

 <p>Queensland Government</p> <p style="text-align: center;">Mental Health Services Violence Risk Assessment and Management</p> <p>Facility: _____ Date: _____ Time: _____</p>	<p style="text-align: right;">(Affix identification label here)</p> <p>URN: _____</p> <p>Family name: _____</p> <p>Given name(s): _____</p> <p>Address: _____</p> <p>Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>																
Mental Health Act status																	
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Purpose of assessment (note clinical rationale, referral reference, factors requiring action, and the goal of the assessment)																	
<p>Identify the reason for the Tier 2 assessment, a specific referral question, and the MDT review in which the decision was made to conduct a V-RAM.</p> <p>Describe the problematic behaviours which have the potential to cause harm to others. This may include issues such as threats to kill or harm others, stalking, or active symptoms of mental illness that may lead to violent behaviour (e.g. persecutory or paranoid delusions).</p>																	
Background summary																	
<p>Provide relevant context (see Longitudinal Summary and update as needed). Consider:</p> <ul style="list-style-type: none"> Age Diagnosis, symptoms and medication Psychiatric history Substance use Forensic history and current legal issues Risk history 																	
<p>Provide further detail of the presenting concerns. Also include relevant contextual information, such as the reason for referral to mental health services, history of mental health care, current diagnoses and a summary of the clinical formulation.</p>																	
Consumer's previous violence/other problem behaviours and the context in which they occurred (note first known violence, and any pattern, increasing frequency or severity of harm, evidence of weapon use and details regarding previous victims, including domestic and family violence)																	
<p>Provide a detailed account of the consumer's previous episodes of violence, including:</p> <ul style="list-style-type: none"> first known episode through to the most recent violent episode antecedents and triggers for violence early warning signs preceding previous violent episodes targets of the violence severity of the violence and use of weapons the mental state of the consumer at the time of the violent episode/s. 																	



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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

Include all risk factors associated with previous violent episodes that are not readily amenable to change. The following sources of information may detail relevant static risk factors:

- CIMHA history (including alerts)
- crisis intervention plans
- leMR
- RiskMan
- PAIPS
- medico-legal reports.

For further information about risk factors, please refer to:

https://www.qcmhl.qld.edu.au/download/QC30/Explanation_of_%20V-RAMRiskFactors.pdf.

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

Include information about factors which triggered episodes of violence in the past. Such information is valuable in establishing patterns in violence behaviour.

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

Include information about changeable factors associated with violence risk and possible future violence risk.

Also include information about any specific upcoming events that are likely to have an impact (either positive or negative) on violence risk, making sure to also specify *how* this event is likely to impact risk. Future factors include events such as upcoming court hearing or impending homelessness.

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

If it is relevant, include information about risk factors unique to the inpatient environment which are likely to impact the consumer's violence risk. This may include factors such as a desire not to be admitted, conflict with other patients, or preoccupation with events occurring outside the ward.



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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

Include any factors that reduce the likelihood of a consumer engaging in violent behaviour, as well as those that the consumer can capitalise on to increase their resilience.

Remember that protective factors which are not consistently (i) available, (ii) accessible, and (iii) valued by the consumer are unlikely to be self-motivated, and are therefore less likely to be consistently effective in reducing risk over time.

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

Write a summary which explains how the clinical information described in previous sections interacts to produce the problem behaviours and violence risk that was identified at the beginning of the V-RAM.

Risk summaries should capture all important clinical information previously identified, and provide a clear rationale for the risk management strategies which follow.

For more information, refer to the Risk Summary Template:

https://www.qcmhl.qld.edu.au/download/QC30/RiskSummaryTemplate_BW.pdf

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
List a previously identified static or dynamic factor that is the target for intervention.	List a broad goal that treatment aims to achieve, in relation to the risk factors.	List one or more <u>specific</u> strategies designed to achieve the clinical goal. Strategies should be listed in a step-wise fashion, and should include details of who is proposed to carry tasks out, and estimated dates for review or completion dates.
Protective factors	Clinical goal	Preventive strategies, interventions and involvement of other service providers
List a previously identified protective factor that is the target for intervention.	List a broad goal that treatment aims to achieve, in relation to the protective factor.	List one or more <u>specific</u> strategies designed to achieve the clinical goal. Strategies should be listed in a step-wise fashion, and should include details of who is proposed to carry tasks out, and estimated dates for review or completion dates.



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

List all of the sources that you obtained information from. Where possible, also include the date and mode through which you obtained this information (e.g., telephone call, face-to-face).

Potential sources of information include:

- consumer interview
- the consumer's partner
- family
- friends
- employer
- school personnel
- Child Safety/Youth Justice staff
- probation/parole reports
- ATODS Clinicians.

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)

Document:

- the people who were provided with information
- what information they were given (e.g. V-RAM findings, recommendations, safety plans)
- the date and mode of delivery (e.g. face-to-face, telephone)
- the recipient's understanding of the information they were given.

It is important to consider the needs of family, carers, support people, and potential victims when safety planning and distributing risk-related information.

Clinician's name (please print):

Designation:

Signature:

Team:

Date:

Time: