

Mental Health - adverse outcomes
Proactive Release: 18 March 2020



06 March 2020

9(2)(a)

Email: 9(2)(a)

Dear 9(2)(a)

Official Information Act (1982) Request

I write in response to your Official Information Act request received by us on 7 February. You requested the following information:

- 1) **Left a DHB-operated open or secure facility/ ward in the past seven years, 2013 to present, when they were not supposed to or were supposed to return through;**
 - a) escorted leave;
 - b) unescorted leave;
 - c) escape;
 - 4) transfer;
 - 5) weekend or day leave;
 - 6) any other way.

Please break down by year and type of facility.

As context for this response, Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people), as well as regional and supra-regional specialist services (Burns, Plastics and Orthopaedics). Our specialist Mental Health Services are delivered via hospital, outpatient/ ambulatory and community-based models of care. In addition, across Auckland some specialist mental health services (including forensic, Drug and Alcohol, and some inpatient youth services) are provided for our community by other DHBs.

CM Health does not have a 'secure facility' as part of our Mental Health Service, and does not refer to people under our care who are absent without official leave or absent causing concern as 'escaped'.

We do hold data on people within our inpatient facilities who are 'absent without official leave' (if under the Mental Health Act) or are 'absent causing concern' (if not under the Mental Health Act, and receiving services informally).

We have policy / procedures to appropriately guide clinician practice in these situations. We have included (attached) a copy of the Policy- AWOL (Absent without official leave) or Absence causing concern.

The available data (table 1) represents mental health service users between 2013 and 2019 who have been reported in our incident system as being:

- AWOL,
- Patient left without being seen,
- Patient left before recommended time,
- Patient left against medical advice,

Year	Ward 43 – Kimi Whanaungatanga	Ward 42 – Ki Te Whai Ao	Ward 35 East – Koropiko (Older People’s Service)	Ward 22 - Tui	Tamaki Oranga Recovery Centre (Baird’s Road)
2013	2	7	0	6	60
2014	4	7	0	5	28
2015	3	1	1	3	17
2016	2	6	0	6	12
2017	3	23	1	14	7
2018	2	10	1	22	8
2019	0	6	5	15	1

We note that during 2017/18 there were significant facility building works occurring to replace the existing acute adult mental health unit on the Middlemore hospital site.

2) Please state how many of those patients who left while under DHB mental health care died by suicide or suspected suicide. Please break down by year, ethnicity and gender.

CM Health does not hold the information you are seeking, regarding details related to cause of death in the Counties Manukau district. The Coroner’s Office is responsible for any definitive determination of a cause of death, or making a provisional finding of suicide. CM Health is therefore not able to respond to this request, under Section 18(c)(i) of the Official Information Act, being that making this information available would contravene Section 71 of the Coroner's Act.

We also believe the generally low numbers determined by Coroner in any DHB per annum as also under Mental Health care mean that providing other details could also create a privacy issue, as the affected parties are then potentially identifiable.

We note that Mental Health Services at CM Health has a strong track-record in suicide prevention activity. Our ‘Suicide Prevention and Post-vention Plan’ has been active this year, with a highly engaged Interagency Advisory group, a Māori roopu, and a Post-vention network.

3) Please state how many of those patients disappeared, and were never found again.

CMDHB does not capture data on people under our care who have “disappeared, and were never found”. As is described in our Policy, ‘AWOL or Absences causing concern’, staff contact NZ Police for

service users who are AWOL, or absent causing concern, and are considered to be a serious or imminent risk to self, identified other(s) or to property. Any further investigation is for the NZ Police to pursue.

4) Please state how many of those patients suffered an adverse event/ trauma through the unapproved departure; (i.e. raped, robbed, assaulted, accidental death or homicide etc).

CM Health does not record or hold the data requested.

5) Please state for the same time frame the number of patients who died INSIDE the DHB-run mental health facility, and type of death, (e.g. suicide, suspected suicide, accidental death, illness etc).

We have considered the balance of public interest in this information, against the significant privacy rights of the individuals, and families affected. In the circumstances, particularly due to the small number of cases involved, we do not believe public interest outweighs this right to privacy. We are withholding this information under section 9(2)(a) of the Act – protect the privacy of natural persons, including that of deceased natural persons.

