

Working with Risk: Assessment and intervention for tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
5	Peter Dean	August 2022	Change in format from protocol to procedure. Changes made to promote staff understanding.
4	Carole Kennedy	May 2018	Positive risk approach: Person centred care

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1 Overview

1.1 Purpose

This procedure provides a framework for a consistent approach to clinical risk assessment and risk management. The aim is to minimise adverse outcomes for tāngata whaiora and their whānau who access Mental Health and Addictions services at Te Whatu Ora Waikato whilst enhancing ōritetanga (equity), rangatiratanga (self-determination) and wairuatanga (the distinctive identity of the person).

1.2 Staff group

This procedure applies to all Mental Health and Addictions registered health professionals involved in clinical care.

The Consult Liaison service in respect to this procedure is a community psychiatric service provided to Waikato Hospital.

1.3 Patient / client group

All tāngata whaiora within the Mental Health and Addictions services will have a current risk assessment as part of everyday practice.

1.4 Exceptions / contraindications

There are no exceptions to this procedure.

1.5 Definitions and acronyms

Clinical Risk Assessment	Clinical risk assessment is a dynamic and continuous process of evaluating the risk of adverse events. It is a clinical judgement based on the gathering of historical and current information through the processes of reviewing case notes, engagement, communication, investigation and observation. This leads to the identification of specific risk factors related to the tāngata whaiora and the circumstances in which they may occur.
Risk Formulation	Risk formulation is a narrative account of how identified risk and protective risk factors combine to increase and decrease risk
Risk Management	Risk management is the development of strategies of clinical care aimed at minimising the identified risk from occurring or to reduce the degree of potential harm

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- the tāngata whaiora and the whānau view on what the intent of the risk behaviour was
- Identification of *dynamic internal* factors – tāngata whaiora current mental state (this includes mental illness, and also includes other states, such as anxiety, agitation, anger, helplessness) and the tāngata whaiora current physical state which could impact on the risk
- Identification of the *dynamic situational* factors (factors that are external to the tāngata whaiora). These can for example include factors such as access to means for suicide or harm to others for example weapons, loss of relationships, housing or income, or the actions of other people that affect risk for the tāngata whaiora
- Tāngata whaiora strengths and protective factors for risk reduction, from their perspective and from the perspective of whānau.
- The viewpoints of whānau / caregivers about the current risk and possible risk management strategies
- In the inpatient unit a violence risk assessment is completed daily using the Dynamic Appraisal of Situational Aggression (DASA) tool
- Service specific risk assessment tools may be used such as HCR-20 in Forensics, and specific tools in Perinatal and ICAMHS to guide assessment and formulation

Assessment of whānau and child safety issues will follow the relevant Te Whatu Ora Waikato policies and guidelines

<https://intranet.sharepoint.waikato.health.govt.nz/Pages/Policies%20and%20Guidelines/Vulnerable-persons-policies-and-guidelines.aspx>

2.4.2 Risk formulation

Risk formulation is a structured description of the risk information that has been recorded in the history and dynamic internal / situational sections.

A risk formulation will describe the nature and context in which the risk behaviour/s is most likely to occur, including internal and situational factors that increase the risk. It will also incorporate statements regarding seriousness, imminence, who the likely people affected might be, and the availability of the means and opportunity to carry out the harm.

2.4.3 Risk management

Risk management plans will be discussed with the tāngata whaiora and their whānau, unless clinically contraindicated, before being enacted.

The management plan will identify interventions for the individual that will reduce or contain risk behaviours, including:

- Interventions to address dynamic internal risk factors contributing to risk (for example, use of medication; use of 'talking'; treatments)
- Interventions to address situational factors contributing to risk (for example interventions to address social stressors including relationships; accommodation and

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financial situation; access to alcohol and illicit substances; access to weapons; access to potential victims)

- Strategies for building on existing strengths and protective factors to reduce risk
- Resources which are immediately accessible to the tāngata whaiora, whānau and clinical team to support risk reduction and strength building
- “Guarantees of safety” or “no-suicide” contracts are contraindicated and are not to be asked of tāngata whaiora by clinicians.
- In certain situations, risk will appropriately be managed by (continued) admission to hospital including use of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
- In the inpatient setting a risk management strategy involves the use of levels of observation as identified in the [Levels of Observation across all Mental Health and Addiction Inpatient Services](#) procedure (5238)

The management plan must reflect the changes to risk over time, given the dynamic nature of risk.

