

# Clinical Risk in Mental Health & Addictions Assessment and Management Policy

**MHAPPM/8968**

<b>Approved by:</b>	General Manager – Mental Health and Addiction Group	<b>First Issued:</b>	April 2024	
<b>Signature:</b>		<b>Review Date:</b>		
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## Purpose

The purpose of this document is to outline the standards to be met by Health New Zealand | Te Whatu Ora Te Matau a Māui Hawke's Bay staff on assessing and managing clinical risk in Mental Health and Addiction Services.

## Principles

All Health NZ Hawke's Bay documents are based on and link back to our values: **He Kauanuanu** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practise and undertake tasks.

The principles of Te Tiriti o Waitangi provide a framework for how we will meet obligations under Te Tiriti in the delivery of these health care activities. All activities and intervention are in accordance with [NZS 8134:2021 Ngā Paerewa Health and disability services standard](#).

The following New Zealand Legislation and Standards are also applicable to this document:

- [Mental Health Act \(Compulsory Assessment and Treatment\) 1992](#)
- [Crimes Act 1961](#)
- [Health Information Privacy Code 2020](#)

This document is to be used in conjunction with [MHAPPM8953 – Mental Health and Addiction Group Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values-based service.

## Scope

This procedure applies to all staff working in Health NZ Hawke's Bay Mental Health and Addiction Group.

## Definitions

Refer to the Mental Health Service Definitions Glossary [\\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx](#)

Term/Abbreviation	Meaning
Adverse event	An adverse event is an event with negative reactions or results that are unintended, unexpected or unplanned (often referred to as 'incidents' or 'reportable events').
Assessment	An assessment is an act of collecting, organising, evaluating and documenting information with the purpose of planning a suitable care plan for the tangata whaiora.
Available resources	Internal and social strengths to support safety and treatment planning.
Foreseeable changes	Changes that could quickly increase risk state.
MH&A	Mental Health and Addictions Group.
Non suicidal self-injury	Self-injury that is the direct, deliberate act of hurting or injuring your body, without intent to end life.
Risk	Risk is the likelihood of an adverse event or outcome.
Risk formulation	A narrative description and understanding of the different factors that have been assessed that contribute to and explain the risk a tangata whaiora presents with.
Safety plan	A written list of coping strategies and sources of support people can use who are assessed as at risk. The plan is brief, in the tangata whaiora's own words and easy to read. It may include contingencies for specific circumstances.
Tangata whaiora	Tangata whaiora is used to refer to a person seeking or engaging in care or treatment for mental health or addiction disorder.
Triage	The process of initial assessment to determine the need for service and the nature and urgency of the care required.
Whole service response plan	A document, written in collaboration with tangata whaiora and all supports and services involved, outlining a consistent response to risk by all parties in line with clinical model of care. This can also be referred to as a multi-agency safety plan. Any detail of such document must be referenced and included in the Go To Plan.

## Roles and Responsibilities

Role	Responsibility
Clinical Nurse Manager/ Clinical Manager (or equivalent)	Leads response in team and monitors registered health professional(s) adherence to policy and standard operating procedure.
Registered Health Professional	Provides assessment and coordination of care to the tangata whaiora and specialist treatment dependent on scope of practice.
Cultural Navigator / Peer Support	Ensure appropriate cultural support is available and represented.

# Health NZ Hawke's Bay Standards

## Assessment of Risk

- 1 Risk assessment is an integral part of every clinical observation or assessment. Risk assessment does not occur on a 'one off' basis; risk assessment is ongoing, with a particular emphasis at 'critical points'.
  - a. 'Critical points' are described as:
    - i. First contact with a service.
    - ii. Completion and updating of Comprehensive Assessment and Go To Plan documents.
    - iii. Any presentation with suicidal behaviour (thoughts, actions, plans) or self-injurious acts.
    - iv. Any disclosure of vulnerability to the actions of others.
    - v. Change or transfer of care.
    - vi. Change in legal status.
    - vii. Change in life events (e.g. loss).
    - viii. Significant change in mental state.
    - ix. Discharge, or move to a less restrictive environment.
- 2 All tangata whaiora presenting to, or under the care of Mental Health and Addictions should be assessed for risk. The detail and specificity of such assessment will vary according to circumstance and past behaviours, but every individual should be screened for risk. The triage scale routinely used is the [UK Mental Health Triage Scale](#).
- 3 Risk assessments should be made by registered health professionals with appropriate skills. Services should ensure that staff know when to seek a more specialised assessment (e.g. from forensic services or cultural specialist).
  - a. All registered health professionals working in Mental Health and Addictions must ensure their knowledge and skills in risk assessment and managing risks is current and undertake risk assessment training at least every three years.
- 4 All tangata whaiora will be routinely assessed for:
  - a. Suicidal ideas,
  - b. Self injury,
  - c. Aggression and violence (harm to others),
  - d. Alcohol and other drug issues,
  - e. Neglect and vulnerability,
  - f. And any other clinically relevant risks.
- 5 Risk formulation should be recorded in clinical notes and the Comprehensive Assessment. It should provide a detailed formulation of the tangata whaiora circumstances including:
  - a. The characteristics and course of mental health and/or addiction disorder,
  - b. The nature of risk identified,
  - c. Details of circumstances and situations that increase the likelihood of adverse outcome,
  - d. And effective and ineffective interventions with previous outcomes.
- 6 Assessment must be based on a thorough collection of information from all available sources including if possible, the tangata whaiora, their natural supports of whānau, family and friends and other services involved.
- 7 All tangata whaiora must have strategies recorded in their Go To Plan by the Key Worker or clinician that address each identified risk, coping strategies and how they are to be mitigated or managed in the community and/or respite or inpatient setting. Refer to Key Worker Policy - MHAPPM/8048.

