

Te Ao Maramatanga
New Zealand College of Mental Health Nurses Inc.
Partnership, Voice, Excellence in Mental Health Nursing
PO Box 77-080, Mt Albert, Auckland, 1350, New Zealand

22 November 2021

Te Ao Maramatanga: New Zealand College of Mental Health Services Inc.

Feedback on the Guidelines for the Safe Transport of Special Patients in the Care of Regional Forensic Mental Health Services & Guidelines for Regional Forensic Mental Health Services

We provide feedback (in bold italics) on the following sections of the 2 documents as follows-

Guidelines for the Transport of Special Patients:

2.1 Statement of principle

When transporting a special patient, the focus should be on the welfare of that person while maintaining the safety of others. This principle applies irrespective of whether the RFMHS, Ara Poutama or a contracted private provider are providing the transport.

Feedback:

We recommend that the person's wellbeing is the first principle.

2.2 Scope of these guidelines

We suggest that access to video- conferencing technology means that alternatives to transporting a person can be provided-and will be on a case-by-case basis depending on reasons for travel etc – and we note that this is referred to later in the document

3.2 The transport management plan

Prior to the transport of the special patient, the RFMHS must specify the following details in the transport plan (see appendix):

We recommend adding a section where the person must be provided with information about what is happening – as they have the right to be informed- and can be an added principle

3.1.2 Clinical staff escorts

We recommend that cultural staff escorts are considered in this escort process

5 Competencies of staff accompanying patients during transport

Te Ao Maramatanga NZCMHN®
PO Box 77-080, Mt Albert, Auckland 1350, New Zealand
admin@nzcmhn.org.nz

“.....recognise changes in mental status and clinical risk and act accordingly.

We recommend that staff competencies include their ability to respond to a physical health problem

“... RFMHS Staff should also have cultural competencies, and to ensure cultural safety during transport of patients”

We recommend that cultural competencies are a ‘must’ rather than ‘should’

“This includes having knowledge of de-escalation and restraint procedures, as well as cultural considerations”

We recommend that Cultural workers are included to support safe transfer

“Any person using force may be criminally responsible if excessive force is used.”

We recommend that this would have included seeking support from whanau and or cultural experts-workers

9 Record Keeping

“actual time away from hospital.”

We recommend that consultation with whanau and cultural experts has been completed

Special Patients and Restricted Patients: Guidelines for Regional Forensic Mental Health Services

Notification of Admission of Special Patients

It is also strongly recommended that the patient's *biometrical information* (obtained pursuant to section 43A of the MH(CAT) Act) is provided to the Director.

We strongly support this recommendation

2.3.1 Border alerts

We recommend that this title is changed to Overseas border alerts as we are currently using the terminology of regional borders with national Covid response.

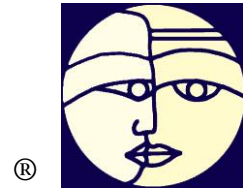
Table 2: Information to include in Special Patient Review Panel reports

We recommend that the person’s integrated care plan should be included, such as their wellness and recovery plan and that information about the person’s connection to their whānau is also included.

First Report:

A report from the patient’s responsible clinician.

We recommend that the report takes a strengths-based approach to acknowledge the resilience of the person



Te Ao Māramatanga
New Zealand College of Mental Health Nurses Inc.
Partnership, Voice, Excellence in Mental Health Nursing
PO Box 77-080, Mt Albert, Auckland, 1350, New Zealand

Summary reports from members of the multidisciplinary team.

We recommend that the report should include detailed information about addiction issues and treatment plan

3.1 A note regarding risk assessments

“The DUNDRUM¹ toolkit is also being used effectively in some RFMHS.”

It would be good to see the strengths-based approach included too

Leave for Special and Restricted Patients

“Leave is an important part of the rehabilitation process for special patients and should generally occur as part of a comprehensive leave plan supported by the SPRP”.

As well as a rehabilitation approach we recommend that you include the person’s recovery plan in this process

Table 3: Leave progression

We recommend that the plan describes the importance of connecting with whānau; this is an important part of the rehabilitation and recovery process for special patients and should generally occur as part of a comprehensive leave plan supported by the SPRP.

4.2 Ground access requirements and risk management

“Before each period of ground access, staff should conduct a risk assessment.”

