

Positive risk-taking: an idea whose time has come

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Steve Morgan explores the concept of positive risk-taking which can be used to provide a better and more innovative service to mental health service users and others.

Risk is frequently defined in relation to ideas of danger, loss, threat, damage and injury; but occasionally we see positive references to accepting a challenge or opportunity in order to gain, to achieve progress and to experience the new. Broadly speaking, risk may be thought of as “the likelihood of an event happening with potentially beneficial or harmful outcomes for self and others”¹. In the specific field of mental health, “event” frequently refers to behaviours resulting in suicide, self-harm, aggression and violence, and the neglect, abuse and exploitation by self or others. The common characteristic is the negative loading of the emphasis, with little or no consideration of the positive potentials of risk-taking.

Risk is an integral component of healthcare. Yet our relationship with risk is frequently restrictive, driven more by the fear of getting things wrong.

While this approach is a rational response to threats of litigation, as the sole focus, it denies us many positive opportunities. Through encouragement of creativity we may find novel solutions to everyday challenges. Only by taking risks can we push the boundaries of innovation.

What is positive risk-taking?

Positive risk-taking is weighing up the potential benefits and harms of exercising one choice of action over another. This means identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the service user. It involves using available resources and support to achieve desired outcomes, and to minimise potential harmful outcomes.

Positive risk-taking is not negligent ignorance of the potential risks. Nobody, especially users or providers of a specific service or activity, will benefit from allowing risks to play out their course through to disaster. So, in practice it is usually a carefully thought-out strategy for managing a specific situation or set of circumstances.

From the experiences of mental health services, positive risk-taking may be characterised by:

- real empowering of people through collaborative working and a clear understanding of responsibilities that service users and services can reasonably hold in specific situations
- supporting people to access opportunities for personal change and growth
- establishing trusting working relationships, whereby service users can learn from their experiences, based on taking chances just like anyone else
- understanding the consequences of different courses of action, and making decisions based on a range of choices available, and supported by adequate and accurate information

Working positively and constructively with risk depends on a full appreciation of the service user’s strengths. It is very much based in the here and now, but will be clearly influenced by knowledge of

what has worked or not worked in the past, and why. The influence of historical information lies in the deeper context of what happened, rather than the simple stigma of the events themselves. It is the knowledge that support is available if things begin to go wrong, as they occasionally do for us all. It can occasionally be distinguished between its short- and long-term differences, whereby short-term heightened risk may need to be tolerated and managed, for longer-term positive gains. It can be about explicit setting of boundaries, to contain situations that are developing into potentially dangerous circumstances for all involved. It can be about taking the risk of withdrawing services that are inappropriate to needs, or have created a dependency on contact that serves no therapeutic value.

As a concept, it needs to be appreciated and understood from the different perspectives of the service user, informal supports, and services – how they define or interpret a risk and its potential benefits will not always be congruent or compatible.

Why take risks?

Risk is something we frequently initiate personally in all aspects of our lives, in order that we may develop and make changes for ourselves. We take risks with the intention of achieving positive gains, because we see a stronger potential for opportunity than for failure. Sometimes risk-taking is driven by forces or events beyond our personal control or conscious thoughts, by circumstances that we have no choice but to react to in whatever way we can.

In our daily lives we take risks in order to achieve or experience specific desires, such as to be informed, exercise choices, make decisions, hold some control over direction or our own destiny, or to experience degrees of power. We also take risks to collaborate with

PRINCIPLES FOR WORKING WITH RISK

- Risk is a normal everyday experience.
- Risk is dynamic, constantly changing in response to changing circumstances.
- Assessment of risk is enhanced by accessing multiple sources of information, but frequently you will be working with incomplete and possibly inaccurate information.
- Identification of risk carries a duty to do something about it – that is, risk management.
- Risk-taking is an integral component of good risk management.
- Decision-making can be enhanced through positive collaborations.
- Risk can be minimised, but not eliminated.
- Organisations carry a responsibility to meet reasonable expectations for encouraging a no-blame culture, while not condoning poor practice.

others positively, make constructive use of opportunities, experience autonomy, learn from experience and to grow and change.

