

# - ADDITIONAL RESOURCES -

## VIOLENCE RISK ASSESSMENT AND MANAGEMENT

Please note, any text printed in [this colour](#) contains a link that provides further information if you click on it.

### Caring for a person who is aggressive or violent

*Queensland Mind Essentials* (updated in April 2018) includes a section that covers caring for a person who is aggressive or violent. The section presents cases, a person's perspective, some reactions to people who are aggressive or violent, care guidelines, and training advice. The document can be accessed [here](#).

### Domestic and Family Violence

*Information sharing.* During the process of completing the Violence Risk Assessment and Management (V-RAM) tool, a clinician might identify that a consumer is a (potential) victim or perpetrator of domestic and family violence. The [Domestic and Family Violence Information Sharing Guidelines](#), and flowcharts within these, provide support and guidance to clinicians. The guideline and flowcharts cover domestic and family violence risk assessment, managing serious threats, referral to support services, information sharing with agencies external to Queensland Health, and secure management of confidential domestic and family violence information.

*Safety.* Whenever it is safe to do so, a consumer's consent should be obtained before sharing information about violence risk. The priority however is the safety of (potential) victims and children over gaining consent to share relevant information. Provisions within the [Domestic and Family Violence Protection Act \(2012\)](#) (Part 5A) detail conditions under which information can be shared while protecting confidentiality.

See also the [Queensland Health Information Sharing policy](#) for more information on information sharing, and applying an exception to the duty of confidentiality in the context of safety considerations for consumers, their family, carers or support persons.

*Child and youth.* If a clinician identifies that a child has been exposed to domestic and family violence or is at risk of exposure to domestic and family violence, it may be necessary to report concerns relating to child abuse and neglect to the Department of Child Safety, Youth and Women. In these circumstances clinicians are encouraged to consult with a senior clinician, child protection liaison officer or advisor within their HHS. Click the following link to submit a report to Child Safety:

<https://secure.communities.qld.gov.au/cbir/home/ChildSafety#>

*Resources.* Queensland Health has developed several resources that cover information about domestic and family violence and health workforce domestic and family violence training. These are accessible through the QHEPS link: [Domestic and family violence](#). Additional resources and links to them can be found in the [Queensland Health Guideline: Health workforce domestic and family violence training](#).

### Drug and Alcohol Services

There are a range of resources and links on QHEPS that provide information, services, clinical resources and tools to support clinician management planning for violence risk associated with substance use: <https://www.health.qld.gov.au/public-health/topics/atod>

The Alcohol and Drug Information Service can be contacted on 1800 177 833.

*Child and youth.* For clinicians who are treating child and youth consumers, the Dovetail website provides a range of resources for children and young people who engage in substance use. <https://www.dovetail.org.au/resources/good-practice-guides>



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### Information Sharing

*Queensland Health guideline.* [Information sharing between mental health staff, consumers, family, carers, nominated support persons and others, Clinical Excellence Queensland](#)

This guideline supports clinicians in decision-making regarding sharing information, whilst recognising the consumer's right to confidentiality and privacy. Information sharing may be an essential aspect of completing the V-RAM process to protect the health, safety and well-being of the consumer, their family, carers, or support people involved in their care.

*Interagency information sharing.* [The 2017 Memorandum of Understanding \(Mental Health Collaboration\)](#) recognises that Queensland Health and the Queensland Police Service (QPS) provide services to people who have a Mental Illness and/or are vulnerable persons. Each party has respective roles and responsibilities and have agreed to work collaboratively and cooperatively to proactively develop intervention strategies and respond to incidents and situations. The MOU clarifies confidentiality issues related to the Police and Ambulance Intervention Plan (PAIP) and the Acute Management Plan (AMP).

In 2013 Queensland Health and the QPS developed an overarching [Memorandum of Understanding \(MOU\)](#) for information exchange between the two agencies. The MOU simplifies and clarifies the process for reporting to the police. It also provides clarity and guidance to staff who may be asked to assist police with investigations. The MOU applies to both the Queensland Health department and its Hospital and Health Services. Following is a link to further information, <https://qheps.health.qld.gov.au/hr/corrupt-conduct/criminal-matters> including a [checklist](#) discussing criminal matters. Relevant documents can also be accessed through the [Clinical Documents, Frameworks and MoUs page on QHEPS](#).

