

QC9 Critical Components of Risk Assessment and Management

eLearning video 1: Risk from lived experience	
Lisa:	When people come into our service, we have the best intentions of keeping them safe and getting them well. However, sometimes when we go through that process, we take things away or we remove rights. Or particularly people that go under the Mental Health Act, to a degree, that can almost be detrimental to them getting well or that it may prolong what it takes for them to get well.
Katrina:	Unfortunately, to me, it's a lot of covering the professionals' bum. You say a certain word, which you signed the document to say, if you say this, this, or this, they have to tell this person or that person or that person. And you go in there, and you're honest, and say, I'm feeling this way, and you say one thing, and they attach to it, and then it becomes the professional duty to go, oh, we've got to do X, Y, and Z, because that's written into our protocol or whatever. And it becomes more about them being clear in case you went home and did something, and they didn't catch up on it. It's not patient/client/person-based. It's protocol-based.
Kerry:	As a person who cares, I think it's important that we are involved at the early stages. Unless we do, we're not up to speed. We can't be two different wheels running for the recovery of the person that you're caring for and that we care about.
Karen:	I would like to see the clinicians and the health care workers look at not only the short-term, but the longer-term view. And sometimes in order to understand the longer-term risk perspective, you need to understand a little bit of the history of the person. History does repeat itself. I've seen that many times. My daughter is slowly getting better. But I think being able to work with the clinicians closely as a carer has been very helpful. When you're doing an initial risk assessment, when a client comes in, when a patient comes in, you're not going to get that immediately-- the longer-term risk assessment. But it is so important to the cost of health recovery, the cost to their mental health care system, that that gets understood earlier rather than later, so that you can have the interventions that will minimise disruption in the recovery process.
Katrina:	Look, I'm feeling this and this is happening. And in the past, it leads to this. I'm really not coping. I need help. And that can take a lot to say, look, I need help. My answer's been, well, you've got great insight. You can see what's happening. And it's like, yeah, I can see what's happening. I can see what's going to happen. I don't know how to stop it.
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