Introduction

Dr Gordon Lehany

Consultant Forensic Psychiatrist

Te Korowai Whariki, Forensic Service NZ

Moved to NZ 2012

Consultant Forensic Psychiatrist

Background

Born in England … Scottish and English parents …

Irish ancestry

Medical School in London

Psychiatry training in Scotland (Glasgow)

Skiwi ….

Why is this relevant?

Purehurehu

Part of Forensic service developed from late 1980s

15 bed Forensic Mental Health unit (Medium Security)

Regional Forensic Service, based Wellington

Unit built 1992 (Mason enquiry 1988)

Reason for my involvement (pros and cons)

New to the service

Part of the service but not directly working for the unit

Known to the unit

Interest in risk assessment

Practicing clinician

Drivers for this review process

Old unit (relatively) – concern about fabric of building

Desire to review/renew practice

Desire to use best practice/evidence in review

Desire to be inclusive

Desire to review proactively (not wait for a disaster)

Assaults reported in Mental Health Services in NZ are increasing

Burns B. Breaking the silence about violence in mental health. Kai Tiaki Nursing New Zealand. 2014;20(5):14-17.

Rate of prisoner on staff assaults increasing in NZ prisons

"She was frightened every time I went to work and the boys picked up on that. I felt bad about the impact on the children, they saw me beaten up, saw the physical evidence, I could see the shock on their faces."

Burns B. Breaking the silence about violence in mental health. Kai Tiaki Nursing New Zealand. 2014;20(5):14-17.

Mental health services often not reviewed in detail until after critical incidents.

Internal reviews

External reviews

Other agency reviews

Coronial enquiry

MOH (e.g s95 review)

Health & Disability Commission

Medical Council

Commission of enquiry

Our unit

- Medium secure forensic unit

- ✔ seclusion rates

- **NO** suicides, critical incidents, sentinel events in 5 years

- ✔ Ombudsman report

BUT.....

Changing keystone habits: making dangerous places safe

'OK, if you don't want to have a goal of zero [workplace injuries], then let's go around and find out who wants to volunteer to be hurt to make sure we reach our goal of somebody being hurt."

Paul O'Neill, former CEO Alcoa, current health care reformer

Proactive review

Proactively reducing the risk of violence (before it occurs)

Make violence reduction everybody's issue

Make violence reduction a key goal

Demographics of Forensic Populations

In-patient

Maori 48%

NZ European 39%

Pacific 8%

Out-Patient

Maori 45%

NZ European 43%

Pacific 11%

Total population

Maori 14.6%

NZ European 69%

Pacific 6.9%

Asian 9.2%

Source NZ MoH survey 2005

Demographics - relevance

Ethnic profile of forensic population different to general population.

Need for cultural sensitivity

Maori culture

Pacific culture

NZ European culture

NZ Perspective - Waitangi

1840 – British Crown and Maori Chiefs

- **Partnership**
  - involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

- **Participation**
  - requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.

- **Protection**
  - involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.Less hierarchical, more consensual

Purehurehu

Decision taken to undertake formal assessment of the unit.

So how to do this?

Process should be:

- Comprehensive
- Objective, with externality if possible
- Robust
- Credible
- Inclusive
- Culturally sensitive

Why PRISM?

Comprehensive

Validated

Multidisciplinary

Inclusive – accords with principles of NZ culture

Process accords with Treaty principles ... More likely to be acceptable to participants.

Application

Decision to use PRISM for the assessment of

Purehurehu ....

PRISM - Process

Based on previous 2 year period

Multiple sources of information

Triangulation ......

PRISM Process

Sources of information:

People

Documentation

Separate external assessment/observation

PRISM process

Key aspect ... stakeholder engagement

Discussion at Clinical Governance meeting, presentation to key staff

Key staff in unit involved in PRISM project

Some externality (me) - as part of a team

Externality ... from a country far away vs. Acceptability of process

PRISM - Process

So what did it involve?

Forming a core assessment team (Me, Consultant Psych, Unit manager, SW, OT, Psychologist)

Focus groups

Interviews

Questionnaires

Review of reportable incidents
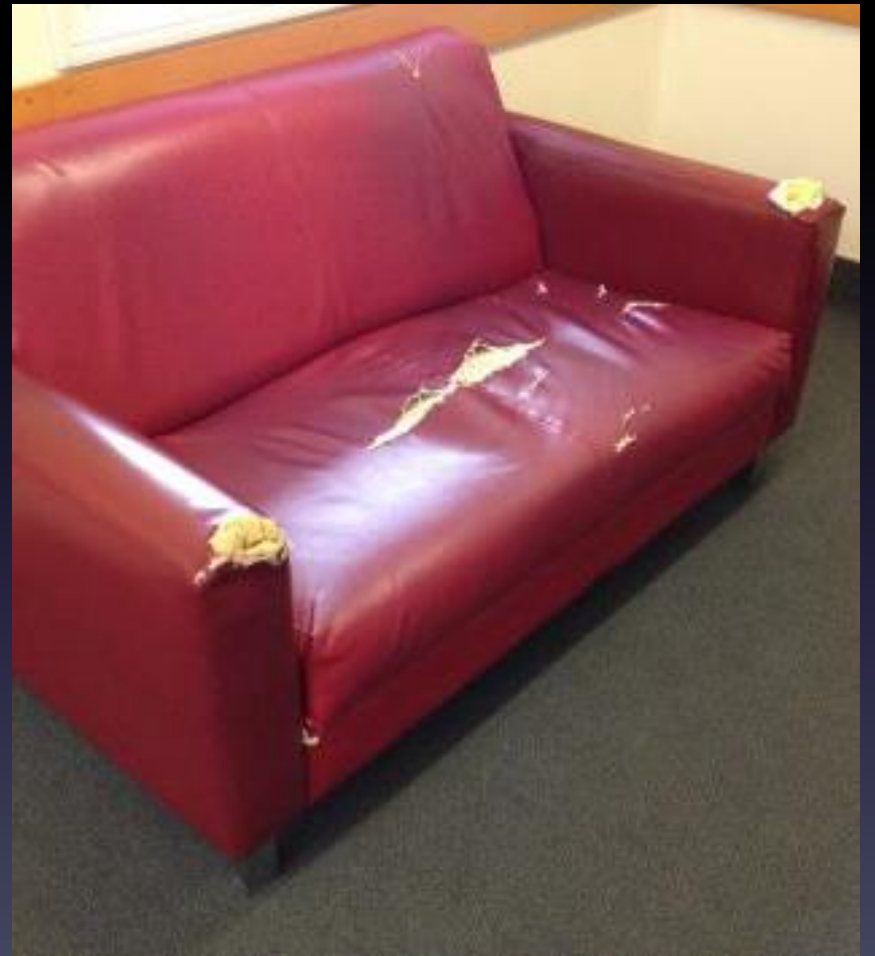
Review of policies and procedures

