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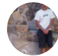
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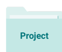
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Service user perspectives of helpful risk management practices within mental health services. A mixed studies systematic review of primary research.

Kris Deering with support from Dr Chris Pawson, Dr Neil Summers and Dr Jo Williams.

1. What is known about the subject?

- **Risk in psychiatry involves harm to self or others owing to mental health difficulties, for example self-harm, suicide and violence.**
- **Risk management is a framework to minimise risks, comprising of risk assessment, generation of risk management plans, and evaluation of interventions (Department of Health (DH), 2009).**
- **There is concern that risk management disproportionately focuses on patient inadequacies, further marginalising people who experience mental health difficulties (Felton *et al.,* 2018). These negative perceptions not only erode therapeutic relationships but also provoke 'dehumanising and distressing' risk management practices (Mind, 2013:12); notably physical restraint, seclusion, and ward confinement.**
- **However, even with concerns, there is a paucity of reviews about what patients identify as helpful risk management practices, despite the potential for such patient views to improve mental health care.**

2. Objective.

- **Given the limited presence of service user perspectives in the risk management literature (Eidhammer *et al.,* 2014), the review employed a mixed studies design to maximise the capture of relevant studies.**
- **To ensure quality of reporting PRISMA guidelines informed the review of quantitative and qualitative data (Moher *et al.,* 2009).**
- **The literature search was directed utilising the established DH (2009:6) definition: 'risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused'.**
- **To lessen misrepresenting findings, the SR focused on literature that explicated research related to 'risk assessment(s)' and/or 'risk management' in the text. These limitations were employed so practices identified by patients reflected current policy directions, in which risk management is a framework comprising of risk assessment, devising plans to lessen harm, and evaluation of interventions (DH, 2009).**

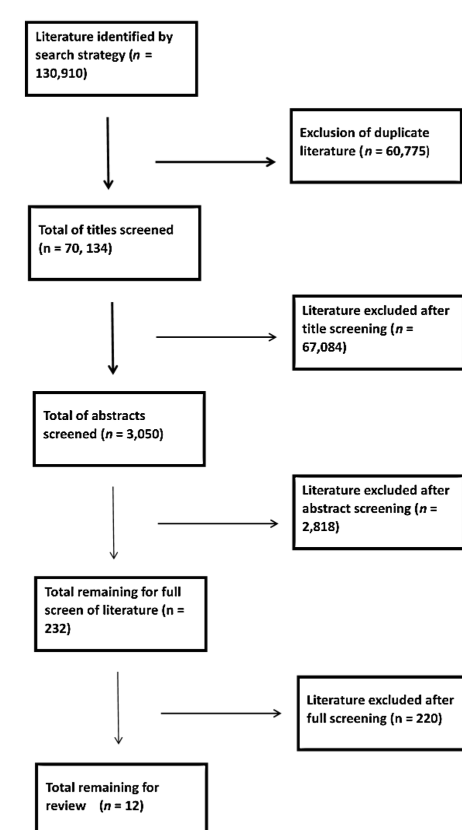
3. Inclusion and exclusion criteria

Inclusion.	Exclusion.
Adults patients (18 -67).	Papers exploring physical health.
Articles published between 2008 and 2018.	Research exploring the risk aetiology of mental illnesses.
The research focus can be linked to risk assessment and/or risk management in the text.	Research exploring safety of pharmacology and therapies.
International literature using the English language.	Service users with organic or developmental disorders.
Published in peer reviewed journal articles.	Studies examining mental health laws and administration of involuntary treatment or any other compulsory orders.
Research studying the patient perspectives or measuring service user views.	Studies exploring none psychiatric settings, such as prisons, drug and alcohol rehabilitation, besides homeless services.

4. Search terms

Setting, practice and population.	and	Risk management term or a risk in psychiatry.
'Psychiatry' OR 'mental health' AND 'risk manag*' OR 'risk assess*' 'service user' OR 'client*' OR 'consumer*'OR 'patient*' OR survivor'.		'Abscond*'OR 'abus*'OR 'activities' OR 'aggres*'OR 'alcohol misuse' OR 'collaborat*' OR 'conceptual*' OR 'crises plan*' OR 'deci*' OR 'engage*'OR 'exploitat*' OR 'forensic*' OR 'harm mini*' OR 'involv*' OR 'lived experience*' OR 'offending' OR 'participat*' OR 'positive risk tak* OR 'protective factor*' OR 'recidivism' OR 'recover*' OR 'safe*' OR 'satisfact*', OR 'self-harm*' OR 'self-neglect*' OR 'streng*' OR 'substance misuse' OR 'suicid*' OR 'verfi*' OR 'violence'.

