



National Clinical
& Integrated Care Programmes
Person-centred, co-ordinated care



National Clinical Programme for Self-Harm and Suicide-related Ideation Operational Guidance Document for the Suicide Crisis Assessment Nurse (SCAN) Service

Version 1


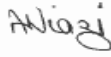
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Table of Contents

		Page
1.0	Purpose	3
1.1	Scope	3
1.2	Objectives	3
1.3	Operational Guidance Document Group	3
1.4	Supporting Evidence	4
1.5	Abbreviations and Glossary Terms	5
2.0	Introduction	6
3.0	Service Aims and Objectives	7
4.0	Clinical Governance	8
4.0	Programme Governance	9
5.0	Clinical Pathways	9
6.0	Target Population	9
7.0	Exclusion Criteria	10
8.0	Documentation	10
9.0	Confidentiality	10
Appendix 1	Membership of the National SCAN Steering Group	11
Appendix 2	Membership of the local SCAN Steering Group	12
Appendix 3	SCAN - The Clinical Pathways Flow Chart	13

1.0 Purpose

The purpose of this Operational Guidance Document is to provide a standardised methodology for the implementation of the Suicide Crisis Assessment Nurse (SCAN) Service.

This Operational Guidance Document outlines the process to meet the requirements fulfilled by the National Clinical Programme for Self-Harm and Suicide-related ideation (NCP SHI), in the updated Model of Care (MOC) 2022 – Chapter 7.

<https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhncp-self-harm-model-of-care.pdf>

1.1 Scope

The scope of this Operational Guidance Document relates to the implementation of the SCAN service for persons aged 18 years and over. This includes the alignment of services that had commenced prior to all SCAN services joining the NCP SHI in February 2022, in addition to the services that have commenced since February 2022.

1.2 Objectives

To outline the process for local services to align development of the SCAN service to the NCP SHI's MOC.

To provide a standardised, safe and informative process that supports health professionals and managers of services to implement a SCAN service.

1.3 Operational Guidance Document Group

See Appendix 1 for the membership of the National SCAN Steering Group (NSSG).

All SCAN services should have a local SCAN steering group, to ensure managerial governance for the service.

See Appendix 2 for a list of recommended memberships. This is not an exhaustive list of members.

1.4 Supporting Evidence

Supporting evidence includes, but is not restricted to the following:

Bórd Altranais agus Cnáimhseachais na hÉireann (2015) Scope of Nursing and Midwifery Practice Framework NMBI, Dublin www.nmbi.ie

Bórd Altranais agus Cnáimhseachais na hÉireann (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives NMBI, Dublin www.nmbi.ie

Bórd Altranais agus Cnáimhseachais na hÉireann (2002) Guidelines on Clinical Recording of Practice for Registered Nurses and Registered Midwives NMBI, Dublin www.nmbi.ie

Data Protection Act (1988) & (2003). Government Publications Sales Office. Dublin

Department of Children and Youth Affairs (2017) Children First: National Guidance for the prevention and welfare of children. Government Publications Sales office. Dublin

Department of Health (202) Sharing the Vision: A Mental Health Policy for Everyone. Dublin. <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>

Health Service Executive (2022) National Clinical Programme for Self-Harm and Suicidal-related Ideation; Updating the National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following self-harm. Dublin, HSE Clinical Design and Innovation Office. <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhnpc-self-harm-model-of-care.pdf>

Health Service Executive (2020) Building the Capacity for the Evaluation of Social Prescribing. A publication of HSE Health and Wellbeing. National Office of Suicide Prevention and the Department of Health. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/social-prescribing-summary.pdf>

Health Service Executive (2012) Advancing the shared care approach between primary care & specialist mental health services. HSE, Dublin. <https://www.hse.ie/eng/services/publications/mentalhealth/advancing-the-shared-care-approach-between-primary-care-specialist-mental-health-services.pdf>

Health Service Executive (2012) Research Evaluation of the Suicide Crisis Assessment Nurse (SCAN) service. <https://www.lenus.ie/bitstream/handle/10147/301655/scanreport2012.pdf?sequence=1>

Health Service Executive (2010) HSE Code of Practice of Healthcare Record Management (Abbreviations), HSE, Dublin.

