GRiST Galatean Risk and Safety Tool
Mental Health Clinical Decision Support System

www.egrist.org

GRiST Training Manual

Contents

www.eGRiST.org

Acknowledgements

We wish to acknowledge the contribution of Joe Cutler who has helped us to develop these training materials and the ideas behind them. Joe is a Clinical Nurse Specialist for Forensic Professional Education and Development at Cheswold Park Hospital in Doncaster.

Referencing this document

If you want to reference this document or any material within it, please do so as follows:

Adams, A. & Buckingham, C.D. (2012). *GRiST Training Manual*. www.egrist.org

Section One
Introducing GRiST

1.1 What does GRiST stand for?

- The Galatean Risk and Safety Tool
- The name comes from the story of the sculptor Pygmalion in Greek mythology. He made a statue of Galatea, his perfect woman, and fell in love with her. See www.ivcc.edu/gen2002/Greek_and_Roman_Texts.htm to find out how the story ends.
- The GRiST decision support system is based on the Galatean model of classification, which matches service users' information against 'perfect' membership of the risk category, which means maximum risk (not desirable risk, of course).
- The front cover depicts Pygmalion and Galatea, painted by Jean Léon Gérôme.

1.2 Best Practice in Managing Risk

- In June 2007 the Department of Health released the document *'Best Practice in Managing Risk'.* [1] This document looked at the principles and evidence for best practice in assessing and managing risk. It was updated in 2009.
- The document contained 16 best practice points for effective risk management, a framework which was:
  '…based on the principle that modern risk assessment should be structured, evidence-based and as consistent as possible across settings and across service providers.'
- The document also stressed the need for Positive Risk taking and emphasises the importance of working collaboratively with service users and their carers/families.

1.3 Types of Risk Assessment

The document states there are three main approaches to risk assessment:

- Unstructured clinical approach
- Actuarial approach
- Structured clinical (or professional) judgement

The latter approach involves the practitioner making judgements by combining:

- An assessment of clearly defined factors derived from research
- Clinical experience and knowledge of the service user
- The service user's own view of their experience

This is supported by Best Practice point 10:

> *'Where suitable tools are available, risk management should be based on assessment using the structured clinical judgement approach.'*

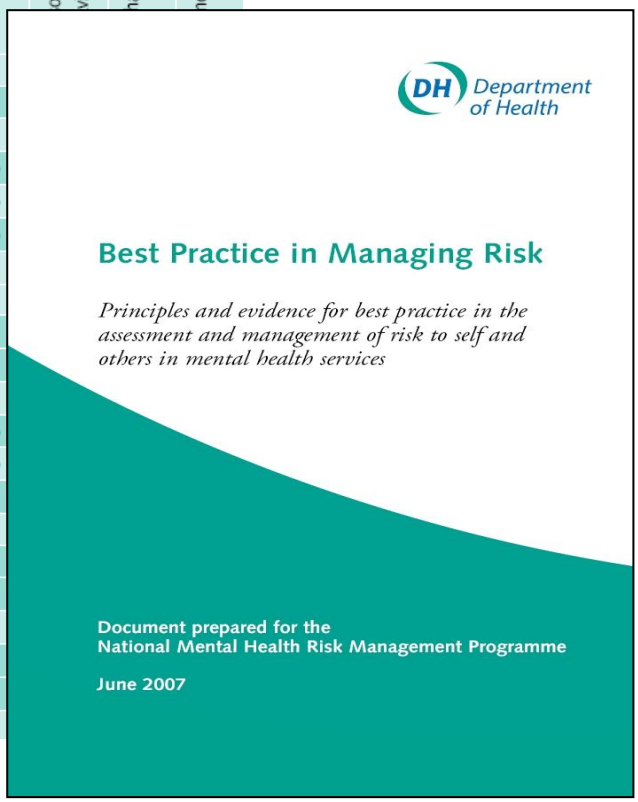
1.4 What is GRiST?

- GRiST is one of only three multiple risk screening tools that cover all five dimensions of risk recommended by the Department of Health (DH) in their document 'Best Practice in Managing Risk' (July 2007, 2009). [1]

GRiST collects information about the following specific risks:

- Suicide
- Self-harm
- Harm to others
- Harm to dependents
- Self-neglect
- Vulnerability to harm.

