Neami National Consumer Risk Assessment guidelines

Contents

1. Introduction

Risk is virtually anything that threatens or limits the ability of an individual, organisation or community to achieve its mission.

Risk can be unexpected and unpredictable.

Risk can rarely be totally eliminated.

Risk management is a process to identify risk and to establish a strategy to manage the risk.

Risk management (risk assessment and risk planning) is a process of thinking systematically about all possible risks and potential problems before they happen and setting up procedures that may then avoid, minimise or cope with any impact.

Ineffective risk assessment and risk planning has the potential to see consumers adversely effected, damage relationships and/or organisational reputation and to adversely impact on service delivery.

1.1.   Philosophy of Risk

Neami National's 'philosophy of risk' relevant to service delivery, is that risk assessment and management and the responses determined are tailored to the individual person, taking into account the particular circumstances and the service delivery setting.

Neami's approach to risk assessment and management is to use a recovery oriented lens when conducting risk assessments. Traditionally risk assessment and management tends to focus on ensuring the safety of staff. Looking at risk through a recovery oriented lens can achieve a more balanced approach to risk management. Ensuring that consumer collaboration and input is present and there is a focus on staff and consumer safety alike, can create an even safer environment for staff.

A recovery oriented approach to risk assessment and management can enhance the risk assessment and management process and ensure that the consumer as expert in their life can contribute to how they have managed risks in their past and how collaboratively, risk can be mitigated in future.

A recovery oriented approach to risk assessment and management can ensure that historical risk is reviewed and context of past incidents is considered.

A series of interviews conducted as part of a study of Victorian community mental health workers in 2011 found that inappropriate risk assessment and labelling of consumers as high risk can be damaging to a consumers reputation, have a negative impact on their life, can mean they are defined by their past histories and continue to be brandished with inappropriate labels long after there is no more presence of risk.[1] Collaborating with consumers will ensure a clearer perspective on risk histories can be achieved and a more accurate plan developed.

Developing risk assessments and management plans with consumer consultation will enhance the tools and ensure that the tools become useful documents that are regularly reviewed and updated rather than procedural tasks completed and then rarely viewed.

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[1] Sawyer, AM. ; Negotiating Risk on the Frontline: Community Mental Health Workers' Experiences of Risk Management Policies. Retrieved 18/10/2013 from http://www.tasa.org.au/uploads/2011/05/Sawyer-Anne-Maree-Session-53-PDF.pdf

Maximising the level of collaboration while supporting consumer autonomy is consistent with the Collaborative Recovery Model and with Neami National's overall approach to consumer participation, dignity of risk, duty of care and recovery oriented practice.

1.2.   Risk Management

The nature of consumer support provided by Neami National involves risk that can be managed but not entirely eliminated. In some circumstances eliminating risk might only be achievable by the withdrawal of services.

Risk assessments are conducted to ensure the delivery of services can be provided in a safe environment.

Risk Management with each consumer requires a collaborative process where context, accurate histories and development of management plans include consumer input. Where this collaboration is achieved and consumers are included in discussions about risk and have input into any risk management plans, the process can strengthen the working alliance between the worker and consumer. This in turn can then reduce the likelihood of identified acute risks occurring or better manage the identified risks.

The approach promotes respect and dignity and moves towards eliminating stigma around mental health and risk and supports a consumer's personal recovery.

All staff have a joint responsibility in the management of risk as well as the responsibility to share risk information, with consumer consent, to other parties who may be delivering shared care. For example area mental health, community housing providers etc.

> Managing risk well can achieve a healthy balance between a consumer's dignity of risk and a staff member's duty of care.

1.3.   Risk Management Process – Assessing Risk

A common method of assessing risk is based on considering the 'likelihood' and 'consequence' of a potential risk and then using a table to help guide the urgency and/or seriousness when determining actions. Neami uses a four step process to identify the level of risk and steps required to manage the risk and ensure the appropriate people are informed about the risk.

Step 1

Assess the likelihood of the risk occurring. The Likelihood table is broken into four possibilities.

Likelihood	Definition
Almost Certain	The event will occur in most circumstances –has occurred in the last 3 months
Likely	The event will probably occur in most circumstances – has occurred in the last 2 years
Possible	The event might occur at some stage – has occurred in the last 3 – 9 years
Unlikely	The event is not expected to occur – has occurred in the last 10+ years

Step 2

Assess the risk consequence level. The Risk Consequence table below identifies five options from negligible to extreme. The below table is not exhaustive but is to be used as a guide. Areas not listed below will require professional judgement to categorise.

