

Leeds Mind Policy



For better
mental health

Guidelines for Risk Assessment; Risk Management and Therapeutic Risk Taking

Why do we need this policy?

Leeds Mind recognises that it has a responsibility to provide its service users and staff with safe systems of work. Effective risk assessment, risk management and therapeutic risk taking are central to achieving this.

Who does it apply to?

All staff, volunteers and students on placement.

Introduction

Leeds Mind is committed to supporting clients in gaining maximum independence and self-direction and accepts that risks have to be taken to achieve this. We also recognise our responsibility to service users and staff to ensure that risks are well considered and action is taken to minimise the potential harmful consequences associated with risk. This means that an important aspect of a mental health support worker role is the process of risk assessment, management and therapeutic risk taking.

This policy:

- Defines what a risk assessment is
- Sets out procedures for producing a risk profile and risk management plan
- Sets out good practice guidelines relating to
 - Service User Involvement
 - Involving family and carers
 - Involving other professionals
 - Crisis Planning
 - Guiding principles of therapeutic risk taking
 - Boundary and limit setting
 - Guidance on Risk assessment and management for suicide

A risk assessment is:

An ongoing process of assessment, review and reassessment, by which a decision on risk to self or others is made by utilising all available information on what is known enabling a balanced summary of prediction.

Procedure for producing a risk profile and risk management plan

When a service user is referred to a Leeds Mind service full consideration should be given to the range of potential risks that an individual might present or be faced with. A named worker or the manager of the relevant service should complete a Risk Profile (see appendix 1) that considers the following areas of risk:

- Violence or harm to others
- Suicide
- Self harm
- Severe self neglect
- Abuse from others
- From the environment i.e. risk to the service user from their home or neighbourhood and to staff visiting

The service user, their named worker and the project manager should review the Risk Profile at least annually. Each area considered by the Risk Profile should be assessed as meeting one of the following:

- No apparent risk - No history or warning signs of risk. No special risk assessment measures or plans are required at present.
- Low apparent risk - No current warning signs but service user's history indicates possible risk. Necessary level of screening/vigilance should be covered by support plan. No special risk assessment measures or plans are required at present.
- Medium apparent risk - Service user's history and current circumstances indicate a significant risk but that current support systems help to effectively manage the risk. A risk management plan is required. This should be reviewed at least every 3 months by the service user, their named worker and project manager.
- High apparent risk - Service user's history and condition indicate significant risk that current support systems only partially manage. A risk management plan is required. This should be reviewed at least monthly by the service user, their named worker and project manager.
- High and imminent apparent risk - Service User's history and condition indicate significant and imminent risk. A risk management plan is required. This should be reviewed at least weekly by the service user, their named worker and project manager.

In every area that indicates a medium or high apparent risk a risk management plan is required (see appendix 2). The following good practice guidelines should be followed when producing a risk profile and management plan.

Risk Profile/Management Plan Good Practice Guidelines:

1. Service User Involvement

Communicating openly and honestly with the service user and engaging them in all parts of the process is integral to the effective management of risk. The service user should be asked to sign and date their risk profile and risk management plan. Where this is not possible, or the service user refuses to do so or disagrees with the plan, this must be recorded in their risk profile/risk management plan and their personal notes

2. Involving family and carers

Leeds Mind recognises that families and/or carers will often have a lifelong and unique knowledge of the service user and that the support they offer is often central

to the effective management of risk. Where possible and with the permission of the service user, families and/or carers should be fully involved in the risk assessment process. Leeds Mind recognises that many service users will not wish their family and/or carers to be involved in the risk assessment process, in which case this will be respected.

In some circumstances there may be good reason to believe that the service user is at (or presents) a significant risk from (or to) their family or carers. This should be recorded in their risk profile/risk management plan and their personal notes. The Project Manager should liaise with their Director and in their absence another member of the Senior Management Team (SMT) and where appropriate call a multi-disciplinary meeting to agree how the risk can be managed. This will involve consideration of the minimum level information that needs to be conveyed to or sought from the family or carer and any person who is responsible for liaising with the family.

