TE WAIORA Nelson Marlborough Health

DHB Office
Braemar Campus

Private Bag 18
Nelson, New Zealand

26 October 2021

[redacted]

Response to a request for official information

[redacted]

Thank you for your request for official information, as a partial transfer of Parts 10 and 19 (of 19) from the Ministry of Health and received 12 October 2021 by Nelson Marlborough Health (NMH)[1] where you seek the following information:

> ***PART 10: How long does a 'vulnerable' person remain in the system post discharge, so that access to support can be expedited quickly should the need arise.***

Response:
When a mental health consumer is discharged their information remains on the system indefinitely, and is readily accessible to care teams should further support be needed.

> ***PART 19: What risk / benefit model is utilised to assess a person's vulnerability who has been discharged from 'active' support when changing national events could potentially trigger a relapse in their mental ability.***

Response:
Please see enclosed NMH *Risk Assessment and Management* Policy and Wellness Plan. Our policies and procedures are living documents for review and updating as required.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

[1] Nelson Marlborough District Health Board

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Lexie O'Shea
Chief Executive

Encl: NMH *Risk Assessment and Management* Policy (4 pages)

Risk Assessment and Management

Overview

Clinical practice carries risk and therefore Mental Health and Addictions Service (MHAS) employees that undertake risk assessment must be competently skilled to assess, document and develop risk management plans that will stand up to both internal and external scrutiny.

Background

Risk assessment is the collection of data that details the person's unique risk picture. It attempts to understand the person's background, experiences and influences that shape their needs, behaviour and mental health issues that give rise to risk. Understanding of these factors enables the basis of a risk management plan.

Policy statement

Risk Assessment is a core clinical competency and responsibility. It is an integral part of treatment planning and provides a framework for the comprehensive management of the client receiving MHAS care.

Scope

This policy applies to all staff employed by Nelson Marlborough Health (NMH) Mental Health and Addictions Service.

Definitions

Risk Assessment – risk level

Indicates if identified risk factors exist, as at the 'validated date' when the consumer's risk was last assessed/considered.

Static – historical events

Situations and/or events that are historical (they have already occurred). On the risk form this will create a history/summary of risk record.

Static - enduring factors

Enduring (factors that lead to risk relative to others in a stated population). This could include information from previous contacts with mental health services.

Dynamic internal

The consumer's current mental state (this include mental illness, but also includes other factors, such as fear, anger, helplessness, grief etc.) and the consumer's current physical state which could impact on their risk (for example dehydration, delirium, hypoglycaemia, intoxication)

Dynamic Situational

Factors that are external to the consumer, but may impact on the consumer's mental state and/or be enablers of risk behaviour. These can, for example, include factors such as access to means for suicide or harm to others for example access to weapons, loss of relationships, housing or income, or the actions of other people that affect the consumer's risk.

At risk scenarios

Risk scenarios are a structured description of the risk information that has been recorded in the historical/enduring, dynamic internal and dynamic situational sections. Scenarios can also be informed by clinical reasoning. A consumer might require more than one scenario as different pathways to violence and/or suicide may have been identified from the risk assessment.

Scenarios should describe the nature and context in which the risk behaviour is most likely to occur, including internal and situational factors that increase the risk. Scenarios should also incorporate statements regarding seriousness, imminence, who the likely victim/s might be, and the availability of the means and opportunity to carry out the harm.

Guidance for future risk management

Risk management plans should be discussed with the individual consumer and their family or whanau, unless clinically contraindicated, before being enacted. The plan should reflect each specific risk that has been identified.

The management plan must reflect the changes to risk over time and should identify interventions and protective factors for the individual that will reduce or contain identified risk behaviours, including:

Risk management strategies should show why strategies were chosen for an individual. In some circumstances it is useful to briefly describe why other strategies were not used (for example, these may have proved unhelpful for the consumer at previous times, the consumer or family considered they would increase risk, or the resource may not have been available)

Clinical Risk Self: risks to self may include but are not limited to:

- Safety (Suicidal acts or self harm)
- Health (Drug and alcohol abuse, physical/psychological harm)
- Quality of life (Includes dignity, social and financial status, developmental or life stage issues)
- Vulnerability (exploitation, sexual abuse and violence from others)
- Self neglect
- Cultural/spiritual
- Medical or Physical factors, including drug allergies or adverse drug reaction
- Environmental
- Progression of illness
- Signs and symptoms
- Therapeutic issues

Clinical Risk Others: risks to others may include but are not limited to:

- Violence (emotional, sexual, and physical violence)
- Intimidation/threats
- Neglect/abuse of dependants
- Stalking/harassment
- Property damage
- Public nuisance
- Reckless behaviour (including driving)
- Environmental – access to firearms or other weapons

Critical points: risk assessment is not completed on a one-off basis, but rather as an ongoing process of reassessment and review. Points of treatment /care /intervention at which risk assessment will occur are referred to as critical points and can be, but are not limited to:

- First contact with a service
- Change or transfer of care
- Change in legal status
- Change in life events (e.g. Loss, accommodation change)
- Significant change in mental state
- Discharge, or move to a less supportive environment

Procedure

Prerequisites - purposes of clinical risk management

- Staff must understand the philosophy of clinical risk assessment.
- Staff must use a common language when talking about clinical risk.
- Risk Management planning with client must consider both historical and current presentations.

Prerequisites - principles of clinical risk assessment

- All clinical staff must be able to complete and document a clinical risk assessment and formulate a risk management plan.
- The client (and their family, if appropriate) must be involved in this process if at all possible.
- Risks identified are incorporated in the development of a risk management plan.

Roles & professional responsibilities

Role	*Professional responsibilities*
Mental Health and Addiction Services Management	Ensure adequate resources are available for clinicians (including resources for training).
Care Managers/Primary clinician	Ensure completion on HCS of risk assessment/s as part of the planning process. Comply with NMH MH&A service and professional clinical documentation standards. Participate in the multidisciplinary treatment planning process for the clients in their care.
Clinical Coordinators/Senior Medical staff	Support care managers/primary clinicians

Disclosing information to third parties (specific concerns for the safety of others and/ or specific threats made to others)

- The Health Information Privacy Code (1994) [Rule 11] outlines the statutory conditions for disclosure of information to third parties.
- Any disclosure of information must be accordance with this rule. However, a health professional may disclose information (without prior consent) if the disclosure of the information is necessary to prevent or lessen a serious and imminent threat to:
    - public health or public safety; or
    - the life or health of the individual concerned or another individual
- The decision to disclose health information without consent should not occur in isolation. The health professional concerned will consult with a senior clinician in accordance with relevant professional standards of practice.
- If any health professional is still unsure of the appropriate steps to take, they should consult the Mental Health Clinical Director or NMH Privacy Officer.