

## Freedom of Information request 88-22

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### Request

1. How many suicide attempts were recorded by A&Es in your health board area in (a) 2018-19, (b) 2019-20 and (c) 2020-21 (d) 2021 to date?
2. In each year, on how many occasions were these patients discharged (a) with no further treatment or referral arranged or (b) for follow-up in the community?
3. Please provide a copy of your procedures for what happens when a person attends A&E following a suicide attempt, as described by SAMH on page 13 and 14 of this document:  
[https://www.samh.org.uk/documents/suicide\\_are\\_worried\\_about\\_someone.pdf](https://www.samh.org.uk/documents/suicide_are_worried_about_someone.pdf).

### Response

1. NHS Borders cannot identify suicide attempts from the A&E activity, the data may be held in a patient's record, but to extract this data would require a manual trawl of all patient records and the cost of carrying out this work would exceed the limit set in the Fees Regulations of the Freedom of Information (Scotland) Act 2002 and under Section 12 we are not required to provide.
2. NHS Borders cannot identify suicide attempts from the A&E activity, the data may be held in a patient's record, but to extract this data would require a manual trawl of all patient records and the cost of carrying out this work would exceed the limit set in the Fees Regulations of the Freedom of Information (Scotland) Act 2002 and under Section 12 we are not required to provide.
3. There is no formal procedure at NHS Borders for what happens when a person attends A&E following a suicide attempt due to the individual circumstances of each case, therefore this information is not held, as defined in Section 17, Freedom of Information (Scotland) Act 2002.

Under Section 15 Duty to provide advice and assistance please note that the usual procedure would be as follows:

#### Arrival by Scottish Ambulance Service

- If there are concerns about significant injury or ingestion, the Emergency Department would be contacted prior to the patients arrival to ensure the team can prepare adequately (whether that be personnel, equipment or a specific room). The patient would then be assessed and treated for any potentially life threatening problems, prior to being referred on for review by the mental health liaison team when appropriate to do so (usually when 'fit' to be assessed from a mental health perspective). The duration of time depends on factors that may limit ability to be assessed such as agitation, reduced conscious level, pain and intoxication.
- If there is no concern about significant injury or ingestion the patient will be assessed by the triage nurse. A set of physical observations will be recorded and details of the relevant background documented. A physical description of the patient including clothing will be documented, including a brief assessment of risk to self/others based on the presenting history. This is important in case the patient leaves the department prior to medical and/or psychiatric assessment being completed.
- If there is any history of injury or ingestion the patient will initially be assessed by an Emergency Department doctor, prior to being referred on for review by the mental health liaison team when appropriate to do so.

- If there is no history of injury or ingestion at all, the patient will usually be referred directly to the mental health liaison team for review.
- Patients presenting after attempted suicide will generally be looked after in the Emergency Department designated 'safe room'. If they are accompanied by a responsible adult they may be accommodated in an alternative location within the department footprint.

#### Self-presenter

- The same principles as above apply. The patient will be initially assessed by the triage nurse on arrival and initial management will depend on a few factors including any history of injury or ingestion. This will include assessment for any other factors that may impair the ability to perform a mental health assessment (outlined above).
- If there is any evidence of injury/ingestion the patient will be seen initially by an ED doctor, prior to being referred on for review by the mental health liaison team when appropriate to do so.
- If there is no history of injury or ingestion at all, the patient will usually be referred directly to the mental health liaison team for review.
- All other references to assessment and documentation above apply to self-presenting patients.

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or [foi.enquiries@borders.scot.nhs.uk](mailto:foi.enquiries@borders.scot.nhs.uk).

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **88-22** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.