	Page	Violence	Sexual violence	ocial and offending viour	harm/suicide	neglect/vulnerability
Multiple risks						
CRMT	33	•				
FACE	34	•				
GRiST	35	•	•			
RAMAS	36	•	•			
GIRAFFE	37	•	•			
START	38	•				
Risk of violence, sexual violence, antisocial or offending behaviour						
HCR-20	39	•				
PCL-R	40					
PCL:SV	41					
STATIC-99	42		•			
SVR-20	43		•			
VRAG	44	•				
Risk of self-harm or suicide						
ASIST	45					
BHS	46					
SADPERSONS	47					
SIS	48					
SSI	49					
STORM	50					



GRiST also collects information about wider health and social care needs, so that risk assessment is based on a holistic view of the person being assessed.

Multiple versions of GRiST are available for use with:

- Working age adults (18-65 years)
- Young people
- Older people
- Service users for self assessment
- Primary care

New versions are being developed for use with people with learning disabilities and in forensic settings.

GRiST: Galatean Risk Screening Tool

Violence	Sexual violence	Antisocial and offending behaviour	Self-harm/ suicide	Self-neglect/ vulnerability
•	•	•	•	•

Description	GRiST is a decision support system, based on the expertise of multidisciplinary mental health practitioners, that identifies detailed information about all risks. When fully developed, it will be a web-based program for collecting information and generating risk quantifications, with full explanations of how these assessments were derived. The current version (May 2007) organises questions with rapid screening ones first, which direct the assessor to more in-depth ones if required. However, the underlying representation of risk knowledge makes it easy for the information to be customised to particular clinical requirements. Free-text entry is allowed for each overall risk domain, and the electronic version enables it to be recorded for any piece of risk data.
Depth	Screening and in-depth.
Setting	All mental health service settings.
Practitioners	All levels – versions tailored for various levels of practitioner expertise are under development.
Risk management	There is a free text prompt to consider action to be taken, but otherwise there is no guidance on risk management.
Training	Not required, but reference to information on the website is advised.
Cost	Free to service providers, subject to acknowledgement and internal use only.
Manual	Not available, but information is available on the website.
Evidence	The mental health expertise underlying GRiST has been derived from extensive interviews, focus groups and individual validation over a period of four years. The rigorous method of data collection and analysis has been described and there is evidence of good face validity. The tool is designed to make risk predictions, but there is no published evidence as yet on its reliability or validity.
Origin	UK
Formats	Web-based and paper
Contact	Dr Christopher Buckingham, Aston University
Phone	0121 204 3450
Email	c.d.buckingham@aston.ac.uk
Website	www.galassify.org/grist

- GRiST is available in different formats: paper, electronic and over the world wide web, to fit with the way in which your service works.
- GRiST is organised in easy to navigate layers as follows:
  - Personal Details
  - Rapid Screening Questions

  - Additional Questions Specific to Particular Risks
  - Risk Judgements
  - Additional Questions Relevant to More Than One Risk.

- The layers are designed to help you collect the information you need when you need it, ranging from emergency situations, when the rapid screening questions may be all that is required, to more stable situations when there is time to conduct a more thorough risk assessment. The GRiST software will guide you through the process of navigating the form, to ensure that only the relevant information is collected for a particular service user. (Where the answer to a filter question is 'no' or 'don't know (DK), further questions about an area will not appear).

1.5 Why Use GRiST?

Apart from being recommended for use by government, there are other compelling reasons for using GRiST, as follows:

- GRiST has been developed and tested through a rigorous research process, which means that it is an evidence-based tool with a clear audit trail to support this. For more information have a look at the website at www.egrist.org
- GRiST provides for a thorough, holistic and systematic approach to risk assessment, which also takes account of health and social care needs.
- GRiST can be used as the primary document in which to record service user information on first presentation to services, and to populate subsequently completed care documents. This can save a lot of clinicians' time.
- GRiST is designed to support more rapid repeat assessments. It does this because previously entered values are visible at reassessment, and through its information 'padlock' system, which distinguishes enduring, stable and more dynamic information in a person's profile – explained below.
- GRiST is designed to be used by all the multidisciplinary team as a repository in which to capture dynamic change in service users' risk profiles.
- GRiST aids risk communication between front-line health and social care services and specialist mental health services. It has different data collection interfaces

designed for users in different contexts but with the same underlying common risk language, which therefore helps communication.

