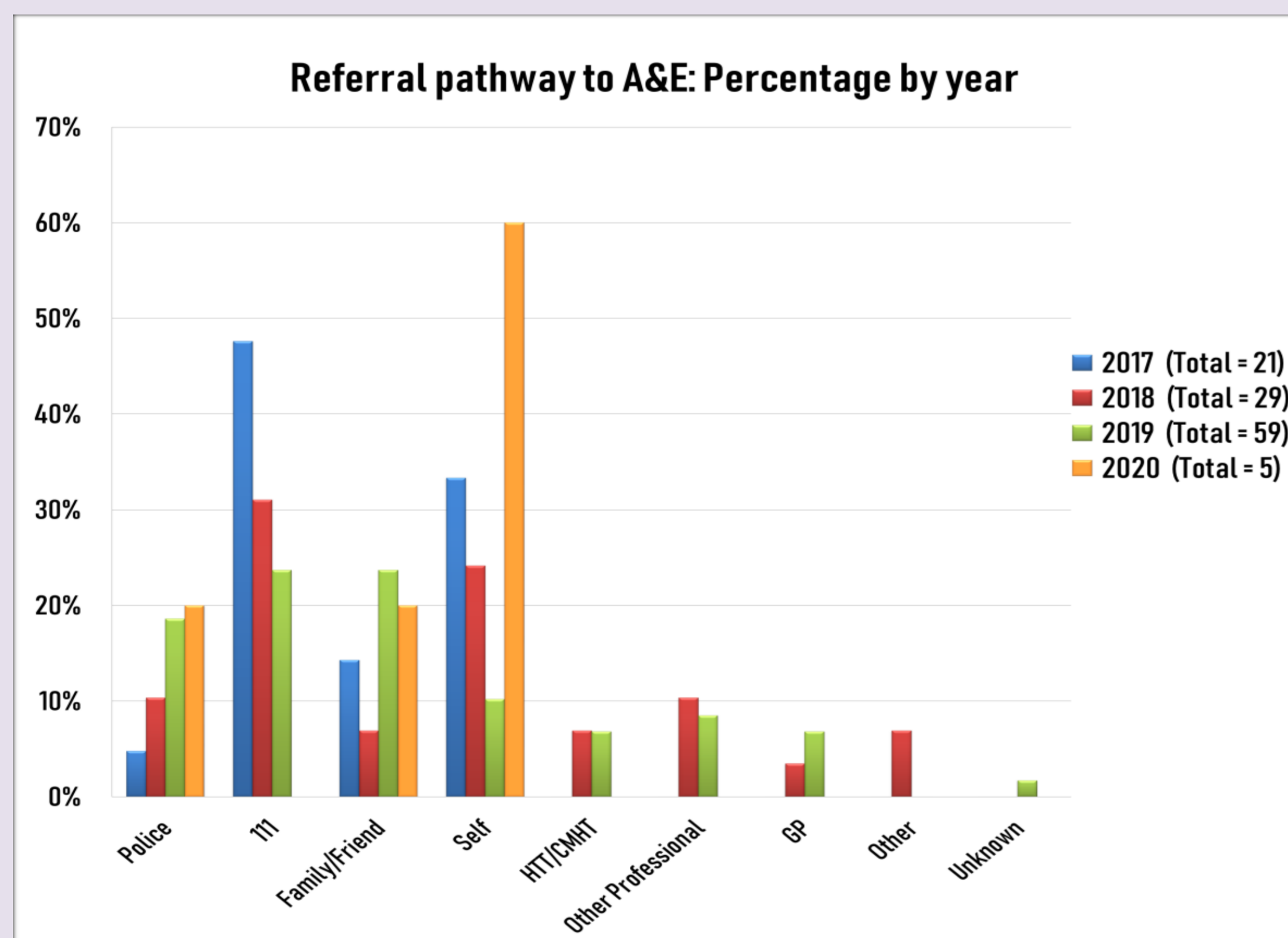
- Those presenting with an overdose/self-harm were excluded as it was recognised all these would require medical assessment.

## Results: Referral Pathways



- The number of patients attending with suicidality increased over the 1<sup>st</sup> 3 years.
- In 2020, corresponding to the opening of the crisis hub and period of national lockdown, only 5 patients attended during the study period.

