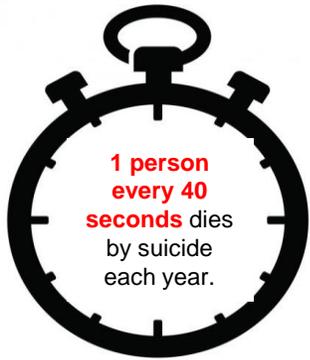


CONFIGURATION AND UTILISATION OF CLINICAL PATHWAYS BY PATIENTS ATTENDING A&E IN SUICIDAL CRISIS.

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INTRODUCTION

A&E departments are the first point of contact for those experiencing suicide related distress.

BUT... A&E databases only monitors attendances of self-harm and suicide attempts.

THE PROBLEM

No monitoring of suicidal crisis (i.e. suicidal / self-harm thoughts without physical injury) in A&E.

Clinical pathways and journey of patients once arriving at A&E have not yet been examined.

THE SOLUTION

Developing a national system to record A&E attendances for suicidal crisis.

Better understanding patient pathways at A&E to improve services for individuals in suicidal crisis.

RESEARCH AIMS



Examine data at 9 A&E sites for individuals who attend in suicidal crisis.



Explore the clinical pathways available to individuals who attend A&E in suicidal crisis.

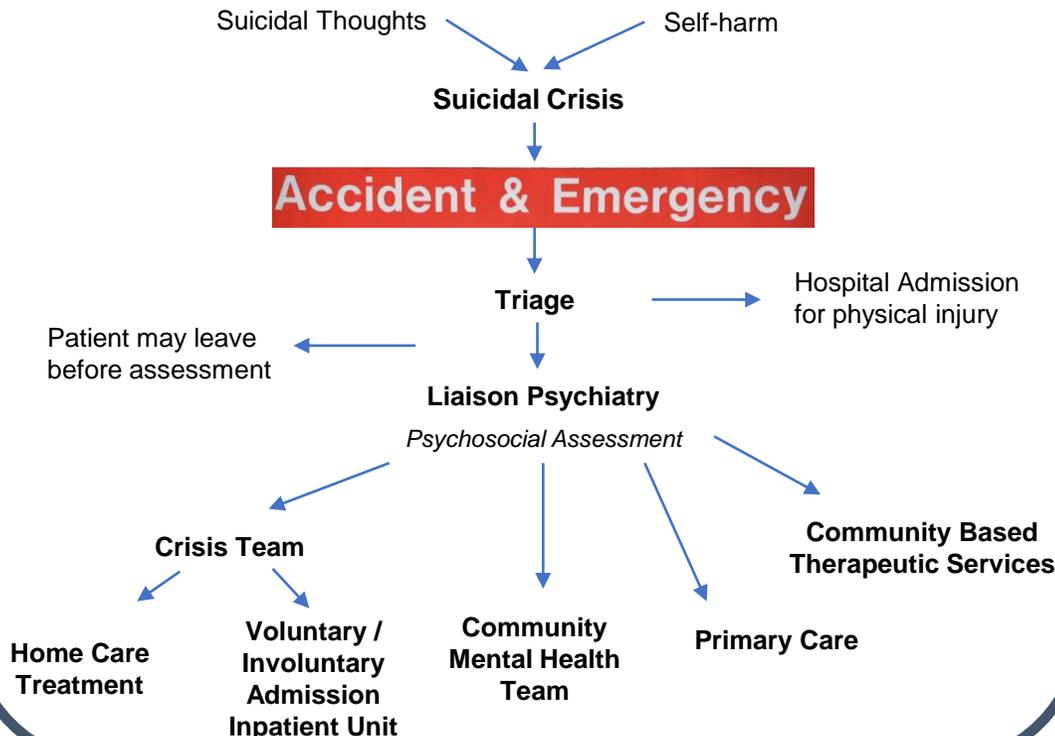


Examine patterns of pathway usage and the similarities/differences across each services clinical pathways.



Explore the factors influencing the decision-making of clinical staff involved in pathway management.

CLINICAL PATHWAYS



EXPECTED OUTCOMES

Develop a national data collection tool for A&E departments track people who attend in suicidal crisis.

IMPORTANCE

Suicidal crisis is a risk factor for future death by suicide.

A&E represents a key setting for suicide prevention.

Currently, no published research on patient service usage of A&E for suicidal crisis.