

# Violence risk assessment and management framework – mental health services

2019

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

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# 1. Purpose

This Framework provides Queensland Health mental health services with a systematic approach for the identification, assessment and management of consumers who may pose a risk of violence towards others.

The Framework aims to support a structured and standardised approach to risk assessment and management through the provision of a three-tiered approach, principles of good practice, clinical tools to underpin clinical expertise, training, and a quality assurance cycle for continuous improvement.

Within the Framework violence is defined as:

the intentional use of physical force or power, threatened or actual, against oneself, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organisation 1996).<sup>1</sup>

## 2. Scope

The Framework applies to all Queensland public mental health services.<sup>2</sup> It provides information for all Queensland public health system employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

This Framework is based on the principle that risk assessment should be structured, evidence based and as consistent as possible across settings and service providers, while acknowledging the uniqueness of consumers, and the context in which mental health services are delivered.

All Hospital and Health Services should have policies and procedures relating to the management of risk and the Framework should be used to inform those policies and procedures.

## 3. Background

The 2016 report *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* provided findings across 11 key areas and made 63 recommendations.

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<sup>1</sup> Under the *Mental Health Act 2016* the Mental Health Court, when considering the requirements to make a forensic order or treatment support order, must consider the protection of the safety of the community, including risk of serious harm to other persons and property. This is covered in the *Mental Health Act 2016* training for authorised doctors, psychiatrists and health practitioners.

<sup>2</sup> The Framework was developed in response to recommendations within the *When mental health care meets risk* report 2016. As the terms of reference for the sentinel events review were to examine mental health services only, the report's recommendations do not apply to alcohol and other drugs services. Consideration will be given in future reviews of the Framework to the inclusion of alcohol and other drugs services.

Recommendations 22, 23 and 24 addressed the identification and management of consumers who pose a risk for violence through the:

- implementation of a three-level violence risk assessment framework
- provision of services to address the consumer's level of risk commensurate with the level of risk identified, and
- active involvement of consultant psychiatrists and other senior clinical staff in the review and development of management plans that expressly address violence risk factors for all consumers rated as Risk Level 3.

Additional recommendations were for clinicians to be provided with appropriate training and supervision to equip them with the skills and knowledge required to appropriately respond to consumers at risk for violence.

### 3.1 The assessment of risk

While it is not possible to identify and eliminate risk entirely, the objective of good clinical risk management is to minimise the likelihood of an adverse outcome.

The risk assessment process is best described as cyclical, starting with:

- the identification or re-visiting of the potential for risk
- conducting a comprehensive risk assessment
- careful consideration of all risk factors
- summarising risk and developing a thorough risk prevention and management plan, which is incorporated into the overall formulation within the Longitudinal Summary, and the Care Plan
- implementation of well-informed interventions, and
- evaluating the success of those actions and need for change through continuous monitoring.

Screening for risk forms part of a routine mental health assessment and, where necessary, leads to further action and/or treatment. The focus is not on what risk group a person falls into (e.g. low, medium or high risk), but on how the identified potential harm should be managed in the consumer's current situation.

The purpose of a risk assessment is to identify risk and protective factors, particularly when modifiable; inform safety planning; and develop a management and treatment Care Plan. The assessment of risk requires a comprehensive clinical interview which examines biological, psychological and social factors holistically, and considers these when developing a risk summary, which informs broader formulation and care planning. Risk assessment instruments can be useful in examining critical risk domains and supporting effective and consistent decision making about management. They are used as an adjunct to good clinical practice and not as a stand-alone measure.

Risk management plans provide a summary of all risks identified, assessments of the situations in which identified risks may occur, and actions to be taken by clinicians, the consumer and their carer/family/support networks. Where appropriate, risk management plans will include Acute Management Plans, Police and Ambulance Intervention Plans and Advance Health Directives. Risk mitigation strategies and

management are to be incorporated into the consumer's Care Plan and where relevant, the Longitudinal Summary.

Decisions regarding the assessment and management of risk are best made in collaboration with the consumer and their carer/family/support networks and a multidisciplinary team.

The National Standards for Mental Health Services set out requirements for the review of a consumer's assessment, treatment and care and recovery planning, but reviews may also be ad hoc in response to clinical situations. Additional case review opportunities that services may use to support decision making are peer review, complex case review panels, Assessment and Risk Management Committees (ARMCs), and other locally developed processes.

As outlined in the Chief Psychiatrist Policy: Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients, the ARMCs role is one of a clinical nature and functions as a peer review. It does not replace requirements for the review of a consumer's assessment, treatment and care and recovery planning set out in the National Standards for Mental Health Services.

## **4. The violence risk assessment and management framework**

The Framework provides a three-tiered approach that supports clinical practice and governance. Its key goals are to:

- build on the capability of clinicians to identify and assess risk and develop risk mitigation plans
- support clinicians and services to appropriately manage consumers who pose a risk to others, and
- ensure a culture that supports ongoing quality assurance, monitoring and review.

### **4.1 Overarching principles**

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
- are consistent with trauma informed care
- respect, include and engage consumers and others involved in their care
- value the importance of clear communication and information sharing
- balance consumer autonomy with public safety, and
- recognise the organisation's role in risk management alongside that of individual clinicians.