	Risk Context	Negligible	Minor	Moderate	Major	Extreme
CRSW to Asses this	Adverse Consumer or Staff Outcome due **physical injury**	No medical treatment required	First Aid treatment required	Significant but reversible disability as a result of injury requiring medical treatment and/or hospitalisation	Moderate irreversible disability or impairment to one or more persons	Single or multiple fatality or severe irreversible outcome for 1 or more persons
	Adverse Consumer or Staff Outcome due **psychological injury**	No treatment required	Psychological first aid required – eg debriefing/EAP	Longer term psychological support required (1-2 months), short time (1-2 weeks) off regular duties required.	Long term psychological support/rehabilitation required (2-12 months), longer period of time (2+ weeks) off regular duties.	Intense psychological support required (e.g. hospitalisation), person unable to return to regular duties.
	Adverse Consumer or Staff Outcome due to **threatening behaviour**	Debrief with manager/support worker required.	Psychological first aid required, safety plan put in place.	Longer term psychological support required, comprehensive safety plan for service enacted.	Police intervention required. AVO put in place. Long term psychological support required.	Consumer unable to continue in service, staff member unable to return to regular duties.
	Adverse Consumer or Staff Outcome due to **vulnerability & neglect**	Prompting required.	First aid required, injury/ illness can be treated by GP. Support around budgeting/safety required. Property requires significant clean up.	Hospitalisation for physical/ psychological impairment required. Financial order required. Property requires "forensic clean".	Involuntary admission to hospital required. Impairments treatable. Guardianship order required. Individual requires alternate accommodation. Property will require major works to return to habitable conditions.	Irreversible impairment sustained. Individual unable to maintain independent community tenure. Property condemned.

Step 3

Using the Risk Matrix table identify what level the risk should be identified as. There are four categories of low, medium, high and very high.

Likelihood	Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost certain	Medium	Medium	High	Very High	Very High
Likely	Low	Medium	High	Very High	Very High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High

Step 4

When the level of risk has been identified, follow the protocols below to ensure appropriate actions are taken to manage the risk and that the appropriate people are informed within the organisation.

Low level of risk	Managed using routine procedures, unlikely to need specific resources. Managed at local site level
Medium level of risk	Requires fundamental control, managed by specific monitoring or response procedures. Managed at a local site level.
High level of risk	Urgent Management attention is required and management responsibilities to be specified. Service manager to report to Regional Manager around management of risk/s.
Very High level of risk	Immediate action required. Detailed research, planning and management required. Service Manager to report to Regional Manager and State Manager to ensure appropriate management of risk/s in place.

1.4.   Additional risk areas to consider.

When Neami risk assessments are conducted, service managers also have the responsibility to consider risk in a number of contexts. Below are a number of other risk context considerations that will be taken into account for each identified risk. If any of these are identified for a particular risk, additional information may need to be added to the risk management plan to identify how they will be managed.

	Risk Context	Negligible	Minor	Moderate	Major	Extreme
Manager to assess if relevant for each risk	Financial	Financial loss less than 1% of revenue	Financial loss less than 5% of revenue	Financial loss between 5% - 10% of revenue	Financial loss between 10% - 15% of revenue	Financial loss > 15% of revenue
	Community/Reputation/Media	Minor, adverse local public attention or complaint/s	Minor, adverse local public attention or complaint/s	Attention from media and/or heightened concern by local community (local coverage)	Significant adverse public, social networking or traditional media attention (Statewide coverage)	Serious public, social networking or traditional media attention (National coverage)
	Impact	Insignificant consequence dealt with by routine operational	Minor consequence that would threaten the efficiency and effectiveness of some aspects of a service	Moderate consequences that would effect a change in operation of a service	Major consequences threatening the survival or continued functioning of a service	Catastrophic consequence threatening the survival of Neami
	Legal	Minor legal issues, non-compliance and breaches of regulation	Minor legal issues, non-compliance and breaches of regulation	Serious breach of regulation with investigation or report to authority with prosecution and or moderate fine possible	Major breach of regulation, contract or major litigation	Significant prosecution and fines, very serious litigation including class actions

2. Definitions

Neami National Workplace Settings – consumers access services from Neami National in a range of settings that include but are not limited to the consumers home, local community settings, within groups, at Neami National offices, street based settings and live-in facilities.

Risk – can be defined as any internal or external situation or event that has the potential to impact upon Neami National's capacity to deliver services.

Acute Risk – is where an imminent or immediate risk to the consumer, staff member or other person is present.

Chronic Risk – is a risk deemed to be an ongoing risk to the health status of an individual, but which does not require immediate or acute interventions.

Risk Assessment – involves developing an understanding of risk, its effects, potential management strategies and their effectiveness. Consideration should be given to the causes and sources of risk, the positive and negative consequences and the likelihood that these consequences will occur.

Risk Planning – the process of obtaining and considering all relevant factors and determining an effective plan to manage the risk.

Risk Management – involves managing to achieve an appropriate balance between realising opportunities for gains while minimising losses. Risk management involves two processes: the practice of systematically identifying and understanding an identified risk(s) and the putting into place of controls that manage and lower the risk.

3. Neami's Risk Assessment and Management Form

3.1. Form Structure

The 'Neami National risk assessment form and management plan' form was developed in 2013 following a National Working Group review. The review included input from consumers, consultation with staff at all levels and consideration of current sector best practices.

This section of the guidelines is designed to provide an explanation of form structure as well as a guide to completion. The form itself provides headings and topics to prompt thoughts and information to assist in the completion of a comprehensive risk assessment and risk management plan.

- Pages 1 to 5 are required to be completed for every consumer.
- Pages 6 & 7 are required for each identified risk requiring a management plan
- Pages 8 to 11 identify the Neami 4 step risk rating process.

3.2. Page 1: Cover Sheet

Primary Diagnosis: Refers to the primary mental health diagnosis as identified by primary treating clinician (Mental Health case manager, GP, psychiatrist etc). Confirm the diagnosis. If this is not possible indicate where the information came from.

Co-Morbidities: This is a broad definition which Includes other diagnoses/relevant issues e.g. secondary diagnoses, alcohol and other drug use, chronic medical issues such as diabetes etc.

3.3.   Pages 2 & 3: Assessment of Risk

This is a snapshot of presence of historical and current risk within the five nominated categories of Aggression/Violence, Suicide/Self-Harm, Vulnerability/Neglect, Physical Health and Environmental Risk. For a definition and description of the nominated categories please refer to Section 6 of this document.

If you tick yes for past history for any category but there are no current thoughts, plans, symptoms indicating risk, no risky behaviour and no concern from others, then no management plan is required for that category. If any of these categories are ticked as yes, a management plan is required to be developed with the consumer.

If historical risk is only identified, information on the past risk can be added to the 'Brief Consumer History' section. It is useful to add a date the last time risk was present if able to gather that info.

In assessing risk ask yourself and others to consider 'what, when, where, how and why'.

3.4.   Page 4: Brief Consumer History.

This is where any historical risk identified can be 'briefly' documented. It is important to recognize that indicators from the past can be a strong predictor for the future and may be useful in developing any management strategies.

As part of the brief history it is important to clarify context around any historical risks that may be identified. Often long term reported risk information can be one sided and provide very limited insight to an incident. An example might be that a clinical risk assessment indicates that three years ago a consumer hit a staff member. This on its own can create uncertainty and fear. When exploring the context it might be identified that this was during a psychotic episode when the consumer was being walked into the inpatient unit by the police and there had been no other incidents since. Being clear of context ensures that we are not perpetuating a negative and possibly inaccurate representation of a consumers risk history. Be sure to clarify context of any incident with the person who identified the risk where possible and also get the consumer's perspective. Where these perspectives differ, be sure to add both perspectives on the form. Eg. Clinician/carer says 'x' occurred, consumer says 'y' occurred.

3.5.   Page 5: Consumer Strengths and Protective Factors

Assists the assessment process and provides an opportunity to **explore the presence of positive strengths and factors important to the consumer's wellbeing. These strengths and factors may** include but are not limited to:
- Arts and cultural engagement
- Childhood: positive early childhood experiences, maternal attachment
- Cultural identity
- Diversity: welcomed, shared, valued
- Education: accessible
- Environments: safe
- Empathy, Insight
- Empowerment and self determination
- Family: resilience, parenting competence, positive relationship with parents and/or other family members
- Food: accessible, quality
- Housing: affordable, accessible

- Income: safe, employment and work conditions
- Personal resilience and social skills
- Physical health
- Respect
- Social participation: supportive relationships, involvement in group and community activity and networks
- Sport and recreation: participation and access
- Transport: accessible and affordable
- Services: accessible quality health and social services
- Spirituality

These are examples only. What is recorded needs to be specific to the consumer e.g. if a protective factor is 'spirituality' – what does spirituality mean to the consumer and why it is a protective factor?

The Confidence Rating

Assists in considering how accurate, comprehensive and reliable the sources of information relied upon for the assessment are. The confidence rating informs and guides further action and/or investigation. List what additional information is required to increase confidence – E.g. a clinical risk assessment or consultation with a carer.

Risk Assessment Completed

A formal decision is recorded requiring managerial approval on whether a Risk Management Plan is required. **If there is no Risk Management Plan required, the risk assessment is complete**.

3.6.   Pages 6-7: Risk Management Plan

This is the Risk Management Plan for each identified risk made during the assessment process.

There can be multiple risks under each category and each risk needs a separate risk management plan e.g. both financial exploitation and poor self-care may fall under the category of vulnerability/neglect and require separate risk management plans.

Wherever possible Neami staff will work in close consultation with Area Mental Health Services to ensure comprehensive risk assessment processes are in place. Wherever possible Neami will seek out and utilise information provided by Area Mental Health Services in risk assessment.

Risk Management Plans can be used by staff conducting group activities in particular using the assessment of environmental factors – see page 3. Staff conducting the activities should also familiarise themselves with the individual assessments and plans of consumers attending the activity.

Potential Risk

Specifics about what the risk is and what has happened in the past to indicate that this is a risk e.g. Aggression/Violence might be a history of physical violence by a consumer towards nurses when hospitalised. Suicide/Self Harm might relate to any previous suicide attempts.

Risk Rating

The staff member completing the risk assessment will use the four step risk assessment matrix to identify if the risk is low, medium, high or very high. Tick the appropriate risk rating and provide a brief explanation around your rating.

Possible Triggers

This section enables identification and thus forewarning of potential changes and exposure to risk. Examples might be consumers experiencing changes in medication, physical health, family and friends, financial, residential, workers, clinicians, relationships, anniversaries, reminders of the past.

Early Warning Signs

This section identifies possible signs for the consumer and Neami. Strategies, supports and plans can then be explored together may in turn reduce or minimise risk. Examples might be changed behaviours, changes in feelings, challenging behaviours, risk taking, hearing voices, withdrawal, reduced activity, substance abuse, self-medicating, lack of self-care, heightened anger, language change, thought confusion.

Supports and Plans

Wherever possible are to be completed in conjunction with consumer. They can include practical supports and can outline what the consumer is going to do, what Neami is going to do and what other stakeholders are going to do.

Plans should be specific to the potential risk(s) identified.

This section is an important part of fulfilling Neami's duty of care to the consumer. If a risk is considered chronic, then if possible longer term risk management strategies should be put in place. This can occur outside of the Neami risk assessment process and would be done using CRM protocols (e.g. working with long term substance use). This process will support consumers to identify, learn and put support plans in place themselves. This will assist them when Neami and other supports may not be around or accessible.

Possible Crisis Response

Again this is important to ensure Neami fulfill's a duty of care. Should the need arise for a crisis response, some forethought and pre-planning is required with the consumer. This might include discussing relevant contacts including relatives, friends, clinicians, help lines and ensuring consumer awareness of the need to access emergency services and the processes involved in doing so to fulfil a duty of care.

Health Plan or Wellness Plan

Many Neami consumers will have existing wellness plans or arrangements can be made for support to develop a plan. These plans are separate and distinct from risk plans but the process will inform risk assessment and planning. It is important for staff to use the opportunity when discussing wellness planning to refer to the Optimal Health Program which can provide consumers with the opportunity for more in depth wellness planning.

Approval

All plans require signatures by the completing staff member and the authorising manager with a review date.

Consumer Discussion

The aim to involve the consumer with this process is considered of major importance. The form seeks to ensure there are comments as to why this may not have been achieved. As Neami has a responsibility to ensure the safety of staff, there may be times when a consumer disagrees with something that a staff member adds to a risk assessment. It is ok to have a difference of opinion.

Where this is identified with a consumer, be sure to ensure their perspective is also added to the risk form/management plan. If you are finding this type of conversation difficult, this might be a good topic to discuss with your supervisor in PDS or with your team in narrative peer supervision.

Consumer/Carer Comments

Include what has been said in the words of the consumer/carer. This is of particular importance if the consumer disagrees with components of the assessment or their reported history and can assist with ensuring a transparent process.

3.7.   Pages 8-11: Risk Rating Table

Step 1: Assess the likelihood of the risk occurring. The Likelihood table is broken into four possibilities of unlikely, possible, likely or almost certain.

Step 2: Assess the risk consequence level. The Risk Consequence table below identifies five options being negligible, minor, moderate, major and extreme.

Step 3: Using the Risk Matrix table identify what level the risk should be identified as. There are four categories of low, medium, high and very high.

Step 4: when the level of risk has been identified, follow the protocols as outlined in the risk level categories table. This table identifies appropriate actions required to be taken to manage the risk and the appropriate people who need to be informed within the organisation.

Part 1 of this document *outlines each of the tables for each step of the risk rating process*

3.8.   When to use the form

Risk Assessment forms are to be completed upon intake and as a minimum at six monthly intervals thereafter.

The completion of Neami Information Release Consumer Consent forms will often have relevance to Risk Assessment and will also occur at intake and at twelve monthly intervals.

In all circumstances, when a new worker commences engagement with a consumer the worker should ensure they have familiarised themselves with the current risk assessment form and any management plans.

Effectively, risk is being assessed each and every time Neami staff engage with a consumer, thus amendments may be required at any time.

