

Thursday, 19 May 2022

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Re: Official Information Act Request – Suicide

Kia ora ██████████,

Thank you for your request for information under the Official Information Act 1982.

**You asked:**

*Full descriptions and/or a copy of the measurement tool(s), procedure(s) or method(s) used to assess the risk of suicide or self-harm, informing decisions on providing access to the DHB's services.*

- *By “measurement tool(s), procedure(s) or method(s)”, I mean how risk is determined, which may also involve any of the following (but not limited to these): surveys; protocols; checklists; questionnaires; scales; instruments; screening tools; inventories; evaluation tools; scores; an index or indices; psychometric tools; psychological tests; psychiatric tests; ratings; interviews; items; forms; status forms; decision trees; pathways; safety plans; template; risk stratification; formulation or risk formulation; action plan; risk banding; risk categorisation. These may feed into a “traffic light system” that categorises individuals according to varying degrees of risk.*
- *By “risk”, I mean the probability (of suicide or self-harm occurring). The measurement tool(s)/procedure(s)/method(s) in question may refer to any of the following terms (but not limited to these): likelihood; possibility; potential; prediction; danger; hazard.*
- *By “suicide” I mean an individual taking their own life. By “self-harm” I mean an individual intentionally damaging their body, with or without suicidal intent. The measurement tool(s)/procedure(s)/method(s) in question may use other terms, including the following (but not limited to these): attempted suicide/suicide attempt; suicidality; self-injury; self-injurious behaviour; parasuicide.*
- *By “the DHB's services”, I mean those services related to all ages, all teams, all specialities, including but not limited to mental health, inpatient and outpatient, Emergency Department, EIS/Early Intervention, maternal mental health, cultural teams, youth forensic services, older adult, dual disability, liaison psychiatry, emergency psychiatric service, crisis team. Hence, I request information regarding any DHB service where suicide risk is assessed during decisions on service access.*

*I seek this information for a research project addressing the role of risk factors in informing service access decisions. We seek to understand current practices in Aotearoa/New Zealand.*

**The Hauora Tairāwhiti response is as follows:**

Tawhirimatea (Mental Health Crisis team) and Te Whare Oranga (Community Mental Health) both use risk assessment tools and are constantly evaluating risk when supporting whanau. Please see the documents attached to the email.

- Triage tool: gauge urgency of response based on risk and other factors. This allows clinical teams to determine pathways of care and also who gets seen first when there are multiple presentations or competing priorities presented
- Mental Health risk assessment tool: this is used when engaging Tawhirimatea and also completed in Te Whare Oranga with whanau every 3-6 monthly or more frequently if risk changes. Note the risk matrix segment. A copy is given to whanau which supports them qualifying/challenging subjective information.
- SBAR form: this is presented in Mental Health and Addictions services multidisciplinary team weekly meetings to discuss concerns and to formulate a care plan. Tawhirimatea use this frequently as it is an excellent communication tool for handovers between police and health services to ensure information and concerns raised are not lost.

If you are not satisfied with this response you may contact the Office of the Ombudsmen, phone 0800 802 602.

Please note this response or an edited version of this response may be published on the Hauora Tairāwhiti DHB website. Your personal/identifying information will be redacted from any responses published. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Ngā mihi

**Jim Green**  
Chief Executive  
Hauora Tairāwhiti