

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

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

Version	Updated by	Date Updated	Summary of Changes

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1.1 Purpose

1.2 Staff group

1.3 Patient / client group

1.4 Exceptions / contraindications

- 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 tāngata whaiora.

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.

2.1 Roles and responsibilities

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

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

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

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

2.4.1 Clinical staff must contact the responsible RMO/SMO regarding tāngata 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 tāngata whaiora requires medical treatment in an emergency department following an actual self-harm event
- Where tāngata whaiora symptoms and / or behaviour are suggestive of:
 - Psychosis
 - Moderate to severe depression
 - Agitated depression
- Risk to self is assessed as moderate to severe based on one or more of the following factors:

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

- 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.

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

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

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- Recent actual harm to others
- 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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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

- NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard