Subjective representations of risk: a neglected area in clinical practice and research

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Risk of harm to others: subjectivity and meaning of risk in mental health practice

Aims:
• Risk is more complex than we have been led to believe
• How is this relevant to practice?
• How is this relevant to current approaches to the study of risk?
• What more do we need to know?
Context (1) – appendicitis

• Harm due to disease
• Effect of intervention
• Harm due to intervention

• Harm from inaction
  v
• Harm from action

• Similar process for psychiatric intervention
Context (2) – risk of violence

• But ‘risk’ of violence has extra causal dimension
• Harm is the manifestation of a future state of consciousness
• Disorder is not an invariant agent of harm
• Need to consider changeable subjectivity
• Since harm causing entity is not circumscribed or readily definable, group level data has less practical relevance

• Characterisation of possibility in realm of harm to others within a complex system of future states and activity
Meaning of ‘risk’

• Explicit definition sets limits to representation, e.g.
  • Possibility of loss, injury or other adverse outcome
  • Nature, severity, imminence, frequency/duration and likelihood of harm

‘the meaning of a word is its use in language’

• Does use reveal different representations?
• If so, then need to understand before studying associated action

Ludwig Wittgenstein
Assessment and management of risk to others

- ‘risk cannot be eliminated, but it can be rigorously assessed and managed or mitigated’
- ‘a history of violence or risk to others is vitally important’
- ‘a risk assessment should identify key factors that indicate a pattern or that risk is increasing’
- ‘risk is dynamic and can be affected by circumstances that can change over the briefest of time-frames’
- ‘is anything likely to occur that will change the risk’
- ‘some risks are specific, with identified potential victims’
‘risk cannot be eliminated, but it can be rigorously assessed and managed or mitigated’

nature, severity, imminence, frequency/duration and likelihood of harm

Use shifts from generic definition (possibility of harm) to technical one (characteristics of a possibility involving harm)
‘a history of violence or risk to others is vitally important’

history of violence = risk to others

harm = risk

Uses:
• Possibility of harm
• Characteristics of a possibility involving harm
• Harm
A risk assessment should identify key factors that indicate a pattern or that risk is increasing.

- Possibility of harm
- Likelihood or imminence
- Severity
- Nature

Risk is dynamic and can be affected by circumstances that can change over the briefest of time-frames.

Is anything likely to occur that will change the risk?

Distinct identifiable current states associated with different types of future harm may be manifest in different types of harm.
distinct risk states

‘some risks are specific, with identified potential victims’

• How serious is the risk?
• How immediate is the risk?
• Is the risk specific or general?
• How volatile is the risk?
• What are the signs of increasing risk?
• Which specific treatment, and which management plan, can best reduce the risk

• an entity
  • that is not dependent on the characteristics to exist
  • an entity that has characteristics.
As yet, free floating and disembodied, but

- ‘risk of violence increases in the teen years, with a peak from late etc.’
- ‘risk on release from restricted settings’
- ‘risks of reduced bed capacity and alternatives to admission’
meanings of risk

• harm
• possibility of harm
• characteristics of the possible harm (that may be combined in different ways)
• a state with changeable characteristics that can manifest harm variably
• different possible states with a unique set of characteristics that manifest different harms.

the states can be conceptualised with different degrees of embodiment.
• A young adult male, who has been referred to a mental health clinic for assessment and treatment of possible depression complicated by alcohol misuse, reports during the mental health assessment that his main problem is not so much low mood but feelings of anger and hostility. He expresses a concern that he may lash out if someone does something to annoy him.

• A woman, who 6 years before killed her infant child in the context of psychotically influenced beliefs that she was saving the child from a worse fate, has made good progress in a forensic hospital and is applying to a tribunal for her discharge into the community.
Subjective formation of risk notion

• Possibility of harm
• Characterisation of possibility (with reference to history)
• Knowledge injects qualitative form
• Accompanying impression of severity
• Time-bound definition to the emerging possibility
• Degree to which representations come into focus
• Is decision-making better informed by blurred sense of possibility with greater flex or small number of more clearly defined scenarios (HCR-20)??
Role of non-case based factors

- Availability heuristic (? biases forensic psychiatrists’ judgement)
- Representative heuristic (bias due to stereotypes of the violent patient)
- Affective heuristic (bias due to emotive characterisations)
- Do structured approaches overcome these biases??
- Anticipated harm to whom (includes the self)
Conclusions

• agent of possible harm is a state of consciousness that may (or may not) arise in the future
• use of risk in the language of psychiatric practice demonstrates varied meanings
• the representation of risk and the related mental preparation for risk-related decision-making in a mental health service context takes place within the subjectivity of the individual
• delineating the subjectivity of risk in a specific context allows a more informed approach to guiding the assessment and management of risk and to studying these practices