



## Chapter 1

# Introduction

*Phil Woods and Alyson M. Kettles*

Whether or not we like it, risk assessment and management is part of daily life for us. Every day, whether as a health professional or as a father, mother, son, daughter, husband or wife, and so on, we will be undertaking assessments of risk and consequently putting interventions in place to somehow manage or reduce those risks. One only has to do a quick literature search on risk to receive thousands of results from this, confirming Hayes' (1992) claim that for many years it has been an important concept in health, behavioural and social sciences, legal communities and the risk epidemic in medical journals (Skolbekken 1995). Indeed:

*'... one of the most lively areas of theoretical debate in social and cultural theory in recent times is that addressing the phenomenon of risk and the role it plays in contemporary social life and subjectivities' (Lupton 1999, p.1).*

It is a clear fact within current mental health practice that risk assessment is very central to practice (Woods 1996) and indeed it is a requirement by society that we protect those who would need it and those that society needs protecting from. Doyle and Duffy (2006), amongst others, state how assessing and managing risk is a key task for mental health clinicians. Bloom *et al.* (2005) stress that it is an inherent dimension of psychiatric practice and Lewis and Webster (2004) that it is one of the highest profile tasks of mental health professionals. Rose (1998) informs how *'the language of risk now prevails mental health in the UK'*. Professor Louis Appleby, in the foreword to a recent Department of Health (2007) document on *Best Practice in Managing Risk*, states that it is clear that *'safety is at the centre of all good healthcare'* (p.3).

- So what is this thing called risk assessment?
- How do we do it?
- How do we do it well?
- What do we measure?





## 2 Risk Assessment and Management in Mental Health Nursing

- How do we know if we are measuring the right things?
- How do we know if we have done it well?
- When do we do it?
- For whom do we do it?

These are just some of the many questions that roll off the tongue in relation to risk assessment and management. Those reading this book could probably also think of many more questions that they need answered. Well, it is hoped that this book may answer some of these questions and perhaps some readers may have themselves. It cannot be expected to answer all questions for all mental health nurses, but it can help to pave the way for them to consider their own practices and hopefully look further for answers that they may need.

Kettles (2004) discusses how health professionals understand risk in a variety of ways, but generally in mental health care, risk means a range of potential adverse events. Indeed, McClelland (1995) highlighted that one of the main problems that nurses face in their approaches to risk assessment, and its management, is that it is affected to a large degree by who defines the risk and how it is defined. This in itself is problematic in so much as if we as mental health nurses do not agree what is or what is not risk then how can we provide continuity of care across a range of services, and of course good risk management?

In this book, risk assessment and management have been viewed in the widest sense, although Chapters 2 and 3 will consider this more. As a starting point, risk can be considered as the probability of harm to self or others or a serious unwanted event; risk assessment is the process of determining this probability; and risk management is the process or intervention through which identified risks are reduced or alleviated. So risk can be considered from all perspectives: from deterioration in mental health status to suicide or homicide.

As mental health nurses and members of society it has to be noted that day by day we assess and manage risks well. How do we know this? Well, in our daily lives we manage to drive to work, cross the road and eat healthy diets, to name but a few examples. All these have potential risks involved in them and need us to put in place management plans to reduce these risks. In our professional lives, for example, when caring for a number of suicidal patients, why is it that they do not all manage to end their lives? Clearly we have assessed and are managing the risks associated with this well. What we are really doing is positive risk taking, '*weighing up the potential benefits and harms of exercising one choice or another*' (Morgan 2004, p.18). But how often do we really consider how we have done this?

Over the past 20 years or so mental health practice has changed considerably and this has developed specific challenges for the mental health nurse's



role in risk assessment and management. Policy changes have seen a growing emphasis on community care rather than institutional care, where in the latter it was far easier to assess and manage risk through the added control and place of the sanctuary they provided for those cared for in them. Inpatient beds are becoming scarcer and periods of stay in hospital tend to be much reduced. These issues mean that those finding themselves in hospital are likely to be higher risk and demand enhanced skills from the mental health nurses who care for them. Conversely this also means that those who do not get admitted are perhaps more likely to be more risky than in the past, demanding different skills from the mental health nurses working in the community, perhaps with larger caseloads resulting from these changes. With this drive for community care and the related crisis intervention and assertive outreach services that have developed, risk assessment and management has been taken to a new level of difficulty.