Risk management strategies will show why strategies were chosen for a tāngata whaiora. In some circumstances it is useful to briefly describe why other strategies were not used (for example, these may have proved unhelpful for the tāngata whaiora at previous time, the tāngata whaiora or whānau considered they would increase risk, or the resource may not have been available).

Risk management strategies will reflect each risk that has been identified.

2.4.4 Risk assessment documentation

Risk assessment documentation:

- Is to be formulated in terms of seriousness and in the context in which risk behaviours are most likely to occur. This will include the nature and magnitude of the potential harm, the imminence and frequency of risk, the frequency of risk behaviours, and the circumstances that may increase risk
- Is entered into a progress notes and recorded on the Risk Assessment + Pattern Analysis form in Clinical Workstation (CWS)
- Will be clear and concise and inclusive of both static and dynamic factors
- That includes information supplied by others (any source) has the source of this information documented
- Discussion with other team members about risk are documented

The Risk Assessment + Pattern Analysis CWS template is to be reviewed and updated when an event has occurred and at 3 monthly reviews.

Pattern analysis involves the identification and formulation of each contributory factor that is likely to result in significant risk behaviours, including both internal and external factors.

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2.4.5 Risk plan reviews

Risk plan reviews must occur:

- At a tāngata whaiora first contact with the service
- When a tāngata whaiora is admitted to an inpatient ward
- At a minimum of every shift for inpatients and every 91 days in the community. However caution should be used in sticking rigidly to these pre-set review times, as risk is not static and review of management plans must occur as indicated by circumstances.
- During times that might be associated with increased risk e.g. return from unauthorised leave or transfer of care

Risk plan reviews must be documented, demonstrating an evaluation of the existing plan and include who was involved in the evaluation.

Although the assessment of risk is a function of the multidisciplinary team and includes the input of all team members in both inpatient and community, the keyworker is responsible for maintaining an oversight of the risk assessment and planning process in community and forensics within their care coordination role. In inpatients the SMO is responsible for ensuring that the Risk Tool on CWS is filled out by their multidisciplinary team before tāngata whaiora are discharged from the unit.

Documentation of risk reviews is as follows:

- Day to day review of risks are documented in the progress notes
- Overarching formulation of risk is documented in the risk tool
- Detailed management plan of risk is in the recovery plan

Incidents and 'near misses' are reported in accordance with the Te Whatu Ora Waikato [Incident Management](#) policy (0104). Information from the follow up of clinical incidents is a component of risk plan reviews as appropriate.

2.5 Potential complications

Non-engagement and / or leave prior to completion of assessment.

3 Patient information

Clinicians ensure the tāngata whaiora and whānau are informed of their rights. Limit to confidentiality based on risk of harm to self / others must also be outlined.

All clinical areas will display and have written information easily accessible on the following:

- Code of Health and Disability services Consumers' Rights
- Nationwide Health and Disability Advocacy service
- Feedback and complaints processes
- Supporting Families Waikato Family Code of Rights

The provision of person and whānau information is documented in the clinical record.

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4 Audit

4.1 Indicators

- Inpatients – current risk is documented every shift as a minimum requirement in the progress notes.
- Community – tāngata whaiora have a current risk review completed in accordance with the requirements of this procedure

4.2 Tools

- Mental health and addictions audit tools aligned with this procedure

5 Evidence base

5.1 Associated Te Whatu Ora Waikato Documents

- Mental Health and Addictions [Keyworker](#) procedure (1558)
- Mental Health and Addictions [Leave – Adult Mental Health inpatient wards](#) procedure (2184)
- Mental Health and Addictions [Leave – Puawai inpatient wards](#) procedure (6266)
- Mental Health and Addictions [Levels of Observation across all Mental Health and Addiction Inpatient Services](#) procedure (5238)
- [Incident Management](#) policy (0104)
- [Māori Health](#) policy (0108)
- [Vulnerable person's policies and guidelines](#)

5.2 External Standards

- NZS 8134: 2021 Ngā Paerewa Health and Disability Services Standards
- Privacy Act 2020
- Health Information Privacy Code 2020
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment 1999