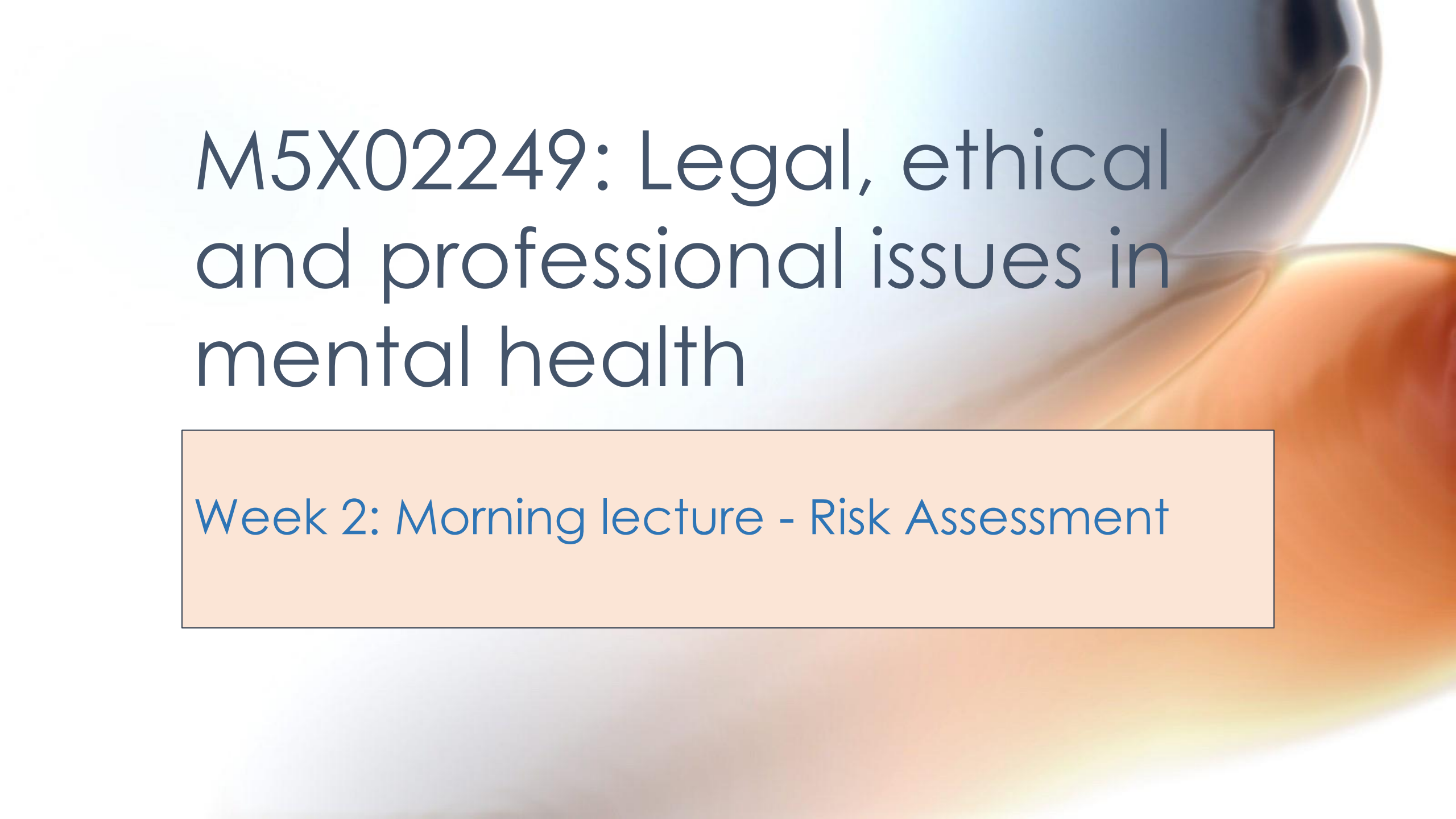




M5X02249: Legal, ethical and professional issues in mental health

Week 2: Morning lecture - Risk Assessment

Assessment of clinical risk

- A comprehensive assessment including an in-depth structured risk assessment combining information from clinical interviews, a variety of measures, observations and other organisations/individuals.
- For the purpose of developing a good working alliance with the service user and members of their network (parents, partners, professionals)
- For a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self harm, self neglect, harm to self or harm to others.

