



Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions service
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Target Audience	Clinical staff in the mental health and addictions service

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Procedure Review History

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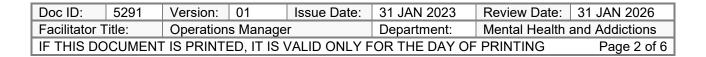


Procedure

Seeking advice and or assessment from Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) at the time of initial mental health crisis assessment

Contents

1	Ove	rview	3
	1.1	Purpose	3
	1.2	Staff group	3
	1.3	Patient / client group	3
	1.4	Exceptions / contraindications	3
	1.5	Definitions and acronyms	3
2	Clini	cal management	3
	2.1	Roles and responsibilities	3
	2.2	Competency required	3
	2.3	Equipment	4
	2.4	Procedure	4
3	Audi	it	
	3.1	Indicators	5
	3.2	Tools	5
4	Evid	ence base	5
	4.1	Summary of Evidence, Review and Recommendations	5
	4.2	Bibliography / References	5
	4.3	Associated Te Whatu Ora Waikato Documents	
	4.4	External Standards	6
		External Standards	>





1 Overview

1.1 Purpose

This procedure outlines when to escalate an initial tangata whaiora crisis assessment to a mental health Resident Medical Officer (RMO) or Senior Medical Officer (SMO).

1.2 Staff group

All clinical staff in the mental health and addictions service who complete initial crisis assessments.

1.3 Patient / client group

All tāngata whaiora receiving an initial crisis assessment.

1.4 Exceptions / contraindications

This procedure does not apply in the following circumstances:

- Mental health assessments that are not crisis related.
- When there is a pre-existing management plan in place that applies to the circumstances of assessment for an individual tangata whaiora.

1.5 Definitions and acronyms

Initial Crisis assessment	Crisis assessment is the process used with an individual to collect information related to the individual's presenting issue, history and needs and strengths in order to determine appropriate services required during an acute crisis episode.

2 Clinical management

2.1 Roles and responsibilities

Clinicians

All clinicians who undertake initial crisis assessments must know about, understand, and complete the requirements of this procedure

Managers (CNM's, ACNMs, Team Leaders)

Managers of areas where initial crisis assessments are completed must ensure that monitoring of this procedure occurs, and any improvements required are acted on.

2.2 Competency required

Registered mental health clinician (SMO, RMO, Nurse Practitioner, Registered Nurse, Occupational Therapist, Social Worker)

Doc ID:	5291	Version:	01	Issue Date:	31 JAN 2023	Review Date:	31 JAN 2026
Facilitator Title:		Operation	ons Manager		Department:	Mental Health	and Addictions
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 3 of 6							





2.3 Equipment

- Assessment Mental Health and Addictions Service clinical workstation document
- Communication devices

2.4 Procedure

- 2.4.1 Clinical staff must contact the responsible RMO/SMO regarding tangata whaiora receiving an initial crisis assessment in the following situations and RMOs and SMO's must ensure they are available to respond
 - Situations where the tangata whaiora requires medical treatment in an emergency department following an actual self-harm event
 - Where tangata whaiora symptoms and / or behaviour are suggestive of:
 - o Psychosis
 - Moderate to severe depression
 - o Agitated depression
 - Risk to self is assessed as moderate to severe based on one or more of the following factors:

Planning and Means

- Where there is the presence of research and planning prior to the self-harm event.
 by tāngata whaiora
- There is preparation by the tangata whaiora (gathering what is required to action self-harm).

<u>Intent</u>

- There is a level of intention to self-harm (the expectation to end life as opposed to a help-seeking action).
- The presence of ambivalence / disappointment of unsuccessful self-harm.

Lethality

 Where there is a presence of significant lethality (self-strangulation by hanging, carbon monoxide by gassing, significant overdose of medicines or substances).

Circumstance

- When the trigger for the suicide attempt / ideation remains unchanged and there is no apparent mitigation.
- When the tangata whaiora is guarded or is disengaged from the assessment
- · When the tangata whaiora remain agitated
- Risk to others is assessed as moderate to severe, which is informed by:
 - Actual harm to others

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Facilitator Title:		Operation	s Manager		Department:	Mental Health	and Addictions
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 4 of 6							





- Recent actual harm to others
- o Imminent risk of harm to others
- Homicidal ideation
- Minors under 18 years of age
- Any situation when the clinician is uncertain of the risk, uncertain of the management plan going forward, have sought a peer opinion and there is a disagreement, and otherwise have intuitive concerns or feel uncomfortable about a decision.

2.4.2 2.4.2 RMOs must contact the responsible SMO regarding tāngata whaiora they see or admit

As per the requirements of the Te Whatu Ora Waikato Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) Responsibilities and the Limits of Delegation of Responsibilities to RMOs policy (2561).

3 Audit

3.1 Indicators

 Audits of clinical records demonstrate that a clinician has had a discussion with a RMO/SMO as part of the initial crisis assessment as per the requirements of this procedure.

3.2 Tools

Initial crisis assessment clinical document specific to this procedure

4 Evidence base

4.1 Summary of Evidence, Review and Recommendations

- Input from Crisis Assessment and Home Treatment (CAHT) clinicians, and mental health and addictions medical staff and leadership.
- Risk information from the New Zealand Mental Health Foundation.
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP): When
 patients should be seen by a psychiatrist

4.2 Bibliography / References

The Royal Australian and New Zealand College of Psychiatrists (RANZCP): When
patients should be seen by a psychiatrist

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING Page 5 of 6								



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4.3 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions Working with Risk: Assessment and intervention to tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others procedure (5241)
- Admission, Discharge and Transfer policy (1848)
- Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) Responsibilities and the Limits of Delegation of Responsibilities to RMOs policy (2561)

4.4 External Standards

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