We note that anonymised data on any serious adverse events in NZ DHB mental health services, including deaths, is submitted to the Health Quality and Safety Commission, and is now reported annually, as a part of the Serious Adverse Event process, to support sector learning from adverse events.

- <https://www.hqsc.govt.nz/our-programmes/adverse-events/publications-and-resources/publication/3889/>

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

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

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health


Policy: AWOL (Absent without official leave) or Absences causing concern.

Introduction

During the course of treatment it is often appropriate and therapeutic for service users to have periods of absence from the usual treatment setting. These absences are ordinarily negotiated between the various parties, including the service user, their family/whānau and the treatment team.

Purpose

The purpose of this policy is to provide direction for mental health services when a service user goes missing causing concern without clinical agreement for an inpatient or community setting. It will assist with determining the level of concern for the person or others and the appropriate response and management of the absence.

 **This Policy is to be read in conjunction with the AWOL or Absent Causing Concern - PROCEDURE**

Scope

This policy is applicable to all staff of CMH Health Services.

Policy Statements

- Mental Health Services ensure the safety of service users under their care.
 - Mental Health Services ensure every attempt is made for the safe return of service users under care. This will enable service users to receive the care and treatment they need.
 - Mental Health Services will comply with the relevant legal requirements where a service user detained under compulsory processes is absent from the assessment or treatment without the permission of the Responsible Clinician.
 - Mental Health Services will make every effort to ensure that a service user who is absent is located as soon as possible.
- All matters pertaining to publicity surrounding any missing service user will be dealt with by the Clinical Director Mental Health in consultation with the senior management team
- Absences from the usual treatment setting are authorised by the Mental Health Compulsory Assessment and Treatment Act at all stages although they are only

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AWOL or Absences Causing Concern - Policy

strictly defined as leave for service users subject to an Inpatient Compulsory Treatment Order.

- Terms and conditions for absence of any service user must always be documented
- Absences without such documented approval are regarded as Absences without Leave (AWOL) or Absences Causing Concern, if the Service user is informal. Such unauthorised absences should be managed in a consistent manner across all services.
- A formal notification process is in place
- Adequate and appropriate assessment and documentation of risk occurs.

Definitions: Terms and abbreviations used in this document are described below.

Term	Definition
AWOL (Absent Without Official Leave)	The term applies when a service user (including Special Patient) under compulsory treatment processes absents themselves without authorisation from an inpatient unit or from a specified community placement. This includes when the service user leaves an escort or does not return from a period of specified leave.
Absent Causing Concern	A service user not under the MH Act in an inpatient unit or a service user in a community setting (residential rehab or respite) who either leaves without clinical assent or whose absence from the treatment setting / their usual place of residence, causes concern to the treating team, family or others.
Categories for AWOL / Absent Causing Concern	
Category A Call 111 Emergency	Any service user considered to be a serious or imminent risk to self, identified other(s) or to property. Note: Service users who are categorised as a Special or Restricted patient as defined by the MHA, who are absent without leave or clinical authority are automatically Category A.
Category B Submit a missing person Report/AWOL form	A service user assessed to be no immediate risk to self, identified other(s) or property but whose risk increases if they fail to take prescribed medication; consume alcohol or illegal drugs; or are exposed to circumstances which may trigger inappropriate anti-social behaviour. Note: All service users absent without authority from an Inpatient Unit would normally be categorized either A or B

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<p>Category C</p> <p>Submit a missing person Report/AWOL form</p>	<p>A service user who poses no threat to self or identified other(s) or property</p>
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AWOL or Absences Causing Concern - Policy

Associated Documents: Other documents that are relevant to this policy are listed below