- GRiST is a web-based resource so that is universally accessible, including being able to fit with NHS information technology (IT) systems.
- The GRiST database collects information entered into it on-line, in the form of anonymous service user risk profiles and the clinical judgments attached to them. Over time, the database will provide much useful information about, for example:

  - how service user information combines to affect risk
  - risk prediction
  - any disparities in risk assessment processes, e.g. by service users' age, gender or ethnicity
  - any differences in how clinicians from different discipline backgrounds view and assess risk
  - how individuals' risk profiles change over time.

- GRiST data are stored in anonymous form on a secure server at Aston University.
- GRiST is an important educational resource, particularly for new or inexperienced clinicians.

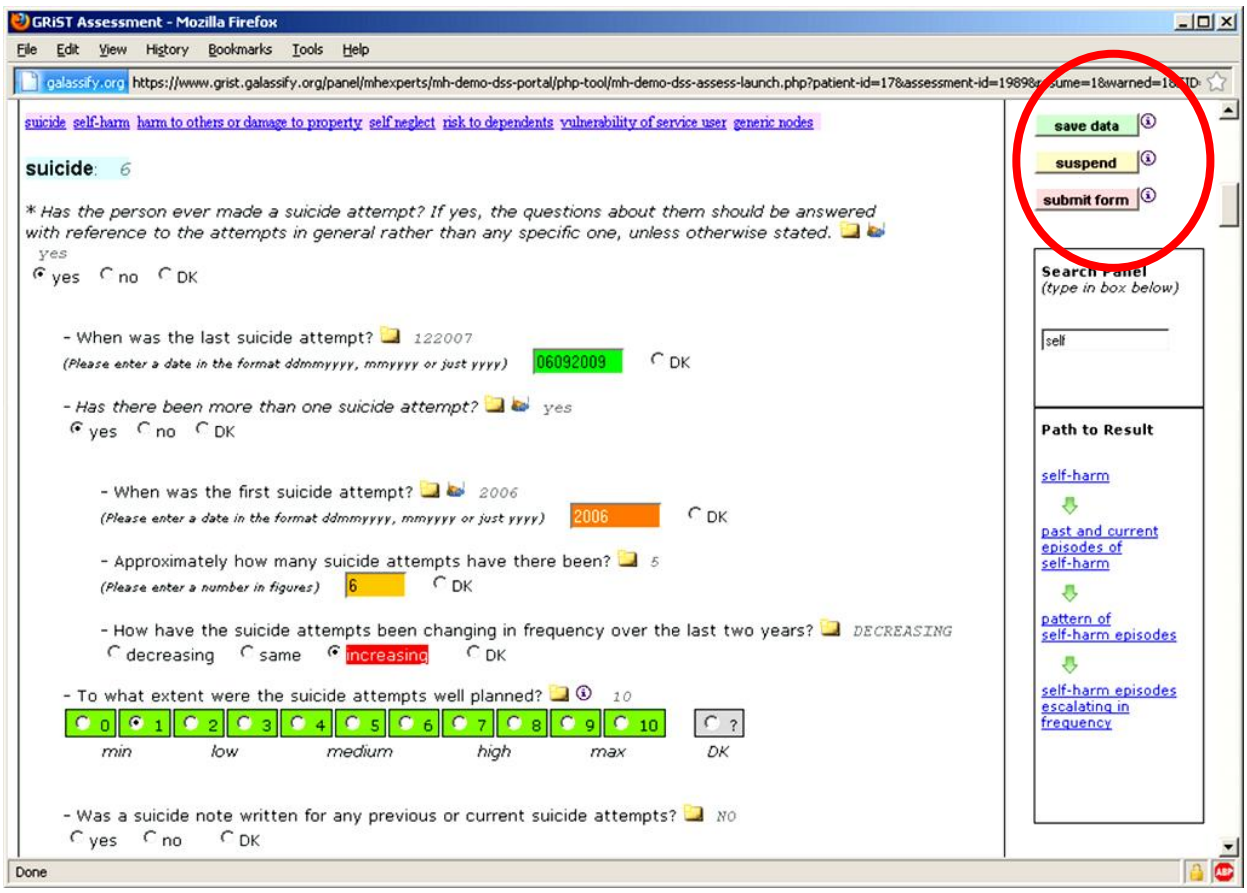
Section Two
Using GRiST

GRiST is designed to be very user-friendly and intuitive, hence our trainers have found the best approach to training staff is simply to get them to login and play with it. Usually some preliminary background to the tool is given, drawing on material in Section One and the GRiST Introductory Slides, and orientating trainees to the key features of GRiST. What works best is then to invite trainees to complete GRiST based on case studies. Real patient scenarios can be provided by trainers, or else trainees can work using a recent, memorable person they have assessed. Working in pairs and using role play to bring case studies alive can enhance the experience if trainees are happy to engage with this. The optimal trainer role is to remain on hand to offer advice and comments as trainees complete the exercise.