Assessment of Risk (cont`d)

- To identify the service user, and relevant others` views in relation to risk, including their view of possible trigger factors to harmful events, and ideas regarding interventions or changes to their environment in order to reduce the risk.
- To determine how an individuals` state of mind may affect their perception and understanding in relation to risk.
- To assess how other`s who are living or involved with the individual are able to assess and manage the risk.

Purpose of risk assessments continued

- Assess an individual's strengths and resilience within their social environments
- To gauge how likely it is that a harmful/negative event will occur
- To determine a timeline for how soon an event will occur
- To identify the types of harmful or negative events

Purpose continued...

- To establish the severity of the event
- To monitor and assess risks in those whose mental state and presentation can vary markedly from day to day
- To monitor and assess risk on those whose behaviour is extreme or challenging

Developing a risk management plan

- A risk formulation which estimates the risk of harm by:
 - Identify factors that increase the risk (predisposing, perpetuating and precipitating factors)
 - Identifying factors which decrease risk (protective factors)
 - This should be achieved where possible with collaboration with the service user and relevant others
 - Take into account the views of the service user and significant others
 - Identifies actions to be taken if acute increase in risk factors
 - Explicitly weighs up potential harms and benefits of choosing one action over another



- Details interventions to reduce or eliminate risk
- Details interventions to encourage strengths and resilience factors
- Manage tensions arising from restrictions of the risk assessment
- Identify when it is appropriate to employ interventions with an element of risk, but positive benefits outweigh the risk
- Use the risk formulation to judge when a reassessment may be necessary
- Communicate the risk management plan to service users and relevant others, including reasons for the decision and potential benefits and risks

Equality and Diversity

- Considering whether any assumptions or stereotypes about particular individuals or groups (as opposed to actual knowledge) lead to over estimation or underestimation of risk
- This is particularly the case when working within the field of mental health, as public perceptions of mental illness can be highly subjective and inaccurate



Interagency working

1. Collaboration with all potentially relevant agencies for input
2. Timely communication with other agencies
3. Communicating the risk assessment to other agencies, including the underpinning reasons, risks and benefits
4. Maintaining clear and accurate records of decisions and assessments relating to managing risk and storing them according to organisational protocols for clinical records
5. Identify and record the actions each agency/individual should take
6. Raising concerns with other agencies when implementation of the risk plan is problematic
7. Refer to and liaise with specialised units in line with relevant protocols

Seeking advice and supervision

- Having the ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals
- Members of the clinical team
- Specialist forensic teams
- Specialist self-harm teams
- Social workers