NZ Legislation	<ul style="list-style-type: none"> • Mental Health (Compulsory Assessment and Treatment) Act 1992 • Mental Health (CAT) Amendment 2000 • Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 • Criminal Procedures (Mentally Impaired Persons) Act 2003 • Health Information Privacy Code 1994 • Privacy Act 1993 • Alcoholism and Drug Addiction Act 1966 • Health and Disability Commissioner Act 1994
NZ Standards	<ul style="list-style-type: none"> • Health and Disability Sector Standards • Code of Health and Disability Services Consumers' Rights 1996 • Ministry of Health Guidelines Absent Without Leave, May 1994
CMDHB Policies / Procedures	<ul style="list-style-type: none"> • AWOL Absent Causing Concern – Procedure • Informed Consent • Privacy of Patient Information • Access to Patient Information • Reportable Events

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AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure

Procedure: AWOL or Absences Causing Concern from a Mental Health Inpatient unit

Background / Introduction

During the course of treatment it is often appropriate and therapeutic for service users to have periods of absence from the usual treatment setting. These absences are ordinarily negotiated between the various parties, including the service user, their family/whaanau and the treatment team.

Absences without such documented approval are regarded as Absences without Leave (AWOL) or Absences Causing Concern if the service user is informal. Such unauthorised absences should be managed in a consistent manner across all services.

Purpose

The purpose of this procedure is to provide clear direction of the steps to take when a patient goes AWOL/ Absent Causing Concern from the Acute Inpatient Unit. It also provides the steps to be taken when a service user returns from AWOL/ Absent Causing Concern to the inpatient treatment setting.

This procedure will assist with determining the level of risk for the person, or others, the appropriate response and management of their absence and / or return to the unit.

Roles and Responsibilities

Team Manager
 ↓
 Charge Nurse
 ↓
 ACNM
 ↓
 RN's

This procedure is carried out by the Associate Clinical Nurse Manager (ACNM) or Senior Nurse or delegated nursing staff member.

This procedure is applicable to all CMDHB employees, fulltime part time and casual.

Associated Documents

Document ID:	A160845	CMH Revision No:	3.0
Service:	Core Adult Inpatient Mental Health Services	Last Review Date :	17/10/2012
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AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure

Other documents relevant to this procedure are listed below:

NZ Legislation	Mental Health (Compulsory Assessment and Treatment) Act 1992
NZ Standards	Health and Disability Sector Standards Code of Health and Disability Services Consumers' Rights 1996
CMDHB Policies	AWOL Absent Causing Concern Policy

Terms and definitions used in this document are described below

Term	Definition
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AWOL (Absent Without Official Leave)	The term applies when a patient (including Special Patient) under compulsory processes absents themselves without authorisation from the unit or from a specified community placement. This includes when the patient leaves an escort or does not return from a period of specified leave.
Absent Causing Concern	A patient not under the MH Act in an inpatient unit or a patient in a community setting (residential rehab or respite) who either leaves without clinical assent or whose absence from the treatment setting / their usual place of residence, causes concern to the treating team.
Categories for AWOL / Absent Causing Concern	
High Risk	<ul style="list-style-type: none"> Likely to take his/her own life, or pose a major risk to the life of another person. Has made a credible direct or seriously implied threat, to cause serious bodily injury to any other person, or serious damage to other property. <p>Note: Patients who are categorised as a Special or Restricted patient as defined by the MHA, who are absent without leave or clinical authority are automatically Category A.</p>
Medium Risk	<ul style="list-style-type: none"> Has a known history from previous admissions of self-harm, harm to others or damage to property or has the potential to do so. Patients may initially fall into this category and need to be elevated to "High" if not located within a period and have run out of/stopped taking medication. A service user assesses to be no immediate risk to self, identified other(s) or property but whose risk increases if they fail to take prescribed medication, consume alcohol or illegal drugs, or are exposed to circumstances which may trigger inappropriate anti-social behaviour.
Low Risk	<ul style="list-style-type: none"> Poses no threat to themselves, any other persons or property. Any other patients not falling into the "High" or "Medium" risk category. <p><i>Use the AWOCA FORM IN HCC for service users with low risk.</i></p>

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AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure
PROCEDURE