Health Service Executive (2005) Reach Out: National Strategy for Action on Suicide Prevention 2005-2014. HSE and Trinity College, Dublin. <http://www.drugsandalcohol.ie/5998/1/2794-2999.pdf>

Health Service Executive (2001) A Future Together. Building a better GP and Primary Care. HSE, Dublin

<https://www.hse.ie/eng/services/publications/primary/a-future-together.pdf>

Health Service Executive (2001) Quality and Fairness. HSE, Dublin

Irish College of General Practitioners ICGP (2020) Access and continuity of care at community and voluntary/primary care, ICGP Opening statement to the joint committee of the Oireachtas on Health Sub-Committee on Mental Health and the Impact of COVID on society and peoples' wellbeing.

<https://www.icgpnews.ie>

Mental Health Act 2001

National Office of Suicide Prevention (2020) Connecting for Life Implementation Plan 202-2022.

<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cflimplementation-plan-dec-2020.pdf>

National Suicide Research Foundation (2020) National Self-Harm Registry Ireland – Annual Report 2020. NSRF, Cork.

[NSRF-National-Self-Harm-Registry-Ireland-annual-report-2020-Final-for-website.pdf](#)

The above list is not exhaustive and new and emerging evidence must always be taken into consideration when using this OPERATIONAL GUIDANCE DOCUMENT to enhance the process.

1.5 Abbreviations and Glossary of Terms

ADON	Assistant Director of Nursing
Area DON	Area Director of Nursing
CMHT	Community Mental Health Team
CNS	Clinical Nurse Specialist
CL	Clinical Lead
CFL	Connecting For Life
ED	Emergency Department
ECD	Executive Clinical Director
GP	General Practitioner
HSE	Health Service Executive
MOC	Model of Care

NCP SHI	National Clinical Programme for Self-Harm and Suicide-related Ideation
NICE	National Institute of Health Care Excellence
NMBI	Nursing Midwifery Board Ireland
NOSP	National Office for Suicide Prevention
NSSG	National SCAN Steering Group
StV	Sharing the Vision
SCAN	Suicide Crisis Assessment Nurse
WTE	Whole Time Equivalent

2.0 Introduction

The NCP SHI MOC (HSE 2022) states that General Practitioners (GPs) should be regarded as the first point of medical care for all persons with mental health disorders, including those who engage in self-harm, with the exception of those requiring hospital based medical care arising from a self-harm episode.

Recently it has been shown that people who present with suicidal ideation are also at increased risk of dying by suicide (Griffin et al, 2019). It is estimated that, for every presentation to the Emergency Department (ED), there are five times as many self-harm episodes in the community (Arensman et al, 2018). GPs play a central role in the recognition of suicide behaviours and in the interventions with patients (NSRF Annual Report, 2020). In examining data submitted to the NCP, this shows that 48.43% of all presentations reaching NCP SHI between 2018 until beginning of 2023 came with suicide-related ideation only. When we monitored NCP SHI presentations with suicide-related ideation between June 2022 to January 2023 (n=3903), for past suicidality, 53% of those presentations did not have any past self-harm history (22% of them had ideation in the past 12 months).

In recent years there has been a growing emphasis upon the need to improve links between mental health services and primary care providers, with government strategy mindful of the need to create integrated, interdisciplinary, high quality, team based services, which provide enhanced capacity to primary care in early diagnosis, intervention and treatment.

The SCAN service was first established in South Dublin in 2007 as a pilot project, and subsequently in Wexford the following year. The success of these projects, as shown by detailed and comprehensive evaluation report by the HSE in 2012, and a subsequent review completed for NOSP in 2019 (Griffin et al 2019b) has led to the SCAN service being rolled out nationally as part of the National Clinical Programme in February 2022. The SCAN service also conforms to the key recommendations of A Vision for Change (2006), and more

recently Sharing the Vision (2020) and the Connecting for Life, Ireland's national strategy to reduce suicide 2015-2020, which has been extended to 2024, as well as numerous other government and Health Service Executive (HSE) policy and guidance documents.

3.0 Service Aim and Objectives

Aim

The role of the SCAN service is to provide assessment and support to GP patients who have suicide related thoughts, who do not have an acute mental illness requiring immediate input from a secondary mental health team and are not at immediate risk of suicide. The SCAN service aims to provide a timely response to appropriate requests for assessment of patients in suicidal crisis from named GP practices and has the following objectives.