3. Involving other professionals

Many of Leeds Mind service users will currently be using or have previously used other services including; criminal justice, housing or other mental health services. It is important that staff make reasonable efforts to contact those services to obtain relevant information. Staff should always be open with the service user about whom they wish to contact. To ease the information sharing process Leeds Mind has developed a 'permission to request/share information form' (see appendix 3). Staff should ask the service user to sign this when planning to approach other services for information.

We recognise that some service users will have concerns regarding information that may be obtained from other services. Staff should emphasis to service users that information obtained from other services forms only a part of the assessment, risk assessment and support planning processes and that concerns raised by other agencies about the risk presented by a service user will not necessarily preclude them from a service or impact on the quality of the service received. However, we have a responsibility to protect staff and service users from risks that cannot be adequately assessed or planned for. If Leeds Mind is unable to obtain relevant information, in particular relating to past incidents of violence, then the service may be refused or withdrawn. In such circumstances the decision will be taken by the Project Manager in liaison with their Director or another member of the SMT and the decision will be shared with relevant partner agencies.

4. Crisis Planning

We recognise that an individual's mental health can change drastically in a short period of time and therefore vigilance is necessary. The risk management plan should consider planning for crisis situations. This should:

- Identify foreseeable risks and potential consequences
- Agree a strategy that details how crisis should be responded to
- Specify individual responsibilities
- Be communicated within the team and with other relevant agencies to help ensure that individuals know their roles and responsibilities
- Set an assessment review date

5. Guiding principles of therapeutic risk taking

Leeds Mind strongly believes that one of our key roles is to support service users to take the risks necessary to meet their personal goals and maximise their autonomy. It is vital therefore that every attempt should be made to avoid 'defensive practice' i.e. focusing on risk to the organisation rather than risk to the service user. Defensive practice reduces the quality of service to the service user and prevents staff from developing their skill base and knowledge. Workers must be able to consider and reflect upon their own anxieties and insecurities in order to work effectively with risk.

Even services with the best practice may experience the sudden death of a service user or violent incidents. The role of mental health workers is to demonstrate that they have undertaken a thorough assessment, made clear and reasoned judgements, are able to demonstrate thought processes and have the service users best interests in mind. The following considerations should be taken into account in support of therapeutic risk taking plan:

- A range of options and likely outcomes should be explored before taking a therapeutic risk
- For the risk to be therapeutic and promote independence, the likely benefits should outweigh the likely costs
- A key role for Mental Health Support Workers is to challenge service user's beliefs, ideas or actions
- The risk should maximise opportunities for learning and raising self awareness
- Consider the potential benefits and harm that may occur by not taking risks and new ventures

6. Boundary and limit setting

Staff have a key role in supporting service users to maximise their autonomy. There may be occasions however, when after due consideration, the worker will have to follow a course of action that promotes the service user's safety over their autonomy. For example, in the case of someone who is clearly a suicide risk that would not realistically be manageable in the community, it may be necessary to refer a service user to statutory services against their express wishes.

There may also be occasions when service users need or desire for some responsibility to be taken from their shoulders. Again, the worker would analyse the benefits for that individual against the harm it may create. The guiding principle should be to resume autonomy as quickly as possible.

7. Guidance on Risk assessment and management for suicide:

Introduction

When preparing a suicide risk management plan you should consider:

- Risk factors
- Intent
- History
- Thoughts and feelings about suicide (ideation)
- Plan
- Your own support

Set out at the end of this section are questions that it might be useful to ask when working with someone who may be suicidal.

Risk Factors

Common factors for people with higher than average risk of suicide includes:

- Older men
- People who are:-
 - separated, divorced or widowed
 - living alone
 - unemployed or retired
- People who have:-
 - poor physical health
 - a diagnosis of mental illness, especially depression or schizophrenia
 - sleep disturbance
 - alcohol and/or drug dependence

This list is not exhaustive and other factors may need to be considered when assessing people and when developing a risk plan.

History

Consider recency, severity, frequency and pattern of any suicide attempts. Circumstances are an indicator, such as attempts to hang oneself when completely alone, as compared to someone who may have expected to be found.