### 4.1.1 Principles of risk assessment

- Risk assessment is integral to determining the most appropriate level of management and the right kind of intervention. It requires engagement with the consumer and wherever possible their family, carers and support networks. Information gathering is essential and includes a longitudinal history, static and dynamic factors, collateral, and the safety needs of family/others.<sup>3</sup>
- Risk assessment should include consideration of risk over time i.e. immediate, short and longer term and within particular contexts.

### 4.1.2 Principles of developing a violence risk summary

- Summarising risk involves the understanding and articulation of the relationship between static and dynamic risk factors with consideration of: frequency, severity, patterns, imminence, consequences, factors which increase risk, factors which are protective, and the identification of potential victims. Where possible a summary should integrate warning signs with specific contexts. These factors should be used to guide the development of a risk management plan. This process is often called risk formulation, however this Framework avoids use of this term in order to reserve the use of the term formulation within the Queensland public mental health sector for longitudinal explanatory and holistic clinical summaries, rather than for the domain of risk alone.
- A risk summary must be used to inform a formulation and holistic care planning, with key information incorporated into other clinical documentation including a Longitudinal Summary which supports continuity of care.

### 4.1.3 Principles of risk management

- Risk management aims to minimise the likelihood of adverse events within the context of overall management and care planning, to achieve the best possible outcome and deliver safe, appropriate care. Risk management is informed by the risk assessment and summary, and provides a level of response proportionate to the identified risk.
- Risk management must include safety planning with the consumer and wherever possible their family, carers, support networks and potential victims.

### 4.1.4 Principles of risk review

- Risk review provides for the ongoing assessment and monitoring of a consumer's risk profile. Outcomes are evaluated for effectiveness and management plans are reviewed. While remaining flexible, scheduled dates for review are to be included as part of the management plan. Risk reviews are to include the consumer and wherever practicable the carer, family and support networks.

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<sup>3</sup>As per Recommendation 45 of the When mental health care meets risk report 2016, a Violence risk report is available for each consumer on CIMHA which collates clinical note templates relevant to their violence risk, management and ongoing reporting. See page 29 for instructions on how to access the report.

## 5. The three tiers of the Framework

### 5.1 Tier 1 screening

**Target population:** all persons receiving mental health services.

**Undertaken by:** all mental health service clinicians.

**Clinical tools:** Risk Screening Tool (as part of the mental health standard suite of clinical documents or as a stand-alone document Appendix 1). At this screening tier, the principles of assessment, summary and management are combined and documented in the last section of the Risk Screening Tool titled 'Overall assessment of risk and plans to mitigate risk', which includes risk domains other than violence.

**When:** see page 8 of the Mental health clinical documentation – User Guide (2019).

#### Review process and escalation

- Reviews are to align with services' standard case review processes however in acute situations where routine or ad hoc screening indicates elevated risk, clinicians should contact a senior clinician for discussion of further management.
- Screening, overall assessment of risk and the development of mitigation strategies are to be completed within a clinically appropriate time, and include safety planning with the consumer and wherever possible their family, carers, support networks and potential victims.
- Where screening identifies elevated risk factors an ad hoc formal case review is to be undertaken. The multidisciplinary team review will provide oversight of management of risk, including the need for a Tier 2 assessment.
- Consideration of the need for a Tier 2 assessment would include:
  - recent violent behaviour
  - history of serious violent behaviour
  - history of serious risk factors or a constellation of concerns that require further assessment.<sup>4</sup>

Considerations may vary in acute settings where risk factors can change rapidly.

- Where the consumer is transferring between teams, services, or service settings, standard transfer of care practices apply, including noting whether the V-RAM will be completed, transferred to the receiving team to complete, or recommended to the receiving team to initiate.
- The Principal Service Provider is responsible for the oversight, communication and review processes for a Tier 2 assessment and response, including the Transfer of Care.

#### Skills development

- QC9 critical components of risk training program provided by the Queensland Centre for Mental Health Learning
- other equivalent forms of risk for violence training
- experiential learning, training and supervision

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<sup>4</sup> The multidisciplinary team must consider the utility of a Tier 2 assessment for consumers already engaged with specialist forensic services, including the recency and relevance of any forensic service reports to the current situation.

- clinical skills updated as needed.

## 5.2 Tier 2 assessment and response

**Target population:** those consumers identified through the Tier 1 screening process as having an elevated risk profile.

**Undertaken by:** senior clinicians<sup>5</sup> and consultant psychiatrists with training and experience in violence risk assessment.

**Clinical tools:** Violence-risk assessment and management (V-RAM) clinical document (Appendix 2).

### Review process and escalation

- The Tier 2 assessment and response is designed to assess longitudinal risk and inform current and ongoing management.<sup>6</sup>
- When requesting a Tier 2 assessment and response, the multidisciplinary team must determine a clinically appropriate timeframe for the development of risk mitigation strategies and V-RAM completion, for documentation in the Case Review notes. As an elevated risk profile has been identified, it is recommended that a Tier 2 assessment be completed within four weeks of the request.
- The Principal Service Provider must present the completed V-RAM and updated Care Plan to the multidisciplinary team for review.
- The outcome, management and service response are to reflect the level and complexity of risk identified and reviewed through case review processes. Risk management includes safety planning with the consumer and wherever possible their family, carers, support networks and potential victims.
- If required, a referral for a Tier 3 specialist assessment and response will occur as part of the management plan developed after a Tier 2 assessment, and considered through the multidisciplinary team review process. Wherever possible, a Tier 3 referral is to be discussed with a Forensic Liaison Officer.
- Consideration is to be given to the Chief Psychiatrist Policy: Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients regarding whether the consumer and treating team could also benefit from review by an Assessment and Risk Management Committee (ARMC).

