## PURPOSE

It is the Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service's (MH&AS) policy intent that the utilisation of a contained / secure environment (Intensive Psychiatric Care), within the open acute psychiatric unit, is provided to tāngata whaiora / service users who require it, enabling highly individualised and safe care, maximising autonomy and recovery and limiting restrictive interventions

## OBJECTIVE

- To provide consistent standards for the management of a secure environment for tāngata whai ora / service users subject to the Mental Health (Compulsory Assessment & Treatment) Act 1992 who present with an acute disturbance of behaviour, and significant risk to themselves or others, as a result of an acute mental illness.
- To ensure staff, patients and their family / whānau are provided with auditable standards for the initiation, utilisation and transition from intensive psychiatric care (IPC).
- To promote health care delivery that is highly individualised, with a focus on maximising dignity, autonomy and independence.
- To ensure that management of the IPC environment supports recovery and limits restrictive interventions whilst maximising the safety of all users of the area including staff.

## STANDARDS TO BE MET

### 1. Guiding Principles

The use of any area for intensive psychiatric care will always include:

1.1 The thoughtful and considerate treatment of tāngata whaiora / service users as individuals.
1.2 Respect of the individual's privacy, dignity and promotion of his / her self-respect.
1.3 Respect of the cultural needs of the individual.
1.4 Respect of the individual's spiritual needs.
1.5 Consideration of any special needs the person may have active and ongoing participation of the individual in decisions related to treatment.
1.6 Clear identification of risk and the planned treatment pathway.

### 2. Indications for Use

The following are examples of when the use of IPC may be necessary:

2.1 When an individual's behaviour indicates that he / she is at risk to self or others.
2.2 When an individual threatens, makes a serious attempt, or undertakes and act of self-harm.
2.3 When closer monitoring or a higher level of observation is required in a more contained environment.
2.4 When a person has a disturbance of behaviour as a result of marked agitation, thought disorder, severe confusion, hyperactivity or grossly impaired judgment.
2.5 When an individual requires a low stimulus environment.

## 3. Initiating / Ending Intensive Psychiatric Care

3.1 The decision to initiate or end intensive psychiatric care will be made by the Responsible Clinician / On call Medical Practitioner in consultation with the Registered Nurse (RN) allocated to the tāngata whaiora / service user on that shift and the Shift Co-ordinator / Team Leader. This decision will be made following a clinical assessment.

3.2 If there is an incident leading to the tāngata whaiora / service user requiring containment in the IPC, this is to be recorded in the electronic incident reporting system clearly stating rationale behind the decision and reported to the Shift Co-ordinator / Team Leader.

3.3 The tāngata whaiora / service user and their nominated family / whānau will be kept informed.

3.4 One (1) staff member is required to be circulating at all times in the IPC environment to ensure safety

3.5 All tāngata whaiora / service users being cared for in IPC need to be medically reviewed on a daily basis as per protocol CPM.M5.10 Assessment in consultation with the IPC nursing team.

3.6 If IPC continues for more than 24 hours a review of the tāngata whaiora / service user's care will take place and reasons for continuation will be documented in the tāngata whaiora / service user's clinical file.

3.7 The move from IPC to the open ward will be a planned process and the rationale will be outlined in the tāngata whaiora / service user's individual treatment plan and the clinical notes.

3.8 Ending IPC will occur following ongoing assessment and evaluation of treatment outcomes. This will be decided by the Responsible Clinician / On Call Medical Practitioner with the RN allocated to that tāngata whaiora / service user and the Shift Co-ordinator / Team Leader.

## 4. Personal Items

4.1 In order to maximise autonomy, dignity and independence, tāngata whaiora / service users should maintain possession of some personal items of clothing and effects. These need to be limited in order to maintain a safe environment in IPC. Items to be treated with extreme caution are:

a) Sharp or pointed objects.
b) Cigarette lighters / matches
c) Plastic bags
d) Hard footwear
e) Belts and buckles and shoelaces.

4.2 Any items that may introduce a risk will be used only following careful assessment of risk and under nursing supervision.

## 5. Locking of doors

5.1 For reasons of patient safety and quality of clinical care IPC may need to be closed. IPC is able to be opened to maintain the philosophy of integration and treatment in the least restrictive environment if this does not compromise an individual's care.

5.2 The decision to open and close the IPC doors will be the responsibility of the Shift Co-ordinator / Team Leader in consultation with other team members on that shift.

## 6. Documentation

6.1 A detailed account of events will be documented in the tāngata whaiora / service user's health record.
6.2 The tāngata whaiora / service user's individual nursing care plan and risk management plan will be updated accordingly.
6.3 An Incident Management Form is completed when required.

## REFERENCES

- Mental Health (Compulsory Assessment and Treatment) Act 1992 and amendments
- Ngā Paerewa Health and Disability Services Standard. NZS 8134:2021
- Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992, July 2008, Ministry of Health. NZ.

## ASSOCIATED DOCUMENTS

- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.10 Assessment
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.26 Risk Assessment
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 7.104.1 protocol 3 Care Delivery – Observing Patients
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 7.104.1 protocol 15 Care Delivery – Mental Health & Addiction Services Inpatient Observation Standards
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.27 Seclusion in MH
- Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.R2.13 Restraint Minimisation – Mental Health Services