New Risk Assessment in Mental Health Services

Working within NHS mental health services, approaching risk assessment via global risk stratification into low, medium or high risk to predict future suicide or repeating self-harm is accepted practice. However, statistics published in the HQIP report in October 2018 showed that risk tools and scales have a positive predictive value of less than 5%. This is an alarmingly low number, meaning that they are wrong 95% of the time and therefore miss suicide deaths.

The Royal College of Psychiatrists on Self-harm and Suicide in Adults Report published in July 2020 reported that the approach to risk assessment and responding only to those identified as 'high risk' was fundamentally flawed; and that the use of terms such as 'low risk' or 'high risk' was "unreliable, open to misinterpretation and potentially unsafe".

The National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022 on suicides between 2009 and 2019 states that in 46% of cases, the deceased had been in contact with mental health services in the week before their death of which 80% were classified as "low risk."

These findings led to the changes in the latest NICE Guideline, Self-harm: assessment, management and preventing recurrence, published in September 2022. The new guideline demands a profound change in the approaches to risk assessment in the NHS Mental Health care setting. The guidelines stipulate:

- Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.
- Do not use risk assessment tools and scales to determine who should and should not be offered treatment or who should be discharged.
- Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.
- Do not use global risk stratification into low, medium or high risk to determine who should be offered treatment or who should be discharged.

Professor Tim Kendall, National Clinical Director for Mental Health, NHS England wrote to the Chief Medical Officers of NHS Trusts in October 2022 drawing their attention to the new NICE guideline. In his letter, he pointed out that the tools used have been "poorly predictive value" and should not be used to exclude individuals form care and treatment. Prof Tim Kendall speak up for a 'no wrong door' policy across the NHS Mental Health services, meaning that "it should no longer be the case that an assessment of risk leads to a door being closed to a patient." He goes on encouraging organisations to support a profound change in the culture and practice to move "towards more person-centred approaches to safety planning for people with mental health needs."

We, from the PCE-CfD community, share this view and welcome the initiated change in the conduction of risk assessment in NHS Mental Health services away from formally rating risk and towards a greater focus on the individual's experience, personal needs, relational context and felt sense of safety.

We are strongly motivated to now develop a risk assessment that is rooted in person-centred experiential theory and practice - A Risk formulation that focuses on a collaborative process *with* the client – instead of *about* the client – that aims to accurately and effectively capture the person's current risks and difficulties and understand why they are happening in order to inform a suitable treatment plan that meets the client's immediate and long-term needs.

Please watch this space for the offer of CPD for understanding how to develop a person-centred experiential risk assessment that would meet these new requirements.

Awa

Awa Ottiger
PCE-CfD Assistant Professor
Awa.ottiger@nottingham.ac.uk