

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>CLINICAL PRACTICE MANUAL</p>	<p align="center">RISK ASSESSMENT MENTAL HEALTH & ADDICTION SERVICES</p>	<p align="center">Protocol CPM.M5.26</p>
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PURPOSE

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that that all tangata whāiora / service user's receiving care will have a formal Risk Assessment completed and an individualised Risk Management Plan identified within the Treatment Plan.

OBJECTIVE

- To provide clear safe guidelines to assist mental health clinicians to better assess and manage Clinical Risk in MH&AS.
- To minimise the likelihood of an adverse outcome.
- To ensure effective monitoring systems to detect early warning signs and ready access to services if need be.
- To meet the New Zealand Health & Disability Services Standards.
- To ensure compliance with Occupational Health and Safety requirements.

STANDARDS TO BE MET

1. Risk Assessment

- 1.1. All MH&AS tangata whaiora / service users will have a Risk Assessment completed, based on accurate information, using the risk assessment form and guidelines, as part of their comprehensive assessment (see [CPM.M5.10 Assessment](#)).
- 1.2. Those individuals entering the service in crisis or acutely will have their risk assessed immediately including the risks evident for substance impaired / intoxicated individuals. Full risk assessment will be completed within 4 hours by those people involved in the comprehensive assessment.
- 1.3. A full Risk Assessment not able to be completed with the tangata whaiora / service users informed consent due to the person's level of substance induced intoxication, will be undertaken at the first practicable opportunity once the level of substance impairment has adequately reduced
- 1.4. Completion of risk assessment for non-acute individuals is the responsibility of the multi-disciplinary team (MDT) and will be carried out by the most appropriate team member, e.g. Nurse, Social Worker, Occupational Therapist (OT), Psychologist or Medical Officer.
- 1.5. The Risk Assessment will be based on factual information, informed opinion, clinical assessment and thorough collection of accurate information covering all aspects of the tangata whaiora / service user's mental illness and / or addiction. This should include presenting symptoms, background, behaviour and individual circumstances and information gathered from whānau and / or support persons.
- 1.6. Risk Assessments will be easily and quickly accessible at the front of the tangata whaiora / service user's health record and made available on entry to all parts of the service. The risk assessment will follow the service user through the service.
- 1.7. The risk assessment can be updated at any time. Amendments should be documented on the form and in the tangata whaiora / service user's health record.
- 1.8. Risk assessments will be reviewed at defined intervals by members of the MDT and the findings documented in the tangata whaiora / service user's health record and on the form. This should take place no less than every 3 months.
- 1.9. Tangata whaiora / service users will be informed about their rights.

<p>Issue Date: Sep 2021 Review Date: Sep 2024</p>	<p>Page 1 of 4 Version No: 6</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Quality & Patient Safety Coordinator, MH&AS</p>	<p>Authorised by: Chief Medical Officer</p>	

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- 1.10. The Tangata whaiora / service users family / whanau and others nominated by them will be consulted in the risk assessment; if this does not occur then the reasons why will be documented.

2. Risk Management

- 2.1 All tangata whaiora / service users will have a treatment plan or “My Plan” (includes risk management) that is informed by data gathered in the risk assessment and comprehensive assessment. The aim of this is to prevent escalation of challenging or ‘risky’ behaviour / situations (e.g. children at risk) by prevention, minimisation and management of risk.
- 2.2 The management of risk will be part of the individual’s treatment plan, and the designated nurse / case manager or other clinician will implement the plan as soon as it is practical to do so.
- 2.3 The management of risk should address:
 - a) Immediate risks
 - b) Identify ongoing management
 - c) Future preventative actions.
 - d) Challenging behaviour and strategies to deal with this
 - e) The context, opportunity, means and motivation of the individual
- 2.4 Planning of risk management, ongoing care and review will be done in partnership with the tangata whaiora / service user and nominated whānau and / or support person.
- 2.5 Risk Assessments and treatment plans must be readily available to other teams / individuals involved in the tangata whaiora / service users care to ensure appropriate care and minimisation of risk.
- 2.6 The risk assessment will be formally reviewed at defined intervals, as part of an ongoing review of the individual risk assessment / treatment plan. The treatment plan will be revised accordingly, and new outcomes identified.
- 2.7 The risk assessment can be updated at any time and changes noted in the tangata whaiora / service user’s health record and on the treatment plan. Entries to the treatment plan must be dated and signed.
- 2.8 Tangata whaiora / service users are informed of who their plans are available to and the rationale for this.

3. Cumulative History of Risk

- 3.1 The cumulative risk history will be commenced at the time of initial comprehensive assessment.
- 3.2 The cumulative risk assessment will be updated with any new hazardous behaviour identified, or prior to new risk assessment form being commenced i.e. after 4 review periods if any further additional information.

REFERENCES

- Health and Disability Services Standard NZS 8134:2008
- Guidelines for Reducing Violence in Mental Health Services, Ministry of Health, 1994
- Health and Disability Services (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008
- Ministry of Health-Guidelines for Clinical Risk Assessment and Management in Mental Health Services, 1998

Issue Date: Sep 2021 Review Date: Sep 2024	Page 2 of 4 Version No: 6	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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- Clinical Risk Management Framework, Mental Health Services, July 2003
- Assessment & Management of Risk To Others: Guidelines & Development of Training Toolkit. Mental Health Workforce Development Programme 2006

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.30 Treatment Plan](#)
- [Bay of Plenty District Health Board Comprehensive Assessment Form](#)
- [Bay of Plenty District Health Board Risk Assessment Wellness transition Plan](#)
- [Bay of Plenty District Health Board Treatment Plan](#)

<p>Issue Date: Sep 2021 Review Date: Sep 2024</p>	<p>Page 3 of 4 Version No: 6</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
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APPENDIX 1: RISK ASSESSMENT PROCEDURE