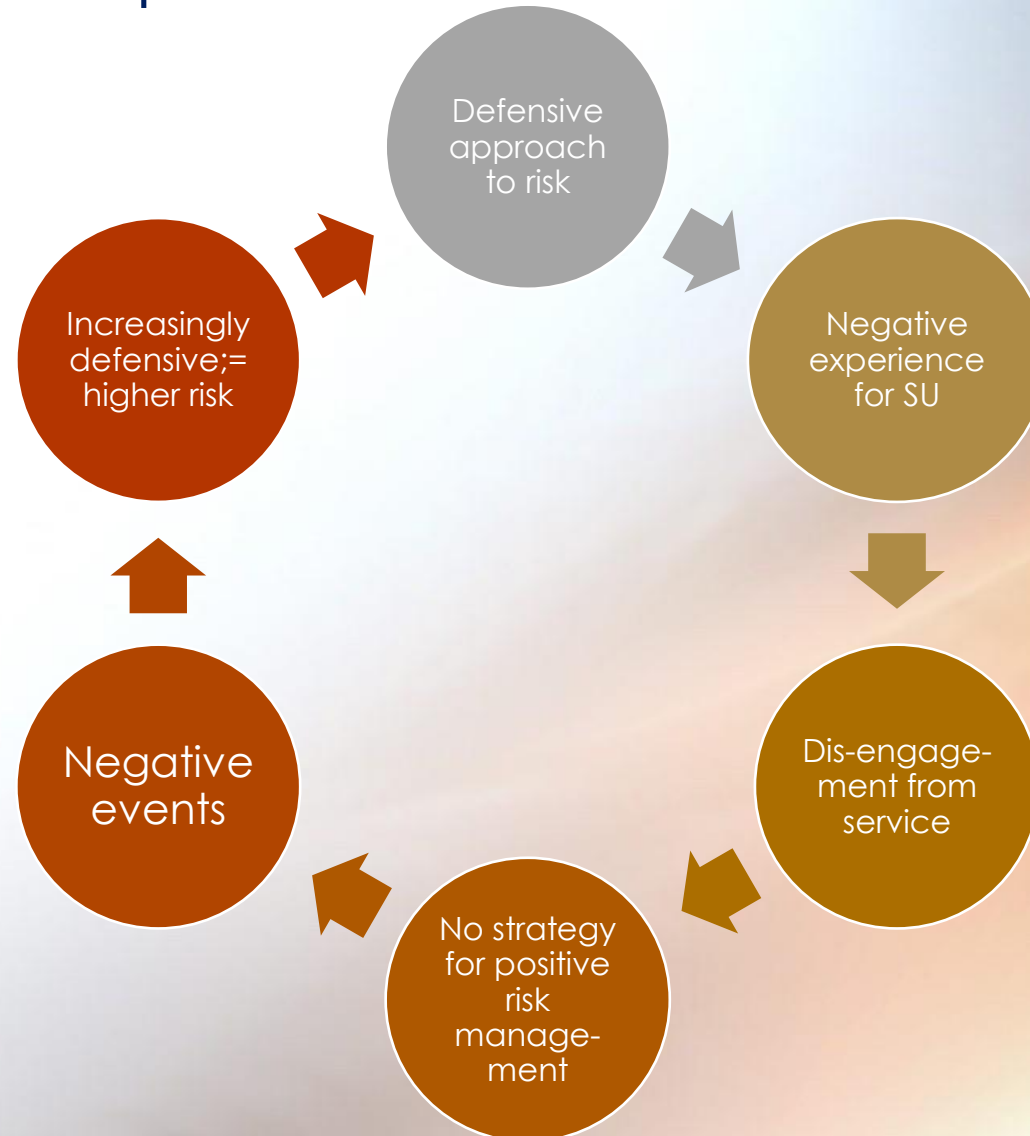
Best Practice in Risk Management (DoH, 2007)

- **16 principles of best practice**

- 1. best practice involves making decisions based upon knowledge of research evidence, the service user, the social context, the service users own experiences and clinical judgement (CJ).
- 2. positive risk management is part of a plan which is a required competency for all mental health practitioners.
- 3. risk management should be conducted in the spirit of a collaborative and trusting relationship.
- 4. risk management is built upon the recognition of service user strengths with an emphasis on recovery.

