



Chief Psychiatrist's Clinical Care Standards

As required under Section 547 of the Mental Health Act 2014

Standard: Risk Assessment and Management

The Mental Health Act 2014 requires the Chief Psychiatrist to be responsible for overseeing the treatment and care to a range of users of mental health services. The Chief Psychiatrist is required to discharge that responsibility by publishing a set of standards for treatment and care provided by Mental Health Services and overseeing compliance with those standards.

The Chief Psychiatrist of Western Australia has accepted two sets of standards as the overarching standards relevant for the Mental Health Act 2014.

- For clinical mental health services: [National Safety and Quality Health Service](#) (NSQHS) Standards.
- For other mental health services: [National Safety and Quality Mental Health Standards for Community Managed Organisations](#) (NSQMHS for CMOs).

In addition, the Chief Psychiatrist has published the [Chief Psychiatrist's Standards for Clinical Care](#). These standards have been developed within the following context:

- The specific Chief Psychiatrist's Standards are not designed to replace the NSMHS but enhance them where local development is identified as needed.
- They cover certain areas the Chief Psychiatrist deems to be either of central importance or requiring local jurisdictional focus.
- They are designed to leverage quality clinical care and are purposefully and predominantly targeted towards clinical practice.
- They are designed to be easily and quickly read by clinicians, and also by consumers and carers - hence they are relatively brief, not exhaustive.

Version

Purpose	Statutory Requirement under the Mental Health Act 2014
Relevant To	All Mental Health Service Providers
Approval Authority:	Dr Nathan Gibson Chief Psychiatrist
Effective Date:	30 November 2015
Responsible Group:	Chief Psychiatrist Standards and Guidelines Working Group
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Standard: Risk Assessment and Management

This Standard applies to all public and private mental health services as defined by the *Mental Health Act 2014*.

Definition¹

1. **Risk:** The likelihood of an event occurring, which may have harmful outcomes for the person or others.
2. **Risk Assessment:** A gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to a consumer and their family or carers, and the context in which they may occur. This process requires linking historical information to current circumstances, to anticipate possible future change.
3. **Risk Management:** Clinical risk management aims to minimise the likelihood of adverse events within the context of overall management of a consumer. It provides the opportunity for targeted intervention to minimise the causative factors to achieve the best outcome and deliver safe, appropriate, effective care. Risk management can be both at an individual and systemic level.

Purpose

To assess, minimise and manage the risks in relation to risk to self, to others and from others.

Context

Mental health services are never risk-free and clinical risks like suicide and violence cannot be predicted with 100% accuracy. Instead, good clinical risk management is based on effective treatment that is focused on an individual's history and current circumstances.²

1. Risk may include:
 - 1.1. Risk to self: includes self-harm, suicide and attempted suicide, repetitive self-injury; self-neglect; missing and people absent without leave³; physical deterioration including drug and alcohol misuse and medical conditions (including medical conditions secondary to eating disorders); and quality of life including dignity, reputation, social and financial status.
 - 1.2. Risk to others: includes harassment; stalking or predatory intent; violence and aggression; property damage; and public nuisance and reckless behaviour that endangers others.
 - 1.3. Risk from others, especially considering vulnerable persons: includes physical, sexual or emotional harm or abuse by others and social or financial abuse or neglect by others.²
2. Risk assessment and management must be legally, ethically and evidence-based.²
3. The practice of risk assessment and management is to be person-centred and acknowledge the balance of risk, choice and dignity.²
4. Risk assessment and management is a shared, systemic responsibility, underpinned by a 'no-blame' culture.²
5. Sentinel incidents and adverse events are reviewed and considered as opportunities for improvement.²
6. Risk assessment and management is regarded as a core competency for all mental health clinicians.²

¹ Clinical Risk Assessment Management in Western Australia

² Australian Government (2010) National Standards for Mental Health Services

³ Mental Health Act 2014 s. 97

7. The principles of risk assessment should underpin the practice of all services providing mental health care.
8. The mental health service should conduct risk assessments of all patients throughout all stages of the care continuum, including patients who are being formally discharged from the service, exiting the service temporarily and/or are being transferred to another service.²
9. Risk management during transportation must be compliant with relevant Commonwealth and state transport policies and guidelines, including the current National Safe Transport Principles.²

Criteria

1. Staff undertaking risk assessments will seek, consider and respond appropriately to information from:
 - 1.1. The patient.
 - 1.2. Carers, families and personal support persons.
 - 1.3. Other records including referring letters and PSOLIS where applicable.
 - 1.4. Other professional assessments.
 - 1.5. Any other person or body considered relevant.
2. Staff will use standardised or equivalent contemporary risk assessment tools and guides, that are appropriate to age and context, which support clinical judgement and clinical decision making and inform a shared management plan. Noting that actuarial risk assessment tools are of limited predictive value on their own.
3. Staff will use trauma informed care principles.
4. Staff will undertake a holistic risk assessment with consideration of the cultural, diverse and individual needs of the consumer, carer and family as part of the assessment.
5. Staff will always take into account the consumer's views and needs regarding risk including when:
 - 5.1. They lack capacity.
 - 5.2. They are under 18 years of age.
 - 5.3. In the context of an Advance Health Directive.
6. Staff are to include physical health as equal priority in the assessment as outlined in the Standard for Physical Health Care.
7. Risk assessments and reviews of shared management plans will occur regularly and whenever a significant change in the consumer's circumstances is identified which might impact upon risk.
8. Outcomes and changes in risk assessment and management are required to be communicated in a timely way to affected persons and agencies.
9. Following an adverse event, sentinel or critical incident involving serious assault or abuse, injury or death, the restoration and maximisation of the well-being and mental health of all involved is a priority.

Future/Potential Measures

1. The audit of compliance with the specified risk assessment and management tools.

Acknowledgement

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