**Ongoing monitoring and review.** The Tier 2 response will include the frequency and type of ongoing assessment of risk required; including if appropriate a return to the use of the Risk Screening Tool, to be determined by the multidisciplinary team.

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<sup>5</sup> Within the Framework, 'senior clinicians' are considered as HP4 and NG7 and above. Where circumstances do not allow for this to occur, the expectation is that services will implement a local decision making process whereby a Tier 2 assessment is undertaken by a clinician with appropriate skills and experience, as determined by their Team Leader and Consultant Psychiatrist, and that there is a record of this decision in the Case Review notes. Senior clinicians include registrars with appropriate supervision and/or formal entrustment by Consultant Psychiatrists.

<sup>6</sup> For an acutely unwell consumer or where there are concerns about imminent risk, the V-RAM clinical document does not replace standard clinical practice to seek senior staff input, manage the acuity and minimise associated risks. A V-RAM should be completed as soon as practicable to inform current and ongoing management and may occur in acute settings where timelines allow this. Liaison with and/or referral to specialist forensic services can occur in the absence of a V-RAM based on the severity and imminence of risk (see footnote 7).

**Re-assessment.** Any decision to undertake a further Tier 2 assessment and response would be based on possible changes to the risk profile, including but not limited to:

- management plan not effective at mitigating risk
- substantial changes to dynamic factors requiring amendments to the current Care Plan, or
- changes to the service delivery environment e.g. transfer to another service, relocation to another area, transitioning from child and youth to adult services.

### **Process**

- The Principal Service Provider, Consultant Psychiatrist or Team Leader must call an ad hoc multidisciplinary review to resolve any delays regarding completion of the Tier 2 assessment, and discuss interim management strategies.
- The Principal Service Provider (PSP) is responsible for the oversight, communication and review processes for the Tier 2 assessment and response, including the Transfer of Care. This role is particularly important to consider where the person undertaking the V-RAM is not the PSP.
- Where the consumer is transferring between teams, services, or service settings, standard transfer of care practices apply, including noting whether the V-RAM will be completed, transferred to the receiving team to complete, or recommended to the receiving team to initiate.
- Services should consider their processes for feedback on the results of the assessment and recommendations including presentation of the findings at case review.
- Where a Tier 2 assessment is not pursued based upon factors relating to the consumer's participation, the multidisciplinary team is to document the reasons for the decision and provide an alternate response within the Case Review and Care Plan.
- In some circumstances it may not be possible to undertake a Tier 2 assessment with the consumer (e.g. they have left the service and further follow up is not appropriate or feasible). Depending on the circumstances it is recommended that a Tier 2 assessment be undertaken in the absence of the consumer based on information reasonably available at that point to inform service response requirements and further action should the consumer re-present to a mental health service.

### **Skills development**

- QC30 Tier 2 Violence risk assessment and management training provided by the Queensland Centre for Mental Health Learning
- other equivalent forms of risk for violence training
- experiential learning, training and supervision
- clinical skills updated as needed.

## **5.3 Tier 3 specialist assessment and response**

**Target population:** those identified through the Tier 2 risk assessment and response process as having a significantly elevated risk profile that is unable to be appropriately

managed without specialist forensic input and meets specialist forensic mental health services referral criteria.<sup>7</sup>

**Undertaken by:** specialist forensic mental health services.<sup>8</sup>

**Clinical tools:** response and report format to be determined by the assessor and to include a validated risk assessment measure (where applicable). The report will be attached to the Forensic Service Assessment and Response – Violence Risk (FSAR) template in CIMHA (Appendix 3).

### **Review process**

- A case discussion and an initial response plan will be developed between the specialist service and the mental health service within two weeks of referral.
- The response time for the intervention and report will vary depending on factors including imminence of risk and case complexity. Completion of the response will depend on the type of tool being used, file review, and the gathering and review of collateral information.
- All forensic services are to comply with their internal practice guidelines, including review processes.
- The Principal Service Provider is responsible for the referral, oversight, communication and review processes for the Tier 3 assessment and response. Where the consumer is transferring between teams, services, or service settings, standard transfer of care practices apply and specialist forensic services must be informed.
- Services need to consider their processes for feedback on the results of the response and recommendations including presentation at case review.
- Consideration is to be given to the Chief Psychiatrist Policy: Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients regarding whether the consumer and treating team could also benefit from review by an Assessment and Risk Management Committee (ARMC).
- Risk management includes safety planning with the consumer and wherever possible their family, carers, support networks and potential victims.