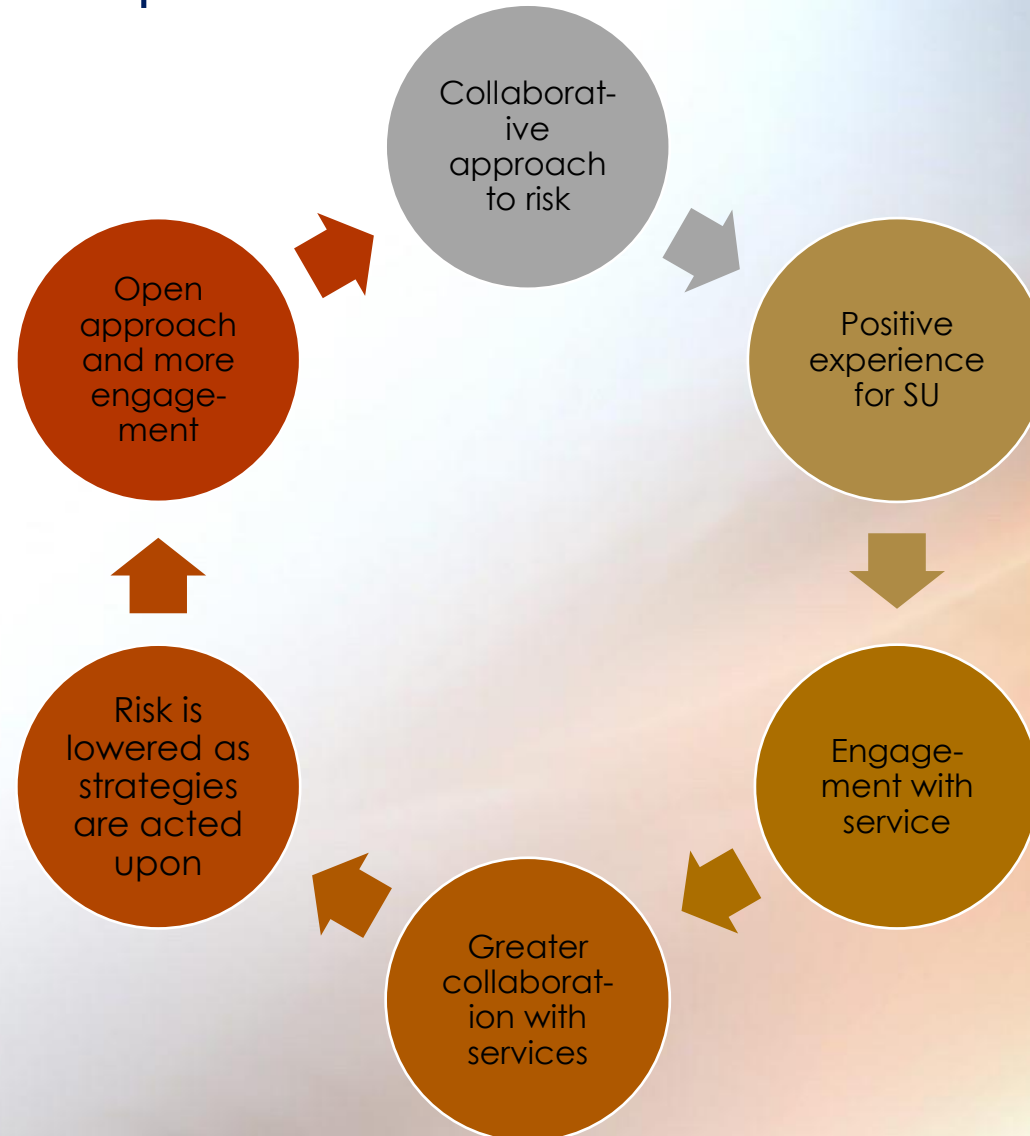
- 5. Risk management requires organisational strategies to support individual practice.