AWOL/ABSENT CAUSING CONCERN of service user from an Inpatient Service

Step	Action
1.	Search the unit to confirm that the service user is absent or 'missing' from the unit
2.	Determine the category of AWOL/Absent Causing Concern, using definitions above.
3.	<p>Allocated RN</p> <p>Notify:</p> <ul style="list-style-type: none"> • Shift Facilitator • Charge Nurse Manager – within usual business hours • ACNM – at all times • Nurse Unit Manager during usual working hours and Mental Health On-Call Manager when High Risk category
4.	<p>Allocated RN</p> <ul style="list-style-type: none"> • Advise service user's medical staff that the service user is AWOL or AWOCA and ascertain AWOL category. After Hours: Call the on-call Registrar Consultant Psychiatrist to ascertain AWOL category. • Complete AWOL/ AWOCA form within HCC file and inform ACNM. • Call the Police to inform of AWOL and ascertain job number. • Notify Intake and Acute Assessment team by phone and liaise regarding what follow up is required by them. The plan have to include the requested frequency of community visits and contact attempts to the service user, family, friends and partners in care. • Inform the service user's Next of Kin. <p>Note: If a potential person at risk is known, consideration must be given to notify this person. This must be discussed with the senior medical and nursing staff involved in the care of the patient, or after hours, with the On Call Consultant. This will include consideration of the most appropriate person to inform the person at risk.</p> <p>Shift Facilitator</p> <ul style="list-style-type: none"> • Updates Fire board • Electronic whiteboard • Daily ward Report
5.	<p>ACNM</p> <ul style="list-style-type: none"> • Review AWOL/AWOCA form Ensure that the text box is expanded then print

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AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure

	<p>and scan into the ACNM Folder.</p> <ul style="list-style-type: none"> Email the form to Police on counties.manukau.fmc@police.govt.nz Print out confirmation from inbox that email has been sent and scan into ACNM folder. Move confirmation of sent email to the service users HCC folder.
6.	<p>Allocated RN Record AWOL/AWOCA in the Incident Management System Incident system.</p>
7.	<p>ACNM Contacts next of kin and/or relevant other support people that have been identified at least once per shift to inquire if they have made contact or are aware of the service user's whereabouts.</p> <p>If the location is known then the Intake and Acute Assessment Team is informed of the</p>

Return of AWOL/ABSENT CAUSING CONCERN service user to an Inpatient Service

Service user can be returned to the ward with the assistance of a number of people and professionals including but not limited to: family members, partners in care, Intake and Acute Assessment staff, Police.

Step	Action
1.	<p>Allocated Nurse</p> <ul style="list-style-type: none"> Allocated Nurse complete nursing assessment. This assessment determines needed ward placement and how urgently a medical assessment need to occur. Urine screen for illicit substances. Completes 'Return from AWOL part' of the AWOL form and alerts ACNM. Completes clinical note. <p>ACNM</p> <ul style="list-style-type: none"> Review AWOL/AWOCA form Ensure that the text box is expanded then print and scan into the ACNM Folder. Email the form to Police on counties.manukau.fmc@police.govt.nz Print out confirmation from inbox that email has been sent and scan into ACNM folder.