It will sometimes be the case that the initial risk assessment at intake will be low in the 'Confidence Rating'. If so, an update will be required at an appropriately determined time when more information has been gathered.

In any situation where a new risk issue arises or new information comes to hand that may heighten or lessen an existing risk situation, a new assessment and if required a new management plan is to be prepared ideally with the consumer.

Examples of possible changes to risk status could include

- Any time an incident report form is considered or completed
- Risks to consumers (self-harming, consumption of alcohol, drugs, suicidal intent, admittance to hospital)
- Risks to staff (physical assault, abusive language, visitors)
- Changes in medication

- Changes in behaviour, thoughts and plans
    - Changes observed by others i.e. Area Mental Health, family members etc
    - Significant personal change e.g. relationship breakdown, loss of job, criminal or other court matters
    - Environmental/situational factors e.g. housing risks to staff and consumers – security gates, low lighting, up flight of stairs, issues with neighbours/locale

3.9.   How to use the forms

Usage of the risk assessment and the risk management plan is encouraged to be a joint exercise between worker and consumer wherever possible. This was a key finding in the review of Neami's Risk Assessment Working Group process.

The conversation to achieve the assessment and plan is the focus, not the filling out of the form.

A respectful and open discussion will achieve a strong level of understanding, information sharing and ultimately appropriate actions and responses should a need to enact elements of the assessment or the plan be required at any stage.

3.10. Level of Consumer Involvement

The level of consumer involvement may vary depending on their experience within the mental health system and their desire to be involved.

There may also be situations that arise that make it difficult to fully engage a consumer in the process e.g. a consumer may be heavily medicated, unable to concentrate. In these situations risk assessment and planning is still required and more meaningful engagement with the consumer on the topic of risk can be sought at a more appropriate time.

Inviting consumer input is consistent with Neami's overall approach to consumer participation, dignity of risk, collaboration and recovery oriented practice.

3.11. Responsibility

It is the responsibility of CRSWs to manage form completion. Support from Managers and Senior Practice Leaders may be required.

It is the responsibility of Managers to undertake initial risk assessments at intake.

See the roles and responsibilities table at 6.7 of these guidelines.

The presence of a risk assessment for any consumer does not negate the need for staff to follow the Neami Safety in Outreach Policy. This policy exists to guide staff in any outreach situation to ensure their safety. The information and instruction in risk assessments and the Neami Safety in Outreach policy should be applied and complied with concurrently and should be compatible (i.e. support plans on risk assessments should not contradict the safety in outreach policy).

3.12. Reviewing risk assessment and management plans

As outlined in the procedure document, risk assessments and management plans are to be reviewed six monthly or when a new risk is identified.

When reviewing a risk assessment or risk management plan it is essential that information is gathered from as many sources as practicable to ensure an accurate assessment. Gather information from all sources including the **Consumer**, team members, clinical staff and carers. Do not forget to consider other program participation such as CRM protocols, Optimal Health Program and Flourish participation or other group activities. Remember a robust plan will ensure the consumer has the best management strategies possible that work for them and program participation may already have highlighted some of their strengths and protective factors that could benefit the consumer when reviewing a risk assessment or management plan.

3.13. When to end a management plan and when does it become historical?

When reviewing a risk assessment and management plan, if there are any risks that are identified over the last six months as still being current, a management plan must remain.

If for each risk type there are no current thoughts, plans, symptoms indicating risk, no risky behaviour and no concern from others, then no management plan is required for that category. If there was a management plan created in the previous 6 months but it now only falls into historical risk (older than 6 months and no other concerns), then this management plan can be closed. When a management plan is closed, information pertaining to that plan is to be added to the brief consumer history section of the risk assessment form.

If there were management strategies that the consumer was using in the closed plan that were helpful, and the consumer would still like workers to be aware of, add this info in the brief consumer history section so it is not lost or to the strength and protective factors section.

3.14. Monitoring the Risk Assessment and Management Plan

All parties will continue to develop and monitor the Risk Assessment Plan as required.

CRSWs will monitor the relevance of the plan and amend the plan as required in their on-going work with the consumer. When a plan is amended, this will need to be approved and signed off by the manager again.

All relevant matters to risk will be recorded in Carelink case notes.

Any worker required to engage with the consumer will ensure they have an understanding of the risk assessment and risk management plan prior to such engagement.

Relevant parties will be informed of changes in risk assessment information and management plans in accordance with consumer consent and duty of care obligations. Neami acknowledges a responsibility to share information with other organisations in order to comply with Work Health and Safety Legislation.

When a risk assessment has been completed and signed, Carelink+ is to be updated. On the 'consumer' node in Carelink+ there is a space to add the date of the last risk assessment. This date is to be updated with the new risk assessment completion date. This section will be used for reporting on risk assessment completion rates.