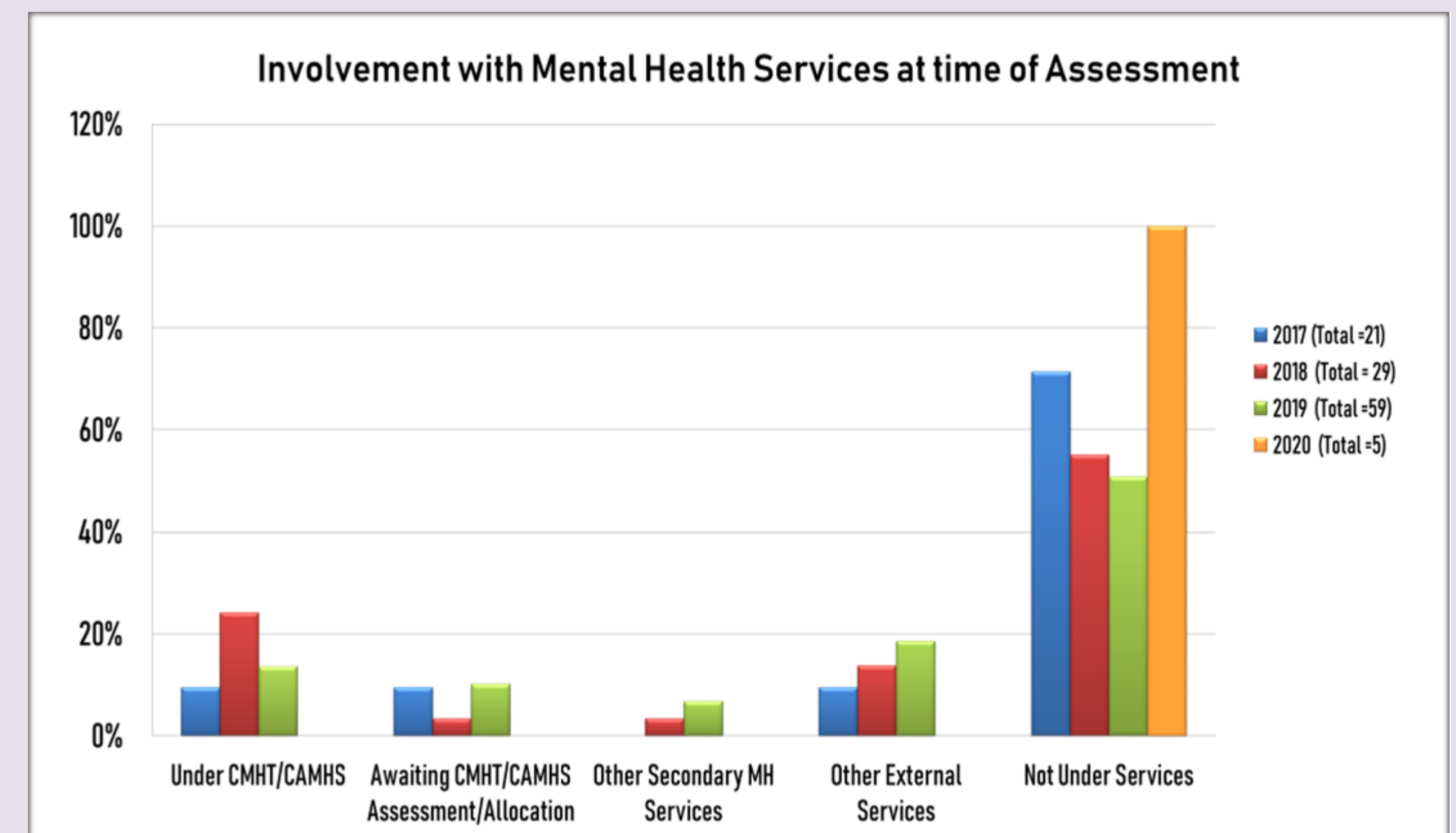
- Pre-Core 24, all referrals were either via emergency services or the public- patient, family or friends.



