• Focus on risks to others
• Current literature
• Guidance - Department of Health
  Royal College of Psychiatrists
• Facilitating processes
• Practical Guidance
RISK MANAGEMENT

- Action taken to prevent harmful outcomes thought possible by anticipating what these outcomes might look like
- Implementation of action designed to monitor risk and respond appropriately to early warning signs of a relapse to violence
WHY INVOLVE SERVICE USERS IN RISK ASSESSMENT AND MANAGEMENT?

Mental health professionals → responsibility ← Service user
WHAT DOES THE CURRENT LITERATURE SAY?
CURRENT LITERATURE

Living with risk: Mental health service user involvement in risk assessment and management

Joan Langan and Vivien Lindow, Joseph Rowntree Foundation, April 2004
CURRENT LITERATURE

Reasons given by professionals in favour of frankness were that it would:

• increase understanding of any triggers;

• help the service user understand the reasons for professional involvement;

• assist in developing a collaborative relationship to minimise risk
CURRENT LITERATURE

Service users not always informed that they have been considered a risk to others:

- no insight
- concerns that professional appears more concerned about risk rather than support and care
- disengagement
- stigma
- fear
CURRENT LITERATURE

- Triggers to relapse:
  - Substance misuse
  - Stopping medication
  - Lack of support from services

- Motivating factors for staying well:
  - suitable accommodation
  - benefits
  - social networks and supportive relationships
  - employment, or constructive activity
CURRENT LITERATURE

Good practice guidelines:

- Discuss with service users about the effects of psychosis on their identity and behaviour, while also acknowledging strengths and abilities.
- Discussion to include the real and perceived benefits and disadvantages of being open with service users about risk.
- One file for service user, with clearly identified section for risk behaviour.
- Accurate recording of risk events.
CURRENT LITERATURE

- Information-sharing protocols re risk
- Advance directives
- Advocacy
- User friendly care plan meetings
- Inform all service users that assessing and managing risk is an integral part of the role of mental health workers
CURRENT LITERATURE

Service users should be given accessible information about:

• the range of services available within mental health services;

• self-help strategies and psychological approaches to mental distress;

• mental health service policy, including responses to crises and relapse plans.

Information Relatives or friends about how to access support for the service user.

Greater sensitivity to the needs of people from different minority ethnic groups will help avoid a ‘one size fits all’ approach
CURRENT LITERATURE

- Service users should have a relapse plan as well as what to do in a crisis.

- Information about successful ways of calming individual service users who become agitated or angry should be placed in a prominent place within care records. The service user’s views about what helps in such situations should be included.

- Systems need to be set up to ensure that there is full communication of information with everyone involved with the service user, given the usual safeguards about confidentiality.

- Service users should be informed about self-management strategies.

- Engage service users with regard to medication.
CURRENT LITERATURE

Significant factors in homicides:

- poor risk management
- communication problems
- inadequate care planning
- lack of inter-agency working
- administrative and procedural failures
- lack of suitable accommodation
- poor resources
- substance misuse

Parker & McCulloch (1999)
• WHAT DO NATIONAL GUIDELINES ADVISE AS TO HOW TO INVOLVE SERVICE USERS IN RISK MANAGEMENT?
The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same.

Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

What need to be considered is the consequence of an action and the likelihood of any harm from it.

By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in a way that best suites them.
Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible.

Risk management must be built on a recognition of the service user’s strengths and should emphasize recovery.
Positive risk management:

- Identify with the service user to what is likely to work
- Views of carers and others around the service user when deciding a plan of action
- Weighing up the potential benefits and harms of choosing one action over another
- Being willing to take decisions that involves an element of risk because the potential positive benefits outweigh the risk
- Being clear to all involved about the potential benefits and potential risks
- Developing plans and actions that support the positive potentials and priorities stated by the service user, and minimise the risks to the service user or others
- Ensuring that the service user, carer and others who might be affected are fully informed of the decision, the reasons for it, and associated plans
- Using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome
Cooperation in assessing and managing risk fostered through:
- care planning
- use of crisis cards and other evaluated initiatives

Detailed understanding of the patient’s mental state, life circumstances and thinking is a major contributor to the prevention of harm.