According to the Department of Health (2001, pp.11–13), crisis resolution/home treatment teams provide a service for adults with severe mental illness with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary. Current policy in the UK (and throughout the world) has developed around the notion that people experiencing mental illness should receive treatment in the least restrictive environment, thereby minimising disruption in their lives. Crisis resolution/home treatment can be provided in a range of settings and offers an alternative to inpatient care. These services have developed to intervene with all four phases to crisis resolution:

- assessment
- planning
- intervention; and
- resolution.

As any and all of these phases are complex in many cases, effective risk assessment and management is a crucial yet challenging component.

In the same document, the Department of Health (2001) lays out clear implementation guidelines for assertive outreach services for those who have difficulty in maintaining lasting and consenting contact with services. Often they have severe mental health problems with complex needs and have difficulty engaging with services and often require repeat admission to hospital. Assertive outreach has been shown to be an effective approach to the management of these people and clearly good risk assessment and management is a crucial component of these services.

More recently, in the publication *From Values to Action: The Chief Nursing Officer's Review of Mental Health Nursing* (Department of Health 2006), key



#### 4 Risk Assessment and Management in Mental Health Nursing

recommendation 10 (in relation to improving outcomes for service users) clearly states:

*'Mental Health Nurses need to be well trained in risk assessment and management. They should work closely with service users and others to develop realistic individual care plans' (p.5).*

Throughout this key document many of the other recommendations are underpinned by issues of good risk assessment and management.

Similarly, the document *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland* (Scottish Executive 2006) highlights one of the visions of mental health services as:

*'Enabling, person-centred recovery and strengths-based focus with a move towards positive management of individual risk'*

with a mental health nursing response of

*'Adopting frameworks for practice that promote values-based practice, maximising therapeutic contact time and the therapeutic management of individual risk' (p.11).*

Again throughout this key document many of the other practice and care issues discussed are done so in relation to good risk assessment and management. A clear stark message is therefore being sent by two major reviews of mental health nursing that risk assessment and management is high on the professional agenda.

As well as these developments in policy we can also observe that the provision of forensic services has grown vastly and more and more mental health nurses are finding themselves working within these areas with no specific advanced skills to prepare them for the task. Within these services there is a heightened pressure on mental health nurses to provide formal assessments of risk and related management strategies in very stressful patient situations. Some have taken up this challenge, however, using a systemic approach, such as the 'New to Forensic Programme' in Scotland (<http://www.forensicnetwork.scot.nhs.uk/newtoforensic.asp>).

When things go wrong in mental health services, inquirers who are tasked to find answers to what occurred frequently report failings in risk assessment and management. Often these are the results of tragic consequences. The corollary of such incidents is often a shift in public and political opinion and greater expectations placed upon nurses and other healthcare professionals. A tendency towards a more litigious society also places similar pressures on nurses and other healthcare professionals to provide

accurate assessments of risk, which are often unrealistic. The result can be that clinicians will err on the side of caution and consider someone to be a higher risk than he or she actually is.

It is hoped that readers will find this book useful for their practice and take some thoughts or resources from it that can be used to enhance their current practice.

## Topics covered in this book

In Chapter 2, John Cordall introduces some of the major discussion around risk assessment and management in mental health nursing. He sets forth some interesting discussion, critical debate and crucial challenges for mental health nursing. Such topics are expanded in later chapters as:

- Why assess risk?
- What constitutes effective assessment?
- The need for training.
- Mental health nursing roles.

Alyson Kettles and Phil Woods, in Chapter 3, introduce some of the theory of risk. The focus is on the wider theoretical aspects of risk assessment and management. The chapter outlines many common terminologies and defines terms clearly. This is important because much confusion surrounds the term 'risk assessment'. Concepts of variables and how they contribute to predicting outcome are discussed, introducing some of the latest thinking in the field. The chapter introduces the concept of risk management and its relationship to the risk assessment process. It is important that these theoretical foundations are laid so they can be related in the rest of the book.