### **Skills development**

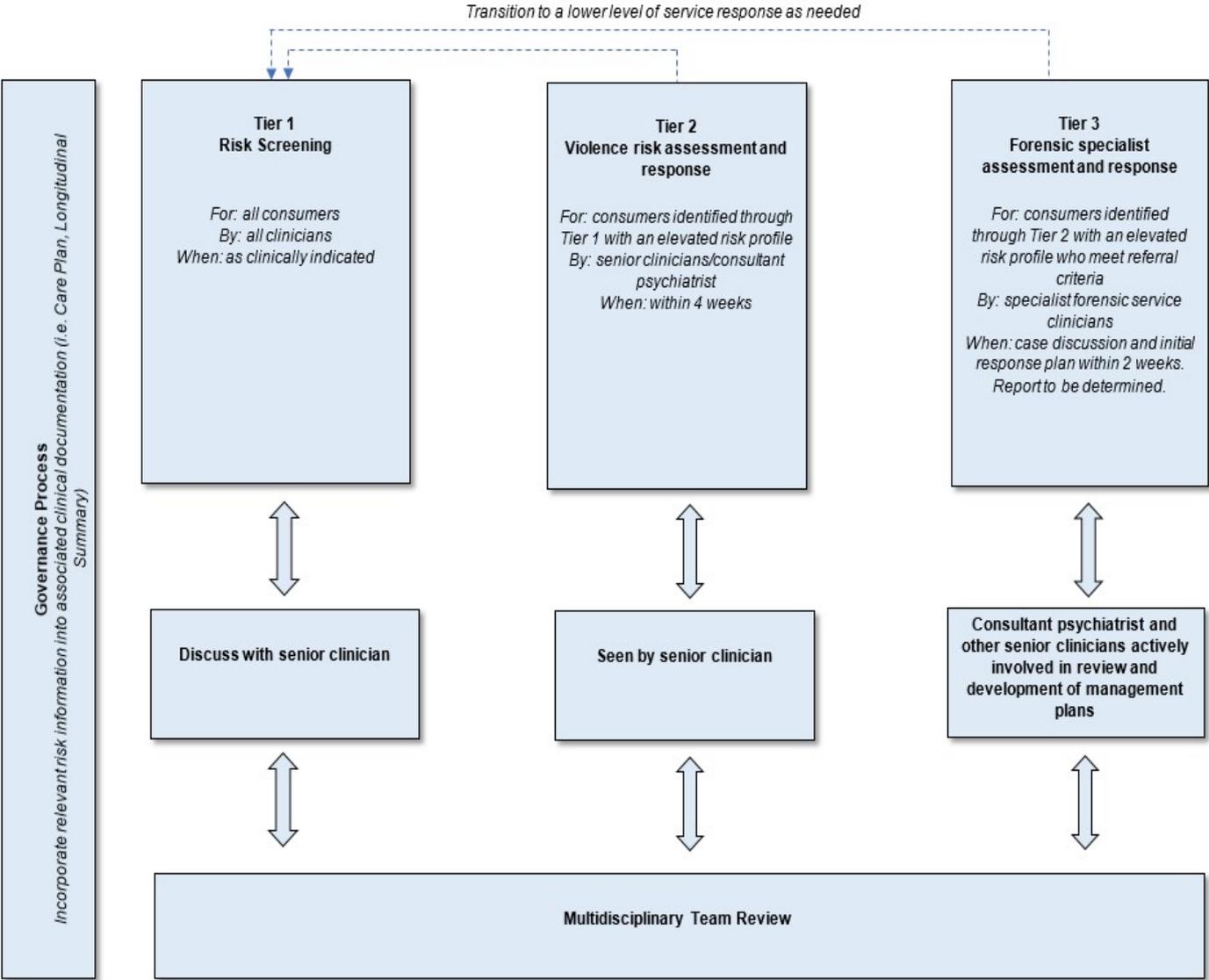
- core for adult services – Historical Clinical Risk Management-20 (HCR-20)
- core for child and adolescent services – the Structured Assessment of Violence Risk in Youth (SAVRY)
- other training requirements to be determined by specialist forensic mental health services
- experiential learning, training and supervision
- clinical skills updated as needed.

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<sup>7</sup> In exceptional circumstances, specialist forensic services may accept a referral when a Tier 2 risk assessment has not yet been completed. For example, there are concerns about imminent and severe violence with potential to cause significant harm (i.e. death) requiring urgent input. Contact specialist forensic services for advice on the suitability of referrals at any stage of the consumer's progression through the Tiers. A Tier 2 assessment is not a prerequisite for other business as usual services provided by specialist forensic services outside the Framework, such as reviews of new Forensic Order patients with prescribed offences and attendance at Attendance and Risk Management Committees (ARMCs).

<sup>8</sup> See Section 7.1.7 for application within the High Security Inpatient Service, prison/youth detention centre mental health services, and Court Liaison Services.

**Figure 1: Three-tiered approach to violence risk assessment and management**



## 6. Risk management at an organisational level

Risk management is not just the responsibility of individual clinicians.

