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Tēnā koe

Official Information request for Adverse events – suspected suicides

Thank you for your request of 31 July 2019 seeking information under the Official Information Act 1982.

Your requested information

Can I please have the dates that the data related to suspected suicides has been received by your Office for the years 2015 - 2018 inclusive? (The data used in the HQSC Adverse Event database). If the information is already at hand, please treat the release of that information as my OIA request.

We do apologise for the delay in getting this to you and appreciate your patience. The information provided is drawn from severity assessment (SAC) code one and two adverse events reported to us. The adverse event database numbers were finalised on the 30 August 2019 and appendix one has been updated with the information you requested. The data is provided to 30 June 2019. The population figures for 2018/19 are Ministry of Health population estimates and may be subject to change. Appendix two sets out some caveats and limitations of the data supplied.

You also requested information on the following:

- *the total number of referrals for assessment*
- *the overall (i.e. 'old' and 'new' patients) total of patients that are seen within the 3- or 8-week assessment period*
- *the number of individuals who experience an adverse event prior to assessment, and the nature of that event*
- *the number of individuals that are assessed by a service and subsequently have had adverse event outcomes within 24/ 48/168 hours of assessment, the nature of these adverse events and patient status at the time of the event.*

Unfortunately, the Commission does not hold this service-related information. The District Health Boards may be able to supply what you require, and the Ministry of Health's website contains their website information.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602. If you wish to discuss this answer with us, please feel free to contact our specialist adverse events

Ngā mihi

Acting Chief Executive

Appendix 1 – Data table

Source: HQSC Adverse event database								
Date: 30/08/2019								
Population estimate source: Ministry of Health								
Note: population figures from the Ministry of Health site are projections for 2018/2019								
	2018-19	2017-18	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
Auckland	18	25	20	18	15	14	17	15
Population estimate	545,640	*	510,450	497,590	481,060	466,190	458,260	453,870
Inpatient restraint injury	1	0	0	0	0	0	0	0
Inpatient serious adverse behaviour	0	0	3	2	0	2	0	0
Inpatient suspected suicide	1	2	0	1	0	0	0	0
Inpatient serious self-harm	1	0	0	0	0	0	0	1
Absent without leave suspected suicide	0	0	0	0	0	0	1	1
On approved leave suspected suicide	2	0	0	1	0	0	1	2
Outpatient serious adverse behaviour	1	2	2	3	3	1	2	2
Outpatient serious self-harm	1	0	2	2	1	0	2	0
Outpatient suspected suicide	11	21	13	9	11	11	11	9
Bay of Plenty	6	14	6	6	6	2	4	2
Population estimate	238,380	*	226,530	223,430	219,430	216,160	214,430	213,520
Inpatient serious adverse behaviour	1	0	0	0	0	0	0	0
Inpatient suspected suicide	0	1	0	0	0	1	0	0
Absent without leave suspected suicide	0	1	0	0	0	0	0	0
On approved leave suspected suicide	0	0	0	0	1	0	1	0
Outpatient suspected suicide	5	12	6	6	5	1	3	2
Canterbury	26	28	28	25	22	16	20	16
Population estimate	567,870	*	543,820	532,790	520,920	509,690	500,750	499,060
Inpatient serious adverse behaviour	1	2	1	1	0	0	3	1
Inpatient suspected suicide	0	0	1	0	1	2	0	2
Inpatient serious self-harm	1	1	0	0	1	1	0	0
Absent without leave suspected suicide	1	0	1	0	0	0	1	1
Absent without leave serious self-harm	0	0	0	0	0	0	1	0
On approved leave suspected suicide	0	0	1	1	0	1	2	1
On approved leave serious adverse behaviour	0	0	0	0	0	0	0	1
Outpatient serious adverse behaviour	0	0	1	1	1	1	1	1
Outpatient serious self-harm	4	0	0	1	0	0	1	0
Outpatient suspected suicide	19	25	23	21	19	11	11	9

