



17 June 2019

[REDACTED]

Dear [REDACTED]

**Re: Official Information Act request – Self-harm incidents at He Puna Waiora mental health unit**

Thank you for your Official Information Act request received by Waitemata District Health Board (DHB) on 22 May 2019, requesting information about how many self-harm incidents there have been at the He Puna Waiora mental health unit in the last five years.

Before responding to your specific questions, it may be useful to provide some context about our services to assist your understanding. Waitemata DHB serves a population of more than 630,000. Our Specialist Mental Health and Addiction Services is the largest of its kind in the country, by volume of service-users seen. It comprises Adult Mental Health Services, Child Youth and Family Mental Health Services, Takanga a Fohe (Pacific mental health and addictions), Whitiki Maurea (Kāupapa Māori mental health and addictions), the Regional Forensic Psychiatry Service (covering Northland and greater Auckland regions) and Community Alcohol and Drug Services (CADS). All of our addictions services cover the Auckland region. Mental Health Services for Older Adults sits within Waitemata DHB's Speciality Medicine and Health of Older People Division.

We have endeavoured to answer all of your questions below.

- 1. How many self-harm incidents have there been at the He Puna Waiora mental health unit in the last five years? Can you please break this down year by year and separate them into life threatening and non life-threatening?*

We have interpreted your request as being about service-users who have self-harmed while on the inpatient unit premises. Table 1 below shows reported incidents of life threatening and non-life-threatening self-harm at He Puna Waiora/Taharoto over the last five years. (He Puna Waiora was opened in 2015. The previous acute mental health unit was called Taharoto).

As you will see from the figures below, the incidence of self-harm incidents in the unit is relatively lower when considered against overall patient admissions.

**Table 1: Life-threatening and non-life-threatening self-harm events at He Puna Waiora/Taharoto Unit for the last 5 years**

Calendar year	Total number of admissions to He Puna Waiora/Taharoto	Number of life threatening self-harm incidents	Number of non-life threatening self-harm incidents
2015	557	3	25
2016	591	0	24
2017	578	0	23
2018	634	2	40
Jan- May 2019	270	2	14

2. *Has the He Puna Waiora mental health unit ever received recommendations for processes prior to May 11, 2019 about preventing self-harm incidents? If so, can I have a copy of all the recommendations and what were actually implemented?*

He Puna Waiora mental health unit has received recommendations following previous self-harm incidents. The recommendations were developed by the clinical leads who completed the investigations. A list of these recommendations is provided below:

- Environment:
  - ensure window latches are removed from high-risk areas in the unit
  - soap dispensers to be removed and replaced so they will release under any applied downward weight
- Clinical practices:
  - clarify requirements for observations and patient access to a courtyard
  - recruit locum and permanent staff. Balance caseloads to ensure an even distribution of caseload across the team
  - Complex Case Review should be undertaken for service users with serious and complex risk presentations
  - review the principles of inpatient management of patients with borderline personality disorder across Waitematā DHB Adult Mental Health services
- Clinical documentation:
  - improve the timeliness of recording historical information
  - consult with mental health pharmacists about medication intolerances and documentation of same
  - document risk formulation following clinical psychology assessments
  - complete discharge summaries in a timely manner
- Staffing:
  - recruitment of locum and permanent staff.

All of the above recommendations were implemented.

I trust this information will satisfy your request. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Susanna', written in a cursive style.

Dr Susanna Galea-Singer  
Director  
**Specialist Mental Health & Addictions Services**