We note that there are a range of risk assessments and suggest that as this is usually completed by an RN, we recommend that guidance is provided about the questions that need answering at that time. This should include:

- ***Have we got the right staff mix to support the person to take the leave?***
- ***Have they got a good rapport with them?***
- ***The focus should be on making sure that person is well supported to have the optimal experience from the period of leave that helps them achieve their recovery goals which may include connecting with whanau. This experience should be safe for all who are involved.***

“When considering whether to consider seeking the DAMHS’ approval for ground access, the treating team should consider such factors as whether the patient:”

We recommend that attention is paid to using language that identifies and describes how the person is taking responsibility for their wellbeing and recovery

Table 4: Information in support of a transfer of a special patient under Section 49 applications

Information	<p><i>We recommend that you include the person’s recovery plan and a detailed plan for the trip as follows:</i></p> <ul style="list-style-type: none"> • <i>Names of the staff who will be travelling or escorting the special patient</i> • <i>That it is signed off by Te Ara Poutama staff and the RFMHS staff</i> • <i>That it has all the relevant information in one document, and it goes with the escorting staff, with a handover at the end point to the staff of the hospital or prison</i> • <i>That it has any medication the patient may need written on the form including their EWS</i> • <i>That the plan has a brief MSE, and a whānau contact name and number and any other relevant information</i> • <i>That the plan includes details of any stop/s that need to be made on the trip if the travel is longer than 4 hours</i>
-------------	--

6.1 Planned leave

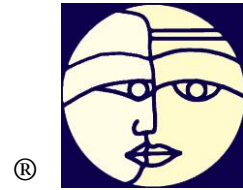
Information in support of planned leave and ground access applications

Information	<p>A letter from the responsible clinician, including:</p> <p><i>The person’s recovery plan</i></p> <p>advice of any critical incidents, including possession of weapons, drugs or other prohibited material, and the management of that incident</p> <p><i>We recommend that whānau support is included in this management plan</i></p> <p>consideration of the needs of children if the patient will be with family while on leave (particularly if the index offence took place within the family)</p> <p>how the leave addresses cultural requirements,</p> <p><i>And includes how the leave supports connecting with whānau</i></p>
-------------	---

Table 6: Information in support of applications for medical and dental appointments

Information	<p>A letter from the responsible clinician, including:</p> <p>the patient’s legal status</p> <p><i>And inclusion of the person’s recovery plan will support the treating team to know about what is working well for the person and their whānau</i></p>
Information	<p>a risk and clinical management plan for the patient while on leave</p> <p><i>and includes the recovery plan</i></p>

Information in support of applications for ministerial long leave



Te Ao Māramatanga

New Zealand College of Mental Health Nurses Inc.
Partnership, Voice, Excellence in Mental Health Nursing

PO Box 77-080, Mt Albert, Auckland, 1350, New Zealand

Information	A letter from the responsible clinician, including: <i>We recommend that this letter includes, and overview of the person's recovery plan and the strength based approach to support the application for leave</i> consideration of the needs of children if the patient will be with family while on leave (particularly if the index offence took place within the family). <i>Please add support from whānau</i>
-------------	--

Table 9: Information in support of extension of leave

Information	A letter from the responsible clinician, including: <i>We recommend adding the recovery plan and the details of the cultural assessment</i>
-------------	---

Table 11: Information in support of a re-application for ministerial long leave following cancellation

Information	A letter from the responsible clinician, including: <i>The person's recovery plan</i> consideration of the needs of children if the patient will be with family while on leave (particularly if the index offence took place within the family). <i>And as above – whānau support</i>
-------------	--

Information to support a request for change of legal status (acquitted on the grounds of insanity)

Information	A letter from the responsible clinician, including: <i>And the recovery plan</i>
-------------	--

Information to support a request for change of status for a special patient now fit to stand trial

Information	A report from the responsible clinician, including: <i>Please include the cultural assessment</i>
-------------	---

Table 14: Information to support a change of status for a special patient at the end of the maximum period of detention

Information	A letter from the responsible clinician, including: <i>Please include the cultural assessment</i>
-------------	---

Table 15: Information to support a request for change of status for a patient who is unfit to stand trial but who no longer needs to be detained as a special patient

Information	A letter from the responsible clinician, including: <i>Please include the cultural assessment</i>
-------------	---

9.2 Information in support of an application for restricted patient status relevant aspects of the patient’s cultural background that contribute to the precise diagnosis of their mental disorder.

Please confirm that this is the cultural assessment

Table 17: Information to support a change of status for a restricted patient who is fit to be released from compulsory treatment status

Information	A letter from the responsible clinician, including: <i>The person’s recovery plan</i>
-------------	---

Table 18: Information to support a change of status for a patient who is not fit to be released from compulsory status, but who no longer needs to be a restricted patient

Information	A letter from the responsible clinician, including: <i>The recovery plan and the cultural assessment</i>
-------------	--

11 Return to prison
Information

Please include the recovery plan and the cultural assessment