

## **Violence risk assessment and management framework – mental health services**

### **Induction training video transcript**

Queensland Health and the Learning Centre acknowledge the Traditional Custodians of the land and seas and pay respect to Elders past, present and future.

Queensland Health is committed to progress improvements to mental health services. The Violence risk assessment and management framework – mental health services, has been developed to provide mental health service clinicians with a structured, systematic and purposeful approach to violence risk assessment and response.

This video provides details of the three-tiered approach to violence risk assessment and response embedded in the Framework. At the end of the video you will be familiar with:

- the three-tiered approach to violence risk assessment and response within the Framework
- the purpose and principles of the Framework
- how the Framework will be implemented, and
- your clinical roles and responsibilities.

Hello, I'm John Allan, Executive Director, Mental Health, Alcohol and Other Drugs Branch, within the Department of Health.

I am pleased to introduce the Violence risk assessment and management framework and provide information to help you implement it in your service.

Before I begin I'd like to acknowledge the Traditional Owners of the lands on which we deliver health services, and pay my respects to Elders past, present and emerging. I'd also like to acknowledge people with a lived experience of mental illness, problematic alcohol and other drugs use, and those impacted by violence and suicide. I acknowledge their families, carers and supporters.

Hello, I'm Dr John Reilly, Chief Psychiatrist, Queensland Health.

I would also like to acknowledge the Traditional Owners of the lands on which we deliver health services, and pay my respects to Elders past, present and emerging; and to acknowledge people with a lived experience of mental illness, problematic alcohol and other drugs use, as well as those impacted by violence and suicide. I acknowledge also their families, carers and support people.

The Framework is the result of recommendations arising from a sentinel events review undertaken in 2015. It provides a structured three-tiered approach to the identification, assessment and management of consumers who pose a risk of violence to others.

The statewide review examined homicides, attempted homicides, and deaths resulting from police use of force intervention, involving persons with a known or suspected mental illness, which had occurred over a two-year period.

The independent Review Committee was tasked with providing findings and recommendations on systemic matters to inform strategic directions, policy and clinical practice, with a view to improving the care of people with mental illness, and to minimise or prevent the recurrence of such events.

The Committee's report, *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* was published in April 2016.

The report made 63 recommendations for improvements regarding: mental health assessment, co-morbidities, care planning and review, workforce competencies and capabilities, integration of forensic mental health, and linking with other support services.

Queensland Health accepted all 63 recommendations in-principle, and commenced a three-year implementation program in June, 2016. This program has been informed and supported by multiple stakeholders, including hospital and health services and carer and consumer representatives.

The commitment of all involved to develop and implement achievable solutions has been extraordinary, and will result in:

- improved outcomes for those consumers who pose a risk of harm to others
- greater levels of safety, engagement, and support for loved ones, carers, families and others who may be at risk
- a clinical workforce that is empowered by knowledge, skills, specialist support and services to better assist consumers to address their often very complex needs, and achieve better outcomes in their recovery.

A vital component of this key reform is improvements to the assessment and management of violence risk through a graduated three-tiered Framework. Consumers with an elevated risk for violence will be matched with a proportionate assessment and management response, and those at risk will be better supported to maintain their safety.

The Violence risk assessment and management framework has been designed to:

- build on the capability and capacity of clinicians and services to identify, assess, and develop risk prevention and management plans
- provide a clear process for engaging senior mental health clinicians and/or forensic specialists in the care of consumers with an elevated risk for violence
- embed clinical governance processes for ongoing quality assurance, monitoring and review within a multidisciplinary team
- through these good clinical risk management processes minimise the likelihood of an adverse outcome, to the benefit of all, our consumers, their support persons and the community.

It is important to recognise that the processes within the Framework are simply an elaboration of good clinical practice within a multidisciplinary care team.

As clinicians, we routinely use a semi-structured screen, we make decisions about whether further assessment is required in order to synthesise the clinical situation into a formulation, which then enables appropriate care planning – including, where necessary, escalation and request for further opinion. All of these processes are then reviewed by the care team during case review.

Preventing violent behaviour will continue to be both clinically important and challenging. I expect that the consistent use of this Framework will assist you, and your services, to better manage this complex challenge by providing a consistent and supportive structure for practice.

Thank you for your participation in this important initiative. It's with great pleasure that I share the Framework with you for implementation in your clinical practice, and that of your teams.

## Voiceover

As we have heard, the Framework provides mental health services with a systematic, three-tiered approach for the identification, assessment and management of consumers who pose a risk of violence towards others, and supports the provision of services commensurate with the level of risk identified.