The Mental Health Intervention Program (MHIP) is a collaborative program between the Queensland Police Service, Queensland Ambulance Service and Queensland Health. The Mental Health Intervention Coordinator's role provides consultation and liaison to stakeholders within the program to increase the capacity of district services to reduce and respond to mental health crisis situations. This is done through communication, collaborative service and community development, assessment and support, crisis intervention, training and evaluation. The Mental Health Intervention Coordinators work with all stakeholders to develop, where necessary, collaborative plans that seek to reduce presentations to the service and provide increased support of all agencies. Access your local HHS Mental Health Intervention Coordinator or Police Liaison Officer for more information.

[Police and Ambulance Intervention Plans \(PAIP\)](#) is a plan ideally developed in consultation with the consumer, the mental health treating team and other stakeholders including the QPS. It extrapolates considerations for intervention and outlines potential risks to support both the consumer and police officers to safely resolve a mental health incident. The [PAIP Form](#) can be accessed on CIMHA.

*Weapons.* Weapons Licencing Notification: If a clinician identifies that the consumer is in possession of a firearm, or is an unsuitable person to possess a firearm because of the person's mental or physical condition, or because the person may be a danger to himself, herself or someone else, the clinician is required to inform the commissioner using the [Weapons Licencing Notification](#) form. For additional information see the booklet "[Health and Weapons: An information brochure](#)".

**If there are any immediate concerns regarding access to any kind of weapon phone 000 or the local police station.**

### Information Systems

[CIMHA](#) (Consumer Integrated Mental Health Application). For further information, [click here](#).

[ATOD-IS](#) (Alcohol Tobacco and Other Drugs Information System). For further information, [click here](#).

[The Viewer](#). For further information, [click here](#).

[leMR](#) (Integrated Electronic Medical Record). For further information, [click here](#).

[EDIS](#) (Emergency Department Information System). For further information, [click here](#).

HBCIS (Hospital-Based Corporate Information System) [accessible via desktop icon]. HHSs have their own resources to support the use of HBCIS, which can be found by searching for HBCIS on QHEPS.



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### Legislation and Relevant Reports

[When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health \(2016\).](#)

The Sentinel Events Review (2013-2015) examined homicides, attempted homicides, and deaths resulting from police use of force intervention, involving persons with a known or suspected mental illness. 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 Violence risk assessment and management framework – mental health services (the Framework) is the result of recommendations arising from a sentinel events review. The Framework provides a structured three-tiered approach to the identification, assessment and management of consumers who pose a risk of violence to others.

[Hospital Health Boards Act 2011](#)

[Hospital and Health Boards Regulation 2012](#)

*Information sharing.* The *Hospital and Health Boards Regulation 2012* Part 2 (p. 47) describes the *Memorandum of Understanding between the State of Queensland through Queensland Health and the State of Queensland through the Queensland Police Service, Mental Health Collaboration 2011*. The Memorandum of Understanding (MOU) is the primary mechanism under which information is shared between Queensland Health and the QPS in respect of mental health crises occurring in the community. The MOU enables clinicians to provide health information to the QPS and, under certain circumstances of a mental health crisis situation, permits the disclosure of confidential information by delegated Queensland Health staff (including clinicians).

Staff providing information to the QPS under this model of service can obtain relevant information through accessing the Consumer Integrated Mental Health Application (CIMHA); the Queensland statewide mental health information system. Information is also accessible via the alcohol and other drug treatment services information system, ATOD-IS.

In addition, limited consolidated clinical information from other Queensland Health information systems may be accessed through The Viewer.

[Child Protection Act 1999](#)

The main principle for administering this Act is that the safety, wellbeing and best interests of a child are paramount.

*Information sharing.* Under Child Protection legislation there is a focus on transmission of information to Child Safety Services (CSS) to ensure appropriate actions are taken to ensure child safety. Under Section 13E(1) of the Act, if a doctor or registered nurse suspect a child has suffered or is at unacceptable risk of suffering significant harm caused by physical and sexual abuse, and may not have a parent able and willing to protect them from harm, they are mandated to provide a written report of their suspicion immediately to CSS. For more information, see the [Reporting a Reasonable/ Reportable Suspicion of Child Abuse and Neglect Guideline](#). The Child Protection Act 1999, Chapter 5A, allows the sharing of relevant information between government agencies, and between government agencies and non-government service providers, who provide services to children and families.