		2017-18	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
Capital Coast	17	12	13	14	8	10	8	7
Population estimate	318,040	*	307,250	303,300	298,930	295,060	292,800	291,340
Inpatient serious adverse behaviour	0	0	0	0	0	0	0	1
Inpatient suspected suicide	0	1	1	0	1	0	0	2
Inpatient serious self-harm	1	1	2	0	1	0	1	0
Absent without leave suspected suicide	0	0	0	0	0	0	1	0
On approved leave suspected suicide	0	0	0	0	0	0	0	1
Outpatient serious adverse behaviour	0	0	2	0	0	0	0	0
Outpatient serious self-harm	1	0	1	0	0	0	0	0
Outpatient suspected suicide	15	10	7	14	6	10	6	3
Counties Manukau	18	13	11	9	21	20	8	2
Population estimate	563,210	*	541,080	528,340	515,520	502,760	493,870	488,590
Inpatient serious adverse behaviour	0	1	0	0	1	4	0	0
Inpatient suspected suicide	0	1	0	0	1	0	0	2
Inpatient serious self-harm	0	0	0	0	1	4	1	0
Absent without leave suspected suicide	2	0	1	1	0	0	0	0
Absent without leave serious self-harm	0	0	0	0	0	1	0	0
Absent without leave serious adverse behaviour	0	0	0	0	0	1	0	0
Outpatient serious adverse behaviour	1	0	2	1	5	2	0	0
Outpatient serious self-harm	3	0	0	0	2	2	1	0
Outpatient suspected suicide	12	11	8	7	11	6	6	0
Hawke's Bay	6	10	3	6	2	8	11	6
Population estimate	165,610	*	161,780	160,640	159,420	158,330	157,930	157,950
Inpatient serious adverse behaviour	1	0	0	0	0	2	0	0
Inpatient suspected suicide	0	0	0	0	0	0	0	1
Absent without leave serious self-harm	0	0	0	0	0	0	1	0
Absent without leave serious adverse behaviour	0	0	0	0	0	0	0	0
Outpatient serious adverse behaviour	0	0	0	0	1	0	0	0
Outpatient suspected suicide	5	10	3	6	1	6	10	5
Hutt Valley	4	4	8	8	5	2	8	0
Population estimate	149,680	*	145,310	144,430	143,770	142,980	142,540	142,750
Inpatient serious adverse behaviour	0	0	0	0	0	0	2	0
Inpatient serious self-harm	0	0	0	0	1	2	0	0
Absent without leave serious adverse behaviour	0	0	0	0	0	0	1	0
Outpatient serious self-harm	0	0	1	0	0	0	0	0
Outpatient suspected suicide	4	4	7	8	4	0	5	0

	2018-19	2017-18	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
Lakes	8	7	7	6	2	2	3	1
Population estimate	110,410	*	105,170	104,970	104,180	103,380	103,180	103,140
Inpatient serious adverse behaviour	0	0	1	0	0	0	0	0
Inpatient serious self-harm	1	1	0	0	0	0	1	0
Absent without leave serious adverse behaviour	0	0	0	0	0	0	0	1
On approved leave serious self-harm	0	0	0	1	0	0	0	0
Outpatient serious adverse behaviour	0	0	0	0	1	0	0	0
Outpatient serious self-harm	2	0	0	0	0	0	0	0
Outpatient suspected suicide	5	6	6	5	1	2	2	0
MidCentral	9	18	23	18	13	13	11	0
Population estimate	178,820	*	174,340	172,930	171,210	169,630	168,750	168,140
Inpatient suspected suicide	0	0	0	0	0	2	0	0
Inpatient serious self-harm	0	0	1	0	0	0	0	0
Absent without leave suspected suicide	0	0	2	0	0	0	0	0
Absent without leave serious self-harm	0	1	0	0	1	0	0	0
On approved leave suspected suicide	0	0	0	0	0	0	1	0
Outpatient serious adverse behaviour	0	2	0	0	1	0	1	0
Outpatient serious self-harm	0	0	0	3	2	0	0	0
Outpatient suspected suicide	9	15	20	15	9	11	9	0
Nelson Marlborough	6	5	6	5	0	6	5	0
Population estimate	150,770	*	147,210	145,680	143,930	142,640	141,730	140,865
Inpatient serious adverse behaviour	0	0	0	1	0	0	1	0
Inpatient serious self-harm	0	1	0	0	0	0	0	0
Outpatient serious adverse behaviour	0	1	1	0	0	0	1	0
Outpatient serious self-harm	0	1	0	0	0	0	1	0
Outpatient suspected suicide	6	2	5	4	0	6	2	0
Northland	9	4	10	6	3	2	6	3
Population estimate	179,370	*	170,560	169,150	167,080	165,320	164,040	162,970
Inpatient serious self-harm	0	0	0	2	0	0	0	0
Outpatient serious self-harm	0	0	0	1	0	0	0	0
Outpatient suspected suicide	9	4	10	3	3	2	6	3
South Canterbury	6	1	3	0	4	0	0	8
Population estimate	60,220	*	59,210	58,795	58,330	57,805	57,275	56,865
Inpatient serious adverse behaviour	0	0	0	0	1	0	0	0
Inpatient serious self-harm	1	0	0	0	0	0	0	1
Absent without leave suspected suicide	1							
Outpatient suspected suicide	4	1	3	0	3	0	0	7

