

19 March 2019

Email:

Re: Official Information Act

Dea

I am responding on behalf of Hauora Tairāwhiti (Tairāwhiti DHB) to your OIA Request of 21 February regarding reportable event briefs

Our response to your request:

- *Can I please request under the OIA all the Reportable Event Briefs for the last 3 years for mental health for all the DHBs?*
- *Can I also please request under the OIA what information from DHBs are sent to HQSC? (This is in case the previously question doesn't hit the sweet spot)*
- *Then I would like to request under OIA the information that DHBs usually send to HQSC and I would like that to cover the last 3 years please.*

All the Reportable Event Briefs for the last 3 years for mental health for Hauora Tairāwhiti?

The event briefs contain identifiable information and are withheld under section 9(2)(a) of the Official Information Act 1983 (protect the privacy of natural persons, including that of deceased natural persons)

What information from Hauora Tairāwhiti is sent to HQSC?

Investigation Reports are sent to HQSC, however, these are withheld under section 9(2)(a) of the Official Information Act 1982.

The information that Hauora Tairāwhiti usually sends to HQSC and I would like that to cover the last 3 years please.

Investigation Reports are sent to HQSC, however, these are withheld under section 9(2)(a) of the Official Information Act 1982

However, this is the first year mental health adverse events (other than falls with fracture) have been included in the Hauora Tairāwhiti Learning from adverse events report. We can provide a summative report of serious adverse events for mental health services over the last 3 years (1 Jan 2016 to 31 Dec 2018) as follows.

Behaviour

Reviews of mental health adverse events (excluding falls with fracture) have identified the following themes:

Patient factors:

- Recurrent depression / anxiety disorders
- Other concurrent mental health conditions
- Other non-mental health medical conditions
- Previous behaviour e.g. risk to self (suicidal thoughts, self-harm) and to others (threatening e.g. physical / verbal), poor coping strategies, addiction (gambling / alcoholism/relationship problems)
- Past abuse (physical and /or sexual)
- Non-compliance e.g. medications, did not keep appointments

Staff factors:

- Inadequate engagement with family / inclusion of family in rehabilitation
- Inadequate integration of care e.g. different services / multidisciplinary team members/communication
- Staff resource issues / large, complex caseloads
- Staff education issues including awareness of policies

Communication factors:

- Family support / education / involvement
- Multidisciplinary team communication and shared planning
- Inter-agency communication

Environment factors:

- Social stressors e.g. accommodation / relationship / financial issues, family bereavement
- Changing location of residence e.g. and not informing support staff
- Level of family support
- Legislative e.g. prescribing requirements, Mental Health Act

Recommendations:

1. Clear pathways to facilitate shared care between teams and wards (e.g. oversight of mental health care for young people)
2. Clear pathways from community providers to hospital acute mental health services
3. Review of patient risk assessment tools and staff training in risk assessment
4. Whānau support, engagement, education
5. Support, clinical supervision and oversight of mental health staff

Multidisciplinary team working relationships

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,

Briar Hunter
Communications Advisor
Hauora Tairāwhiti