

Introduction

This risk assessment form should be completed as fully as possible on admission to hospital. The initial risk screen should be reviewed at the next multi-disciplinary team meeting. It is envisaged that the safety issues / risk assessment will be reviewed and possibly altered at times of subsequent significant events. For example:

- a. At the point of discharge from hospital
- b. For those in continuing care beds, an annual update should be considered.
- c. For those subject to the CPA, an annual update should be considered.
- d. In those undergoing a significant adverse change in their mental health or circumstances.

Operational Definitions

Not all the variables listed overleaf require further explanation or definition. However, some notes:

▪ Suicide

- S1. Includes self harm coming to medical attention and actual suicide attempts.
- S2. Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
- S4. Record of senior clinician making evidence based diagnosis.
- S7. May require third party history to establish. What was purpose, and effect on behaviour of substance use?
- S9. How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?
- S10. See S2.
- S11. Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?
- S12. Significant recent (< 1 month) life event, maybe with accompanying behavioural change.
- S13. Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.
- S14. Some individuals may respond better to friend or family member, than professional carer.
- S15. Is there someone (or a pet) who needs them or loves them?
- S16. Catholic and Jewish faiths said to be particularly protective.

▪ Violence

- V1. Serious or planned acts, that maybe came to others' (eg police, carers, medical) attention.
- V3. Includes locked residential schools, young offender units, and secure hospital settings
- V4. Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace
- V5. See S4. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy
- V6. See S7.
- V8. Major failures in parole, probation, or mental health legislative compliance. Also, escape risk from institutions
- V9. With drink or drugs at the time of assessment
- V10. Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena
- V11. Preoccupation with violent thoughts, including recorded and printed material
- V13. This may indicate the degree of planning
- V14. See S13.
- V15. May be correctional or medical / rehabilitative.

▪ Neglect / other

- N1. Neglect of environment, personal care and health. Defined by reference to that person's background.
- N3. Water / heat / light. Is the absence of amenities beyond the individual's control?
- N5. The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment.
- N6. This might be deliberate, or as a result of disability.
- N7. Inadvertent or deliberate.
- N9. Speech or cognitive impairment, or cultural / language difficulties
- N10. Fluctuating level of consciousness, or delirium, as well as other cognitive impairment.
- N11. This must be directly witnessed, and be more than inappropriate comment.
- N12. It may not be the total debt value, but the impact of the debt that matters
- N13. See S13.
- N14. Medical, rehabilitative, or social services.

▪ Summary formulation

This is the clinician's / clinical team's synthesis of the variables assessed along with the findings at clinical interview, with evidence for and against a determination of risk level (eg high or low risk) being considered.

▪ Risk Management

Risk management planning will flow on from risk formulation. This should be recorded in the clinical notes. Risk management strategies to consider might include: -

- safe and appropriate levels of nursing observation
- use of the Mental Health Act, where appropriate
- use of low stimulus or secure areas, if appropriate
- use of suitable medication, when indicated
- referral to other agencies eg. police, social work
- liaison and cooperation with relatives or carers
- referral to Care Programme Approach