Better quality of care can be provided if there are established links between the assessment of patients’ needs and their risk assessment.

Risk assessment combines statistical data with clinical information that integrates historical variables, current crucial variables and contextual or environmental factors. Some of these are potential areas of need - needs assessment may both inform and be a response to the risk assessment process.
Working collaboratively with carers and service users to reduce risk:

- Risk management should be conducted in a spirit of collaboration between the mental health team, the service user and carers,
- in a way that is as trusting as possible.
- Service users’ experiences and views of their level of risk, and their personal risk ‘triggers’, should be fully considered.
- Crisis cards and participation in care planning are strategies that should be supported.
- Service user personal safety plans could be encouraged as useful tools.
Principles in guidelines for the development of a standardised framework for risk assessment:

- risk assessment should include the clinical experience and knowledge of the service user,
- service user’s own view of his or her experience
- service users’ views of their level of risk, and their personal risk ‘triggers’ should be fully considered.
- risk assessments should be linked with needs assessments
- good relationships make assessment easier and more accurate and may reduce risk.
- risk management should be conducted in a spirit of collaboration between the mental health team, the service user and carers
Processes that can facilitate service user collaboration

- CPA
- Service user recovery planning - Recovery Star WRAP
- Outcome measures - HoNOS Secure
- Risk assessment schedules - HCR-20
  START
Facilitating Processes CPA

- Written information for service users regarding CPA should include explicit statements about risk management.
- Make risk management an integral part of CPA process and documentation.
- Active use of Crisis and Contingency plans, including use of Advance Directives.
- Incorporating service users views and opinions into risk assessment and records of past risk behaviours.
- Involving service users in assessment of risk, when assessment schedules are used, and giving full and detailed feedback, in a supportive and understanding way.
- Sharing of documentation with family, carers and involved professionals, such as GP’s, voluntary support agencies, housing associations etc.

(This is making the assumption that the service user is fully involved in the CPA process and documentation)
FACILITATING PROCESSES
Recovery Star
FACILITATING PROCESSES
Recovery Star

Responsibilities

- Living within the law
- Meeting legal responsibilities
- Living within accommodation rules
- Paying rent
FACILITATING PROCESSES
Recovery Star

10 I’m meeting my responsibilities
   • You are able to live within the terms of your accommodation and the law without help

5 I want to live within the rules
   • You recognise that not living by the rules is harming you and/or others and you can do something to change it
   • You genuinely resolve to make changes though this may not yet translate into action
   • You recognise that rights and responsibilities go hand-in-hand

1 I don’t stay within the terms of my accommodation and/or the law
   • You are living in hospital or a hostel and not complying with the rules and not willing to talk about it
   • Or you are living in your own flat and are refusing access and/or at risk of eviction (e.g. due to non-payment of rent or complaints from neighbours)
   • Or you have issues with the law, for example you have committed a crime (such as theft) or failed to keep to the terms of a court order, but you won’t discuss this
   • Or you are unable to meet legal or accommodation-related responsibilities due to language or other literacy issues and
RISK + RECOVERY = SAFETY
PRACTICAL WAYS TO INVOLVE SERVICE USERS IN SAFETY MANAGEMENT

Therapeutic relationship - collaboration
collaboration
honesty
honesty
communication
communication

Clinical information -
timely
timeliness
accuracy
accuracy
clarifying with service user and
carers
clarifying with service user and
carers

Needs assessment -
recording service user’s views
means of sharing
needs as defined by service user
identifying strengths that maintain
safety
safety
safety agenda explicit
safety agenda explicit
PRACTICAL WAYS TO INVOLVE SERVICE USERS IN SAFETY MANAGEMENT

- Risk assessments - sharing of outcomes
  review when necessary

- Service user measures/tools - Recovery Star

- Using past history in a positive proactive way - strengths
  protective factors

- Care planning - including safety management
  using crisis and contingency plans

- Negotiation - therapeutic risk taking
  service user learning from experience
Last word