The structured approach to risk assessment and response begins when a consumer is opened to mental health services and is screened for risk at Tier 1; and, for those identified to have an elevated violence risk profile that requires further assessment and management, includes the completion of a violence specific assessment and response at Tier 2.

Where a consumer is deemed to be of significantly elevated risk, and the risk is assessed as unable to be appropriately managed without specialist forensic input, assessment and response is referred on to specialist forensic services at Tier 3.

Consultant psychiatrists and other senior clinical staff will actively be involved in the review and development of management plans, particularly during case review.

The three-tiered approach to violence risk assessment and response within the Framework is supported by principles of good practice, updated and newly developed clinical tools and training, and a quality assurance cycle for continuous improvement.

The key overarching principles of the Framework are that mental health services:

- promote an optimal quality of life and recovery
- recognise and build on consumers' strengths
- respect, include and engage consumers and others involved in their care
- value the importance of clear communication and sharing of information
- balance consumer autonomy with public safety, and
- recognise the organisation's role in risk management alongside that of individual clinicians.

These principles are supported by principles of risk assessment, principles of developing a violence risk summary, principles of risk management, and principles of risk review. These are documented in the Framework policy for your reference.

On screen is an infographic that shows the Framework tiers, processes, and governance. All elevated violence risk is to be discussed with senior clinicians or consultant psychiatrists within the multidisciplinary team.

The clinical application of the Framework is supported by a suite of clinical tools and resources, and an Instructional Guide appended in the Framework policy. These are accessible via CIMHA and QHEPS, respectively.

Clinical tools to use within the Framework include the following.

For Tier 1 risk screening, it's business as usual with risk screening and management conducted using the Risk Screening Tool. The tool was updated and amended in 2017 to support clinicians to better identify and manage risk.

For consumers identified as having an elevated risk of violence, and in need of a Tier 2 comprehensive violence risk assessment and response – as determined in discussion with the multidisciplinary team – there is the newly developed Violence Risk Assessment and Management (V-RAM) Tool.

Within the Framework the process of making a Tier 3 referral to forensic services should occur after a V-RAM has been completed, and when the consumer is deemed to be of significantly elevated risk and the risk is assessed as unable to be appropriately managed without specialist forensic input. Tier 3 intervention will only be undertaken if the consumer meets forensic service referral criteria.

In exceptional circumstances, Tier 3 forensic services may accept a referral when a V-RAM has not yet been completed. Such circumstances include when there are concerns about imminent and severe violence requiring urgent specialist forensic input. A V-RAM will be used to provide further assessment to inform ongoing management, and may occur in acute settings where timelines allow.

Mental health services can contact forensic services at any time to discuss concerns about urgent risk and potential referrals.

The Tier 1 risk screen is conducted using the Risk Screening Tool, as often as indicated within the User Guide for mental health clinical documentation. The review process and escalation at Tier 1 aligns with standard case review processes, and is to be completed within a clinically appropriate time. Please note, in acute situations (and) where screening indicates an elevated risk of violence, the Principal Service Provider should contact a senior clinician for a case discussion at an ad hoc case review. A multidisciplinary review provides oversight of risk management – including the need for a Tier 2 assessment.

Indicators for a Tier 2 assessment and response include: a history of violent behaviour, recent violent behaviour, identification of serious risk factors, or a constellation of concerns that require discussion. Also note, that indicators may vary in acute settings where risk factors can change rapidly.

Skills development for Tier 1 assessment and response is provided in QC9 Critical Components of Risk Assessment and Management (through the Learning Centre), or equivalent, as provided by your health service.

Experiential learning and supervision is key to building capability in risk screening, and should be sought through your organisational structure; for example, a team leader or professional lead.

The Tier 2 violence risk assessment and response is for consumers identified through Tier 1 risk screening as having an elevated violence risk profile. The Tier 2 assessment and response uses the V-RAM tool. The V-RAM is to be completed by senior clinicians or consultant psychiatrists with training and experience in violence risk assessment.

Note well, Tier 2 risk assessment and response is not designed to be applied in acute situations. Rather, it is for consumers identified as having an elevated violence risk requiring a comprehensive assessment and response to inform ongoing management. The outcome, management, and service response are to reflect the level and complexity of risk. If required, referral to Tier 3 will form part of the V-RAM management plan, to be considered through the multidisciplinary team review process.

When making a request for a Tier 2 assessment and response, the multidisciplinary team must decide on a clinically appropriate timeframe for completion, which is to be documented in the Case Review notes.

As an elevated risk profile has been identified, it is recommended that a V-RAM be completed within four weeks of the request. Where this timeframe is unable to be met, an ad hoc multidisciplinary team review is to be held to resolve any delays and discuss short-term management strategies.

