

FRAMEWORK MAP

TIER 1	Risk Screening Tool	<ul style="list-style-type: none"> Conducted as part of routine service provision by assessing clinician. Covers all five domains of clinical risk identified within the Risk Screening Tool <ul style="list-style-type: none"> Suicide, Violence/Aggression, Vulnerability, Absent Without Approval, and Care Responsibilities. <p>Progress to next stage if clinician identifies that they require support to assess or manage risk of violent behaviour found on the risk screen.</p>
	Case discussion	<ul style="list-style-type: none"> The clinician conducting a Tier 1 assessment alerts a senior clinician about their concern regarding violence risk. A multidisciplinary team review* is conducted, during which a decision is made regarding whether to proceed with a request for a Tier 2 assessment and management plan. This review may be ad hoc, and does not necessarily have to contain members of the entire team. <p>Progress to next stage if MDT decision is made to conduct a Tier 2 assessment.</p>
TIER 2	Violence Risk Assessment and Management (V-RAM)	<ul style="list-style-type: none"> Involves a comprehensive assessment focussing on violence risk and problem behaviours (V-RAM). Completed by a senior clinician. A copy of the V-RAM assessment is recorded in CIMHA and can be accessed by the consumer's treating team. Ongoing management of the consumer's care (including implementation of recommendations made on the V-RAM) remains with the PSP. <p>Progress to next stage if concerns regarding complex violent behaviour that require specialist input are identified.</p>
	Case discussion	<ul style="list-style-type: none"> The outcome of the V-RAM assessment is reviewed in the context of a multidisciplinary team review*. A decision is made regarding whether to request a Tier 3 assessment and response. This review may be ad hoc, and does not necessarily have to contain members of the entire team. <p>Progress to next stage if MDT decision is made to refer for Tier 3 assessment.</p>
TIER 3	Forensic specialist assessment and response	<ul style="list-style-type: none"> Involves referral to a specialist forensic service who will determine whether the consumer meets intake criteria. If intake criteria are met, the specialist forensic service will discuss the appropriate intervention (e.g., secondary consultation, forensic psychiatric opinion or a structured risk assessment) with the referrer. Once the chosen intervention is complete, a report (including treatment recommendations) will be generated, uploaded to CIMHA, and sent to the referring clinician. Completed by a specialist forensic service clinician
NOTE		<ul style="list-style-type: none"> Although the responsibility for conducting assessment may move to different clinicians throughout this process; the primary responsibility for coordinating this process and providing care to the consumer will rest with the PSP. However, in some instances, ongoing specialist support may be provided. Progression through this process may stop at any stage if it is deemed appropriate by the MDT.

*At present, a specific definition of multidisciplinary team has not been provided by departmental policy. This is so that individual services can use local procedures based on the staffing and service needs unique to that service. Clinicians are encouraged to utilise local procedures when conducting multidisciplinary team reviews. However, it is relevant to note that, for the purposes of the Framework, a multidisciplinary team review can be called in an ad hoc fashion to accommodate situations that cannot wait until the next scheduled review.

Note: For an acutely unwell consumer or where there are concerns about imminent risk, the Violence Risk Assessment and Management (V-RAM) proforma does not replace standard clinical practice, including where appropriate, escalation for senior staff input and liaison with and/or referral to forensic services. A V-RAM will provide further assessment to inform ongoing management and may occur in acute settings where timelines allow this.





Queensland Government

Mental Health Services Violence Risk Assessment and Management

Facility:
Date:

Time:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act status

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Forensic order (mental health) | <input type="checkbox"/> Treatment support order | <input type="checkbox"/> Transfer recommendation |
| <input type="checkbox"/> Examination authority | <input type="checkbox"/> Forensic order (disability) | <input type="checkbox"/> Person AWA (interstate) | <input type="checkbox"/> Classified (involuntary) |
| <input type="checkbox"/> Examination/judicial order | <input type="checkbox"/> Forensic order (criminal code) | <input type="checkbox"/> Recommendation for assessment | <input type="checkbox"/> Classified (voluntary) |
| <input type="checkbox"/> Treatment authority | | | |

Conditions of order:

An interpreter was used

Purpose of assessment (note clinical rationale, referral reference, factors requiring action, and the goal of the assessment)

Background summary

Provide relevant context (see Longitudinal Summary and update as needed). Consider:

- Age
- Diagnosis, symptoms and medication
- Psychiatric history
- Substance use
- Forensic history and current legal issues
- Risk history

Consumer's previous violence/other problem behaviours and the context in which they occurred

(note first known violence including domestic/family violence; problem behaviours e.g. stalking, fire setting and threats; any pattern; increasing frequency or severity of harm; evidence of weapon use; and details regarding previous victims)



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Static/predisposing factors associated with previous violence

Consider:

- Violence
 - Pro-violence attitudes
 - Antisocial behaviour
 - Relationships
 - Employment
 - Problematic substance use
 - Personality disorder/s
 - Other mental disorders (including cognitive impairment, brain injuries, learning disabilities)
 - Traumatic experiences
 - Treatment adherence and response to treatment
- Child and youth also consider:
- Peer group/influences
 - School achievement/engagement

Dynamic factors that precipitated previous violence

Consider:

- Insight
 - Violent ideation
 - Symptoms of major mental disorder (including cognitive impairment, brain injuries, learning disabilities, and dementia)
 - Problematic substance use
 - Treatment adherence and response to treatment
 - Living situation
 - Social situation
 - Stress/coping
 - Anger
 - Impulsivity
- Child and youth also consider:
- Peer influence



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Dynamic factors that contribute to current and future risk of violence, including foreseeable changes that could quickly increase risk state

Specific inpatient dynamic risk factors

Consider:

- Confused/over-excited behaviour
- Irritable/sensitive to provocation
- Physically/verbally threatening/property damage
- Impulsivity
- Unwilling to follow directions/angered when requests are denied

TRAINING PURPOSES ONLY



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Protective factors and strengths

Consider:

- Treatment adherence and response to treatment
 - Coping/social skills
 - Stable living situation
 - Stable mental/emotional state
 - Relationships/supports
 - Available resources (readily accessible)
 - Insight/awareness of triggers
 - Meaningful time use
- Child and youth also consider:
- Peer relationships, supports and activities

Violence risk summary

Consider risk status (relative to others in a stated population) and risk state (relative to self at baseline or during previous significant periods) informed by static and dynamic factors:

- Specific population needs (e.g. general population, community settings, inpatient settings)
- Probable nature and imminence of future violence
- Most likely targets of violence (victims)
- Factors that mitigate risk
- Factors that could increase risk
- Potential high risk scenarios

[See also Risk Summary Table handout]



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Prevention oriented risk management plan

Identify what actions are required for **each** dynamic risk and protective factor, including safety planning with the consumer/carer/family/support networks/potential victims.

Risk management strategies must be incorporated into the consumer Care Plan.

Risk increasing factor	Clinical goal	Preventative strategies, interventions and involvement of other service providers
Protective factors	Clinical goal	Preventative strategies, interventions and involvement of other service providers

This assessment is informed by (note engagement with consumer, and sources of collateral)



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Information provided to consumer/carer/family/support persons (detail the information provided to the consumer/carer/family/support networks regarding this risk assessment and management plan. Where applicable include obligations under the *Mental Health Act 2016*. Note the consumer/carer/family/support networks understanding of the assessment, risk management plan and clinical goals)

Clinician's name (please print):

Designation:

Signature:

Team:

Date:

Time:

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