



QUALITY OF RISK ASSESSMENT PRIOR TO SUICIDE AND HOMICIDE: A PILOT STUDY

REPORT SUMMARY

WHAT WAS THE STUDY ABOUT?

The risk factors associated with suicide and serious violence in mental illness are well documented. Despite this, risk is often reported by clinicians as having been low before a suicide or homicide occurs (the "low risk paradox"). One explanation is that the process of risk assessment may be unsatisfactory, though this is hard to show experimentally. The broad aims of the current study were:

- to assess the feasibility and reliability of applying a quality evaluation framework to risk assessment as recorded in clinical case notes, and
- to evaluate the quality of risk assessment and management in cases of patient suicide and homicide using this framework.

WHAT DID WE DO?

1. We developed a framework for evaluating the quality of risk assessment based on existing best practice guidelines and the available literature, including the following domains:
 - *patient history, mental state and current circumstances*
 - *formulation of risk factors (i.e. making an overall judgment about risk)*
 - *management plan*
 - *communication of management plan, and overall quality of assessment.*
2. The cases were those in which the risk of suicide or homicide had been retrospectively rated as "none" or "low" at the final contact with mental health services, but where a fatal outcome occurred within seven days. Cases were sampled from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) database.
3. The framework for evaluating the quality of the risk assessment process was applied to 42 cases of patient suicide and 39 cases of patient homicide by two experienced clinicians.

WHAT DID WE FIND?

- Agreement on risk assessment quality was moderate to good between the two clinicians [κ score range: .84 (past history) to .54 (communication)].
- The overall quality of risk assessments was considered unsatisfactory in 36% ($n = 15$) of the patient suicides and 41% ($n = 16$) of the patient homicides.
- Risk formulations and management plans were the domains most likely to be judged unsatisfactory in both suicides and homicides.
- Unsatisfactory assessments prior to homicide were associated with a diagnosis of personality disorder or alcohol misuse.

WHAT ARE THE KEY MESSAGES FOR MENTAL HEALTH SERVICES?

We have identified a reliable method of assessing the quality of risk assessment. Services may want to use the framework and key principles we set out to examine their own processes, in particular that of individual risk assessment followed by personalised risk management.

Risk assessment and management **should**:

- Be individual to each patient
- Assess current risk factors and past history
- Include a management plan that follows on from the risk assessment.

Risk assessment and management

should not:

- Ignore past history
- Equate the completion of a checklist with good risk formulation and management
- Rely on a generic plan of clinical management.

SUMMARY

- This study showed it is feasible to develop a framework with which to assess the quality of the risk assessment process.
- Using this framework, we found that the overall quality of risk assessment and management was unsatisfactory in just over one third of a clinically important sample of patient suicides and homicides.
- The essence of good risk assessment and management is that they are individual to the patient.

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