For an acutely unwell consumer or where there are concerns about imminent risk, the V-RAM does not replace standard clinical practice; including where appropriate, escalation for senior staff input and liaison with and/or referral to specialist forensic services.

A V-RAM will provide further assessment to inform ongoing management and may occur in acute settings where timelines allow.

A Tier 2 assessment and response requires ongoing monitoring and review by the Principal Service Provider. As such, clinicians need to document well the frequency and type of ongoing assessment as determined by the multidisciplinary team. Re-assessment decisions need to be based on any changes to risk profile; for example, the management plan has not been effective, or there are substantial changes to dynamic risk factors.

The Principal Service Provider has primary responsibility for oversight, communication and review processes – particularly if another senior clinician completes the V-RAM tool.

In some limited circumstances the clinician can complete the V-RAM in the absence of the consumer.

To reiterate, when making a request for a Tier 2 assessment and response, the multidisciplinary team must decide on a clinically appropriate timeframe for completion, which is to be documented in the Case Review notes.

As an elevated risk profile has been identified, it is recommended that a V-RAM be completed within four weeks of the request. Where this timeframe is unable to be met, an ad hoc multidisciplinary team review is to be held to resolve any delays and discuss short term management strategies.

Skills development for a Tier 2 assessment and response is provided in QC30 Violence Risk Assessment and Management Training (through the Learning Centre), or other equivalent forms of risk for violence training.

Experiential learning and supervision is key to building capability in completing a V-RAM, and should be sought through your organisational structure; for example, a team leader or professional lead.

Tier 3 assessment and response is for consumers identified through Tier 2 as having an elevated risk profile that meets specialist forensic mental health services referral criteria and require a forensic specialist assessment and response. In which case, the Principle Service Provider will progress a referral.

The Tier 3 response entails a review process which includes the following:

- case discussion with the treating team and an initial response plan within 2 weeks
- secondary consultation and/or assessment (with report) – the response time for which will vary according to imminence of risk, and its severity and complexity
- standard forensic mental health services internal review processes apply.

The forensic service will also consider processes for feedback on results including presentation at case review. Consideration is also given to requirements as per the Chief Psychiatrist Policy Treatment and Care of Forensic Order, and the Treatment Support Order and High-Risk Patients.

Tier 3 clinical tools include the Historical Clinical Risk Management-20 (HCR-20), the Structured Assessment of Violence Risk in Youth, and other validated tools. Training in these tools is a core requirement for forensic services.

At all times, the Principal Service Provider has primary responsibility for referral, oversight, communication and review processes.

The Framework identifies common principles and practices while acknowledging population groups that require closer attention according to their needs.

For example

- Those with complex needs to do with co-occurring conditions such as substance misuse, intellectual disability, or developmental disorders.
- the needs of older persons, including factors like delirium, dementia, acquired brain injury, or other underlying health factors.
- Children and young people may need specialist input from child and youth mental health service staff.
- Aboriginal and Torres Strait Islander peoples require culturally sensitive and responsive services that incorporate holistic conceptualisations of social and emotional wellbeing and mental health. Where possible, services should engage Indigenous mental health workers or Indigenous health workers. The Cultural Information Gathering Tool can assist with screening, assessment and response to risk for violence in Tiers 1, 2 and 3.
- Transcultural mental health workers can assist engagement with culturally and linguistically diverse peoples. An accredited interpreter can be utilised when completing an assessment with a person with limited English language skills.
- Be sensitive to gender identity; and sexual health and safety.
- Application within Prison Mental Health Services and High Security Inpatient Services.

To support the Framework implementation, there are a number of learning programs that aim to enhance clinician capability and capacity. Visit the Learning Centre's Learning Management System to review the Learning Centre's course catalogue, or speak with your line manager about what education and training is available for you.

Updates to existing Learning Centre training programs that cover knowledge and skills pertaining to Tier 1 level of risk – including QC9 Critical Components of Risk Assessment and Management – align with the Framework's three-tiered approach to violence risk assessment and response.

The Learning Centre has developed a blended learning program, QC30 Violence Risk Assessment and Management, that provides comprehensive information on how to provide a Tier 2 violence risk assessment and response within the Framework.

To reiterate, experiential learning and supervision is key to building capability, and should be sought through your organisational structure.

I would like to commend the Violence risk assessment and management framework to you, and thank Dr John Reilly, Chief Psychiatrist, and all those involved in its development.

I encourage you to embed the Framework in your clinical practice to improve the care and safety of our consumers, their support persons and the wider community.