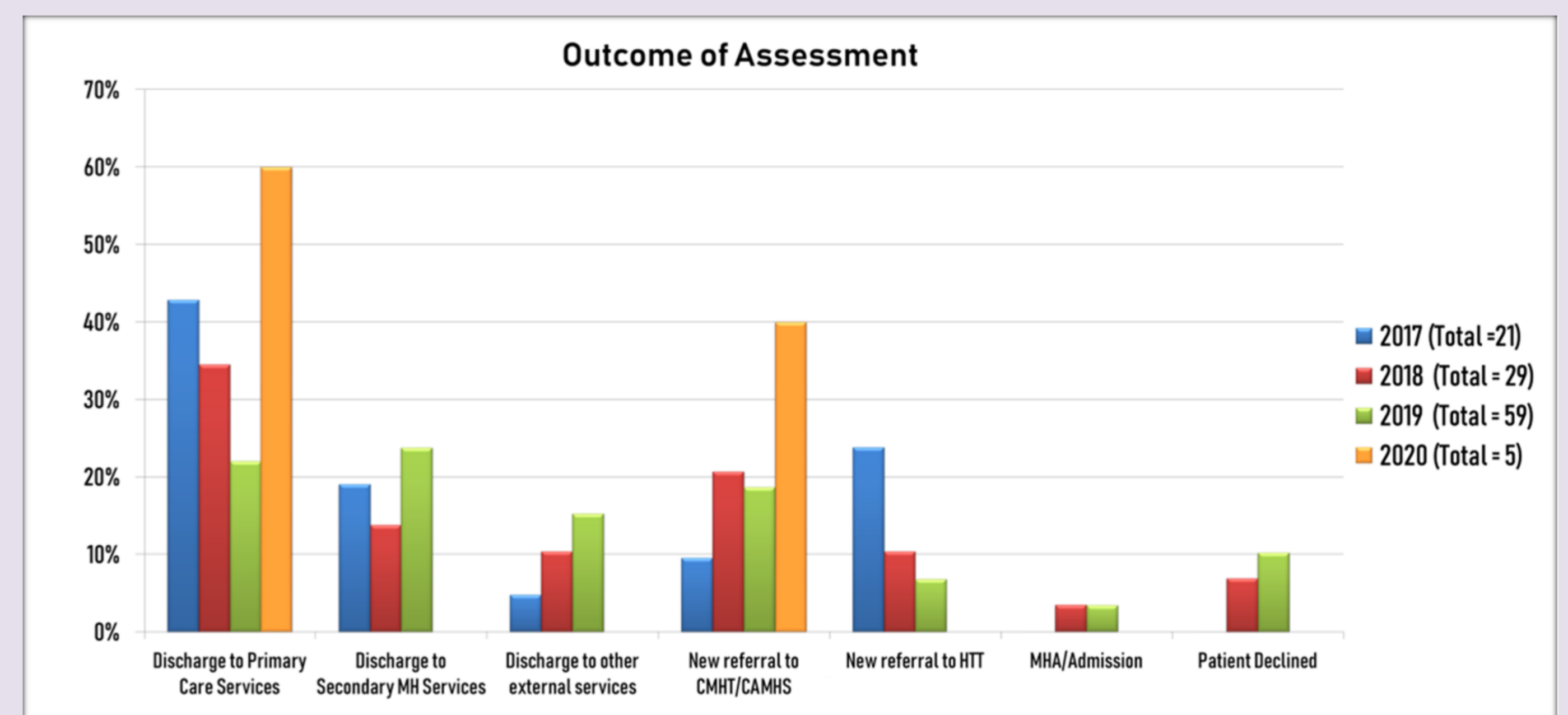
- Post-core 24 saw referrals from GPs, secondary mental health services and third sector organisations.

## Results: Outcomes

- Pre-Core 24, less than half (48%) had any historical involvement with secondary mental health services, versus almost a third (72% and 74%) in the subsequent two years.



- Overall: **30.7%** of patients were discharged to primary care.  
**19.2%** were returned to the CMHT/CAMHS.  
**28.9%** were newly referred to secondary services.



- A total of **3** patients required either an MHA/Admission.
- 1 patient died through suicide within 3 months of attending.

## Discussion & Conclusions

- The results from this study raise interesting questions as to whether or not there could be a more effective way of managing this group of patients, particularly the increasing number already under secondary services. This has been further emphasised by the **changes that we observed during the Covid-19 pandemic**.



- Despite this, **pathways were often complex** with numerous services involved. As part of the plan for Quality Improvement, a questionnaire was sent to those involved in the study to gauge their experience. We plan to collect data over a longer period of time and expand collection to those attending the Crisis Hub to further **evaluate the success of service changes**.

*“Briefly seen by a doc and then left on my own for, on occasions 5-6 hours, **this is not the way to treat a suicidal person**”*

*“There was a long period of time in the main waiting room, waiting for triage, **somewhere less hectic would have been an improvement**”*

*““The **wait is worth it**. The professionalism of the staff was **very impressive**”*