Objectives

- 3.1 To carry out a comprehensive bio-psychosocial assessment in the GP setting, to determine the patient's mental health and social care needs following the presentation to their GP in a suicidal crisis. The assessment should be carried out within 72 hours and or at a time which is mutually agreed between the GP, patient to be assessed and the SCAN nurse.
- 3.2 To liaise with a family member or supportive friend, for collateral information where possible and appropriate and with the patient's permission.
- 3.3 In collaboration with the patient and where appropriate a family member, carer or supportive friend, to develop a collaborative written safety plan.
- 3.4 To discuss the assessment and provide written report on the assessment and follow up to the patient's GP.
- 3.5 In all cases the SCAN practitioner should offer the patient a brief 'check-in call' the next working day.
- 3.6 To work collaboratively in partnership with the GP, the patient, carers/ family and the wider specialist mental health and community services, as appropriate.
- 3.7 To facilitate onward referral of the patient to statutory and/or non-statutory services as appropriate.
- 3.8 To provide bridging / short term interventions where appropriate when waiting on onward referral of no more than three follow up appointments.
- 3.9 To develop a resource of the mental health supports in the local area and maintain working relationships with statutory / non-statutory service providers, in order to more appropriately meet the needs of the patient.
- 3.10 The SCAN practitioner should be an active member of the local Connecting for Life group.
- 3.11 Each service should have a Consultant Psychiatrist who will act as clinical lead and will provide supervision for the SCAN CNS or ANP.

- 3.12 Staffing of SCAN is at Clinical Nurse Specialist (CNS) grade with the progression to Advanced Practitioner (ANP) grade. An ANP can work with greater level of personal accountability and responsibility and does not always require immediate clinical support following each assessment. An ANP can also provide supervision for a CNS.
- 3.13 To collect and regularly input data into the NCP SHI national database in a timely manner using agreed template and process.
- 3.14 SCAN CNSs will participate in all training and network events organised through the NCP SHI.
- 3.15 To engage in clinical audit and research evaluation of the SCAN 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.
- 3.16 SCAN CNSs will participate in local clinical supervision arrangements and national peer supervision groups.
- 3.17 To contribute to the further development of specialist mental health services specifically in the area of primary care and mental health crisis intervention, in line with the recommendations of Connecting for Life (2015) and Sharing the Vision (2020) and other relevant policy documents.

4.0 Governance

- 4.1 The SCAN service (clinicians and admin) resources will be allocated by the NCP SHI to CHOs/Mental Health Services using an agreed selection process. The SCAN posts will be recruited and managed by the mental health services and supported by the local SCAN Steering Group Committee.
- 4.2 Each service implementing a SCAN service must develop a local SCAN steering Group.
- 4.3 The formation of the local steering group comprising of key stakeholders as per Appendix 2, is to support and shape the future development of the SCAN service.
- 4.4 Each SCAN practitioner will require suitable office facilities, ideally alongside a CMHT.
- 4.5 Assessments should be carried out in the GP surgery.
- 4.6 The clinical reporting relationship for SCAN service, is that SCAN provides a consultation service to general practice and general practitioners.
- 4.7 Each service should have a Consultant Psychiatrist who will act as clinical lead.
- 4.8 Within the SCAN service, the CNS will report clinically to an ANP or a consultant Psychiatrist. The ANP will report clinically to a Consultant Psychiatrist.
- 4.9 Within the SCAN service, all patients remain in primary care. Being seen by SCAN does not constitute a referral to the CMHT and the patient remains in primary care.
- 4.10 If a SCAN and / or the GP deem that a referral to a CMHT is required, the normal referral process by a GP to the CMHT should be followed.

- 4.11 Following assessment the SCAN CNS should discuss the case with the GP and a plan should be formulated.
- 4.12 The SCAN CNS will receive clinical supervision from a registered ANP (RANP) or Consultant Psychiatrist, depending on the individual service.
- 4.13 The RANP should receive clinical supervision from the Consultant Psychiatrist.
- 4.14 The SCAN practitioners will meet regularly with their line manager to discuss service issues, service development, and other professional issues that may arise.
- 4.15 The service should develop a career pathway to progress to Advanced Nurse Practitioners (ANP) for CNS's working in the SCAN service.
- 4.16 The SCAN practitioner's professional and managerial reporting relationship is to the Assistant Director of Nursing (ADON) and Area Director of Nursing or Director of Nursing. The ADON is required to meet the SCAN Practitioner, at a minimum, every two months, to review and support personal and professional development.