5. literature selection



6. Synthesis.

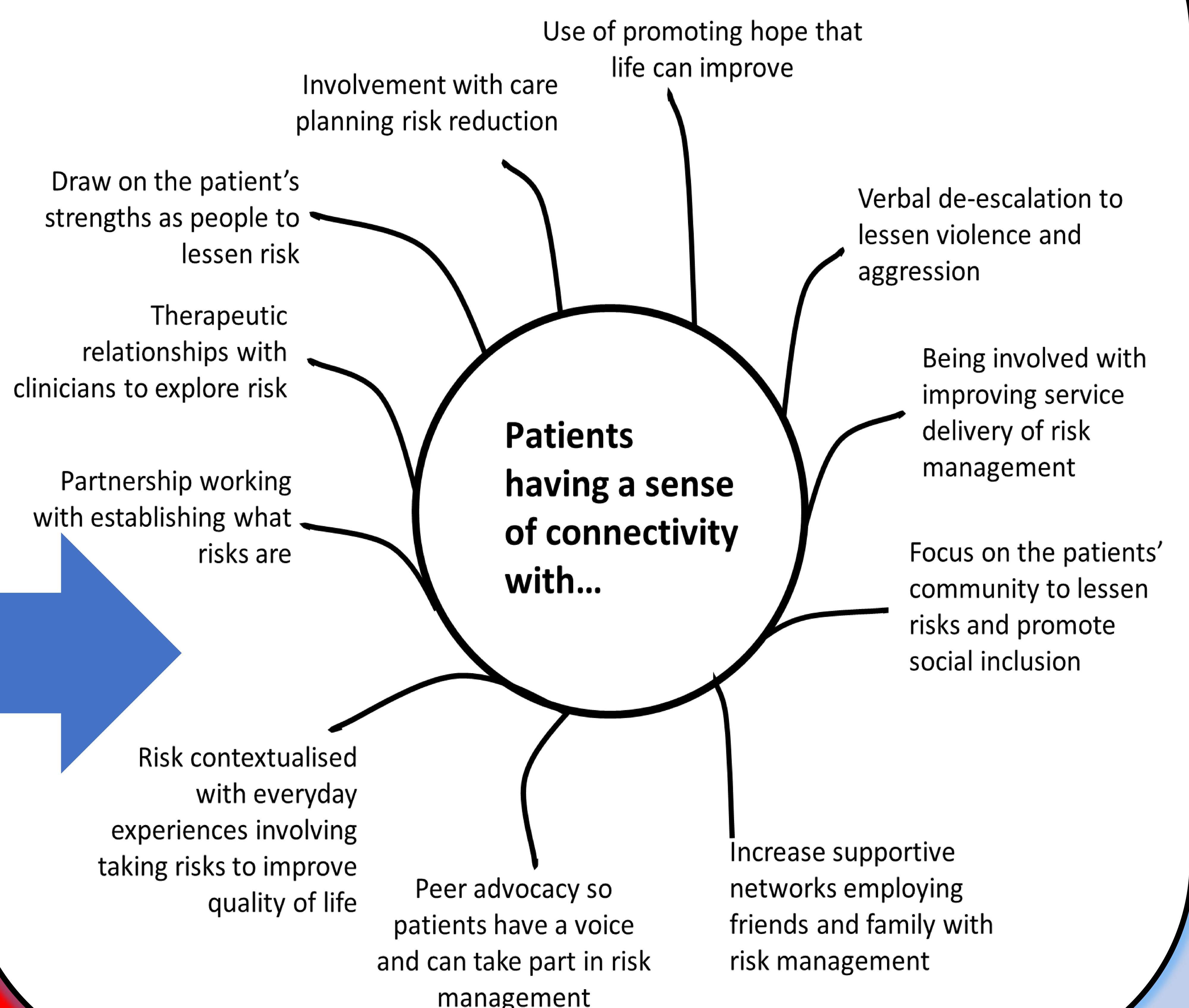
A convergent qualitative design was utilised, transforming all results into qualitative findings. This approach was applied as it allows heterogeneous research to be synthesised into the same review (Pluye and Hong, 2014):-

1. **Beneficial risk management practices were inferred from the study findings,**
2. **If required, data is converted into qualitative data.**
3. **Beneficial risk management practices that related to each other were then categorised**
4. **The category is then assigned a label to epitomise the data held (Pluye and Hong, 2014).**
5. **Whenever possible, narratives were extracted directly from patients and employed in the synthesis to support findings, as well as promote the authenticity of results.**

7. Findings.

Article	Exploration aim	Beneficial practices
Brown and Calnan, (2013).	'Trust' to connect risk management with needs.	Trust facilitates risk management.
Coffey, (2012).	How talk about deviance was handled.	Social integration is part of assessment, notably stigma.
Coffey et al. (2017).	Views of risk management and care plans.	Therapeutic relationships and discussing risks.
Comtois et al. (2011).	Feasibility of the Collaborative Assessment and Management of Suicidality (CAMS).	Higher satisfaction with CAMS than Enhanced Care as Usual.
Dixon, (2012).	Patient and clinician views of risk management.	Collaborative assessment, including vulnerabilities.
Holley et al. (2016).	Impacted of risk management on recovery-oriented care.	Transparency and genuineness about risks.
Lang et al. (2009).	Views of a routine suicide risk screening program.	Patients (60 %) found screening beneficial.
Long et al. (2012).	Perspectives of therapeutic milieus.	Consistency with risk management – no further details. Lead author contacted but email vetoed.
Mckeown et al. (2016).	Involvement initiatives.	Involvement and therapeutic alliance to promote personal responsibility – no further details. Author e-mailed - data destroyed 5 years after collection.
Pulsford et al. (2013).	Compared staff and patient attitudes of aggression, besides violence.	Therapeutic relationships and negotiation reduces aggression.
Reynolds et al. (2014).	Patients and providers risk management experiences.	Having a voice and maintaining personal identities.
Schembari et al. (2016).	Benefits of CAMS.	Problem-solving/Mindfulness. Therapist/Friends and family for support. Being listened to/Cognitive-Behavioural Therapy/Dialectical-Behaviour Therapy.

8. Application to mental health care.



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