

high rates of suicide. The aim of this project is to identify the characteristics of older people who present with self-harm and suicidal ideation to an emergency department (ED) in a university hospital. In examining the variables associated with self-harm we may be better able to identify the characteristics of older adults who are at highest risk.

Methods. We conducted a cohort study of older adults (aged 65 years+) who presented to the Mater Misericordiae University Hospital with a mental health problem from 2008–2022 (a 15-year cohort). Data were extracted from the Electronic Patient Records including all patients who presented to the ED in that time period with a mental health triage code. We examined this cohort to collect detailed information on the characteristics of those older people presenting with self-harm and suicidal ideation.

Results. We identified 30,941 ED attendances with a mental health triage code between 2008 and 2022. Of these, 946 (3.1%) were older adults. One-fifth (20%) presented with self-harm, a further 21% reported suicidal ideation. Of these, 8% reported previous self-harm and 32% had previously been reviewed by psychiatry. Over one-third (38%) were admitted. Of those, the majority (78%) were admitted to a medical or surgical ward, 16% to a psychiatric ward and 5% to critical care.

Of those presenting with self-harm 37% were admitted to hospital – 32% to a medical or other ward and 5% to psychiatric unit. There was a significant difference in those who were admitted with self-harm versus suicidal ideation ($p < 0.001$).

Conclusion. Our results demonstrate key insights into older adults who presented to the ED with self-harm and suicidal ideation. These patients were more likely to be admitted to a medical ward than a psychiatric unit, and those with self-harm were more likely to be admitted medically compared with those with suicidal ideation.

Possible reasons for these results include the higher rate of medical co-morbidity in older adults and the potential high lethality of self-harm in this cohort. Another explanation could be the scarcity of acute psychiatric beds necessitating medical admission. There is a need for further exploration of this high-risk population.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Assessing the Co-Variates of Suicide-Related Ideation and Self-Harm in an Older Adult Population Attending Emergency Departments in Ireland

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Aims. Older people (people aged 65 and older) have high rates of suicide, and self-harm is a major risk factor for suicide. While rates of self-harm decrease with age, rates of suicide increase amongst this age group. The aim of this project is to analyse data collected by the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) to identify

real-life evidence of the characteristics associated with older people who present with self-harm and suicidal ideation to emergency departments (ED) in Ireland. In examining the variables associated with self-harm we may be better able to identify the characteristics of older adults who are at highest risk, including those presenting with high lethality attempts.

Methods. The NCPSHI collects data on all patients who present with self-harm or suicide-related ideation to EDs in Ireland. We utilised a six-year cohort of anonymised data from the NCPSHI from 2018–2023, representing 5,041 presentations of older people (aged 60 and over); 6.9% of all presentations with self-harm and suicide-related ideation. We examined sociodemographic variables including sex, ethnic background, type of self-harm, lethality of self-harm and substance use contributing to the presentation, in addition to service use variables.

Results. Older people were less likely to present with self-harm – 45% of older people vs 52% of adults under 60 ($p < 0.001$). However, those episodes of self-harm were more likely to be categorised as “high lethality” – 20% vs 12% of people under 60 ($p < 0.001$). Older people were also more likely to have a mental health admission – 25% vs 16% ($p < 0.001$). Older people were much less likely to present with substance misuse: 30% vs 45% ($p < 0.001$). There were also significant differences in methods of self-harm. Older people were more likely to attempt drowning (1.5% vs 1.1%) or overdose (21% vs 20%). This was the common method of self-harm across all age groups.

Conclusion. Our results demonstrate the significant differences in characteristics of older people presenting to Irish emergency departments with self-harm versus younger people, where previously a paucity of data existed. The high lethality of self-harm amongst older people makes it imperative to identify the characteristics of self-harm in this population to understand the factors associated with increased risk and help us to develop treatments and services to meet their needs. It also highlights the importance of providing education to staff working with this cohort to appropriately stratify and manage risk.

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An Investigation Into the Acceptability of the SAFER-YMH Care Bundle for Transitions Out of CAMHS Crisis and Liaison Services

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Aims. The NHS long-term plan focuses on the improvement of Child and Adolescent Mental Health (CAMHS) community services including the roll out of 24/7 Crisis teams universally across the country. Crisis and Liaison teams form an important alternative to inpatient admission, offering intense, short-term support to young people in mental health crisis and often high levels of risk. The number of referrals to Crisis and Liaison services are rising. In order to maintain patient flow and meet demand, these teams also need safe, evidence-based protocols for efficient discharge, transition and handover of young people to community teams and services. The SAFER care bundle was designed to