The following material describes the overall process and introduces the key design features of GRiST. The second part of Section Two addresses frequently asked questions about using GRiST.

2.1 Getting started

- Select the patient using your normal process for accessing patients prior to conducting GRiST assessments.
- Launch GRiST for the patient, which will take you to a new window headed "Conduct a GRiST assessment or view a report"
- If there are no assessments for the patient, then start a new one; otherwise you can repeat an assessment or resume a partially completed one.
- An assessment form will appear in a window. Follow the instructions on screen to complete the assessment ***making sure you regularly select the save button*** (circled with red below) so that your data is put into the database in case you lose your connection to GRiST for any reason.



- If you want to finish the assessment at a later date, suspend the assessment so that you can resume it when you are ready to continue. Otherwise, submit the assessment, which will record it as completed.

  - Note that you have a short period of time when you will be able to convert the assessment back to the suspended state so that you can resume it again if there are any corrections you need to make.
  - This option is time limited because trying to change the state of an assessment too long after it was completed is taken to be equivalent to starting a new assessment.

2.2 Types of Questions in GRiST

GRiST has six different types of answer formats to its questions which are:

- Yes/no/don't know questions
- Multiple choice questions

- Date questions
- Number of incidents questions
- Judgement scoring questions on a scale from 0 to 10

The range of question types is illustrated in the GRiST screen shot below.

Answering the questions is very straightforward. Simply click the relevant response option. DK stands for 'don't know' (see Section 2.16 below, for more about the DK option).

When answering a date question, fill in the full date if you know it, following the format instructions in GRiST. If you do not know the precise date of an event, fill in as much as you do know – the month or possibly only the year in which it took place. If none of this is known, click DK.

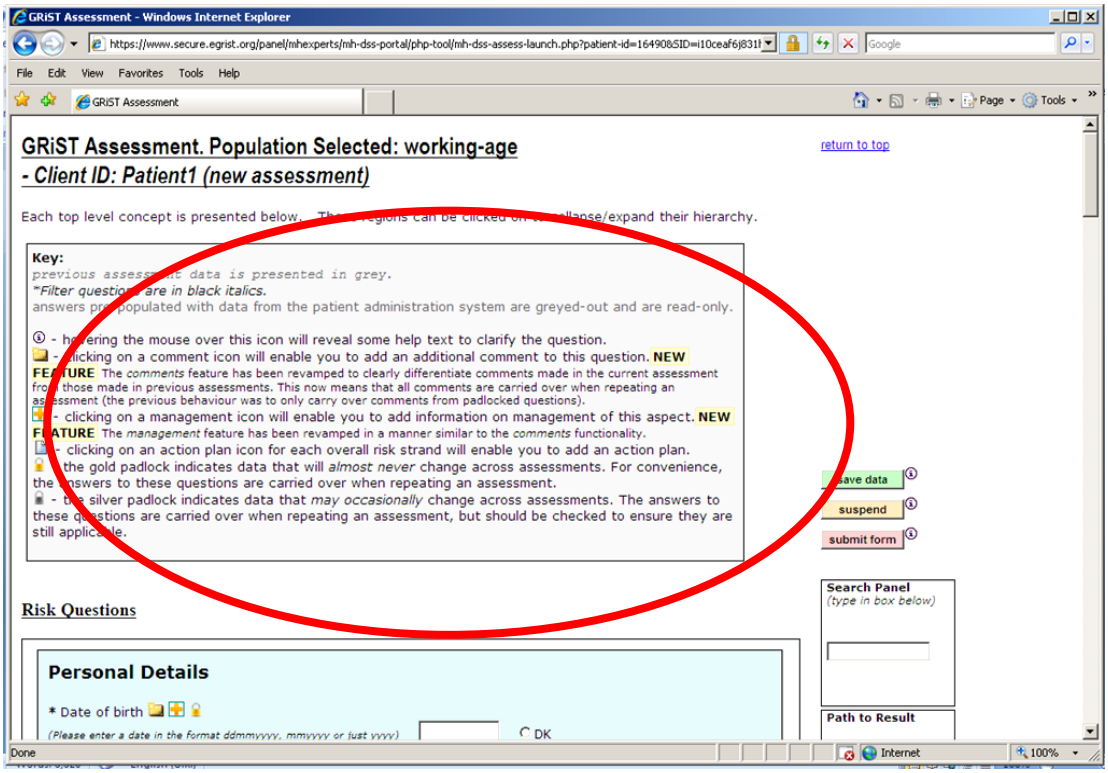
For questions asking about numbers of times something has occurred (number of incidents), put the precise number if you know it. If not, enter your best estimate.
For judgment scoring questions, click the number on the scale which best represents your answer (see Sections 2.13 and 2.14 below to read more about scoring these questions).