The National Safety and Quality Health Service Standards and the National Standards for Mental Health Services articulate the requirement for organisations to adopt an integrated risk management approach in which risks are systematically identified, managed and reduced. Steps to develop a safety culture which learns from adverse events and builds good practice are to:

- build a safety culture
- lead and support staff
- integrate risk management activity
- promote reporting
- involve and communicate with consumers and the public
- learn from adverse incidents and good practice; share safety lessons, and
- implement solutions to prevent harm.

## 7. Other considerations

### 7.1 Special populations

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

#### 7.1.2 Complex needs

A consumer's needs and care planning may become more complex where there are co-occurring conditions such as: substance misuse, personality disorders, intellectual disability, developmental disorders, cognitive impairment, and acquired brain injury. As these characteristics may elevate the risk for violence, consideration needs to be given to the completion of more comprehensive targeted assessments (e.g. substance use assessment).

#### 7.1.3 Older persons

Consultation with an older person's mental health specialist may be appropriate since contributing risk factors may include delirium, dementia, acquired brain injury, or other underlying health factors.

#### 7.1.4 Children and young people

Wherever possible, children and adolescents should be assessed and reviewed by, or in consultation with, child and youth mental health service staff; with consideration given to local protocols and context.

### **7.1.5 Aboriginal and Torres Strait Islander peoples**

The social, emotional and physical wellbeing of Aboriginal and Torres Strait Islander peoples has been severely impacted by colonisation including the dismantling of heritage, extinguishment of language, dislocation from land and deliberate separation of families and communities (Tatz 1999, 2005).

Mental health services need to be culturally sensitive and responsive, and incorporate holistic conceptualisations of social and emotional wellbeing and mental health. Indigenous mental health workers/Indigenous health workers are to be engaged wherever possible in all aspects of mental health service delivery involving Aboriginal and Torres Strait Islander people, from assessment, treatment and care planning to monitoring and review. The Cultural Information Gathering Tool is designed to be completed by Indigenous mental health workers, at initial presentation and throughout the care journey as required. Consideration should be given to completing the Cultural Information Gathering Tool when managing violence risk through the three-tiered Framework.

### **7.1.6 Culturally and linguistically diverse peoples**

A person with a culturally and linguistic diverse background may have different levels of acculturation or integration into the Australian culture which can impact health beliefs and practices. Additionally, pre-migration and resettlement experiences can have profound effects on mental health and risk profile.

Wherever possible, a transcultural mental health worker who is familiar with the person's culture and can provide information regarding the cultural context of the presentation should be engaged. The Queensland Transcultural Mental Health Service provides statewide consultation.

English proficiency must be considered and an accredited interpreter utilised when completing an assessment with a person with limited English language skills.

### **7.1.7 High Security Inpatient Services, prison/youth detention centre mental health services, and Court Liaison Services**

Tiers 2 and 3 do not apply to Court Liaison Services. These services screen, triage and refer into a mental health service that will apply the Framework.

High Security Inpatient Services (HSIS; including the Extended Forensic Treatment and Rehabilitation Unit, EFTRU) and prison/youth detention centre mental health services, are subspecialist mental health services with expertise in providing mental health assessment and care to consumers who are engaged with the criminal justice system or who require high secure mental health inpatient care.

These services have risk assessment and management requirements that align with inpatient, prison or youth detention populations and treatment settings, and do not align exactly with each of the three tiers of the Framework. High Security Inpatient Services utilise a suite of screening and structured assessment tools including the Risk Screening Tool, Dynamic Appraisal of Situational Aggression, and Historical Clinical Risk Management-20 (HCR-20), and consult with community forensic outreach services where further input is required. Prison/youth detention centre mental health services provide in-reach services to prisoners within a custodial setting, where risk screening is incorporated and considered

within care and treatment planning. There are difficulties undertaking a Tier 2 assessment to examine static and dynamic factors within the confines of the custodial setting, and limitations regarding the implementation of management strategies in both custodial and High Security Inpatient Services settings.

As such decisions regarding the use of the V-RAM for subspecialist services such as the High Security Inpatient Services and prison/youth detention centre mental health services need to be made on a case-by-case basis, and include considerations such as:

- The utility of the V-RAM as a clinical assessment tool, and whether a more specialised validated risk assessment measure may be required.
- Use of the V-RAM to support consistency in the clinical tools used to assess and manage violence risk when liaising with and/or referring to a mental health service.
- Use of the V-RAM for training purposes.
- Completion of a Transfer of Care which outlines the consumer's risk of violence to others and within what context, to encourage a receiving mental health service to apply the Framework and consider a V-RAM.

### **7.1.8 Aggression within the health service setting**

The management of aggression within service settings is outside the scope of this Framework. Guidance on the implementation and support of occupational violence prevention in health services can be found online at the Queensland Health Occupational Violence Prevention website.

## **8. Related documents**

This Framework should be considered within the following legislation, standards, policies, guidelines, circulars, forms and templates.