How we take positive risks

1. First, through a focus on strengths, giving a more positive base on which to build potential plans to support beneficial risk-taking. This considers the strengths and abilities of the service user, of their wider network and social systems, and of the wide-ranging services potentially available (statutory and voluntary sectors, and most importantly non-mental health resources).
2. By a willingness on behalf of all people involved in a specific activity to think and work in this way. It can present significant challenges to the more traditional ways of working, and requires people who relish such challenges, the pursuit of new ideas, and who respond to permission for the expression of imagination. People who pay lip-service to innovation never push the limits of what is routine and comfortably known. If parts of the wider network are not signed up, confidence in being able to sustain positive risk-taking becomes undermined, as the fears associated with a blame culture are more likely to permeate people's thinking and threaten the implementation of creative ideas.
3. Through high-quality supervision and support, which are essential for discussing and refining ideas, as well as providing a reality check to prevent idealism overwhelming realism.
4. Through the development of appropriate crisis and contingency plans for the fears and possibilities of failure. These will aid prevention of some harmful outcomes, and the minimisation of others. Risk-taking should be pursued in a context of promoting safety, not negligence.
5. By risk-taking becoming part of the culture of ideas and training. Risk-taking should not be seen as a one-off experiment, but rather as a natural line of thinking. Whole-team training will be essential if the approach is to be fully understood and practised by all team members, as a routine part of its culture.
6. With adequate resources to enable creative work to take precedence over what usually "just happens". Resources are never open-ended, but true innovation needs organisational support to sustain its development and positive impact.
7. By limiting the duration of the decision – that is, working to shorter timescales and with smaller goals broken down. This has a strong analogy with weather forecasting, whereby the predictions are more accurate for the next few hours than they would be for the next few days².
8. By having team and service mechanisms in place to check on progress, providing an ability to quickly change previous decisions when needed, including intervening in a more restrictive way when needed.
9. Through clear definitions of individual and collective accountability and responsibility. Individual practitioners can reasonably be expected to be accountable to the standards of conduct set out by their professional body, and for the roles they play in the local implementation of guidance and legislation. However, there are also collective responsibilities for information sharing, decision-making and care planning, belonging more with the team than the individual in isolation³.
10. Through the organisation exercising its responsibilities to ensure adequate support, and setting the tone for a culture to develop that will enable all the above points to happen.

What would a no-blame culture organisation look like?

Shifting the predominant culture of an organisation in this direction would be a prime example of positive risk-taking in its own right. It would be making a significant statement as a challenge to the prevailing negativity that is driven by the need to find a scapegoat. But it is a risk with significant positive outcomes, for employees of

GUIDELINES FOR POSITIVE RISK-TAKING

- Service-user experiences and understanding of risk.
- Carer experiences and understanding of risk.
- Clear definition of risk-taking in context.
- Clear articulation of the desired outcomes.
- Identification of strengths.
- Planned stages for risk-taking.
- Awareness of potential pitfalls (and estimated likelihood).
- Potential safety nets (including early warning signs, crisis and contingency plans).
- Outcome of previous attempt(s) at this course of action.
- How was it managed, and what will now be done differently?
- What needs to, and can, change?
- How will progress be monitored?
- Who agrees to the approach?
- When will it be reviewed?

such an organisation would feel better supported to implement good practice, which has the inevitable spin-off that users of such a service receive an improved level of service. Ideally, it would adopt all of the following responsibilities:

- providing a clear policy on risk-taking with service users
- enabling practitioners to obtain quality information and data, and to interpret service philosophies before making risk decisions
- clearly articulating its support for properly taken risk decisions, even when they ultimately result in some form of harm
- providing appropriate training and support in risk decision-making for multidisciplinary practitioners
- helping everyone to learn from decision-making experiences
- developing more supportive arrangements for investigating incidents of harm within its own structure
- offering appropriate comfort, support and information to meet the needs of victims and/or carers, without succumbing to the witch-hunt

Conclusions

It should be the explicit role of senior management to understand and clearly articulate the rationale for positive risk-taking, to instill the necessary confidence in staff to take carefully considered risks in pursuit of beneficial outcomes. Good practice happening by default while restricted by the threat of fear should not be the norm. The very rare cases of true negligence will usually be found through a more supportive approach to investigative procedures, and can be dealt with appropriately. Human behaviour is frequently unpredictable, and on the rare occasions when good intentions go wrong there is little merit in perpetuating a situation where staff feel guilty until proven innocent.

The process of assessing and managing risk frequently fails to deliver its best intentions by becoming driven less by clinical and social considerations, and more by administrative considerations. We should be promoting clinical judgment supported by administrative tools, not the other way around⁴. HCRR

References and further information

1. Morgan, S. *Clinical risk management: a clinical tool and practitioner manual*. London: Sainsbury Centre for Mental Health (2000).
2. Monahan, J and Steadman, H J. *Violent storms and violent people*. *American Psychologist* (1996) 51 (9) 931-938.
3. Morgan, S. *Assessing and managing risk: practitioners handbook*. Brighton: Pavilion Publishing (1998).
4. See the website of Practice-Based Evidence, a practice development consultancy for mental health – www.practicebasedevidence.com.