The Mental Health Child Protection form must be completed if the consumer has responsibility for, or contact with, children through shared residence or visits (available on CIMHA).

For further information contact a [Child Safety Service Centre](#).

For emergencies outside of working hours contact the Child Safety After Hours Service Centre on 1800 177 135.

[Information Privacy Act 2009](#)

[Domestic and Family Violence Protection Act 2012](#) Refer to *Domestic and Family Violence* section in this Tip Sheet.

[Weapons Act 1990](#)



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### Legislation and Relevant Reports (continued)

Under the weapons licencing act (Section 10 B) a person must be a “fit and proper” person to be issued a weapons licence (in addition to many other requirements). For the issue, renewal or revocation of a licence, the definition of “unfit” includes consideration of the mental and physical fitness of a person for a period of 5 years prior to their application, and whether the person has been convicted of an offence relating to misuse of drugs, use or threatened use of violence, or involving the use, carriage, discharge or possession of a weapon, or is under a Domestic Violence Order for a period of 5 years prior to their application.

#### [Guardianship and Administration Act 2000](#)

The Guardianship and Administration Act 2000 (Qld) and the [Powers of Attorney Act 1998](#) (Qld) provide a framework for decision-making by and for adults with impaired decision-making capacity. These Acts contain a set of General Principles for substitute decision-making which must be applied when a power or a function under the legislation is exercised or performed in relation to the adult. They also contain a Health Care Principle which is to be applied by substitute decision-makers when making decisions about an adult’s health matters or special health matters. Together, these principles form the philosophical underpinning for substitute decision-making under the legislation. The Acts also contain provisions dealing with decision-making capacity. Among other things, these Acts set out criteria for determining when an adult has the capacity to make his or her own decisions. An adult who does not satisfy these criteria in relation to a matter has impaired capacity for that matter. The legislation also sets out the test of capacity for making an enduring power of attorney or advance health directive.

Consider the Guardianship and Administration Act 2000 (Qld) and the Powers of Attorney Act 1998 (Qld) in the context of static and dynamic factors related to cognitive impairment where identified in the process of completing a violence risk assessment and response. Considerations will inform the violence risk management plan; for example, notifying the consumer’s identified guardian(s) or power of attorney.

### Policies and Other Documentation

#### [Chief Psychiatrist Policy on Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients](#)

This policy establishes a clinical governance framework for the management of patients subject to a forensic order, treatment support order and patients whose violence risk is elevated (as determined by their treating team). The framework operates as a clinical peer review that strengthens the assessment and risk management of these patients.

For information on the Terms of Reference for Assessment and Risk Management Committees (ARMCs), please [Attachment 1](#) of the Chief Psychiatrist Policy on Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients.

The document outlines the role and function of the Assessment and Risk Management Committee (ARMC), membership and responsibilities of the members. The ARMC may be involved in reviewing and making recommendations about the consumer’s treatment and care if they are subject to a forensic order, treatment support order and or assessed as having an elevated violence risk by their treating team.

#### [Queensland Health Guide to Informed Decision Making in Healthcare](#)

This guide has been developed as a reference tool to support clinician understanding of the complex ethical and legal requirements surrounding informed decision-making about health.

### Services

[Queensland Forensic Mental Health Service](#) (QFMHS)

[Community Forensic Outreach Service](#) (CFOS)

[Child and Youth Forensic Outreach Service](#) (CYFOS)

Police Communications Centre Mental Health Liaison Service (PCC MHL Service)

Queensland Fixated Threat Assessment Centre (QFTAC)

Mental Health Intervention Co-ordinator (MHIC)



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## VIOLENCE RISK ASSESSMENT AND MANAGEMENT

### Specific Populations

This section provides resources and information for specific populations of consumers to assist the clinician to engage the consumer when completing the V-RAM process.

#### *Aboriginal and Torres Strait Islander Consumers*

There are several key resources that can be utilised to support the clinician to engage and communicate with Aboriginal and Torres Strait Islander consumers and their families in culturally safe ways, and thereby enhancing the quality and accuracy of information documented in the V-RAM tool. The [Queensland Health Aboriginal and Torres Strait Islander Patient Care Guideline](#) provides information to assist the understanding of cultural and historical factors potentially impacting on the health and wellbeing of an Aboriginal and Torres Strait Islander consumer.