Defensive risk management



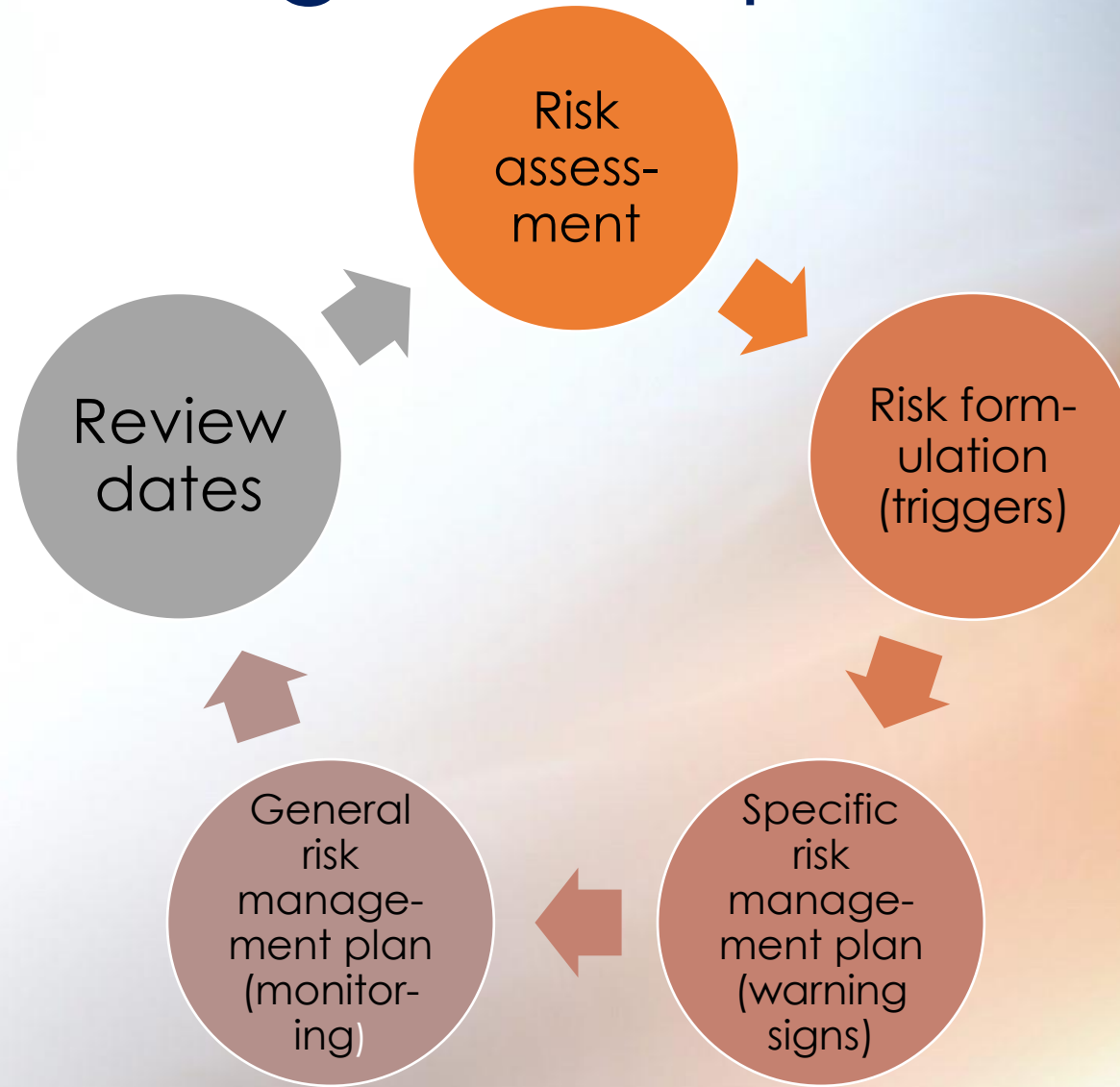
- 5. Risk management requires organisational strategies to support individual practice.

Collaborative risk management



- 6. Hence risk management involves developing flexible strategies to prevent any negative events from occurring or at least by minimising harm.
- 7. Risk management should take into account whether risk is general or specific; good risk management can reduce both of these.
- 8. Knowledge and understanding of the Mental Health Act is essential to risk management (duty of care).
- 9. Risk management should include a summary of all risks, the situations where risk may occur and details of how to act in response to a crisis.

The risk management planning cycle



- **Three approaches to risk assessment:**
- (a) Unstructured Clinical Approach: *without structure, important factors may be overlooked.*
- (b) Actuarial Approach:
- **(c) Structured Clinical Judgement: based on practice based evidence, this is the most effective approach, with the clinicians discretion at the heart of assessment.**
- 10. Where suitable tools are available, risk management should use these and adopt a `Structured Clinical Judgement` approach.
- 11. Risk assessment is integral to deciding the appropriate level of risk management and the right intervention.

