

Risk Assessment – Appendix 1: initial assessment of risk and risk history

Any history of suicide attempts?	☐
Any history of deliberate self harm?	☐
Any history of poor self-care?	☐
Any history of being a victim of violence when the perpetrator was under the influence of alcohol?	☐
Any history of violence to adults?	☐
Any history of violence to children?	☐
Any history of sexual violence to adults?	☐
Any history of sexual harm to a child?	☐
Any history of drug abuse?	☐
Any history of alcohol abuse?	☐
Any history of alcohol abuse leading to harm to others?	☐
Any history of eating disorder?	☐
Any history of inpatient treatment?	☐
Any history of any other high risk behaviours? (specify details in summary)	☐
Any other criminal history? (specify details in summary)	☐
Any other antisocial behaviour? (specify details in summary)	☐

Risk Assessment – Appendix 2: current level of risk

	None	Mild	Moderate	Severe
Suicide		✓ With treatment due to Anorexia Nervosa.		✓ Without treatment due to an increase in damaging behaviour.
Self-harm				✓ In denial, angry with doctors when gaining weight, and has an unrealistic goal of 95 pounds.
Harm to others	✓			
Legal/forensic	✓			
Psychiatric breakdown			✓ Denial, withdrawal, anhedonic, frustration, depression. Loss of social network.	
Sexual exploitation	✓			
Domestic Violence	✓			
Alcohol misuse	✓			
Self-neglect			✓ Neglects the body's needs (hunger) by restricting food—increasing strain on mental health and body.	✓ An increase in neglect is likely if treatment is discontinued. Still in denial, and goals remain the same before treatment.
Drug misuse	✓			

Risk rating (based on actuarial assessment):

Suicide – 5 = high risk

Self-harm – 5 = high risk

Psychiatric breakdown – 3 / 4 = moderate risk

Self-neglect - 5 = high risk

Risk Assessment - Appendix 3: Summary of risk

Summary:

- 1) **Self-harm** – Significantly reduced food intake combined with heightened exercise has led to physical health factors including cardiac issues, low pulse, increased fatigue, and low bone density. Mental health factors include depressive episodes, reduced social support networks, loss of swimming hobby and reduced academic performance.
- 2) **Poor self-care** – PB is aware of the damage accumulated to her body, including cardiac issues, low pulse, low bone density and fatigue. Patty does not want to change her behaviour and sets a weight goal of 95 pounds (underweight).
- 3) **History of an eating disorder** – An eating disorder has been diagnosed and has continued for a minimum of 1 year.
- 4) **Inpatient Treatment** – A period of at least a month in recent times.
- 5) **Any other high-risk behaviours** – Exercising in secret, eating in private due to embarrassment, feeling anhedonic, withdrawal, loss of social group and denial with increased frustration during treatment.

Currently PB is at moderate to high risk of suicide, self-harm, psychiatric breakdown and self-neglectful behaviour. Therefore the risk assessment should be dealt with as a matter of urgency.