You will notice that each numbered box has a slightly different colour, reflecting the range of possible response options, from absent (green) to maximum risk (red) being present. You will also notice that once you have given your judgement about a particular piece of risk information, all the response boxes change to the colour denoting the level of risk you have assigned. This helps to give a visual impression of how risk is accruing, to help you make your overall, summary risk judgment. Answers to certain, key filter questions also generate colour alerts, and colour information is also a feature in GRiST output reports.

Please note: the risk levels attached to each answer represent its *individual* influence on the overall risk, not its actual contribution in combination with all the other risk factors. One item of information may show maximum risk for its answer but be much less influential than another item, which clinicians will take into account when making their judgements of suicide, self harm, harm to others, etc (*GRiST will soon provide its own expert risk judgements that can help support the clinical risk judgements).*

2.3 Key Symbols and Features

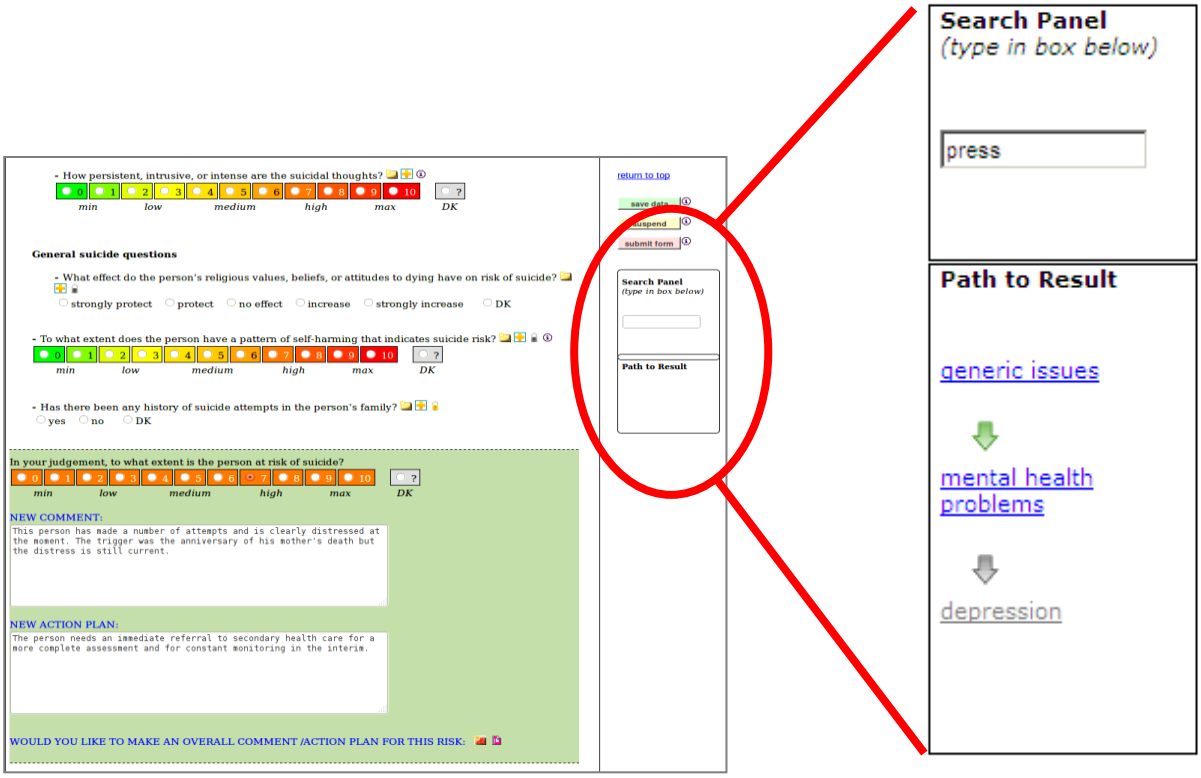
Take a few moments to familiarise yourself with the key at the top of the assessment.