In Chapter 4, Phil Woods and Alyson Kettles highlight and discuss some of the many instruments and processes that are available to assess and manage risk. The chapter includes an analysis of the requirements for the instruments cited and appropriate situations for their use. There is discussion on the inappropriate use of instruments, both in terms of incorrect interpretation and infringement of copyright, or other publisher requirements, such as training. The chapter also focuses on the detailed research required to develop such instruments and how good risk management is based on sound risk assessment and can be informed by the use of such instruments and processes described.

Phil Woods, in Chapter 5, discusses the issue of risk to others. One particular theme that is examined in depth is evidence of links between violence and mental health. This chapter discusses some of the demographic and clinical variables that are associated with such risk and the importance

of the nurse–patient relationship in the risk assessment and management process. Forensic issues are also discussed, as many of the offending issues that those working in this area have to deal with are related to risk to others.

Through Chapter 6, Lee Murray and Eve Upshall examine risk to self and some of the strategies for assessment and management. The most obvious and catastrophic aspect of risk to self is suicide, followed by varying degrees of self-harm (some of which are life threatening). Murray's approach to assessing and managing the risk of suicide and self-harm is a central component of the chapter. This approach, although developed in child and youth services, is equally applicable to adult services. Issues of self-neglect and vulnerability are also discussed. The chapter addresses such issues as diagnosis, developmental issues, gender, culture and the importance of the nurse–patient relationship in the risk assessment and management process.

In Chapter 7, Lois Dugmore discusses the risk of substance misuse. She unravels some of the complex issues surrounding the relationship between substance misuse and mental health. Policy issues are also identified. Early on in the chapter the effects of commonly abused drugs are discussed and the relative risk factors identified. The chapter contains a critical examination of the issues of assessment and management, care pathways, treatment options and harm reduction.

Chapter 8 is where Alyson Kettles and Phil Woods draw some conclusions, summarising the book and highlighting some key themes that it has contained. It is hoped this will help point readers towards other resources to develop their knowledge and understanding of risk assessment and management.

## References

- Bloom, H., Webster, C., Hucker, S. & De Freitas, K. (2005) The Canadian contribution to violence risk assessment: history and implications for current psychiatric practice. *Canadian Journal of Psychiatry*, **50**(1), 3–11.
- Department of Health (2001) *Mental Health Policy Implementation Guide*. Department of Health, London.
- Department of Health (2006) *From Values to Action: The Chief Nursing Officer's Review of Mental Health Nursing*. Department of Health, London.
- Department of Health (2007) *Best Practice in Managing Risk: Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services*. Department of Health, London.
- Doyle, M. & Duffy, D. (2006) Assessing and managing risk to self and others. In: *Forensic Mental Health Nursing: Interventions with People with*

- 'Personality Disorder' (National Forensic Nurses' Research & Development Group; eds P. Woods, A. Kettles, R. Byrt, *et al.*), pp. 135–150. Quay Books, London.
- Hayes, M.V. (1992) On the epistemology of risk: language, logic and social science. *Social Sciences & Medicine*, **35**(4), 401–407.
- Kettles, A.M. (2004) A concept analysis of forensic risk. *Journal of Psychiatric and Mental Health Nursing*, **11**, 484–493.
- Lewis, A.H.O. & Webster, C.D. (2004) General instruments for risk assessment. *Current Opinions in Psychiatry*, **17**, 401–405.
- Lupton, D. (1999). Introduction: risk and sociocultural theory. In: *Risk and Sociocultural Theory: New Directions and Perspectives* (ed. D. Lupton), pp. 1–12. Cambridge University Press, Cambridge.
- McClelland, N. (1995) The assessment of dangerousness: a procedure for predicting potentially dangerous behaviour. *Psychiatric Care*, **2**, 17–19.
- Morgan, S. (2004) Positive risk-taking: an idea whose time has come. *Health Care Risk Report*, October, 18–19.
- Rose, N. (1998) Living dangerously: risk thinking and risk management in mental health care. *Mental Health Care*, **1**, 263–266.
- Scottish Executive (2006) *Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland*. Scottish Executive, Edinburgh.
- Skolbekken, J.A. (1995) The risk epidemic in medical journals. *Social Science and Medicine*, **40**(3), 291–305.
- Woods, P. (1996) How nurses make assessments of patient dangerousness. *Mental Health Nursing*, **16**(4), 20–22.