### **8.1 Legislation**

*Child Protection Act 1999*

*Domestic and Family Violence Protection Act 2012*

*Hospital and Health Boards Act 2011*

*Information Privacy Act 2009*

*Mental Health Act 2016*

### **8.2 Standards**

National Standards for Mental Health Services (2010)

National Safety and Quality Health Service Standards – second edition (2017)

National framework for recovery-oriented mental health services (2013)

### 8.3 Strategies, policies and guidelines

Chief Psychiatrist Policy: Advance health directives and less-restrictive way of treatment policy (2017)

Chief Psychiatrist Policy: Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients (2017)

Chief Psychiatrist Policy: Notification to Chief Psychiatrist of Critical Incidents and Non-Compliance with the Act (2017)

Chief Psychiatrist Policy: Patient Records (2017)

Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drugs services (2016)

Guideline on the use of the standard suite of clinical documentation (2017)

Guideline: Recognising and managing potential environmental hazards in Queensland public mental health and alcohol and other drugs inpatient units (2016)

Health Service Directive: Guideline for Clinical Incident Management (2013)

Information sharing between mental health staff, consumers, family, carers, nominated supports persons and others. Queensland Health (2017)

Mental health service clinical evaluation framework and audit tool. Queensland Health (under development)

Memorandum of Understanding between Queensland Health and Queensland Police – Mental Health Collaboration (2017)

Memorandum of Understanding between Queensland Health and Queensland Corrective Services – Confidential Information Disclosure (2016)

Queensland Health Dual diagnosis clinical practice guidelines (2010)

Sexual health and safety guidelines – mental health, alcohol and other drugs services (2016)

Use of the Cultural Information Gathering Tool Guidelines (2012)

### 8.4 Forms, templates

Mental health standard suite of clinical documentation QHEPS (Queensland Health Electronic Publishing Service)

Mental health clinical documentation – User Guide (2019)

Acute Management Plan

Police and Ambulance Intervention Plan

### 8.5 Other reports and resources

Queensland Health response to the final report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services (2016)

Violence risk report search filter on CIMHA (see page 29)

When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services (2016)

## 9. Approval and implementation

### Consultation

The draft Framework was developed by the Risk Assessment Framework Advisory Group comprising representatives from mental health and forensic mental health services, the Queensland Centre for Mental Health Learning and the consumer workforce.

The draft Framework was piloted across 34 teams in five Hospital and Health Services: Metro South, Children’s Health Queensland, Townsville, Mackay, and North West. The final Framework was informed by the results of the pilot and endorsed by the Violence Risk Framework Advisory Committee, and the When mental health care meets risk report Implementation Steering Committee.

### Approving Officer and Responsible Executive Team Member

Chief Psychiatrist, Mental Health Alcohol and Other Drug Branch (MHAODB)

### Policy Custodian

Director, Clinical Governance, Mental Health Alcohol and Other Drug Branch (MHAODB)

**Approval date:** February 2019

**Effective from:** March 2019

**Next review due:** March 2024

Version	Date	Prepared by	Comments
1.0	September 2017	Office of the Chief Psychiatrist	First publication-in draft form for pilot. Endorsed by Risk Assessment Framework Advisory Group
2.0	15.03.19	Office of the Chief Psychiatrist	Amended post pilot evaluation. Endorsed by the When mental health care meets risk report Implementation Steering Committee

## 10. Glossary

Assessment	Process of gathering information via interviews, psychological/medical testing, review of case records and contact with collateral informants for use in making decisions.
Case discussion	The outcome of the forensic services intake decision and an initial response plan is to be discussed with the Principal Service Provider (referrer) within two weeks of the date of referral.
Longitudinal Summary	Previously Continuous Clinical Summary. Use this form to document information which provides a detailed account of the longitudinal considerations for the consumer; including risk, completed and pending assessments, previous medications and their efficacy, previous use of the <i>Mental Health Act</i> , physical health and co-morbidities, substance use, and involvement of other service providers. Found in the CIMHA clinical notes module, under the 'Assessment' clinical note category.
Recovery	Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.
Recovery oriented practice	Application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.
Risk	The nature, severity, imminence, frequency/duration and likelihood of harm to others. A hazard that is to be identified, measured and ultimately, prevented.
Risk summary	An explanatory summary of how risks arise for a particular individual given the presence and relevance of conditions that are assumed to be risk factors for a hazardous outcome that is to be prevented. Accounts for the role of protective factors as well as risk factors.
Risk management	The actions taken, based on the risk assessment, designed to prevent or limit undesirable outcomes.
Safety planning for those at risk of violence	Victim safety planning involves informing and working with families, carers, and support persons to improve dynamic and static security resources. The goal is to ensure that, if violence recurs – despite all monitoring, treatment and supervision efforts – any negative effect on the psychological and physical wellbeing of victims is minimised.
Secondary consultation	A secondary consultation involves discussion between the referring service and forensic mental health staff to clarify issues and provide advice about ongoing management. A subsequent outcome of a secondary consultation may be that a forensic mental health assessment will be undertaken.
Specialist forensic services	Refer to Community Forensic Outreach Service hubs (CFOS), Child and Youth Forensic Outreach Service hubs (CYFOS), High Secure Inpatient Service (HSIS), and Queensland Forensic Mental Health Service (QFMHS) statewide team; not to all forensic services e.g. Prison Mental Health Service (PMHS), Court Liaison Service (CLS) and Mental Health Legal Service (MHLS).
Violence	The intentional use of physical force or power, threatened or actual, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organisation 2014).

## References

Tatz, C. (1999). *Genocide in Australia*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.

