

16 May 2022

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Re: Official Information Request for Suicide Risk Assessment Information – ADHB Ref: 20220419-1205

I refer to your official information request dated 19 April 2022 for the following information:

Official information request (on behalf of colleagues Dr. Sarah Fortune; Dr. Sarah Hetrick; Prof. Roger Mulder): information on how the DHB undertakes suicide risk assessment to inform decisions on access to services (which may also be known as the “triage process”)

Please supply the following information under the Official Information Act (OIA):

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.

Response

The information you have requested follows below and in the attachments detailed.

Auckland DHB Mental Health and Addictions (MH&A) Directorate does not use specific tools to measure or assess suicide risk, which is in line with guidelines from the UK's National Institute for Health and Care Excellence (NICE) as well as other international guidelines.

When adult service users are triaged into MH&A services, we tend to use the UK Mental Health Triage Scale, which can be found on the internet at the following link:

<https://ukmentalhealthtragescale.org/uk-mental-health-triage-scale/>

For child and adolescent mental health service users, we use a variant of this triage scale. This can be found in Attachment 1.

With outpatient child and adolescent mental health services and based on triage, a pathway for entry to services has been developed. This can be found at Attachment 2.

For the inpatient Child and Family Unit (CFU), there is a guideline named Responses to suicidal ideation or gestures. This is found in Attachment 3. Also in relation to the CFU, at Attachment 4, please find the guideline Deliberate Self-Harm. For our child and youth services we use a safety planning guide with families. Please find this at Attachment 5.

In our electronic clinical record, we have two standard forms designed for the recording and managing of risk. These are the initial assessment form (see Attachment 6) and the Regional History form (see Attachment 7). Please note that while both of these forms are labelled as Waitematā DHB, they are regional forms for the metropolitan Auckland district health boards and the same form is used by Auckland DHB.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours sincerely



Ailsa Claire, OBE
Chief Executive

Encl.

Appendix 1. Kari Centre Triage Scale
Attachment 2. Kari Centre Intake – Pathway
Attachment 3. Deliberate self-harm
Attachment 4. Responses to suicidal ideation or gestures
Attachment 5. Safety plan guidelines for families (Dec 2021).docx
Attachment 6. Regional Client History 598
Attachment 7. Regional Client Assessment