Ideation (thoughts and feelings about suicide)

The greater the prominence of suicidal thoughts the higher the risk:-

- how often does the person think about suicide?
- do they fantasise about suicide?
- how do they respond to these thoughts?

Intent

Intent should be taken very seriously. A statement from the client that they intend to commit suicide is the strongest indicator of risk.

Plan

The person has acknowledged that they have suicidal ideas. Have they gone a step further and developed a plan? Thoughts of suicide with no thought on how they would carry it out, without the means to do so, suggest a lesser risk. If the person has a definite plan and the means to carry it out then this is more serious. For example, a gun owner who plans to shoot themselves when their family is out.

Support

The possibility of suicide is something we have to be aware of when working in mental health. If you believe someone may be suicidal it may be extremely difficult for you. It is important that you do not keep your feelings to yourself. You must tell your manager/supervisor, who will support you.

Examples of questions to ask

Questions that may prove useful when working with someone who you have reason to believe is at risk of committing suicide include:

- Do you wish it would all end?
- Do you feel like a burden?
- Have you thought about ending your life?

- Have you thought how you might do that?
- Have you ever acted on such thoughts?
- What would make things better/worse for you?
- Can you reassure me about your safety until I see you next week?
- Are you willing to call for help if a crisis occurs?
- Do you know who you can contact?

Other policies that this policy dovetails with:

This policy should be read in conjunction with:

Confidentiality Policy

Protection of Vulnerable Adults

Data Protection Policy

Child Protection Policy

Accessibility

If you would like a copy of this policy in a larger print, get in touch with us at Leeds Mind Central Admin by phone (0113 230 7608) or email (leeds.mind@leedsmind.org.uk) and we'll be happy to send you one.

<p>Date formally approved by Leeds Mind Executive Committee: June 2006</p> <p>Date to be reviewed: June 2008</p>
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Appendix 1- Risk Profile

Name: Date of Birth.....

Agencies Involved: Health
 Social Services
 Other Please specify

Current Risk Status

0 = No apparent risk

No history or warning signs of risk. No special risk assessment measures or plans are required at present.

1 = Low apparent risk

No current warning signs but service user's history indicates possible risk. Necessary level of screening/vigilance should be covered by support plan. No special risk assessment measures or plans are required at present.

2 = Medium apparent risk

Service users history and current circumstances indicate a significant risk but that current support systems help to effectively manage the risk . A risk management plan is required. This should be reviewed at least every 3 months by the service user, their named worker and project manager.

3 = High apparent risk

Service users history and condition indicate significant risk that current support systems only partially manage. A risk management plan is required. This should be reviewed at least monthly by the service user, their named worker and project manager.

4 = High and imminent apparent risk

Service Users history and condition indicate significant and imminent risk. A risk management plan is required. This should be reviewed at least weekly by the service user, their named worker and project manager.

Area of risk considered

Risk of violence harm to others (including carers, family, staff and public)	<input type="checkbox"/>	Date of Risk Management Plan
Risk of suicide	<input type="checkbox"/>	Date of Risk Management Plan
Risk of self harm	<input type="checkbox"/>	Date of Risk Management Plan
Risk of severe self neglect	<input type="checkbox"/>	Date of Risk Management Plan
Risk of abuse from others	<input type="checkbox"/>	Date of Risk Management Plan
Risk from the environment (home or neighbourhood)	<input type="checkbox"/>	Date of Risk Management Plan

Signed/Date Service User

Signed/Date Named Worker

Signed/Date Project Manager

Appendix 2

Risk Management Plan

Name

Date

Due for Renewal

Risk Status: 2 = Medium apparent risk
 3 = High apparent risk
 4 = High and imminent apparent risk

Area of Risk	Risk Status	Action to Manage the Risk	Responsibilities

Signed (Service User) date

Signed(Named Worker) date

Signed(Project Manager) date.....

Appendix 3.

Consent Form

In order to assess you holistically for (*name of service*) we may need to speak to others involved in your support. We would be grateful if you could sign this form authorising us to discuss your support and share information with other agencies.

I hereby give my consent for Leeds Mind (or name of service) to gather and share information about my support with other agencies and relevant persons.

Signed **Date**

Print name