Visions of risk

There are two Department of Health risk frameworks to be published in 2007. **Steve Morgan**, a member of the expert advisory group on the mental health risk framework, hopes they will offer us a chance to be driven less by the fear of things going wrong and more by support for the potentials of people

'If it wasn't for the possibility of suicide I would have killed myself a long time ago' (Internet, source unknown). How you respond personally or professionally to this statement will reflect the principles and vision you subscribe to in working with risk.

A policy approach might be to reflect on the tragedy of suicide statistics and the value of setting ambitious targets for reducing their numbers. Well intentioned as this may be, it doesn't necessarily reflect all that may be communicated through the statement. A clinical perspective, focused on evidence-based practice, may drive some practitioners to require further personal characteristics in order to assess risk factors. What is the level of planned intent and has there been consideration of the mean? Is it a subtle call for help that may become another tragic statistic if ignored?

Statements of real or potential acts of self harm need careful consideration, particularly so we may understand the personal meaning from the perspective of the individual. However, are we driven more by the fear of things going wrong rather than supporting the potentials of people? Are we focused more on the drive for 'managing' people than we are for 'enabling' people?

Government messages do little to clarify these questions. They aim to reassure the public that their safety is paramount. Yet they also want to promote individual human rights and social inclusion. These conflicting messages reinforce the stigma associated with a mental health diagnosis, and the negative associations of risk only serve to deepen this further.

The ethical vision of risk would engage the personal narrative and the potential for informed choice and personal decision-making. 'If it wasn't for the possibility…'

encapsulates the positive potentials widely enjoyed in society as a part of healthy living. These are the 'enabling' factors that contribute significantly to a sense of achievement, self-worth, identity, recognition and all that underpins our sense of esteem and personal well-being.

A question of expectations

The mental health focus of the first of the two Department of Health risk frameworks to be published in 2007 struggles with a tension established in the remit of research. If the only evidence funded is around aggression and violence, suicide and self harm, then the evidence-based tools will only address this limited range of attention. They may inform practitioners of the research messages, but equally could reinforce the stigmatised view of mental health that risk equals violence and fear.

However, a wider net of consultation, capturing the views of service users and carers, has helped to shape a two-part document identifying a broad framework of principles to underpin best practice, as well as showcasing a range of tools that embody different approaches to the tasks. The welcome emphasis of principles recognises the place that positive risk management and service user strengths should play in our vision of risk, without losing sight of a central concern with the small proportion of people who genuinely pose a threat to themselves or to others.

The second, social care risk framework straddles a wider remit than mental health, permitting a discussion of the wider context of choice and supported decision-making, while retaining the important message that risk can be either negative or positive. The context of person-centred planning is emphasised as a vehicle for promoting best practice. But this framework also devotes attention to the shift in organisational culture required to enable a framework of service user-centred practice to be realistically achieved.

Practitioners often have to navigate a tricky balance in their relationships with service users and carers, and they are constantly working with the fear of the consequences of failure. The two frameworks provide a complementary package of messages, but their influence will only be seen when their implementation is accompanied by

realistic expectations. 'If it wasn't for the possibility…' needs to be central to the public commentary on risk, and ultimately the frameworks need to be tested on just how much 'possibility' they truly enable.

Bureaucratic clichés

'Where is the risk assessment? We can't consider the referral until you provide the risk assessment.' Has this become an unthinking mantra, where services are unable to think or work creatively without the need for the boxes to be ticked? In this fearful age, perhaps the biggest risk is not to have completed a risk assessment!

What really lies behind these requests? The design of so many risk assessment formats is so negatively loaded that the only real purpose they serve is to support the decision not to do something. Service users can be held in limbo, either waiting for the next risk assessment to be updated or disabled from the possibility of accessing other services because risks have been identified. Where is the evidence that completing paper risk assessments has achieved safer or better services for service users and carers?

Judgement and prediction

There appears to be little critical analysis of the assumptions underlying why we ask people to spend so much time completing risk assessment forms. An aim of social control through predicting behaviours by using standardised risk assessment forms underestimates the human potential for unpredictability. The actuarial approach to prediction offers some useful information, but calibrating individuals against researched populations necessarily obscures the individual contextual detail.

Szmukler[1] suggests that risk assessment may be of little use where the base rate for incidence is low, and doubts whether we can improve significantly on the current levels of predictive ability because of the complexities influencing the intentions and actions of a person. He questions whether the concept of risk assessment is unethical and discriminatory against those with a mental health diagnosis, which may be eliminated morally only if we applied risk assessment to the whole population.

Ultimately, the politically driven values underpinning risk assessment manage to direct scarce resources into control and containment of the few at the expense of support and treatment for the majority in need.

Maden[2] suggests that standardised risk assessment plays an important role in encouraging staff to think about risks and, hopefully, to collect accurate historical data. However, most evidence-based formats developed within forensic services are not necessarily relevant outside of forensic settings. Applied to a wider population, they may reinforce the stereotype of the person with a mental health diagnosis as the dangerous individual. 'If it wasn't for the possibility…' is less likely to feature as an objective outcome in this approach. It is much more geared to the purpose of preventing the possibility.

Placing our faith in standardised tools for predicting behaviour risks alienating the person behind the opening statement in this article through a failure to engage their perspective and meaning. It also risks alienating dedicated practitioners who feel the value of their judgements and intuitions are eliminated.

The training conundrum

High quality or not, what can risk assessments really achieve without attention to practice development in the workplace? Can we teach risk assessment skills? Risk training appears to suffer from a miss-match of expectations and attention to resourcing delivery. Setting standards that all practitioners should receive training and refresher training in risk at least every three years is more of a reaction to untoward events than a realistic, thoughtful response to needs.

Firstly, in most organisations the numbers do not stack up, as it is not possible to release all staff to meet this target alongside all other statutory training needs. Secondly, it implies the minimum basics for familiarity with the bureaucratic paper format for assessing risk, which avoids examining the real dynamics of working with risk, or even enabling capacity to resource important specialist training needs such as assessing and managing suicide risk and working creatively with non life-threatening self harm. Thirdly, it is overly prescriptive in its message, bearing no

relationship to local team or individual training plans. 'If it wasn't for the possibility…' doesn't warrant a high enough priority to be included in the prescriptive approach to risk training that is driven more by fears of corporate negligence claims.

Frameworks, tools and training packages provide a language that can articulate visions of risk. However, the lunatics will only truly have taken over the asylum when their experiences and perspectives of risk have a stronger influence on the language, and their wishes and dreams play a more prominent place in the realities of risk management.

1. Szmukler, G. (2003) 'Risk assessment: "Numbers' and 'values"', *Psychiatric Bulletin* 27: 205–07.
2. Maden, A. (2003) 'Standardised risk assessment: Why all the fuss?' *Psychiatric Bulletin* 27: 201–4.