External review

Agreement of ratings for domains, Formulation, Scenarios

Write-up and circulation of draft

Feedback

Wider circulation of report

Outcomes/Recommendations

Major recommendation

"The unit is outdated resulting in a number of environmental security risks. The proposed refurbishment should be prioritised. Delay increases the exposure to risk for staff and patients alike."

Problems of environment mitigated to a large extent by staff factors

Other recommendations

- Improving feedback loop of incident reporting
- increased involvement of MHSWs in MDT
- Funding for new personal alarms
- Strengthening the relationship with police
- Additional staff training (on rare but serious events e.g. riot, hostage taking, attack with a weapon) & key policy review.
- Sharing resources with other units
- Some changes in rehabilitation programmes
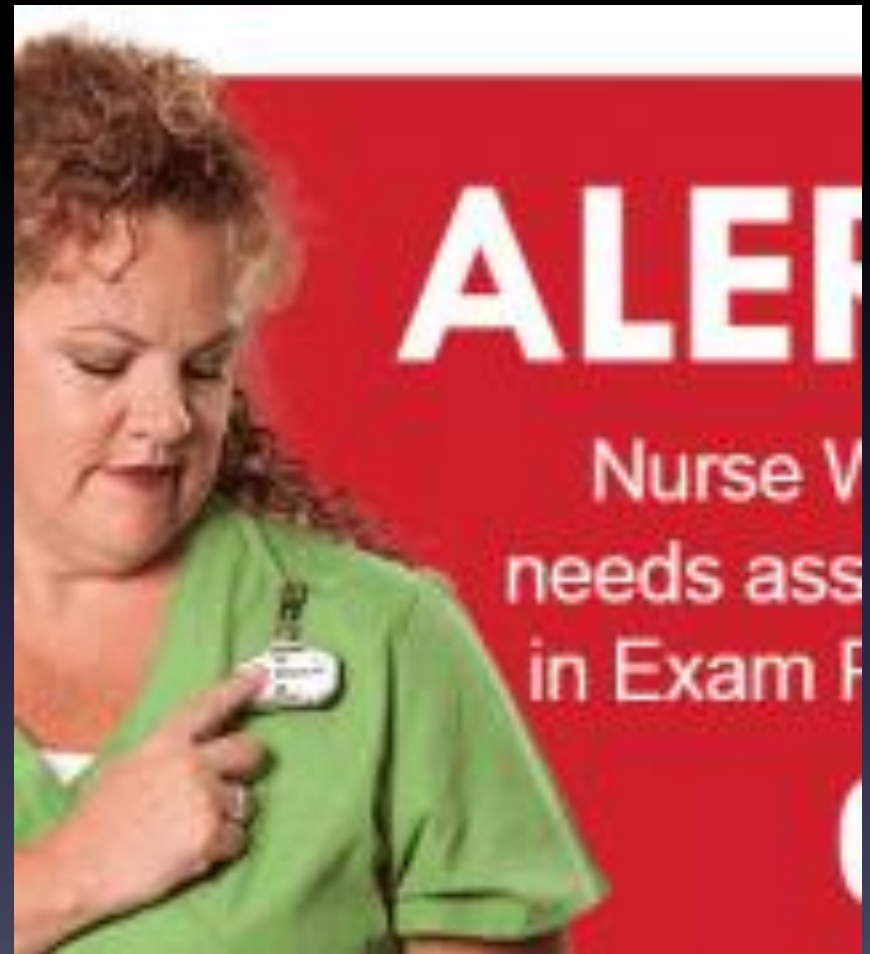
Feedback on PRISM process

Obtained from those involved

  Staff groups

From those reading the report

  Clinical lead

  Clinical director of Forensic Service

Specific Feedback

Specific comments – users :

"it says what we said – not spin"

"Good process"

Conclusions good, but perhaps not hard-hitting enough

"we thought it was about trying to get support for refurbishment"

Process helpful in allowing discussion of topics not normally addressed

"I didn't realise everyone else thought the same things as me" – re. safety and violence etc.

"It's only a snapshot in time."

Specific Feedback

External:

"Excellent report and I .... Fully endorse the recommendations"

Unit on the capital programme for the next financial year.

Overall feedback

Useful process

Report supported by those consulted

Those involved recognised the content as reflecting their views.

Conclusions broadly accepted even where critical (importance of stakeholder involvement/engagement)

The process may have raised awareness of the issue of violence and facilitated greater engagement of staff in the unit.

Questions