Programme Governance

- 4.17 NCPSHI programme has developed a sub group from the Implementation Advisory Group (IAG) called the National SCAN Steering Group (NSSG) to champion, advance and support the implementation of the SCAN programme nationally.
- 4.18 The NSSG will meet quarterly or as required. Initially there will be a need to have more frequent meetings.
- 4.19 NCPSHI programme has established a meeting where by all SCAN nurses attend quarterly meetings with the NCPSHI team.
- 4.20 Each year as part of HSE estimates process the NCPSHI will apply for new funding to establish additional SCAN services in line with Model of Care recommendations until the programme is fully implemented.

5.0 Clinical Pathway

- 5.1 The Clinical Pathways flow chart is outlined in Appendix 3.

6.0 Target Population

- 6.1 The SCAN Service takes referrals of Adults (18yrs and over,) within the geographical areas specified by the local mental health services, who have presented to their GP in a suicidal crisis or with a presentation of self-harm/suicidality, which does not require specialised medical intervention.

7.0 Exclusion Criteria

- 7.1 Patients under the age of 18 years old at the time of referral.
- 7.2 Patients already under the care of a CMHT
- 7.3 Patients who require immediate medical assessment in a hospital setting.
- 7.4 Patients who have not been seen by their GP prior to referral.
- 7.5 Patients who are intoxicated or actively under the influence of drugs cannot be assessed until fit.
- 7.6 The patient must reside in the MH catchment area of the assigned SCAN nurse

8.0 Documentation

- 8.1 Documentation resulting from SCAN referral, assessment, follow up/bridging work and onward referrals will be recorded and filed in accordance with local HSE service policy
- 8.2 All computers, storage devices and paper documentation/files containing patient information are stored in accordance with HSE policy and GDPR legislation.

9.0 Confidentiality

- 9.1 All communication should be in line with HSE policy on communication and consent and relevant legislation

Appendix 1: Membership of the National SCAN Steering Group

NAME	TITLE
Professor Vincent Russell	National Clinical Lead
Ms Sally Lovejoy	National Nurse Lead
Ms Rhona Jennings	Programme Manager
Dr Katerina Kavalidou	Data Manager/Researcher
Dr Anne-Marie Waldron	Clinical Director, North Dublin CAMHS
Mr Andrew Sheridan	Assistant Director of Nursing CAMHS CHO9
Dr Sinead O'Brien	Executive Clinical Director
Dr Aoife O'Sullivan	General Practitioner, National Lead
Mr PJ Rainey	Area Director of Nursing
Ms Catriona Murray	Clinical Nurse Specialists working in the SCAN Laois/ Offlay Services
Ms Sinead Walsh	Clinical Nurse Specialist working in the SCAN Louth Service
Mr Eugene Duffy	Clinical Nurse Specialist working in the SCAN Donegal Service
Ms Aisling McBrien	Clinical Nurse Specialist working in the Cavan/Monaghan Services
Dr Alan Gallogly	Clinical Lead, Consultant Psychiatrist
Ms. Julie Ann Cullen	Person with lived experience
Ms. Theresa Hunston	Assistant Director of Nursing, Wexford SCAN
Dr Mary Scriven	General Adult Consultant Psychiatrist, Mullingar
Dr Denis McCauley	General Practitioner Rep with SCAN Experience
Ms Catherine O'Donohoe	General Manager Rep, Waterford/Wexford

Appendix 2: Membership of the Local SCAN Steering Group

This list is not exhaustive and to be amended as appropriate to local services

NAME	TITLE
	Area Director of Nursing
	Assistant Director of Nursing
	SCAN Nurse – CNS
	Clinical Lead – Consultant Psychiatrist
	Executive Clinical Director
	Local General Practitioner Rep
	Person with lived experience
	Regional Officer for Suicide Prevention

Appendix 3: The Clinical Pathways flow chart

SCAN - The Clinical Pathways flow chart