- 8 Support Workers, Peer Support Workers and Assistants should respond proactively to concerns about the safety of tangata whaiora and seek advice from the registered health professional involved in their care. Support Workers and Assistants should ensure concern and their responding actions are appropriately documented in health records.
- 9 The cultural needs of tangata whaiora should be considered and appropriate support or expertise sought. Interpreter services are to be used if this is required.
- 10 Go To Plans will be updated at every multidisciplinary review and at community reviews (minimum 90 days between reviews) and any change in risk (increase or decrease) or safety plan will be documented and communicated in writing to other relevant staff involved with the tangata whaiora, including those external to the organisation. Refer to [MHAPPM8046 - Health Record Policy for Mental Health & Addiction Group](#) and [MHAPPM/8967 Multi-Disciplinary Team Case Review Guideline – Community Mental Health & Addictions](#)
- 11 Disclosure of information to whānau or other third parties will be in accordance with The Health Information Privacy Code 2020 (HIPC).

## Risk Formulation and Management Plan

- 12 A recovery-oriented risk formulation should be completed in the Comprehensive Assessment which includes the following:
  - a. Enduring factors: Strengths and protective factors; long term risk factors; impulsivity/self-control (including substance abuse) and past suicidal behaviour.
  - b. Dynamic factors: Recent/present suicide ideation or behaviour; stressors/precipitants; symptoms, suffering and recent changes; engagement and alliance.
  - c. Available resources and supports to support safety and treatment planning.
  - d. Strategies to strengthen the identified protective factors.
  - e. Risk status, relative to others in a stated population.
  - f. Risk state, relative to self at baseline or defined time period.
  - g. Forseeable changes.
- 13 Tangata whaiora Go To Plan must include a plan to identify and address risks and include the following:
  - a. Available resources and supports.
  - b. Strategies and protective factors to reduce further risk and strategies to strengthen protective factors.
  - c. A plan for cultural intervention as appropriate.
  - d. Usual pattern of crisis presentation (for chronic risk) and contingency planning for likely risk scenarios.
  - e. Factors indicating acute risk.
  - f. Specific circumstances that might increase risk of self-injury or suicide, and actions to be taken in each circumstance - “if ... then...” plan.
  - g. A plan for restriction of access to lethal means.
  - h. Plan for next review.
- 14 The Comprehensive Assessment and Go To Plan should be written in partnership and shared with the tangata whaiora and whānau (where consent is given), and any other services involved with care (where consent is given).
- 15 Involvement of family/whānau and natural supports should be proactively sought by registered health professional in accordance with the [Health Information Privacy Code \(2020\)](#) and best interests of the

tangata whaiora. If a tangata whaiora does not consent to family/whānau engagement then this is to be documented.

- 16 Engagement with family/whānau is to be documented, including attempt to contact if consent is given. If tangata whaiora does not give consent to family/whānau engagement, this is to be documented in their health record.

## **Assessment and Management of Risk of Suicide and Self Injury**

- 17 When a tangata whaiora presents with a risk of suicide or self-injury, registered health professionals in Mental Health and Addictions should follow MHAPPM8969 - Suicide or Self-Injury Risk Assessment and Management Guideline.
- 18 When a tangata whaiora presents with an enduring risk of suicide or self-injury, the care team should complete a whole service response plan in partnership with the tangata whaiora and their supports, and seek specialist clinical case consultation and/or endorsement from the Clinical Risk Management System panel.