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	<ul style="list-style-type: none"> • Move confirmation of sent email to the service users HCC folder. <p>Consultant Psychiatrist/MOSS/Registrar or On Call Registrar</p> <ul style="list-style-type: none"> • Completes mental health assessment. • Completes clinical note.
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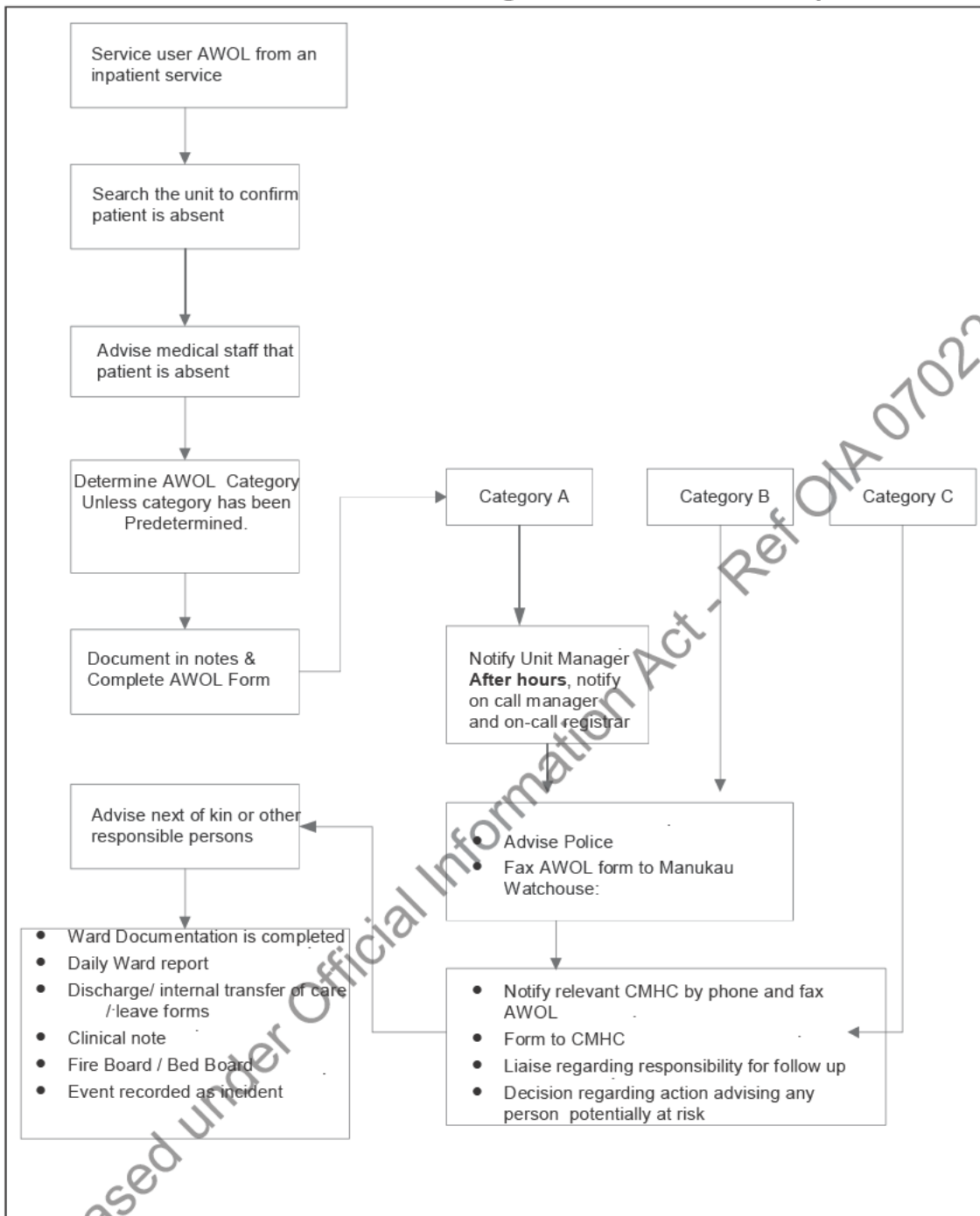
AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure
Discharge of a service user that is AWOL/ABSENT CAUSING CONCERN service user from an Inpatient Service

Step	Action
1.	<p>If the service user is AWOL and not located within 72 hours the following steps Occur:</p> <ul style="list-style-type: none"> • The CNM, ACNM and Consultant Psychiatrist discuss the follow up needs for the Intake and Acute Assessment Team. • The ACNM completes a clinical handover to Intake and Acute Assessment with • ACNM completes a note in clinical records • Consultant psychiatrist completes note in clinical records and discharge summary
2.	<p>If the service user is Absent Causing Concern and not located within 24 hours the following steps Occur:</p> <ul style="list-style-type: none"> • The CNM, ACNM and Consultant Psychiatrist discuss the follow up needs for the Intake and Acute Assessment Team. • The ACNM completes a clinical handover to Intake and Acute Assessment with • ACNM completes a note in clinical records • Consultant psychiatrist completes note in clinical records and discharge summary
3.	ACNM inform Administrator of discharge.

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AWOL or (Absent Without Leave), Absences Causing Concern From a Mental Health Inpatient Unit: Procedure

Flowchart - AWOL or Absences Causing Concern from a MH Inpatient Unit



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