See 3.8 of these guidelines *for circumstances when a risk assessment status would require consideration and updating.*

4. Risk Assessment Examples

4.1.   Examples of completed forms

Some examples of completed risk assessment and management forms will be available on E-Mi to assist with guiding staff to complete the risk assessment and risk management plan competently.

4.2.   Discussing risk with consumers

At initial referral consumers and service providers who may have made the referral are asked by Neami staff (usually Manager or Senior Practice Leader) of any immediate and apparent risks which are likely to impact on Neami's capacity to safely and effectively work with the potential consumer.

Wherever possible, a clinical risk assessment will be provided to Neami prior to initial consumer screening for service appropriateness.

Wherever possible screening and information gathering will be undertaken prior to meeting with a consumer for intake.

Intake meetings and conversations with consumers will provide further opportunities for initial assessment.

Removing a culture of 'fear', stigma and discrimination at the outset will assist in the process. Ensuring that we ask the consumer about their experience and context to historical incidents will assist with developing rapport and a shared understanding of past risks and how to best manage any identified risks.

4.3.   Areas to consider when preparing to discuss risk with a consumer

Look at any documentation you have received and assess if there may be any sensitive topics for the consumer relating to risk. This may include previous incarceration, suicidal ideation, violent behaviour etc. Discuss the context of any of these with the referrer and ascertain if there were any previous plans in place for minimising these risks.

When attending the initial assessment with the consumer, when discussing risk, be sensitive to the consumer's perspective and context around any previous risks that you may discuss. Ask the consumer if they have any ways of minimising the potential for these risks to occur again and any management strategies they would like to put in place.

Having such a conversation early at assessment can ensure that risk discussions are seen as a normal part of service delivery with the consumer and set the scene for service delivery staff to be able to continue these conversations in future. The real practice example below demonstrates how this has been managed in the past.

Practice Example

Discussing aggression as a risk with a consumer at intake (real scenario)

Brief background

A consumer was referred by the clinical team who reported that the consumer had a history of verbal and physical aggressive behavior which led to them spending some time in prison for assault. The case manager reported that the consumer had trouble with managing their emotions and that they frequently lost their temper. The consumer had recently been verbally aggressive to clinical staff.

Assessment planning

Following the telephone referral and conversation with the case manager, the consumer, case manager and Neami manager met to discuss the referral to Neami. As the manager had been informed of the risk history, there was a plan made to discuss this as part of the assessment. The case manager was informed of this prior to the meeting.

Risk Discussion

Towards the end of the assessment, the section to discuss risk was addressed. The manager approached the risk discussion in a very balanced way informing the consumer that this discussion was about developing a working alliance to be able to best meet shared goals of the consumer.
The manager stated that they had been informed there had been some history of aggression and that it was important to hear the consumers perspective and develop a plan to manage this appropriately in future.

The manager explained that this was about what was best for the consumer and the staff as if an incident was to occur, the consumer would be the one who was effected the most, such as a possible further criminal charges etc. The manager explained it was in the consumers best interests that we had a plan to manage their emotions.

The manager began by asking the consumer what it was that got them most upset? The consumer stated that discussing finances was the key factor recently as they had a public trustee who would not release funds when they wanted. Recent outbursts were around this topic. An agreement was made that the case manager who had an existing plan around communicating with the trustee would have all financial discussions with the consumer. Neami would not discuss finances. All parties agreed this was a good plan.

The manager then asked the consumer that if they were upset for any other reason not related to finances, what would be the best way to keep a staff member safe? The consumer reported that although they get upset quickly, they also calm down quickly. The consumer stated that if a staff member saw them getting upset, it would be best if they stated they noticed this and removed themselves from the consumers proximity for 10 minutes. Following this they could then check back in and if safe, continue the appointment. If the consumer was still upset then they would end the appointment. A plan was made to also discuss strategies for the consumer to be able to deescalate when upset.

This plan was developed at assessment, with the consumer prior to starting with Neami. It drew on the consumers experience of their past behaviour and what they found was useful for them. The collaborative nature of this approach taking into consideration the consumers experience ensured a concrete plan was established.

Outcome

This consumer was with Neami for a period of two years. Throughout this time there were no incidents of assault or aggression towards Neami staff despite incidents occurring with other community members when Neami was not present.

5. Training

Managers and Senior Practice Leader positions are provided with training in the Risk Assessment process by the Neami National Training Unit.

Training for individual staff forms part of Induction Training and is complemented by on-the-job supervision and mentoring at a site level by Managers and Senior Practice Leaders.

Effective use of the Risk Assessment Form and the overall process is assessed within two months of initial training using the probation checklist and annually thereafter during staff appraisals.

Service Sites can request a 'Focus Session' on Risk Assessment from their respective Training Managers.

