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| **Purpose** | This document is a guide to identify and respond to safety issues in order to provide the safest possible recovery context for tāngata whai ora/tāngata whaikaha their family/whānau/carers and the wider community. |
| **Scope** | * Tāngata whai ora/tāngata whaikaha and their whānau.
* Health care workers and other relevant service providers.
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| **Policy** | * Tāngata whai ora/tāngata whaikaha and, if relevant their whānau have a safety plan.
* They are active participants in determining and identifying safety issues and developing their safety plan.
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| **References** |
| **Guidelines****&****Resources** | * [He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction](https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/). (2018).
* [He Arotake ngā Tūraru – Reviewing Risk. He kohinga kōrero – A discussion paper. Changem Ltd.](https://www.health.govt.nz/publication/he-arotake-nga-turaru-reviewing-risk-discussion-paper) MOH. (2022).

[Rethinking risk to others in mental health services (Royal College of Psychiatrists). (2015).](https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2014-2016-college-reports)* [Risk, Safety and Recovery (Jed Boardman and Glenn Roberts). (2014).](https://imroc.org/resource/9-risk-safety-and-recovery/)
* [Suicide prevention](https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/suicide-prevention), MOH.
* [Personal Safety Plan, Mental Health Foundation.](https://mentalhealth.org.nz/resources/resource/personal-safety-plan)
* [Suicide prevention, Healthify.](https://www.healthnavigator.org.nz/health-a-z/s/suicide-prevention/)
* <https://www.kingsfund.org.uk/insight-and-analysis/blogs/we-will-back-you-positive-approach-to-risk>
* Therapeutic risk-taking. Felton et al. BJPsych Advances(2017), vol.23,81-88 doi:10.1192/apt.bp.115.015701.
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| **Definitions** |
| **Hui process** | When having safety conversations including planning we apply the following process: * If appropriate, start with karakia.
* Mihi – initial greeting.
* Whakawhanaungatanga – making a connection – building a relationship.
* Kaupapa – the purpose of the meeting:
	+ Discuss safety issues from tāngata whai ora/tāngata whaikaha perspective.
	+ Discuss safety issues from whānau perspective.
	+ Other participants to bring their perspective of safety issues to the table.
	+ Follow the principles and approaches noted in this document and discuss them with the people present at the hui.
	+ Provide information as requested by participants.
	+ Elicit the expectations of tāngata whai ora/tāngata whaikaha and their whānau.
	+ Discuss the next steps such as a safety plan.
	+ Together make a plan.
	+ Identify responsibilities for implementing the plan.
	+ Identify resources required to implement the plan.
	+ Identify when to meet next.
* Poroporoaki- conclude the hui.
* If appropriate, finish with karakia.
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| **Risk** | The likelihood of an adverse event or outcome. (MOH 1998).(Risk is complex and means different things to different people. All decisions carry some risk, so therefore risk cannot be eliminated. There is very little evidence that risk assessment is useful for predicting risk or reducing harm. Indigenous cultures perceive risk within their cultural context. (*He Arotake ngā Tūraru – Reviewing Risk. He kohinga kōrero – A discussion paper. Changem Ltd. MOH.)**Risk* refers to the potential for pain, distress, harm, or loss as a result of the outcome(s) of a particular course of action, activity/inactivity or event. The principal categories of risk are broadly: the risk of progression of illness – risk to health of the individual; the risk of deliberate self-harm, including suicidal behaviour; the risk of unintentional harm to self, exploitation; and; the risk of violence, or intimidation of others. Particular risk may also be posed to people accessing mental health and addiction services by systems and by the treatment itself. These particular risks include but are not limited to – the side-effects and long-term effects of medication, ineffective care, institutionalisation, and stigma and stigmatisation. (NZQA Unit Standard, Health, Disability, and Aged Support - Mental Health and Addiction Support Level 4,2024). |
| **Risk aversion and defensive practices** | Clinicians working under the Mental Health Act, particularly psychiatrists and mental health nurses whose decisions have been subject to criticism from DHB/Te Whatu Ora reviews, coroners’ inquests, and Health and Disability Commissioner investigations, have unsurprisingly developed a culture of risk aversion and defensive practice. This is a problem that extends beyond interpretation and application of the Mental Health Act, but many highly publicised cases involve decisions made under the Act. It is based on the flawed premise that risk prediction is an exact science. Instead of focusing on the patient’s best interests, too often clinicians attempt to ‘manage risk’. The results are not always good for patients, clinicians or, ultimately, the community. (He Ara Oranga (2018).  |
| **Safety/****opportunity** | This term replaces the term ‘risk’ and is currently favoured by the Ministry of Health and other publications (refer to references). It is consistent with the following approaches:* Recovery-based.
* Strength-based.
* Self-determination – mana motuhake, tino rangatiratanga.
* Human rights.
* Harm – reduction.
* Mātauranga Māori.
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| **Tapu and Noa** | Examples of the concepts and tikanga of tapu and noa within a mental health and addiction context can be found in: A Mental Health and Addiction Framework: A Whanau Ora Approach Published by Te Rau Matatini 2014.  |
| **Our safety conversations and planning are informed by:** |
| * A process based on shared decision making and the joint construction of personal safety plans.