Clinicians are also encouraged to collaborate with the Indigenous Health Workers in their Hospital and Health Services to better meet the needs of Aboriginal and Torres Strait Islander consumers. In addition to this, an Aboriginal and Torres Strait Islander Health Worker may complete the [Aboriginal and Torres Strait Islander Cultural Information Gathering Tool](#) (see also the [User Guide](#)) with the consumer to assist the clinician to understand and assess whether cultural factors may contribute to aggressive or violent behaviour (e.g. involvement in payback and/or the consumers obligations under tribal lore). It may also provide the clinician with information about cultural connections, beliefs and supports that could be leveraged to mitigate the risk of violence.

Specific resources to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander consumers can also be found on QHEPS, on the [Resources for Health Professionals](#) page, and the [Aboriginal and Torres Strait Islander Cultural Capability](#) page.

#### *Child and Youth Consumers (0-18 years)*

Prompts and bullet points related to child- and youth-specific factors for risk are incorporated into the V-RAM tool. The process of conducting a risk assessment with young people should also take into consideration issues of consent and guardianship.

##### Consent

Consider the capacity of the child or young person to consent to assessment and treatment. Typically, if a young person is under 18 years of age, the appropriate person to give consent is their parent/legal guardian. However, a child or young person can consent to treatment if they have sufficient understanding and intelligence (also consider cognitive capacity) to enable them to understand fully what is proposed and the consequences of it.

In Queensland, a general guideline for consideration is as follows:

- a young person aged between **16 and 18** is most likely able to consent
- a young person aged between **14 and 16** is reasonably likely to be able to consent
- a child under **the age of 14** may not have the capacity to consent, except for healthcare that does not carry significant risk.

##### Guardianship

Identifying and/or clarifying who the child/young person's legal guardian is for the purposes of assessment and treatment is an important medico-legal consideration. For some young consumers this may be the Chief Executive of the Department of Child Safety, Youth and Women. In these circumstances the manager of the relevant service centre (which case manages the child or young people) is the delegate who can provide the legal authority for assessment and treatment.

Involving families, carers, and support persons throughout the V-RAM tool completion process is essential. Families, carers and support persons can provide important sources of collateral information and can be utilised to assist with risk management strategies.

The [Guide to Informed Decision-making in Health Care](#) provides further information regarding obtaining consent for assessment and treatment of infants, children and young people.

##### Forensic mental health

The Child and Youth Forensic Outreach Service (CYFOS) and the North Queensland Adolescent Forensic Mental Health Service (NQAMHS), based in Townsville and servicing HHSs in North Queensland, are available to provide consultation to mental health clinicians working with consumers who are involved in, or at risk of being involved in the youth justice system. Clinicians may wish to consult with CYFOS or NQAMHS during the V-RAM tool completion process to obtain further guidance around risk management strategies and/or services or interventions that may be effective as part of managing the violence risk. Should the multidisciplinary team decide that a specialist risk assessment is required (e.g. for sexual violence, animal cruelty, arson, threat) a referral can be made to these services.

An information brochure and contact details for the Child and Youth Forensic Outreach Service can be found [here](#). An overview and contact details of the North Queensland Adolescent Forensic Mental Health Service (NQWAFMHS) can be found through this [link](#).



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### Specific Populations

#### *Culturally and Linguistically Diverse background (CALD) Consumers*

Consumers from culturally and linguistically diverse backgrounds often experience a range of barriers to accessing mental health services, including stigma and shame relating to accessing these services. Language and cultural values may also impact on a consumer's capacity to engage with you during completion of the V-RAM process. An interpreter may be required when interviewing the consumer and to assist with gathering collateral from family/relatives, community members or support persons. An interpreter can be booked through the [Interpreter Service Coordinator](#) located within the Hospital and Health Service, or through the Interpreter Service Information System (accessible through the desktop icon). Further information about this service can be found on [QHEPS](#).