		2017-18	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
Southern	22	26	19	20	21	17	18	26
Population estimate	329,890	*	319,200	315,940	311,960	308,150	305,660	304,450
Inpatient serious adverse behaviour	1	2	0	1	0	1	1	3
Inpatient suspected suicide	0	1	0	0	0	0	1	0
Inpatient serious self-harm	1	0	1	1	4	1	0	0
Absent without leave suspected suicide	0	0	1	1	0	0	0	1
Absent without leave serious self-harm	0	0	0	1	0	0	1	1
Absent without leave serious adverse behaviour	0	0	0	0	0	2	1	0
On approved leave suspected suicide	1	0	1	0	0	1	0	0
On approved leave serious self-harm	0	0	1	1	0	0	0	1
Outpatient serious adverse behaviour	0	1	0	3	1	1	1	4
Outpatient serious self-harm	2	1	0	0	3	2	1	7
Outpatient suspected suicide	17	21	15	12	13	9	12	9
Tairāwhiti	6	5	0	2	2	3	0	0
Population estimate	49,050	*	47,680	47,475	47,235	47,005	47,025	46,940
Inpatient serious adverse behaviour	0	0	0	0	0	1	0	0
Inpatient serious self-harm	1	0	0	0	0	0	0	0
Inpatient suspected suicide	1	0	0	0	0	0	0	0
Outpatient serious self-harm	0	1	0	0	0	1	0	0
Outpatient suspected suicide	4	4	0	2	2	1	0	0
Taranaki	5	3	2	2	1	4	5	4
Population estimate	120,050	*	118,110	116,770	115,460	114,360	113,245	112,355
Inpatient serious self-harm	1	0	0	0	0	0	0	1
Inpatient suspected suicide	0	1	0	0	0	0	0	0
On approved leave suspected suicide	0	0	0	0	0	0	0	1
Outpatient serious self-harm	1	1	0	0	0	0	0	0
Outpatient serious adverse behaviour	0	0	0	0	0	2	0	0
Outpatient suspected suicide	3	1	2	2	1	2	5	2
Waikato	21	14	16	12	19	9	6	4
Population estimate	419,890	*	400,820	394,340	387,080	380,720	376,370	373,050
Inpatient serious adverse behaviour	1	0	0	0	4	0	0	1
Inpatient suspected suicide	0	0	0	0	0	0	1	1
Inpatient serious self-harm	0	0	1	1	1	1	0	0
Absent without leave suspected suicide	0	0	0	0	0	0	0	1
On approved leave suspected suicide	0	0	3	0	0	0	0	0
Outpatient serious adverse behaviour	1	0	0	1	0	0	0	0
Outpatient serious self-harm	0	0	0	2	1	2	0	0
Outpatient suspected suicide	19	14	12	8	13	6	5	1

