

## CORPORATE OFFICE

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### RE Official information request CDHB 9934

We refer to your email dated 31 August 2018 requesting the following information under the Official Information Act from Canterbury DHB regarding Mental Health presentations during the most recent week. We are taking this to mean week beginning 27 August 2018.

#### 1. How many people, who presented at ED with attempted suicide /suicidal thoughts were referred for a follow up from the SMHS?

Canterbury DHB's Specialist Mental Health Service (SMHS) has a Psychiatric Consultation Liaison team based at Christchurch Hospital who screen patients in the Emergency Department for mental illness. If they determine a full assessment is needed, this will be carried out by SMHS's Crisis Resolution service or the patient's regular SMHS team (if they already have one).

Fifty one people were seen by the SMHS at the Emergency Department for a suspected suicide attempt or suicidal thoughts during the week beginning 27 August 2018. People frequently presented in the context of relationship break ups, arguments with family members, employment, financial or housing problems.

Some people reported they had made a suspected suicide attempt (e.g. overdose) for the purpose of getting to sleep, reducing anxiety or distress, obtaining support from others, or 'getting high' rather than any intention to end their lives. Forty three people went on to have a full mental health assessment.

#### 2. How many were told they could go home?

Most people seen by SMHS at ED are voluntary patients (they are not subject to the Mental Health (Compulsory Assessment and Treatment) Act 1992). Planning of where the person stays that night is determined in conjunction with the person and their family/whānau/support people. Safety planning is undertaken with any person deemed to be at risk of harming themselves or others.

Of the 43 people who underwent a full assessment 21 returned to their usual home, eight stayed at the homes of family members or friends, and one returned to a mental health residential service where they were living. Twenty six of these people received follow up in the community by the Crisis Resolution service or another SMHS community team. Three were discharged to G.P. care and one was followed up by the Older Person's Health Service.

**3. How many were given a prescription for medication and what kind of medication were they prescribed?**

Eight people were given a prescription by SMHS. The medications prescribed included quetiapine, chlorpromazine, venlafaxine, diazepam, temazepam, zopiclone, and laxsol. Some of the people who presented were already taking medications for mental health conditions prescribed by their general practitioner or SMHS.

**4. Of those referred for follow up, what was the nature of the follow up, and what was the outcome of the follow up?**

The nature of the follow up varied depending on the presentation of the person, the wishes of the person and their family/whanau, and the person's level of risk. Follow up could be broken down into the following categories:

- Admission to SMHS inpatient unit
- Admission to crisis respite facility with community care from SMHS
- SMHS care provided on the ward at Christchurch Hospital
- Follow up in the community by the Crisis Resolution service or a SMHS community team. This varies from a few days to months or years, depending on need.
- Referral for community based services (e.g. Community Support Worker), then discharge to G.P. care.

Community based follow up typically includes phone calls, face to face contacts, and reviews by a psychiatrist regarding medication or risk (where necessary).

The mental health of most people appeared to stabilise. Five people required later admission to a SMHS inpatient unit (see response to question below).

**5. How many were admitted as a patient to SMHS?**

Three people were admitted to a SMHS inpatient unit, and two remained in Christchurch Hospital on the night of their initial presentation. Eight people were admitted to mental health crisis respite services which are based in the community. Crisis respite provides an alternative to an acute inpatient unit in a hospital.

In the days following their initial presentation, a further five people were admitted to SMHS inpatient units. Two of these people had been staying at crisis respite facilities, one had been at Christchurch Hospital, and two had been residing in their homes. All had been receiving support from the Crisis Resolution service or another SMHS community team.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



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