Coping with Clinical Challenges of Risk-Assessment

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Risk assessment
• Conceptually the reader should be able to understand the followings:

• What are the factors known as ‘risks’?

• What is the relative weighting & potential of these factors?
What is the independence of individual factors in relation to other factors?
How do collectively these factors operate to enhance the risk?

How can the risk be minimized?
How do we carry out this assessment?
How do we interpret the findings and compile the statement?
Presentation will focus on following aspects

1. Identify and discuss the clinical challenges,

2. Discuss the gaps between assessment & outcome?

3. Recognize complexity of risk and assessment?
• 4. Enlist risk assessment instruments and discuss merits and demerits

• 5. Argue why a comprehensive risk assessment is necessary?
6. What measures need to be taken to avoid feeling of ‘shortcomings’

7. What should be the structure of new risk assessment instrument
8. Process of documentation
• 9. Risk planning
• 10. Risk management
Broad framework should be:

1. What is risk?
2. What is risk assessment?
3. Why should it be done?
4. When it is necessary to perform?
5. Who should be doing it?
6. How to maintain the
Assessment for self harm

A physician’s training workshop
Suicide behavior is a window to mental health
What do we mean by assessment?

- To be able to understand the ongoing risk-vulnerability,
- possibility of risk escalation and incident,
- be able to predict suicidality
- assess impact of ongoing crisis on individual's life
- Decide disposition (policy, Planning & administration)
1. Collect information; about???
   Narrative not, just data

2. What is the impact of an attempt, Global impact
Failed ↔ Coping

Mechanisms,
3. Why has the attempt been made, ---- Causes(S)

4. Why could it not be prevented: mechanism
5. What is the possibility of next/another attempt--Prediction

6. What should be done for the ‘person’ who has attempted--Management
What is the objective?

Depends who is the client.

- Client who has attempted self-harm
- Client who is contemplating self-harm
- Clients wherein you want to know the possibility of self harm
• To assess possibility of another attempt in near future, (Questionable/72 hours /7-15 days)
• To assess ‘impact’ of attempt and guide for
• A] precise ‘nature’ of problem,
• B] precise quantification of the problem,
Possible disposals

1. For one who has ideation only, what next,
2. For the one who has attempted:
3. Hospitalize and use MHA
4. Hospitalize and not use MHA
5. Do not hospitalize
6. Have only community structure of surveillance and treatment
7. Use only clients’ personal resources for community management
8. Use CTO? MHA?
9. Which component/domain to handle

- A mental illness
- Only psychosocial situation
- Addiction
- Environmental issues
- All of the above
10. What is the nature of vulnerability?
What is the method?

Skilled interview and examination

- Clinical, Medical,
- Psychiatric, Social,
- Cultural, Common sense
What are components/domains of suicide, that needs evaluation?

- Biological -- medical & psychiatric, illness,
- Psychological -- personality & coping,
- Social -- Stressors and Life, events,
- Environmental -- antecedents and support system,
Process of assessment.

- Step 1: Rapport and background information
- Step 2: psychiatric history and examination
• Step 3. Exploring status of known risk factors in each domain.
• Step 4. Attempt of quantification
• **Step 5.** Objective data, Correlate & Cross check key factors

• **Step 6.** Comprehension / synthesis & Report

• **Step 7.** Care plan.
Rapport and background information
Psychiatric history and examination
Exploring status of known risk factors in each domain.
Attempt of Quantification
Objective data,
Correlate & Cross
Check key factors
Comprehension,
Synthesis &
Report
Care plan.
Risk factors
Ultra high, high, moderate, low

- Pointers
- Have specificity
- Not markers or predictors
- Provide idea of psychopathology
- Helpful in prediction
- Usefulness is in management and relapse prevention and suicide prevention
Biological Risk
Age and Gender

- Current medication
- Medical illness
Psychiatric illness: in order of lethality:

- Mood Disorders,
- Bipolar depression,
- Psychosis, unipolar
- Depression,
- Chronic dysthymia,
- Double depression,
- Recurrent depression,
- Chronic schizophrenia,
- First episode psychosis,
- Personality disorder: Borderline, narcissistic, histrionic, Emotionally unstable
- Spectrum disorders
- Addictions
- Co morbidity
- Neurological illness and organic mental disorders
- Family history of suicide
- Family history of attempted suicide.
- Family history of psychiatric illness
- Family history of addictions
- Family history of co morbidity
• Past history of suicide,
• Psychiatric illness,
• Addictions,
Psychological Risk factors: current and previous

- Loss
- Guilt
- Hopelessness
- Depression
- Helplessness
- Worthlessness - self worth
- Self esteem
• Wish to die or
• wish to kill
• Ambivalence
Post attempt emotions:

- Regret attempt,
- Flat,
- Regret surviving,
- Not sure.
• Pre-attempt emotion:
  • Suicide note,
  • Communicated,
  • Help-seeking initiatives,
  • Planning,
  • Impulsive
Social risk factors:

- Social conflict,
- Relationship,
- Mortgage
- Existential issues,
- occupation/economic/housing
- Interpersonal
- Social environment, health care services, legal system,
Environmental risk factors
Comprehension in a meaningful way
Attempts for quantification: rating scales and inventories

- Psychiatric morbidity
- Stressful factors
- Personality
- Addictions
- Life events

- Suicide ideation
- Suicide risk?
- Level of social support
Disposition
Care plan

- Detailed
- Specific
- Goal directed
- Fix responsibility
- Plug the gaps

- Continuous from hospital to community
- Continuity of care
- Ensure follow up
Multidisciplinary approach.

Who is competent for intervention?
Depends upon therapeutic situation,

Art of Networking
Police, legal system, physicians, psychiatrists, psychologists, social workers, therapists, DBT, CBT, Counselors, marriage, relationship, support workers......................