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| **Purpose** | To collaboratively identify and manage safety and risk issues in order to provide the safest possible recovery and treatment context for clients, their family/whānau/carers and the wider community. |
| **Scope** | The organisations’ employees and other relevant service providers. Contracts/agreements that include ‘assessment’ in the Tier 3 ‘Service Component Processes’ are required to identify and manage service user’s safety/risks (in line with their overall service delivery model). |
| **Principles** | Our service will:* Move towards recovery-oriented risk assessment and safety planning.
* Base the process on shared decision making and the joint construction of personal safety plans.
* Use an approach that respects service users’ needs, while recognising everyone’s responsibilities – service users, professionals, family, friends – to behave in ways which will uphold and maintain personal and public safety.
* Acknowledges that overdefensive, risk-avoidant practice is bad practice and is associated with avoidable harms to both the people who use services and to practitioners.

([Jed Boardman and Glen Roberts: Risk, Safety and Recovery (June 2014).](https://www.centreformentalhealth.org.uk/risk-and-recovery)  |
| **Policy** | Services will receive risk management documentation and instruction from clinical providers that need to be considered.The service will implement the current emerging approach to recovery oriented safety and risk planning. |
| **References** |
| **Guidelines****&****Resources** | [Best practice in managing risk: the assessment and management of risk to self and others in mental health services (UK Department of Health) 2009](https://www.gov.uk/government/publications/assessing-and-managing-risk-in-mental-health-services)[Rethinking risk to others in mental health services (Royal College of Psychiatrists) 2008.](https://www.rcpsych.ac.uk/pdf/CR150%20rethinking%20risk.pdf)* [Risk, Safety and Recovery (Jed Boardman and Glenn Roberts) 2014.](https://www.centreformentalhealth.org.uk/risk-and-recovery)
* [Suicide prevention](https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/suicide-prevention), MOH
* [Suicide prevention, Health Navigator 2017.](https://www.healthnavigator.org.nz/health-a-z/s/suicide-prevention/)
 |
| **Definitions**  |
| **Vulnerability to safety/risk factors** | Some pattern of behaviour over time, current environment or mental state that makes it likely that an unsafe or risky event occurs. |
| **Static factors** | Those circumstances that do not change, for example ethnicity, or that change slowly such as age including historical risk events. Note: the majority of static factors in practices include gender. This service does not accept that this is a static factor. |
| **Dynamic factors** | Circumstances that change and can be influenced. There are two subgroups: |
| **Internal dynamic** | **Situational dynamic** |
| Those are directly related to a person’s mood or mental health state. Those factors can act as triggers and need to be identified when developing early warning signs. | They are related to specific situation and the environment and are acting as triggers.  |
| **Protective factors/ resilience** | Specific resources, learnings, behaviours, responses, environments, relationships that the individual person can draw on to reduce the likelihood that safety is compromised. |
| **Risk formulation** | A narrative that tells a coherent, ordered and meaningful story about underlying mechanisms of risk. The story proposes a hypothesis regarding action for change.  |



“We must differentiate between risks that must be minimised and risks that people have a right to experience”. (Royal College of Psychiatrists, 2009).

**Key elements of person (service user) -centered safety planning**

**Key participants of person (service user) -centred safety planning**

**Considered are the views of safety, dangers and concerns by:**

Shared responsibility for safety.

Listen to the views and concerns.

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| **Factors to consider when assessing and discussing risk and safety issues:** |
| * Safety assessment and plan are based on ‘person-centred safety planning’.
 |
| **Mental State** | * behaviour
* affect
* cognition
* perception
* resilience
* anxiety
* vulnerability
 | **Medical** | * injuries
* alcohol or other drug withdrawal
* allergies
* hypersensitivities
* medicine adverse effects
* sensory issues
 |
| **Environment** | * immediate stressors
* access to weapons, drugs
* discrimination
* relationships
* compulsory treatment
* environmental restraint
 | **Historical Information** | * illness and incidents
* family background
* trauma
 |
| **Cultural considerations** | * Acknowledgement of different concepts of safety.
* Language barriers.
* Reluctance to disclose, or shame and fear of disclosure.
* Tolerance of risk.
* Acknowledgement of different ways of managing safety issues.
* Involvement of family/whānau/iwi/fono/in risk management
* Involvement of tohunga/ kaumatua/spiritual guide/matua.
 |
| **Consider the principles of tapu and noa.** |

**Consider the following areas for discussion with the key participants**

**Continuum of safety issues**

**High**

**Moderate**

**Low**

* The absence of substantial safety/risk factors.
* There is no imminent risk to the service user or others.
* The service user experiences no significant social/occupational difficulties
* The service user has a supportive social network.
* The service user has positive experiences

 with recovery processes.

* Current self-harm or harm to others behaviour.
* Inability to manage aspects of daily living activities safely.
* Unmanageable medical condition.
* Lack of emotional and material support.
* Living in a hostile environment.
* Social isolation.
* Inability of service providers to provide effective support and interventions.
* Current wish to self-harm or harm others without a concrete plan.
* Current disabling distress.
* Moderate difficulty in social or occupational performance.
* The service user has a limited social network.
* The service user is alienated from family, friends and supports.
* The service user has a medical condition requiring close monitoring.
* Service providers have not managed to offer effective support

**Identifying safety and risk issues**

**At referral/service entry**

**All described processes**

**Service user/referrer/staff**

* Referral information includes safety and risk issues.
* Referrer has a plan in place for service users with safety/risk issues.

**Possible Participants:**

* relevant service providers
* family/whānau
* cultural support
* advocate
* peer support

**Assessment/exploration**

**Within ……….days of service entry**

**Service user/role of staff member**

* Review the safety/risk issues identified at referral/service entry.
* Amend the safety/risk issues if required.
* Develop a recovery oriented safety plan.
* Keep a copy of the plan.

**Risk/safety information might be shared with:**

* clinicians involved in service user’s care

**Consider:**

* family/whānau
* carer
* other service providers
* statuary reporting requirements
* any person the service user stipulates

**Reviews**

**At least 3 monthly and as required**

**Service user/role of staff member**

* Safety issues are discussed.
* The safety plan is amended as required based on the discussion.

Examples of additional reviews:

* Daily during a crisis.
* The service user requests a safety discussion.
* After adverse events.
* During situational changes.
* Declining in wellbeing.
* Change in treatment/support setting.
* Change in level of contact.
* At request of family or support people.

**Discharge/transfer**

**Within …..days of the discharge/transfer**

**Service user/role of staff member**

* Discharge/transfer support includes the identification of safety and risk issues.
* A safety plan is place and discussed before the discharge process commences.

# Consultation

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| Group/Role | Date |
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