Queensland Transcultural Mental Health Centre and/or the multicultural mental health clinician within the Hospital and Health service may be contacted to assist with gathering socio-cultural information about a consumer. Resources and information provided through QHEPS can be found [here](#). This information may assist the clinician to determine whether there are additional risk factors and/or protective factors for the consumer in their care that may be documented in the V-RAM tool. Further information about the [Queensland Transcultural Mental Health Centre](#) can be found on QHEPS. Additional multicultural health resources can be found [here](#). Referrals may also be made to the [Queensland Program of Assistance to Survivors of Torture and Trauma](#) to support consumers from CALD backgrounds with a range of programs including: counselling, social groups and homework clubs.

#### *Lesbian, Gay, Bisexual, Transsexual, Intersex, or Queer (LGBTIQ+) Consumers*

When working with consumers who identify as lesbian, gay, bisexual, transsexual, intersex or queer (LGBTIQ+) it is important that a clinician's interactions and use of terminology are inclusive and non-discriminatory. For example, it is important to avoid making assumptions relating to a person's sexuality or gender based on how they look or act. In addition, it is recommended that a clinician utilise terms that are sexuality and gender neutral; for example, use the word "partner" rather than "girlfriend/boyfriend". Additional information that can assist clinicians to engage in culturally safe ways with an LGBTIQ+ consumer can be found in [this guideline from Mental Health First Aid Australia](#) and by accessing the True Relationships website: <https://www.true.org.au/>

Services that support children and young people include: [Open Doors Youth Service](#) and the [Queensland AIDS Council](#) (QuAC; note that this service provides support beyond that associated with AIDS and HIV).

#### *Older Persons (65+)*

Older persons can have specific needs and comorbidities which need to be considered in risk assessment. In particular, explore whether there is a physical health condition, as rapid onset of mental disorder symptoms may indicate coexisting physical illness or delirium requiring medical intervention. It is worthwhile exploring if violent behaviour has been a long-standing issue or is a recent occurrence which is out of character. Minimisation of symptoms can contribute to managing violence risk.

Further information can be sought from the Older Persons Mental Health Service in your HHS or by contacting the [Statewide Older Person's Health Clinical Network \(SOPHCN\)](#) or the [Statewide Dementia Clinical Network \(SCDN\)](#)

#### *Rural and Remote Consumers*

There are additional challenges for consumers with respect to accessing services in rural and remote locations. Geographical isolation and limited resources should be carefully considered. The [Rural and Remote Clinical Support Unit](#) seeks to support the rural and remote health workforce with clinical advice and guidelines, education and learning support to ensure that health and mental health care is provided to consumers.



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## VIOLENCE RISK ASSESSMENT AND MANAGEMENT

### Victim Support Resources

#### Legislation

Mental Health Act 2016

<https://www.legislation.qld.gov.au/view/html/asmade/act-2016-005>

Victims of Crime Assistance Act 2009

<https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-035>

#### Services

Victim Assist Queensland

<https://www.qld.gov.au/law/crime-and-police/victims-and-witnesses-of-crime/financial-assistance/applying-for-financial-assistance/>

Victims Counselling and Support Service

<http://www.vcss.org.au/>

Queensland Homicide Victims Support Group

<http://qhvs.org.au/>

Office of the Director of Public Prosecutions

<http://www.justice.qld.gov.au/corporate/justice-agencies/office-of-the-director-of-public-prosecutions#Support%20for%20victims%20of%20crime>

Mental Health Court

<http://www.courts.qld.gov.au/courts/mental-health-court>

Mental Health Review Tribunal

<http://www.mhrt.qld.gov.au/>

Legal Aid Queensland

<http://www.legalaid.qld.gov.au/Home>

Queensland Corrective Services Victim Register

<https://corrections.qld.gov.au/documents/procedures/victims-register-placement-and-removal-of-applicants/>  
<https://publications.qld.gov.au/dataset/queensland-corrective-services-forms/resource/31881bc4-bb1a-49bb-b7c6-2b53439f65f1>

Victim Information Register- Youth

<https://www.qld.gov.au/law/your-rights/victim-rights-and-complaints/victims-registers/victim-information-register-young-offenders/>

Support for Aboriginal and Torres Strait Islander victims of crime

<https://www.qld.gov.au/law/crime-and-police/victims-and-witnesses-of-crime/support-for-victims-of-crime/support-for-aboriginal-and-torres-strait-islander-victims-of-crime>

DV Connect

<http://www.dvconnect.org/>

#### Fact Sheet

Support for Victims (MHA2016)

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/444917/support-victims-fact.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/444917/support-victims-fact.pdf)