		2017-18	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
Wairarapa	2	2	5	1	1	1	3	1
Population estimate	44,905	*	43,890	43,420	43,015	42,555	42,275	41,935
Inpatient serious adverse behaviour	0	0	0	0	0	0	1	0
Outpatient serious self-harm	0	1	0	0	0	0	0	0
Outpatient suspected suicide	2	1	5	1	1	1	2	1
Waitemata	35	32	7	9	21	25	27	14
Population estimate	628,970	*	597,510	583,390	569,210	557,720	549,120	541,990
Inpatient serious adverse behaviour	0	1	0	0	0	0	0	0
Inpatient suspected suicide	2	4	0	0	0	0	0	0
Inpatient serious self-harm	1	0	0	0	0	0	2	0
Absent without leave suspected suicide	1	0	0	0	1	0	2	0
Absent without leave serious self-harm	0	0	0	0	0	0	1	0
On approved leave suspected suicide	0	1	0	0	0	0	0	0
Outpatient serious self-harm	1	1	0	0	1	1	1	1
Outpatient suspected suicide	30	25	7	9	19	24	21	13
West Coast	2	5	2	7	3	9	5	1
Population estimate	32,410	*	33,190	32,830	32,730	32,880	33,065	33,130
Inpatient serious adverse behaviour	0	0	0	1	0	1	1	0
Absent without leave suspected suicide	1	0	0	0	0	0	0	0
On approved leave serious self-harm	1	0	0	0	0	0	0	0
Outpatient serious adverse behaviour	0	0	0	0	0	0	0	1
Outpatient serious self-harm	0	0	0	0	1	1	1	0
Outpatient suspected suicide	0	5	2	6	2	7	3	0
Whanganui	6	4	6	4	2	2	2	4
Population estimate	64,550	*	62,445	62,540	62,460	62,195	62,315	62,630
Inpatient suspected suicide	0	0	1	0	0	0	0	1
Inpatient serious self-harm	0	0	0	0	1	0	0	0
Outpatient serious adverse behaviour	1	0	0	0	0	0	0	0
Outpatient suspected suicide	5	4	5	4	1	2	2	3
Total	232	232	195	178	171	165	167	114

Appendix 2 – Information about the data

The Commission encourages DHBs to report all SAC 1 and 2 adverse events openly and transparently, including those relating to mental health care. As of the 2017/18 financial year, we have reported these events in our annual *learning from adverse events* report. The Office of the Director of Mental Health and Addiction (ODMHA) in the Ministry of Health also produces annual reporting on mental health adverse events.

The information released is broken down by DHB, and this process of classification creates individual local tables that can include small numbers of cases, or even individual cases. Under the Official Information Act 1982 any concerns about potential identifiability need to outweigh the public interest in releasing the information for us to refuse or suppress the information. We are following the approach of the Office of the Director of Mental Health and Addiction for such releases, which is that the public interest should be foremost in the decision to release aggregated information. More detailed OIA requests about individual cases will be considered by individual DHBs on a case-by-case basis but are likely to be declined on the grounds of respecting the privacy of natural persons.

Differences in reporting across agencies

DHBs report SAEs relating to mental health service clients to the Commission in accordance with guidance in the National Adverse Events Reporting Policy 2017. It is important to note that comparison between individual DHBs is difficult. High numbers may indicate that a DHB has a good reporting culture, rather than a significantly high number of adverse events. In addition, DHBs that manage larger and more complex or regional mental health services may report a higher number of adverse events. Regional service information is too complex to be easily explained in a data table, therefore we recommend that queries about regional mental health service provision be directed to the DHBs concerned, who are best placed to speak to the services they deliver regionally. One example of this is regional forensic mental health services provided by Waitemata, Waikato, Capital & Coast, Canterbury and Southern DHBs.

A 'live' database

The Commission's database is constantly edited as new information comes to hand, whereas published figures are by necessity a snapshot of a point in time. Event totals always fluctuate after publication because some events are reclassified more accurately after reviews and are either 'elevated' to SAE status or are 'downgraded' and therefore fall outside criteria. This means our current totals for any particular time period may not match the published figures.

Impact of improved reporting culture

The age of reports also influences the reliability of data. The system of adverse events reporting has matured considerably in the past decade, and we are now more confident that the culture of reporting is sufficiently strong to capture the right events. Ten years ago, national reporting consistency and the Commission's own reporting system were in their early stages and therefore we can be far less confident of their accuracy and completeness. As always, the ODMH and the Commission welcome increases in reporting rates, because rather than representing worsening rates of adverse events, we believe they represent more thorough and consistent reporting of the events that have always been a part of the system. This stronger reporting culture creates real opportunities for improvement across the system.

Changing definitions and reporting periods

Definitions of adverse events and the time periods over which they are defined have also evolved with time, further limiting the comparability of earlier and more recent reporting. Current definitions of adverse events can be found on our website www.hqsc.govt.nz/our-programmes/adverse-events/publications-and-resources/publication/2938/