It explains the symbols which appear next to questions, which are designed to help you:

- understand the information that is being sought
- record additional contextual data to complement the quantitative data collected
- differentiate between contextual data collected on different occasions
- develop patient management and action plans
- undertake repeat assessments more rapidly.

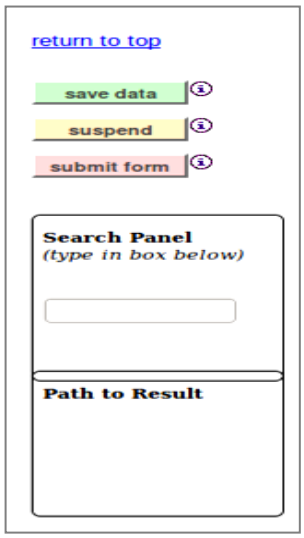
Try clicking on the different symbols to see what happens. The screen shot below shows the text boxes which appear if you select a comment or action box folder for the overall risk (see the shaded rectangle area at the bottom of the diagram). Anything you type in here will be stored and attached to your score on the associated judgment question.



On the right hand side of the form is a search panel (circled above). This enables you to search for and navigate rapidly to particular questions within GRiST. For example, you may wish to find questions about depression, which can be found by entering either 'depression' in full or some part of it e.g. 'press'. Try this out.

2.4 Saving Assessments

On the right hand side are three buttons for saving assessments, which sit above the search panel (see illustration below). Click on ***'Save data'*** to save the information you have entered. ***'Suspend'*** will save the data and close the tool down so that you can continue working on the assessment at another time. When you have completed the assessment, click on ***'Submit form'***. This will save the data and mark the assessment as having been completed. You will then be able to view reports from the assessment.

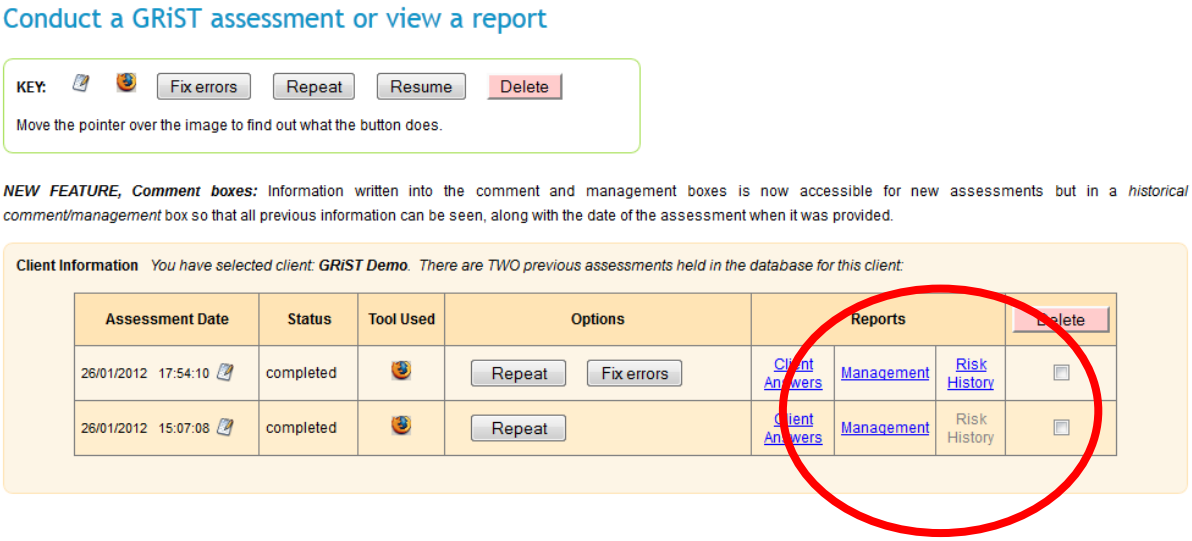


2.5 Repeat assessments

- If you wish to repeat an assessment, select the repeat button next to it (see diagram below).
- Previous assessment data is presented in grey on the assessment form next to each item. Items that are historical and do not change or are unlikely to change are marked with a gold or silver padlock respectively, as described in the key panel.
- Complete and save the form as for any assessment; there is nothing different about repeat ones.

2.6 Generating reports

Reports from an assessment can be accessed on the client's assessment page. Three reports are possible: a risk report; a management report; and a report showing changing risk over assessments, if the patient has more than one.



