Risk Assessment Tutorial

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Learning Objectives

• Explore the various forms of risk assessment
• Look at the process of risk assessment
• Risk factors for violence and suicide
• Risk management

What is risk assessment?

• This is the assessment of the likelihood (risk) of harm occurring in different circumstances (Faulk’s Basic Forensic Psychiatry 2000).
• Risk management is the process of reducing the likelihood of specific harms occurring

Forms of risk assessment

• Risk to others – Violence and/or dangerousness
• Risk to self – Self-harm or suicide
• Risk from others – vulnerability
• Risk to children
• Self neglect

Risk to Self – following self-harm

• Initial assessment usually by specialist toxicologist or medical/surgical specialist.
• However, early psychiatric assessment may relate to advise on detaintability, behavioural disturbance, drug/alcohol withdrawal or delirium
• Assessment of the self harm is when the patient is fully conscious and medically fit
• Focus hx on the act, mental state, recent life events and medical/psychiatric history

Features of the act

• Method – 90% is self poisoning and most of the remainder is self-cutting
• Patient’s belief in the lethality of the method
• Length of planning
• Triggers
• Final acts
• Precaution to avoid discovery
• Previous similar acts
• Action after the act
Mental State

- Attitude now to survival
- Affective symptoms
- Substance misuse problems
- Other mental disorder
- Risk to others

Personal and past medical/psychiatric history

- Recent life events
- Current life situation
- Previous or current psychiatric diagnosis
- Physical health problem

Risk factors for completed suicide (Socio-demographic factors)

- Male sex
- Elderly
- Single, divorced or widowed
- Living alone, poor social support
- Unemployment or low socio-economic class

Risk factors for completed suicide (Personal/mental health factors)

- Previous self-harm
- Any mental disorder (greatest risk in major depression and anorexia nervosa, then functional psychosis, neurosis and PD)
- Dependence on alcohol and drugs
- Recent inpatient psychiatric treatment
- Concurrent physical disorder
- Recent bereavement

Assessment Aims

- Is there ongoing suicidal intent?
- Is there evidence of mental illness?
- Are there non-mental health issues which can be addressed?

Management

- Ongoing suicidal intent – Consider admission, may be compulsory
- Mental illness – Liaise with own team or team that will follow up
- May discuss with appropriate agencies with patient permission usually to provide support
- Discuss and agree with patient their management and contact GP especially if they will do the follow up
- Frequent attenders – Usually have a care plan agreed on case-by-case basis. The aim is to avoid reinforcing maladaptive behaviour (eg by admission), while providing support and treatment.
Risk to others (Violence and Dangerousness) - Definitions

- Dangerousness – "...a propensity to cause serious physical injury or lasting psychological harm" (Butler Committee), "an unpredictable and untreated tendency to inflict or risk irreversible injury or destruction" (Scott), "risk of harmful behaviour to others" (American criminal justice)

Definitions Contd

- Danger and harm – Danger is the exposure to risk of harm.
- Harm can be physical or psychological
- Risk is the likelihood that an "outcome" will occur. This could be negative outcome ie harm or positive outcome ie benefit

Historical Context

- 70s and 80s – Psychiatrist argue that there is no connection b/w Mental Illness and violence
- Landmark cases – Poder’s killing of Tarasoff (Tarasoff doctrine), Ritchie report on killing of Jonathan Zito by Christopher Clunis
- CPA, supervision register and supervised discharged came to being
- Dangerousness → risk assessment

The Process of risk assessment

- Wide ranging from judgement made by a single person to multi-disciplinary/multi-agency in-depth review and documentation of years of risk behaviour of wide range of harm
- What is the risk been assessed?
- Information gathering
- Processing the information
- The estimation of risk

Sources of information

- Interview with patient
- Interview with informants
- GP records
- Hospital records
- Social services records
- School records
- Probation records
- Court documents
- A list of previous convictions
- Prison records ie IMR, general prison file (20/50)

Processing the information

- Highlight areas of risk and state harmful areas that there appear to be no risk
- Note antecedent, behaviour and consequences of identified risks of harm
- Describe factors which increase or decrease risks
- Having all information in one document makes it easily accessible to everybody
The estimation of risk

- Prediction of risk is more accurate in the short term than in the long term because of chances of more dynamic variables in the long term
- Prediction of a more frequent behaviour will be better than a less frequent one
- Clinicians over-predict risk (Steadman et al), doctors better than tribunal (Kozol et al)
- Libertarian vs Protectionist

The application of the evidence base (Factors to consider)

- Monahan and Steadman described four types of risk factors for violence in the mentally ill;
  - Dispositional factors
  - Clinical factors
  - Historical factors
  - Contextual factors

Dispositional Factors

- Anger
- Impulsivity
- Psychopathy – Hare’s *Psychopathy checklist.*
  The cluster of traits are –
  - Lack of empathy
  - Dominance, Forcefulness
  - Lack of anxiety and guilt
  - Impulsivity, Sensation seeking
  - Tendency to violate social norms

Clinical Risk Factors

- Schizophrenia is associated with increased risk of violence
- Relatively high incidence of depression in those who commit suicide
- Effect of symptoms more useful in risk assessment than diagnoses
- Delusions – strongest links is persecutory idea and delusion of infidelity
- Hallucination – especially command hallucination and if the patient responds to the commands
- Mood disorders – Complex relationship

Historical and Contextual Risk Factors

- Past history of violence
- Family support and social network
- Age
- Sex
- Race
- Socio-economic status
- Marital status
- Personality
- Neurobiological factors
- Intellectual function

Miscellaneous

- Occupation – the presence or absence of this affect patients differently
- Availability of weapons
- Drugs and alcohol
- Hobbies and interest may produce peculiar modification to the risk equation ie morbid interest for butchery or a special skill in martial arts
Risk Management

• Addresses areas identified in the risk assessment
• May need specific treatment ie pharmacological or psychological
• Other forms of management include – Supervision, support, detention etc

Types of violence risk assessment

• Clinical – Traditionally carried out in an unstructured manner, perhaps guided by the literature. Its criticised due to lack of reliability, validity and transparency
• Actuarial (eg VRAG) – Statistical approach based on multivariate analyses of factors in sample of forensic or prison patients to determine which predict further violence. Criticised for using historical, unchangeable attributes
• Structured clinical (eg HCR-20) – Intermediate. Combines historical factors of actuarial with dynamic factors in a structured way

Risk Assessment Instruments

• Historical, clinical and risk 20 (HCR-20) – Structured clinical
• Violence risk appraisal guide (VRAG) – Actuarial
• Psychopathy checklist – Revised (PCL – R) – Actuarial
• Risk assessment, management, and audit systems (RAMAS) – Structured clinical
• Risk assessment guidance framework (RAGF) – Structured clinical

The End

Thank you