6. More information to assist with risk assessment

6.1. Risk Areas

(refer to pages 2&3 of the Neami National risk assessment and management plan)

6.2. Aggression/Violence

This category describes any aggressive and violent tendencies or actions from the consumer directed towards others. In your assessment, consider the following;

History of violence/aggression: Consumer has recorded or reported incidents of violence or aggression (can be physical, verbal, sexual)

Firearms: History of use of firearms especially in relation to violence/threats of violence.

Neglect of Others: Consumer history of grossly neglecting people dependent on them, particularly children.

Fearful: Consumer experiences fear which may lead them to violent behaviour.

Hyper Vigilance: The consumer may maintain an abnormally heightened awareness of environmental stimuli leading to misinterpreted stimuli.

Threats to Others: Consumer experiences persistent thoughts about harm to others or even homicide. The range of thoughts spans from vague ideas of revenge to detailed and fully formulated plans without the act itself.

Irritability: Easily angered or frustrated.

Low Frustration Level: Becomes frustrated easily. May lead to agitation demonstrated through behaviour.

6.3. Suicide/self-harm

This category describes any risk of self harming behaviour and risk of intentional or accidental suicide by the consumer. In your assessment consider the following;

History of suicide/self harm: Consumer has recorded or reported incidents of attempted suicide or self harming behaviour

Suicidal Ideation/thoughts: The range of suicidal ideation varies greatly from fleeting to detailed planning, role playing and unsuccessful attempts, which may be deliberately constructed to fail or be discovered, or may be fully intended to succeed.

Not wanting to be a burden: Consumer does not want to be a burden on other people & may contemplate suicide to remove burden.

Self-Medicating: Consumer uses substances (including alcohol) or other self-soothing forms of behavior to treat their mental distress.

Low self-esteem: Consumer experiences persistent feelings of low self-worth leading to self-harming or suicide attempts.

Access to means: Easy accessibility to lethal means by a suicidal individual.

Plan: A suicide plan may include the following elements: timing, availability of method, setting, and actions made towards carrying out the plan such as obtaining medicines, poisons, rope or a weapon, choosing and inspecting a setting, and rehearsing the plan. The more detailed and specific the suicide plan, the greater the level of risk.

See also Table at 6.8 'Suicide and Self Harm – a Risk and Response Guide'

6.4.   Vulnerability/neglect

This category considers risks of vulnerability and neglect of the consumer. In your assessment consider the following;

History of vulnerability/neglect: Consumer has recorded or reported incidents of vulnerability/neglect.

Lack of Social Skills: Lack of confidence in talking to others, inability to comply with or understand social norms/codes of behaviour which puts them at risk of exploitation, or victims of crime.

Exploitation: This is the utilization of another person for selfish reasons. People can be exploited financially, emotionally or sexually.

Financial Mismanagement: Loss of substantial income due to gambling, failure to budget, inappropriate spending etc.

Violence: Is the person exposed to aggression and violence that increases their risk of vulnerability.

Family issues: History of family problems, ruptures, divorce, abuse.

ID, poor cognition/judgement: Does the consumer experience a lowered capacity to make reasonable judgements and decisions, increasing their risk of exploitation or being a victim of crime.

Misadventure: Is the person at risk of misadventure because of periods of unpredictable behaviour?

Poor self-care: Is the consumer at increased vulnerability to disease and illness due to neglect of self-care?

Lack of Insight: Inability to recognize one's own mental illness. This may result in the consumer not recognizing the need for treatment, and failing to recognize consequences of one's behavior as stemming from an illness.

AOD Use: Consumer history of significant Alcohol and Drug Use/Abuse increases their risk of vulnerability or neglect.

6.5.   Physical health

Does the physical health of the consumer increase their vulnerability to risk? e.g. conditions such as diabetes, obesity.

Diet: Are their dietary deficiencies or unhealthy eating habits leading to health problems such as high blood pressure, high cholesterol, obesity?

Drug/Alcohol Use: Does the consumer misuse drugs or alcohol that are negatively impacting their health?

Genetic History: Does the consumer have any hereditary diseases/illness that requires more frequent check ups? E.g. – Diabetes, breast cancer, prostate cancer, heart disease etc

6.6.   Environmental

This category considers risks to the worker as a result of interacting with the consumer and his/her environment and/or people within that environment. In your assessment consider the following;

Consumers home: Does visiting the consumer's home put the worker at risk – are walkways clear, access to exit points,

Pets: Does the consumer have any pets that pose a risk to worker?

Isolation: Does the worker need to work in isolated areas or work at unsociable hours in order to provide support to this consumer. If so, what risk does this pose?

People: Will the worker likely encounter people known or unknown to the consumer who will pose a risk to the worker? Consider dual worker visits, gender issues.