The diagram above circles selection of three types of report: answers, management, and changing risk. The diagram below gives a hypothetical example of the "Client Answers" report, with narrative comments in light gray underneath the corresponding answer.

Mental health risk

Each risk heading presented below can be clicked on to collapse or expand its underlying information. Please note that some users may need to "allow blocked content" if presented with a yellow security bar at the top of the page.

suicide

Risk judged to be 7 (High risk)

This person has made a number of attempts and is clearly distressed at the moment. The trigger was the anniversary of his mother's death but the distress is still current.

Suicide specific questions:	***Yes***
Past and current suicide attempts:	***Yes***
Most recent suicide attempt:	***5 days prior*** *(2 Nov 2011)*
Put some qualifying information about the most recent attempt here if it is not covered by further questions in GRiST. For example, the most recent attempt was on the anniversary of the person's mother's death.	
Pattern of suicide attempts:	***Yes***
First time suicide attempt occurred:	***1.1 years prior*** *(10 Oct 2010)*
How many suicide attempts:	***Five***
Suicide attempts escalating in frequency:	***Increasing***
How much planning was generally involved in the suicide attempts:	***Medium risk***
Suicide note written for one or more previous attempts:	***Yes***
Chance of discovery after suicide attempts:	***Very high risk***
Potential lethality of suicide method:	***Low risk***
How much did the person want to succeed with the suicide attempts:	***Medium risk***
Regret about trying to commit suicide:	***Max risk***
Insight into lethality of previous suicide attempts:	***No risk***
Current intention to commit suicide:	***Yes***
Plans and methods for committing suicide:	***Yes***
Potential triggers for prospective suicide:	***Yes***
Suicidal ideation:	***Yes***

The middle “Management” report summarises the risk information and the assessors’ advice on how it should be managed, as shown in the next diagram:

egrist.org https://www.secure.egrist.org/panel/mhexperts/mh-dss-portal/reports/management-answers/management-ar

GRiST assessment management report for client *GRiST Demo* on *26/01/2012*

Personal Details

RISK	SUMMARY	COMMENTS	ACTION PLAN
Suicide	*Risk judged to be 7 (High risk)*	*The risk is quite high for a repeat event and although the attempts themselves are not likely to kill the person, on current behaviour patterns, there is a risk of the person achieving it by mistake.*	*The carers need to ensure the person is not left on his own very long and that they are always contactable. Any dangerous chemicals or stockpiled drugs need to be removed or placed out of harm's way.*
Self-harm	*Risk judged to be 6 (Medium risk)*	*Quite possible that further attempts will happen but they are relatively minor with respect to physical health.*	*Anxiety and stress management therapeutic interventions are required here.*

Both reports can be downloaded as a pdf document for saving on your own computer or printing. Choose from the monochrome or colour PDF options that are below the summary tables.

The final report link has sophisticated functionality for generating graphs and tables of how risk has changed across assessments for selected pieces of patient information. All types of report can easily be customised if you have alternative requirements. For example data can be output under headings which match risk formulation models. Please talk to the developers about your local requirements.

The rest of Section Two deals with questions asked frequently by clinicians, which may be helpful to you.

2.7 When should GRiST be undertaken?

The answer to this question is a matter for local decision in your Trust. The answer below is provided by one of the early adopters of GRiST, to provide you with an example.

- Ideally, as much of the relevant parts of GRiST as possible should be completed when the service user first presents, and GRiST should be completed before other care record documentation, as the on-line version will populate this for you. However it is recognised that this is not always possible when people are acutely ill. As a minimum, the Rapid Screening questions should be completed as part of all initial assessments. The more detailed elements of GRiST that are relevant to a particular service user can be completed later.

The timing of subsequent risk assessments is a matter for individual services to determine. As an example, this Trust required subsequent GRiST assessments under the following circumstances:

- Within 72 hours if a service user is admitted to an in-patient setting;
- **or** when existing service users:
  - undergo routine review i.e. MDT meetings, section 117 meetings, CPA reviews, Case Conferences etc;
  - are being transferred to or referred to another team or service within the Trust;
  - are being discharged from Trust services.

The Trust also specified that GRiST should be undertaken at least every 12 months for all existing service users. You may wish to change these timings to suit the needs of your own Trust and your specific clinical service.