Tatz, C. (2005). *Aboriginal suicide is different: a portrait of life and self-destruction*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.

World Health Organisation (1996). *Global Consultation on Violence and Health. Violence: a public health priority*. Geneva: World Health Organisation.

# Appendix 1

<b>Mental Health Services Risk Screening Tool</b>	<h2 style="margin: 0;">NOT FOR USE IN CLINICAL SETTING</h2>																																																																																				
<b>Instruction: this Risk Screening Tool must include consideration of collateral information.</b>																																																																																					
<b>Mental Health Act status</b>																																																																																					
<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																																																																																					
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<b>Does the consumer have an Advance Health Directive?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK <input type="checkbox"/> An interpreter was used																																																																																					
Y=yes    N=no    UK=unknown																																																																																					
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**Mental Health Services  
Risk Screening Tool**

**NOT FOR USE IN  
CLINICAL SETTING**

**Future factors** Y N UK  
Foreseeable stress/destabilising situations

**Comments** (provide detail about risk factors, note collateral and source. Explore other factors such as health related risks (e.g. skin integrity, falls, blood borne viruses), acculturative stress and discrimination, history of poor engagement with services)

**Absent without approval**

Static factors	Y	N	UK	Dynamic factors	Y	N	UK
History of absconding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment refusal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History breaching MHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire/intent to leave hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Future factors** Y N UK  
Foreseeable stress/destabilising situations

**Comments** (provide detail about risk factors, note collateral and source. Consider if Absent Without Approval Prevention and Response Plan is required)

**Parental status and/or other carer responsibilities**

	Y	N
Does the person have responsibility for children aged 17 years or less?	<input type="checkbox"/> *	<input type="checkbox"/>
Does the person have any contact with children through access visits or shared residence?	<input type="checkbox"/> *	<input type="checkbox"/>
Does the person have other carer responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

\*If yes, the Mental Health Child Protection form (SW188) must be completed

**Details of children and/or other dependents**

Full name	Relationship	Age/date of birth	Immediate care arrangements

**Protective factors** (consider peer/family/support networks, cultural/spiritual supports, insight into mental illness and risk issues)

**Overall assessment of risk and plans to mitigate risk** (consider both static and dynamic risk factors for harm to the consumer and others, including chronic versus acute risk status, triggers, protective factors and warning signs. Describe information provided to consumer, family/carer/support persons regarding the risk screen. Mitigation strategies to address risks for consumer and risks to family/carers and others. Strategies must be included in the Care Plan.)

**NOT FOR USE IN  
CLINICAL SETTING**

**Mental Health Services  
Risk Screening Tool**

**Overview/impression**

Person's level of risk appears to be highly changeable  
There are factors that contribute to uncertainty regarding risk screen  
A more comprehensive risk assessment is required

Y	N	UK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Not for use in a clinical setting

## Appendix 2

<b>Mental Health Services Violence Risk Assessment and Management</b>	<h1 style="margin: 0;">NOT FOR USE IN CLINICAL SETTING</h1>
<b>Mental Health Act status</b>	
<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:	
<input type="checkbox"/> An interpreter was used	
<b>Purpose of assessment</b> (note clinical rationale, referral reference, factors requiring action, and the goal of the assessment)	
<b>Background summary</b>	
Provide relevant context (see Longitudinal Summary and update as needed). Consider:	
<ul style="list-style-type: none"> <li>• Age</li> <li>• Diagnosis, symptoms and medication</li> <li>• Psychiatric history</li> <li>• Substance use</li> <li>• Forensic history and current legal issues</li> <li>• Risk history</li> </ul>	
<b>Consumer's previous violence/other problem behaviours* and the context in which they occurred</b> (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)	
<b>Static/predisposing factors associated with previous violence</b>	
Consider:	
<ul style="list-style-type: none"> <li>• Pro-violence attitudes</li> <li>• Antisocial behaviour</li> <li>• Relationships</li> <li>• Employment</li> <li>• Problematic substance use</li> </ul>	<ul style="list-style-type: none"> <li>• Other mental disorders (including cognitive impairment, brain injury, learning disability and dementia)</li> <li>• Traumatic experiences</li> <li>• Treatment adherence and response to treatment</li> </ul> Child and youth also consider: <ul style="list-style-type: none"> <li>• Peer group/influences</li> </ul>

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- Personality disorder/s

- School achievement/engagement

**Dynamic factors that precipitated previous violence**

Consider:

- Insight
  - Violent ideation
  - Symptoms of major mental disorder (including cognitive impairment, brain injury, learning disability 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

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

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**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

**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 risk 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

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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)