* An approach that respects tāngata whai ora/tāngata whaikaha needs, while recognising everyone’s responsibilities – tāngata whai ora/tāngata whaikaha, whānau, friends, and service providers – to behave in ways which will uphold and maintain personal, collective, and public safety.
* Acknowledging that overdefensive, risk-avoidant practice is bad practice and is associated with avoidable harms to tāngata whai ora/tāngata whaikaha, whānau, and to health care workers.
* A trauma-informed approach to safety to enhance recovery and acknowledge the harm of coercive care.
* Counterbalance the focus on harmful actions with the recognition of tāngata whai ora/tāngata whaikaha and their whānau capabilities.
* Supporting tāngata whai ora/tāngata whaikaha and their whānau to recognise and use their own skills, resources and resourcefulness to manage safety.
* Integrating cultural/Māori tikanga when collaboratively developing safety plans.
* Differentiating between safety issues/risks that must be minimised and safety issues/risks that people have a right to experience.
* Using a hui process when having safety conversations and planning.
* Pacifica approaches to wellbeing and safety.
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| **Big-picture approach to safety**  |
| **We consider factors that might drive safety issues/risks for tāngata whai ora/tāngata whaikaha. For example:** |
| **State of mind****(there is no exact definition of this term)** | **Medical issues** | **Environment** | **Relationships** |
| * Cognition
* Perception
* Emotions
* Memory
* Belief
* Desire
* Intention
* Immediate stressors
* Neurodiversity
 | * Injuries – especially head injuries
* Substance use
* Allergies
* Medicine adverse effects
* Sensory issues
* Diabetes
* Asthma
* Condition that has not been able to be effectively managed
* Metabolic syndrome
* Pain
* Infection
 | * Homelessness
* Poor housing
* Poverty
* Overcrowding
* Occupational exclusion
* Social exclusion
* Lack of material resources.
* Living in a hostile environment
 | * Abuse
* Neglect
* Violence
* Trauma
* Alienation from whānau, family, friends and supports
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| **Supports and treatment** | **Cultural** |
| * Inability of service providers to provide helpful support, treatment and interventions
 | * Language barrier.
* Discrimination.
* Prejudice.
* Cultural isolation.
* Racism.
* Stigma.
* Trauma.
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| **We acknowledge and support the recovery capital/strength that support tāngata whai ora/tāngata whaikaha safety and wellbeing. For example:** |
| Support networks | Family/whānau | Spirituality | Financial health |
| Leisure | Role  | Identity | Citizenship participation |
| Workplace | Partner | Attitude | Housing/Shelter |
| Skills | Peer support | Self-awareness | Employment |
| Education | Belonging | Values | Study |
| Social activities | Coping strategies | Faith | Cultural activities |
| Faith groups | Community attitudes | Local recovery community | Community activity |
| Personal capital | Social capital | Mutual aid | Tikanga |
| Mana | Mātauranga Māori | Mana motuhake | Tūrangawaewae |

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| **Service pathway processes that include safety discussions and plans**(For additional detailsrefer to our policy/procedure Ngā Huarahi ki te oranga - Pathways to wellbeing.)  |
| **Pathway** | **Participants**  | **Process** | **Outcomes** |
| **Referral** | tāngata whai ora/tāngata whaikahawhānaureferrerour servicepeer practitionercultural practitioner | * Referral information includes safety issues that need to be considered.
* Referrer has a safety plan in place that was discussed and agreed on by tāngata whai ora/ tāngata whaikaha and their whānau.
 | Participants agree that our service can support tāngata whai ora/tāngata whaikaha and their whānau safety plan. |
| **Service entry** | * Confirm the safety issues and plan submitted and discussed at referral is still current.
* Amend the plan if required.
* Ensure that tāngata whai ora/ tāngata whaikaha have a copy of the plan.
 | The safety plan is current. |
| **During service engagement** | tāngata whai ora/tāngata whaikahawhānauour serviceother service providerspeer practitioner cultural practitioner | Safety conversations and responses are an integral part of for example:* Therapeutic interactions
* Peer support meetings
* Service provision reviews
* Support activities
* Whānau hui
* When circumstances change, such as:
	+ During a crisis.
* Tāngata whai ora/ tāngata whaikaha request a safety discussion.
* After adverse events
* Change in treatment/support setting.
* Change in level of contact.
* At request of whānau or other service providers or support people.
 | * Safety conversations are normalised.
* Opportunities for tāngata whai ora/ tāngata whaikaha living with safety issues/risks are recognised.
* Responses to changes in safety/risk are timely.
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| **Transition****Transfer****Discharge** | tāngata whai ora/tāngata whaikahawhānauour serviceother service providerspeer practitioner cultural practitioner | * Transition/transfer/discharge support includes the identification of safety/risk issues.
* A safety plan is in place and discussed using the hui process before the change in support setting for tāngata whai ora/tāngata whaikaha is happening.
 | The safety plan:* Includes triggers, early warning signs and a relapse prevention plan.
* Considers the change in tāngata whai ora/tāngata whaikaha recovery journey.
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