Transmittible disease or illness: Is the worker at a greater risk of being infected with communicable diseases by providing support to this consumer e.g. needle stick injury, allergies to pets.

Climactic: Weather, terrain, suitable and appropriate attire

6.7.   Roles and Responsibilities Table

The below table identifies some of the key components to risk assessment, management and review and provides some guidance around responsibilities areas. This is not prescriptive but provides a guide to assist with ensure that risk assessment and management is a robust, collaborative and useful process.

	Service Manager	Senior Practice Leader (relevant sites)	Service Delivery Staff	Consumer	Clinical Team (relevant sites)
Information Gathering	✓	✓	✓	✓	✓
Risk Assessment Approval	✓	✓		Consultation required	
Risk Management Plan Approval	✓	✓		Consultation required	
Reviewing Risk Assessment			✓	✓	✓
Reporting communications suggesting a change in risk status	✓	✓	✓	✓	✓
Updating Risk Assessments & Plans			✓	Consultation required	✓
Referral to Specialist Mental Health Services (When High risk identified)	✓	✓	✓	Consultation required	✓
Liaison & co-ordination with Mental Health Services	✓	✓	✓	Consultation required	✓

6.8.   Suicide and Self Harm – a Risk and Response Guide

The below table is a useful tool to assist staff to ensure that they are meeting duty of care responsibilities around suicide and self harm. All Neami service delivery staff are trained in suicide prevention training and this table can be used as a quick response guide when presented with suicide and self harm situations.

Suicide and Self Harm Level of Risk and Response	
No Risk	
No identifiable suicidal ideation	• Monitor the consumer as required, checking at regular intervals for change in circumstance, mood or mental state
Low	
Suicidal ideation of limited frequency, intensity and duration. No identifiable plans, no intent (i.e. subjective or objective), mild dysphoria/low mood, mild mental health symptoms, good self- control (i.e. subjective or objective), few risk factors and identifiable protective factors. Accepting of help and hope for future.	• Discuss appropriate strategies with the consumer to manage suicidal thoughts and address triggers. • Provide the consumer with various help line numbers. • During office hours encourage the consumer to call you if their thoughts increase in intensity. • Advise consumer about presenting to the hospital emergency department if their risk increases. • Offer regular contact with the client. • Inform other professionals who are involved in the consumers care about the risk and plan how each team member will support the consumer. • Continue to monitor risk until risk is non-existent. • Complete risk assessment form and management plan.
Moderate	
Frequent suicidal ideation with limited intensity and duration, some specific plans, no intent (i.e. subjective or objective) limited dysphoria/low mood, moderate mental health symptoms, some risk factors present, identifiable protective factors. Ambivalent about receiving help. Pessimistic about the future.	• Involve other professionals who are involved in the consumer's care in the assessment of the risk and plan how each team member will support the client. • Check/obtain consent and contact other consumer supports and inform them of the situation and involve them in the safety plan. • Discuss appropriate strategies with the consumer to manage suicidal thoughts and address triggers. • Provide the consumer with various help line numbers. • During office hours encourage the consumer to call you if their thoughts increase in intensity. • Advise consumer about presenting to the hospital emergency department if their risk increases. • Ensure on-going contact with the consumer; arrange regular calls. • Continue to monitor the risk until risk is non-existent. • Consider referral for immediate assessment by the consumer's doctor or duty doctor. • Complete risk assessment form and management plan.

Suicide and Self Harm Level of Risk and Response (continued)	
High	
Frequent, intense and enduring suicidal ideation. Specific plans, method is available/accessible, some limited pre- preparation behaviour), evidence of impaired self-control (i.e. subjective and/or objective), severe dysphoria/low mood, severe mental health symptoms, multiple risk factors present, few (if any) protective factors. Refuses help or unable to follow strategies on risk assessment plan, helpless and hopeless about future.	• Contact emergency services if there are current actions endangering self or others • Contact area mental health or if required the local mental health emergency response team. • Refer consumer to the consumer's doctor or duty doctor for assessment and referral to mental health services if appropriate. • Clearly document all interventions and actions taken. • Inform senior staff and other significant others taking into account our duty of care and consumer consent arrangements. • Consider and discuss with senior staff whether to inform significant others against the will of the client.

7. Other Sources of Information

- Neami National's Risk Assessment and Management Policy

- Neami National's Duty of Care Policy

- Neami National's Incident Reporting

- Neami National's Responding to Challenging Situations – Challenging Behaviors Policy

- Neami National's Responding to Challenging Situations – Psychiatric Emergency Policy

- Neami National's Responding to Challenging Situations – Abuse and Neglect Policy

- Neami National's Responding to Challenging Situations – Violent and Aggressive Behavior Policy

- Neami National's Safety in Outreach Policy

- Wellness Plan