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## Appendix 3

<b>Mental Health Services Forensic Service Assessment and Response – Violence Risk</b>	<b>NOT FOR USE IN CLINICAL SETTING</b>
<b>Referral details</b>	
Date of referral: <i>dd/mm/yyyy</i>	
<b>Intake decision</b>	
<p>Is forensic service involvement required?  <b>Y</b> <input type="checkbox"/></p> <p>Assessment and/or consultation planned:  <input type="checkbox"/> Consumer assessment  <input type="checkbox"/> Secondary consultation</p> <p><b>N</b> <input type="checkbox"/> Reason:  <input type="checkbox"/> Referral criteria not met  <input type="checkbox"/> Other (please specify):</p>	
<b>Intake discussion</b>	
<p>Case discussion and initial response plan developed with the consumer's primary treating team within 2 weeks of receiving referral?  <b>Y</b> <input type="checkbox"/> Date case discussion held: <i>dd/mm/yyyy</i>  <b>N</b> <input type="checkbox"/> If not held, provide comments:</p> <p><input type="checkbox"/> Case note documented in CIMHA</p>	
<b>Forensic assessment outcome</b>	
<p>Assessment/s and/or consultation completed?  <b>Y</b> <input type="checkbox"/> Type of assessment/s and/or consultation undertaken:  <input type="checkbox"/> Consumer assessment/s  <input type="checkbox"/> Secondary consultation</p> <p><b>N</b> <input type="checkbox"/> Comments:</p> <p>If consumer assessment/s undertaken:          Was a validated risk assessment measure used?  <b>Y</b> <input type="checkbox"/> Name of validated risk assessment measure/s:  <b>N</b> <input type="checkbox"/> Reason:  <input type="checkbox"/> No validated risk assessment measures available in this area  <input type="checkbox"/> Psychiatric second opinion most appropriate  <input type="checkbox"/> Insufficient information for completion of validated risk assessment measure/s  <input type="checkbox"/> Other (please specify):</p> <p>Date assessment/s and/or consultation recommendations first discussed with consumer's primary treating team: <i>dd/mm/yyyy</i></p> <p><input type="checkbox"/> Report/s attached to this clinical note in CIMHA</p> <p>Additional comments:</p>	

# Appendix 4 – Instructional Guide

This document provides an operational guide for mental health services and clinicians applying the Framework, including CIMHA requirements and business rules.

## 1. Key messages

a) *Clinicians are supported to assess risk for violence*

Where elevated risk for violence is identified, the Framework is designed to support clinicians to discuss the need for comprehensive assessment and management of violence risk with a senior clinician and multidisciplinary team.

b) *The management of violence risk factors must be prevention oriented*

There is no reliable way to predict who will or will not engage in violent acts. The Framework and clinical tools are designed to support clinicians to identify and assess known risk factors, and develop a prevention oriented management plan.

c) *The Risk Screening Tool is used as the tool for Tier 1 screening* as it provides an overview of risk factors across a range of domains related to a consumer, including violence. The Risk Screening Tool forms part of clinical documentation requirements for all consumers and is not a tool exclusively related to this Framework.

## 2. Clinical documentation

### File review

A Violence Risk Report is available for each consumer on CIMHA which collates clinical note templates relevant to their violence risk, management and ongoing reporting. A sample of templates included are the: Risk Screening Tool, Forensic Intake form, Mental Health Review Tribunal reports, Acute Management Plan, and the Police and Ambulance Intervention Plan and *Mental Health Act 2016* forms.

The Violence Risk Report is available in the reports search function as a filter under 'Clinical Notes and MHA Forms Display'. It does not provide an exhaustive list of relevant documents, and should be viewed in conjunction with other mechanisms to gather information about a consumer's violence risk.

### Risk Screening Tool

For clinical documentation requirements please refer to the Mental health clinical documentation – User Guide (2019).

### Violence-Risk Assessment and Management (V-RAM)

For clinical documentation requirements please refer to the Mental health clinical documentation – User Guide (2019).

### CIMHA instructions

The Violence-Risk Assessment and Management (V-RAM) is a clinical note template located within the 'Risk Screening Tool' category in CIMHA.

## Forensic Services Assessment and Response – Violence Risk

For clinical documentation requirements please refer to the Mental health clinical documentation – User Guide (2019).

### CIMHA instructions

The Forensic Service Assessment and Response – violence risk (FSAR) is a template located within the 'Report - Forensic Risk Assessment' category in CIMHA. Attach Tier 3 report/s to the FSAR clinical note (not as an 'attachment summary') and update the event date of the FSAR to the date the latest Tier 3 report for that referral is attached. This will help recent progress on the referral to be visible when searching through clinical notes.

The FSAR clinical note has an 8mb file size limit for attachments. Please contact your Mental Health Information Manager for report/s which require a larger file size limit.

## 3. Business rules

This section outlines operational and governance requirements of services applying the Framework.

### Mental health services

1. Maintain usual clinical governance processes regarding documentation and clinical care.
2. Clinical documentation will only be accessible via CIMHA. Services may concurrently enter data on an integrated electronic medical record system (ieMR), but all clinical information for consumers managed through the Framework must be primarily saved in CIMHA.
3. The decision to refer for further assessment and management must be noted in the Case Review notes, the Care Plan, and local forensic service referral forms where applicable.

### Forensic services

1. Tier 3 referrals through the Framework are separate to other forensic services which are outlined in the Chief Psychiatrist policy: *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* (e.g. reviews of new Forensic Order patients with prescribed offences and input at Assessment and Risk Management Committee (ARMC) meetings). Mental health services can contact specialist forensic services at any time to discuss concerns about urgent risk and to discuss potential referrals.

### Questions

Please direct queries regarding use of the Framework to your Team Leader. Mental Health Information Managers can assist with resolving CIMHA-related issues.