## **Assessment and Management of Aggression and Risk of Harm to Others**

- 19 Tangata whaiora Comprehensive Assessment and Go To Plan will clearly identify risks associated with harm to others and strategies to prevent occurrence. This should include consideration of the demands of care on supporters and whānau.
- 20 Tangata whaiora who present with high risk for assaultive and violent behaviour will be provided with the opportunity to learn skills to minimise aggressive responses, and offered appropriate treatment for presenting mental health and/or addiction disorder.
- 21 Where there is a persisting risk of aggression and harm to others, the care team should complete a Whole Service Response Plan and seek endorsement from the Clinical Risk Management System (CRMS).
- 22 Disclosure of information to family/whānau and other people potentially impacted by the identified risk will be in accordance with The Health Information Privacy Code 2020 (HIPC).
- 23 All Mental Health and Addiction staff are required to attend de-escalation training. Mental Health and Addiction staff who are working in an inpatient setting are required to attend Safe Practice Effective Communication (SPEC) training.
- 24 Security policy should be followed if staff members feel threatened, intimidated or abused by tangata whaiora and visitors.
- 25 In inpatient settings, where tangata whaiora are in situations of distress and anger, an appropriate environment can be used to reduce stimuli and promote de-escalation. This may include the sensory modulation room and techniques for calming. Low stimulus environment and/or seclusion should not be a primary strategy. Restraint minimisation and seclusion policies should be followed to ensure the use of least restrictive practices.
  - a. Additional staff maybe required ensuring tangata whaiora and staff safety with appropriate skill level to manage challenging situations; this must be discussed with the Clinical Manager.
- 26 When in the community and a tangata whaiora is exhibiting signs of anger, staff should consider personal safety and safety of others. If any doubt is raised about staff and/or tangata whaiora safety, staff should request assistance e.g. another staff member, security, police or reconsider urgency of situation to carry out assessment at another time.
- 27 Health NZ Hawke's Bay has a zero tolerance for verbal or physical assaults on staff. In such instances Mental Health and Addictions Group Leadership will support staff to make formal complaints to Police where indicated.

## Assessment of Harmful Use of Alcohol and Other Drugs

- 28 All Comprehensive Assessments should include an assessment of alcohol and other drug use.
- 29 Tangata whaiora who acknowledge alcohol and other drug use should be assessed for dependence and/or withdrawal and offered appropriate intervention or services.

## Assessment of Neglect, Vulnerability and Other Risks

- 30 Under section 195A of the Crimes Act, family members and people working in a hospital, institution or residence where the person resides must take reasonable steps to protect a child or vulnerable adult from serious harm by others.
- 31 This must occur where:
  - a. A child or vulnerable adult resides in Health NZ Hawke's Bay; *or*
  - b. A staff member has frequent contact with the child or vulnerable adult; *or*
  - c. That staff member knows that the child or vulnerable adult is at risk of death, grievous bodily harm or sexual assault; *or*
  - d. The potential harm arises from an unlawful act or major breach of duty by a third party.
- 32 Staff should be familiar with and follow appropriate clinical practice policy in identifying and responding to neglect, vulnerability and other risks in tangata whaiora including Elder Abuse and Neglect - Management of CPG090; Intimate Partner Violence Intervention - CPG015 and Child Abuse and Neglect Policy - CPG010 .

## Children of Parents with Mental Illness or Addiction (COPMIA)

- 33 All Mental Health and Addiction staff should work in accordance with the [Supporting Parents Healthy Children Guidelines](#).
- 34 Therefore, all assessments of adults with a mental illness or addiction must include;
  - a. Identification of all children residing with, or regularly under the care of, the tangata whaiora being assessed.
  - b. Their current circumstances and safety.
  - c. Tangata whaiora capacity to provide physical and emotional care.
  - d. The direct effect of the mental illness or addiction disorder on each child.
    - i. And, for those in forensic mental health services, the direct effect of the offending behaviour on each child.
  - e. The availability of alternative care and support for each child.
- 35 Encourage tāngata whaiora with parenting responsibilities to develop a written plan for the care of their children, such as the Plan for Caring for Children (Supporting Parents Healthy Children, 2015). This should be referenced in the Go To Plan.
- 36 In the case of worsening mental state, discuss any concerns the tangata whaiora has about their child(ren) with the tangata whaiora as soon as possible, and engage with the safety plan.

## Measurable Outcomes

Audit of risk assessment documentation will confirm staff members are competent with risk assessment. This will be included in the Mental Health and Addictions Group annual audit plan.

## Related Documents

CPG010 - Child Abuse and Neglect Policy

CPG015 - Intimate Partner Violence Intervention

CPG090 - Elder Abuse and Neglect - Management of

MHAPPM8046 - Health Record Policy for Mental Health & Addiction Group

MHAPPM8953 – Mental Health and Addiction Group Policy

[Supporting Parents Healthy Children Guidelines](#)

Mental Health Service Definitions Glossary [\\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx](#)

## References

[Ministry of Health \(1998\) Guidelines for Clinical risk assessment and management in mental health services](#)

[Ministry of Health \(2003\) The assessment and management of people at risk of suicide](#)

[Ministry of Health \(2015\). \*Supporting Parents Healthy Children\*. Wellington: Ministry of Health.](#)

[Privacy Commissioner \(2020\). Health Information Privacy FactSheet 3. Disclosure of Health Information – The Basics](#)

[Safeside Prevention \(2023\) Recovery Oriented Framework for Suicide Prevention](#)

## Key Words

Risk Assessment

Safety Plan

Suicide

Aggression

***For further information please contact the General Manager – Mental Health and Addictions Group***