

# Risk Assessment

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# Aims & Objectives

- Types of risk issues
- Risk of self harm and suicide
- Self harm assessment
- Risk of harm to others

# Risk

- What is Risk
- Positive Risk
- Approach to Risk
- Risk Formulation

# Risks to self

- Self harm and suicide
- Self neglect
- Absconding and wandering
- Drug and alcohol misuse
- Alcohol withdrawal, Diabetes, Delirium
- Organic brain injury, epilepsy
- Refeeding syndrome

# Risk to others

- Harassment
- Stalking or predatory intent
- Violence and aggression
- Sexual assault or abuse
- Property damage including arson
- Public nuisance
- Reckless behaviour-drink driving

# Risks by others

- Physical, sexual, emotional abuse
- Social or financial abuse
- Neglect by others

# UK Statistics

- 6507 deaths in 2018- 11.2/100,000
- 2/3 males
- Biggest increase in 75 years and above
- (N-E & Yorkshire)
- < 25 Years increased (10-24 females)
- Overall trend still downward
- Coroner standard of proof

# Suicide 1

- Among 10 leading causes of death
- For every suicide 30 non fatal episodes
- Rate of suicide in following year 60-100 times than general population (Hawton *et al*,2003a)
- Increased following hospital discharge
- Accurate statistics not always available
- Official suicide rate in the UK lower than western countries



# Suicide 2

- Men- hanging (59%), overdose
  - Women- hanging (45%), overdose
  - Most are planned
  - Precautions against discovery often taken
  - In most cases, warning given!
  - Warning given to more than one person
- 2/3 had consulted GP in preceding month (Barraclough *et al.*, 1974)  
1/4 were seeing psychiatrist- 50% in preceding week  
High rates of contact with mental health service in the period before

# Self harm

- “Does not lead to death & may or may not have been motivated by a desire to die”
- **Acts of suicide and self harm overlap**
- Suicide rate in 12 months 100 times the gen. population
- 90% self harm overdose- non opioid like paracetamol and aspirin
- 1/4 to 1/3 consume alcohol 6 hours prior (Hawton *et al.*, 2003b)
- Self injury accounts for 10%
- Laceration accounts for 4/5 of self injury

# Self harm

- Younger people
- Lower social classes
- Divorced
- Unemployment

## Precipitating factors

- Stressful life problems in 6 months prior- recent quarrel with spouse, gf, bf common (Paykel *et al.*,1975)
- Rejection by sexual partner, illness, appearance in court, physical illness

# Self harm

## **Predisposing factors**

- Early parental loss
  - Neglect, abuse
  - Personality disorder in ½ of patients
  - Poor interpersonal skills; impulsiveness
  - 2/3 had long term problems with partners
  - Socio economic deprivation
  - Poor physical health
- Psychiatric disorder in 90%
- Depressive disorder most common
  - Alcohol dependence and anxiety

# Motivation and self harm

From Hawton,K(2000)

- To die
- To escape from unbearable anguish
- To get relief
- To change behavior of others
- To escape from a situation
- To show desperation to others
- To get back at other people/make them feel guilty
- To get help

# Factors for greater suicide risk

- Hopelessness
- Previous suicide attempts
- Social isolation
- Older age
- Depressive disorder
- Alcohol dependence & drug dependence
- Schizophrenia
- Chronic painful illness, epilepsy
- Abnormal personality

**Before the assessment**

# Before the assessment

- Speak to named nurse and/or doctor
- For A & E have they discussed with the nurse in charge
- Physically fit for discharge
- Still intoxicated!
- Progress on ward
- Adherence to management
- Collateral history
- Visitors
- Past history
- Side (private) room



# Aims of the assessment

# Aims of assessment

## **General aims**

- The immediate risks of suicide
- Subsequent risks of further self harm
- Current medical or social problems

## **Specific aims**

- What were patient's intentions?  
Do they now intent to die?
- What are their current problems?
- Is there a psychiatric disorder?
- What helpful resources are available?

# Patient's intentions

- Planned or impulsive
- Precautions taken
- Final acts
- Seeking help
- Dangerous method

# Factors suggesting high suicidal intent

Hawton,K(2000)

- Act carried out in isolation
- Act timed so that intervention unlikely
- Precautions taken to avoid discovery
- Preparation made in anticipation, e.g., Will
- Preparation for the act e.g., saving up tablets
- Communicating intent to others beforehand
- Extensive premeditation
- Leaving a note
- Not alerting potential helpers after the act
- Admission of suicidal act

# Management after assessment

- Reluctant to accept further help
- 5-10% need admission to psychiatric unit
- 1/3 require psychiatric care in community
- Remainder need psychosocial intervention
- Frequent repeaters

To reduce tension or gain attention

Personality issues, social problems

Care plan to reward constructive behavior

Continuity of care

Risk of eventual suicide high

# Risk of harm to others

- Personal factors
- Illness related factors
- Factors in mental state
- Situational factors
- History of violence is best predictor
- Psychotic disorder + substance misuse + personality disorder

# Plan

- Ensure you are safe
- Collaborative approach
- Multi disciplinary setting
- **Document**
- **Communicate**
- Barnsley SPA- 01226 645000
- Barnsley IHBTT- 01226 644150
- Liaison Team (BDGH)- 01226 434687