

Working with Risk (4): Risk Indicator Checklists (Steve Morgan – Practice Based Evidence)

The 'Risk Indicator Checklists' are set out with the more frequent *risk categories* and their specific *risk factors* included. Whilst the categories for 'suicide' and 'violence & aggression' reflect the evidence base from risk research, the others are very much *practice based evidence* constructed from the reflections of practitioners over many risk workshops (facilitated by the *manual* author) from 1995 onwards. 'Evidence based practice' takes a narrower definition of interest than the realities of everyday practice!

The value of these lists as a supportive tool for practice are as a method of reminding all practitioners of the range of issues that *could* be taken into account in a thorough assessment of risk. It is **not** to be seen as a **tick box** exercise. They should be helping to formulate a more detailed assessment. All areas are considered relevant to all sectors of the mental health services. Some sectors may feel they have a greater use of certain parts of the checklists, but this should not be to the exclusion of other potentially relevant factors in other checklists. These are not exhaustive lists, personal circumstances are individual to the service user's own experience, and some parts of the checklists will be relevant, while other parts will not. There will occasionally be other factors you identify pertinent to the individual situation you are working with.

While not all parts of the list will be relevant for any one individual, it is important that practitioners give *consideration* to all areas, as a part of the *cognitive* process of making an assessment more specific and individualised. To illustrate examples of every factor would be space and time consuming. You have a degree of *discretion* how you interpret each factor, but there is an expectation that people use their colleagues to check out any *personal ambiguities*, and to support *consistency* of interpretations and *use* of the tools.

SUICIDE

- Attempts on their life
- Expressing high levels of distress
- Use of violent methods
- Helplessness or hopelessness
- Misuse of drugs and/or alcohol
- Family history of suicide
- Major psychiatric diagnoses
- Separated/widowed/divorced
- Expressing suicidal ideas
- Unemployed/retired
- Considered/planned intent
- Significant life events
- Believe no control over their life

NEGLECT

- Periods of neglect
- Lack of positive social contacts
- Failing to drink properly
- Unable to shop for self
- Failing to eat properly
- Insufficient/inappropriate clothing
- Difficulty managing physical health
- Difficulty maintaining hygiene
- Living in inadequate accommodation
- Experiencing financial difficulties
- Lacking basic amenities (water/light/heat)
- Difficulty communicating needs
- Pressure of eviction/repossession

AGGRESSION VIOLENCE

- Incidents of violence
- Paranoid delusions about others
- Use of weapons
- Violent command hallucinations
- Misuse of drugs and/or alcohol
- Signs of anger and frustration
- Sexually inappropriate behaviour
- Known personal trigger factors
- Preoccupation with violent fantasy
- Expressing intent to harm others
- Admissions to secure settings
- Dangerous impulsive acts
- Denial of previous dangerous acts

RISK ASSOCIATED WITH DISABILITY

Sensory impairments
Intellectual impairments
Physical suitability of home
Mobility inside the home
Mobility outside the home
Risk of falls
Risk of wandering
Risk of accidental injury
Communication difficulties
Expressing sexuality
Consequences of impulsivity
Inappropriate demands on services
Driving

PHYSICAL MEDICAL RISKS

Physical impairments
Medical conditions
Self managing medication
Monitoring medication side-effects
Risks of withdrawal
Self-injury (eg. cutting, burning)
Other self-harm (eg. eating disorder)
Risks from smoking (eg. health, fire)
Manual handling risks
Incontinence
Loss of sex drive

SOCIAL RISKS

Loss of housing
Loss of income
Loss of employment status
Loss of family contact
Loss of friendships
Loss of leisure opportunities
Stigma of mental illness
Stigma associated with 'risk'
Living alone (with no support)
Culturally isolated situation

RISKS FOR SERVICE USERS

Conflict with carers/friends
Conflict with services
More often the victim rather than the perpetrator
Loss of rights & liberties
Not being listened to
Abused by staff (and other service users)
Medication side-effects
[Experiencing many of the other factors across these checklists]

RISKS FOR CARERS

Conflict with service user
Conflict with services
Social isolation
Guilt
Associated psychological stress
Not being listened to
[Many of the other losses and factors across these checklists]

OTHER RISKS

Exploitation by others
Exploitation of others
Stated abuse by others (e.g. physical, sexual)
Abuse of others
Harassment by others (e.g. racial, physical)
Harassment of others
Risks to child(ren)
Religious or spiritual persecution
Arson (deliberate fire setting only)
Staff conveying clients in own transport
Environmental risks (layout of room or building, and wider local community inc. dogs)

SUBSTANCE MISUSE RISKS

Problematic or hazardous use
Tolerances
Withdrawal symptoms
Dependence (physical)
Dependence (psychological)
Addiction
Personal reasons for using
Levels of use (inc. timescale)
Methods of using (e.g. site of injecting)
Impact on physical health
Impact on emotional health
Associated criminal activity

POSITIVE RISK-TAKING

To be considered in all the other categories/factors (where applicable)