- 12. All staff involved must demonstrate sensitivity and competence in relation to diversity (fluidity of risk).
- 13. The risk management being used should be based upon the service users risk level, which changes over time (individualised approach).
- 14. Risk management plans should be developed by multi-disciplinary teams in an open, transparent and democratic culture (reflective).
- 15. All staff should receive training every three years.
- 16. A risk management plan is only as good as the time and effort made communicating it to others.

Assessing and managing risk

- <https://www.rcpsych.ac.uk/usefulresources/managingandassessingrisk/riskassessment.aspx>
- <https://www.rcpsych.ac.uk/usefulresources/managingandassessingrisk/riskformulation.aspx>
- <https://www.rcpsych.ac.uk/usefulresources/managingandassessingrisk/riskmanagement.aspx>

The Risk Assessment: Structure

- A: CLINICAL RISK ASSESSMENT
 - 1. How do we define risk?
 - 2. What are the risks? Both static and dynamic factors
 - 3. What are the triggering and precipitating factors?
 - 4. What are the protective factors?
 - 5. What are the maintaining factors?

1. How do we define risk?

- The possibility or likelihood that a harmful or undesirable outcome could result in response to the circumstances of the patient in terms of themselves or others.
- Considerations need to be directed towards:
 - Self harm (deliberate or accidental)
 - Self neglect
 - Being abused or exploited
 - Substance abuse or offending
 - Or violence, arson, neglect of others etc.
 - This should be a collaborative process which involves the systematic collection of information from multiple sources where risk may occur.

Static and Dynamic factors

- **Static factors:**

- Stable and fixed long term qualities
- Provides an indication of behaviour to expect
- E.g. age, gender, ethnicity, family and clinical history.

- **Dynamic factors:**

- Present for an uncertain period of time, fluctuates in intensity and duration, fluctuates in terms of risk.

3. Triggers and Precipitating factors

- Warning signs: what are they?
 - Increase in distress
 - Agitated mood
 - Relationship issues
 - Changes in responses to others
 - Changes to sleep/wake patterns
 - Changes in cognitions
 - Conflicts and disagreements

4. Protective factors

- Any circumstances that have the capacity to reduce or prevent the likelihood of problem behaviour. Some examples:
- Hopefulness – feeling supported
- Planning – resilience
- Problem solving skills – cognitive flexibility
- Moral / spiritual – positive coping beliefs
- Positive attitude to support - perception of self control
- Commitment to work/education – fear of social disapproval
- Responsibility for children – fear of suicide or pain
- Strong family/relationship ties – lack of precipitating life events

5. Maintaining factors

- Family relationships:
 - Spouse
 - Parents
 - Work
 - Friends
 - Reluctance to change behaviour

A framework for risk assessment

Defining the risk

- **Static and Dynamic factors:**
 - Demographics, familial, mental state, mental disorder, alcohol and drugs, previous behaviours.

Triggers/Precipitating factors

Protective factors

Maintaining factors

The Risk Assessment: Structure

- **B. MANAGING CLINICAL RISK**

- 1. What is the level of severity?
- 2. What are the specific and general risks?
- 3. What is the immediacy of the risk?
- 4. What is the volatility of the risk?
- 5. What are the effective treatments and interventions to reduce risk?
- 6. What is the management of risk reduction?

1. Level of Severity

- Violence to self or others which is non detectable
- Violence to self or others which is minor
- Violence to self or others which is major
- Frequency of observed risk
- Pattern of observed risk
- Is there a discernible pattern?

2. Specific and General risks

- Self harm?
- Self neglect?
- Vulnerability?
- Relapse?
- Issues with communication?

3. Immediacy of risk

- Comparing the current state to clinical history

4. Volatility of risk

- What are the triggers?
- What is the level of danger to self and to others?
- How volatile is the behaviour?

5. Treatments and Interventions

- The identification of an appropriate treatment.
- What are the guiding principles of treatment?
- How does treatment work?
- What is the evidence base for the specific treatment?
- What are the problems associated with the specific treatment?

6. Risk Reduction

- The importance of regular reviews and monitoring of behaviour.
- Planning for success, modification and unpredictable outcomes.

The `CARE` model for managing self-harm (McAllister & Walsh , 2003).

