

## Clinical risk assessment and management

Competences associated with the assessment of clinical risk are not 'stand alone' competencies and should be read as part of the CAMHS competency framework.

Effective delivery of competences associated with the assessment of clinical risk depends on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns as well as being dependent on comprehensive assessment skills.

Risks related to harm from others are described in the child protection section of the competency framework

### Knowledge of policies and legislation

An ability to draw on knowledge of national and local strategies standards, policies and procedures regarding clinical risk assessment and risk management.

An ability to draw on knowledge of national and local child protection standards, policies and procedures

An ability to draw on knowledge of the principles of the relevant mental health Acts (e.g. Mental Health and Treatment Act/ Mental Health Act, Mental Capacity Act)

An ability to draw on knowledge of local policies on confidentiality and information sharing.

An ability to draw on knowledge of the statutory responsibilities of adults (e.g. parents, carers, school staff) to keep children and young people safe from harm)

### Knowledge of risks

An ability to draw on knowledge of the different forms of clinical risk routinely assessed for in clinical practice, including:

risk of harm to self:

suicide risk

self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk,

risk of self-neglect

risk of harm to others (e.g. violent, and challenging behaviour)

### Knowledge of the risk assessment and management process

An ability to draw on knowledge that the aim of the risk assessment is to develop a formulation and management plan which improves the quality of life of the child and family, and prevents or minimises the risk of negative events or harm.

An ability to draw on knowledge of the benefit of a structured approach to risk assessment which combines clinical and actuarial information so that systemisation and clinical flexibility are included.

An ability to draw on knowledge of the limitations of assessing risk and making predictions in relation to an individual because of the multiple and interrelated factors underlying their behaviour

An ability to draw on knowledge that the assessment of risk may need to be an ongoing process.

An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, and harm to others	
An ability to draw on knowledge that there are different types of risk factor which can be:	
	static and unchangeable historical events (e.g. a history of child abuse).
	dynamic but chronic, with only slow change over time (e.g. social deprivation).
	dynamic and acute, and can change rapidly (e.g. access to lethal weapons, or conflict with parents and/or peers).

An ability to draw on knowledge that risk assessment tools may be a useful part of risk assessment.	
An ability to draw on knowledge of the benefits, limitations and training requirements of risk assessment tools or measures.	
An ability to draw on knowledge that there are different stages and forms of risk assessment which may include:	
	identification of risks during an initial assessment
	an in-depth structured risk assessment which includes a systematic evaluation of known risk factors.
	a highly specialised structured assessment of risk of violence to others (usually conducted in a forensic service, and which may include the use of specialised risk assessment tools)
An ability to draw on knowledge that the different stages and forms of risk assessment can be carried out by different clinicians and agencies.	

## **Skills in Risk Assessment and Management**

### **Assessment of clinical risk**

In the context of conducting a comprehensive assessment, an ability to carry out an in-depth structured risk assessment which combines information from clinical interviews, measures, observations and other agencies, comprising:	
	the development of a good working alliance with the child/young person and family and other significant members of the network.
	a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self harm, self neglect or harm to others
	an ability to identify the child/young person and family's view of their experience, including their view of possible trigger factors to harmful events, and ideas about interventions or changes in their environment that might be helpful in reducing the risk of future harm
	an ability to consider how the child/young person's developmental stage may affect their perception, understanding and behaviours in relation to risk.
	an ability to identify the extent to which the adults involved in the child's care (e.g. parents/ carers, school staff) are able to assess and manage risks).

An ability to integrate risk assessment with knowledge of the individual child and family and their social context, including their strengths and any resilience factors
An ability to conduct a risk assessment to gauge:
how likely it is that a harmful/negative event will occur.
the types of harmful/negative events
how soon a harmful/negative event is expected to occur.
how severe the outcome will be if the harmful/negative event does occur.

### **Ability to develop a risk management plan**

An ability to develop a risk formulation which estimates the risk of harm by:
identifying factors which are likely to increase risk (including predisposing, perpetuating and precipitating factors)
identifying factors which are likely to decrease risk (i.e. protective factors)
An ability to create a risk management plan, in collaboration with the child and family, which:
is closely linked to the risk formulation.
takes into account the views of the child and family.
identifies the actions to be taken by the child and family and relevant services, should there be an acute increase in risk factors and/or the family perceives itself to be in crisis.
explicitly weighs up the potential benefits and harms of choosing one action or intervention over another.
details interventions or supports that reduce or eliminate risk factors for the harmful/negative event(s).
details interventions or supports that encourage the child/young person's strengths and resilience factors.
manages any tensions arising from restrictions the plan places on the lifestyle of the child/young person or family,
An ability to identify when it is appropriate to employ interventions that involve an element of risk (usually because the potential positive benefits outweigh the risk).
An ability to use the risk formulation to judge whether and when to schedule a reassessment with the child and family.
An ability to communicate the risk management plan to children and families, including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

### **Equality and Diversity**

An ability to consider whether any assumptions or stereotypes about particular demographic groups (rather than knowledge of researched risk factors) lead to underestimation or over-estimation of actual risk.
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### **Interagency working**

An ability to collaborate with all potentially relevant agencies when undertaking a risk assessment
An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing.
An ability to communicate the risk management plan to other agencies including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

An ability to maintain a clear and detailed record of assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information
an ability to identify and record the actions individuals within each agency will be undertaking
An ability to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic.
An ability to refer to, and to work with, more specialised agencies (e.g. inpatient units or forensic teams) in line with local referral protocols.

**Ability to seek advice and supervision**

An ability to recognise the limits of one’s own expertise and to seek advice from appropriate individuals e.g.:
supervisors and/or other members of the clinical team.
specialist forensic teams (e.g. where there are threat of serious violence).
specialist self-harm teams
Caldicott Guardian (regarding complex confidentiality issues).
social workers (e.g. where there are possible child protection issues)

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