

3. Review findings

3.1 Risk screening assessment and management

In a sense, mental health workers are perpetually working with people at risk and 'continuously walking a tightrope' with all patients (Mental Health Clinician).

Mental health care has been increasingly required to respond to a need to appropriately assess and manage risk. The risks may be to the individual, to carers and families, to staff in mental health services and to the community. The primary reason an individual is admitted to hospital in western society is because they are at risk of self-harm or harm to others; and the Mental Health Act 1996 cites risk of harm to self or others as essential precursors to involuntary status. Risk assessments and individual management plans minimise risks to patients, other persons and mental health services (personal communication, Dr S Towler, Department of Health 2012).

The Review became aware of considerable debate among clinicians as to the usefulness of risk screening at entry points. However, risk assessment is a mandated requirement of the Chief Psychiatrist and an essential component of care in the national mental health standards.

In response to the need to properly identify and manage risk in mental health settings, the State Government developed the Clinical Risk Assessment and Management Policy (CRAM) in 2008.

The Review noted variable compliance with the CRAM Policy within and between mental health services. Some services had fully implemented the policy and used quality processes to ensure clinical compliance; a few services had developed non-standard tools; some services adhered to the policy in some components of the services and not others; while many services did not use a standardised risk screen at all.

The Reviewer observed a healthy discourse about the merit of risk assessment among clinicians. This included a questioning of the validity of the risk factors; efforts to improve the accuracy of risk determination; and an understanding that assessment of risk does not always indicate that a patient may or may not suicide.

Varying views on the value of risk assessment seems to have led to great variation in practice and a lack of adherence to the CRAM Policy. The variation affects the patients' access to services and leaves mental health services and patients exposed.

The fundamental problem is the expectation that a risk assessment can identify all factors with total validity.

There are simple yet significant differences between risk screening and comprehensive assessment. Risk assessment quickly captures a glimpse of the patient's risks via the use of a standardised screening instrument. Used throughout an episode of care, a standardised tool can provide snapshots of the level of risk and reflect the dynamic nature of an individual's illness. Risk assessments are used to make judgement(s) about the patient in order to determine if a referral for comprehensive assessment is necessary.

Brief risk assessments alone do not inform decisions about the care setting or intensity of care except in an emergency when risk is clearly unacceptably high. A positive risk assessment indicates a need for comprehensive assessment and therefore leads to referral for specialist assessment. The results of the specialist assessment then lead to the development of individual risk management and care plans.

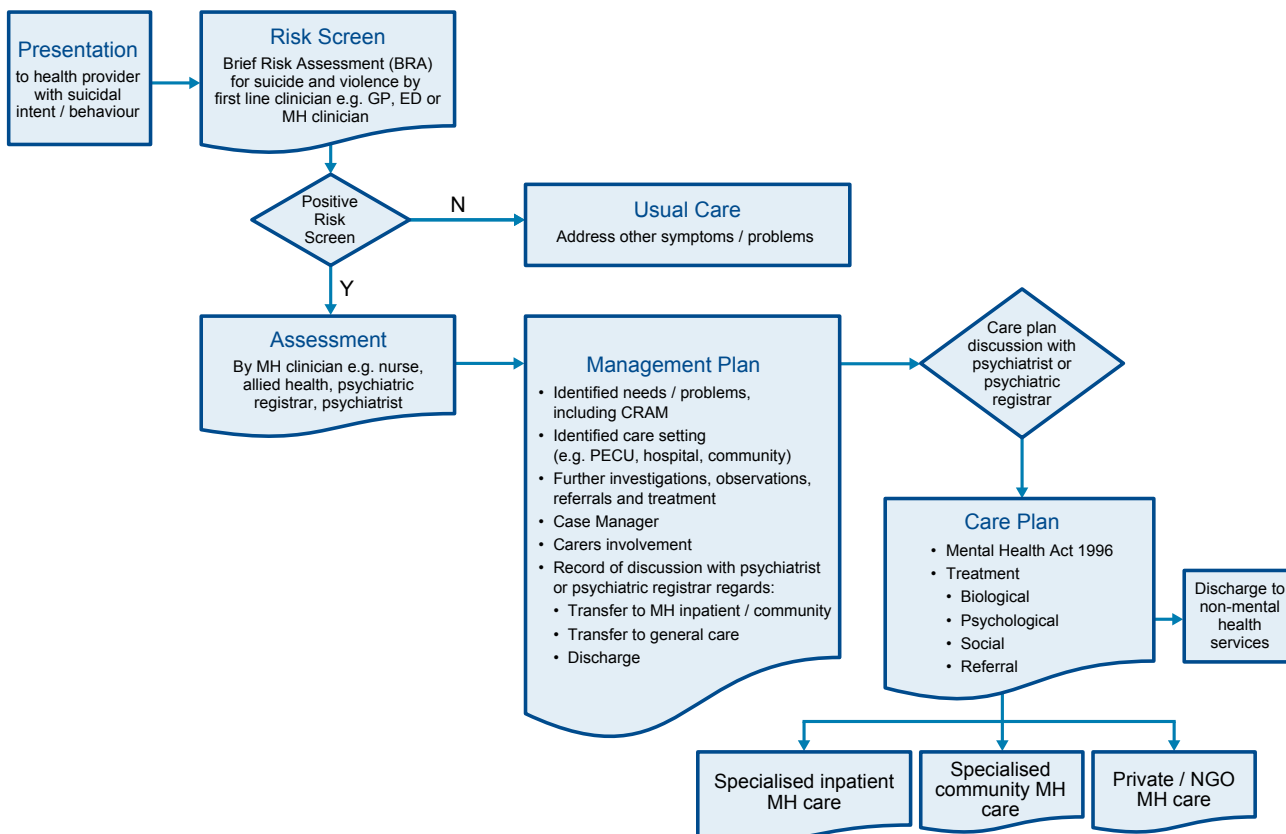
This Review supports the requirement of risk assessments for all patients who present for mental health care and, where indicated, a comprehensive assessment to quantify the level of risk and inform the individual risk management plan. Mental health practitioners in training should be supervised in their practice of risk and comprehensive assessment, to ensure practice wisdom is incorporated into assessment and treatment plans.

It is imperative to strengthen the clinical governance of mental health services to avoid disparate practice and to guide the clinical discourse to improve risk management across the State. This will enhance mandatory compliance with policy and provide the forums for discussions that can lead to clearly articulated frameworks for practice change.

This Review agrees with the Western Australian Association for Mental Health (WAAMH) that a 'revision of the mental health triage scale and risk screens to incorporate cultural and linguistic sensitivity and best practice principles should occur in annual cycles' (WAAMH Submission, 2012).

This following diagram demonstrates the required risk assessment process:

Figure 4 Mental health risk process flow diagram, 2012



Note: BRA = brief risk assessment; GP = general practitioner; ED = emergency department; MH = mental health; CRAM = clinical risk assessment and management policy; PECU = psychiatric emergency care unit; NGO = non-government organisation.

Source: Project team drawing, 2012

See Recommendation 1: Governance (1.1.2; 1.1.4; 1.1.5; 1.4); and Recommendation 7: Acute issues and suicide prevention; Deputy State Coroner’s Recommendations.