- It is important to remember to update GRiST whenever an incident occurs or when circumstances change that affect a service user's risk profile. In this way an accurate current risk profile will be maintained for everyone in the multidisciplinary team to refer to. As you get to know more about the different factors that influence risk through using GRiST, you will develop a better feel for what constitutes a significant incident or change in circumstances that is important to record.

2.8 Who should complete GRiST?

- GRiST can be completed either by a clinician conducting an individual assessment or in a group assessment context, where one person fills in GRiST based upon the team's agreed assessment.

> "A trusting relationship between the user and their care co-ordinator is the best foundation for successful risk management" (a user's view).[1]

- The decision about who should complete GRiST is a local service matter. In one of the Trusts we have worked with it was agreed that the decision belongs to either the team manager or the service user's clinical team. The Trust also advised that staff who are experienced in assessing risk, or who have a good understanding of the service user and the service provided, may be the most appropriate people, either to complete or lead a team in completing GRiST.

2.9 What preparation should I do before completing GRiST?

- Gather all the information you require to complete GRiST, including all clinical records, care plans, previous CPAs, case conferences, clinical reviews etc.
- Familiarise yourself with the questions in GRiST
- Set time aside to complete the form
- As far as possible, ensure few or no interruptions when completing the form.

2.10 How involved should service users be in completing GRiST?

> **Best practice point 3**: Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible. (DoH 2007)[1]

- Best practice states that risk assessment is best carried out in a collaborative manner and it is important that, whenever possible, service users are involved in the process.
- The DoH document 'The Ten Shared Capabilities' (2004)[2] describes this as '*Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting*

safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.'

2.11 Do I have to ask the service user the questions?

- You do not have to ask the service user the questions; GRiST is not an interview schedule. Its role is to enable the systematic collection and recording of all the relevant service user information you need.
- The questions are designed for you, the clinician, to answer and not for direct use with service users, who may find them difficult or uncomfortable. myGRiST, the version for service user self-assessment, is couched in appropriate language, developed collaboratively with service users, and will help with shared risk assessments and decisions about risk management in the future. In the meantime, please be sensitive to individuals and use language that promotes comfortable reflection and collection of information when using the clinical versions of GRiST.
- Conduct your assessments in the usual way, phrasing questions in the ways you have found work best. It is your prerogative to decide about how, when and in what order you ask the questions.
- It may be more appropriate to answer the screening questions in a different order. It may also be appropriate to ask an individual which order they would be most comfortable with.

2.12 Do I have to fill in all the questions?

- **No!** GRiST has been designed with lots of filter questions, to make navigation of the document quicker. If you answer "no" to a filter question, you can move on to the next filter question without having to answer the more detailed questions below it.
- The Rapid Screening questions are the first set of filters, with subsidiary screening questions comprising the second layer of GRiST.
- All filter questions are in a "Yes/No" format and may also have a "DK" (don't know) box as well.

- If you answer yes to a filter question you may be directed to the further, more detailed questions about this particular risk (or in some cases directed to the additional questions relevant to more than one risk).
- You only complete the sections you are directed to, so if you answer “no” to filter questions about suicide or self harm for example, further questions about this will not appear on screen.
- The more detailed (and additional questions relevant to more than one risk) sections contain further filter questions. Beneath each filter question is a series of indented questions, which again, you only answer if you answer “yes” to the filter question.
- See ‘Example of how to complete GRiST’ below.

2.13 What do the numbers mean in the judgement questions on a scale from 0 to 10?

- For all scale questions, the numbers represent the amount of risk contribution from that particular item, from 0 to the maximum amount it can give. This does not measure the actual patient risk overall, of course, because the level is for the single individual item in isolation; its actual influence will be relative to the risk contributions of all other times, many of which may be more important.
- For each scale question, consider how the patient being assessed compares to a person who would represent maximum risk on that particular question. If you think the patient is half the risk of the “worst case scenario”, then the answer will be 5 or 50% of the maximum risk the patient could have for the item of information.
- Don’t get hung up and spend a lot of time debating whether you should rate someone as a 3 or 4 on the scale. Put the value you think is the best fit, based on your initial feelings. This will be accurate enough because the GRiST risk bands accept an error margin of at least plus or minus 1, which still provides a clear segregation into risk categories of none, low, medium, high, and max.
- For the final, top-level or overall risk judgements for suicide, self-harm, etc, the scale still has the same meaning except that now you would compare the patient’s risk with a hypothetical patient who would generate maximum risk. The nearer your patient is to that maximum, the higher the risk judgement.

2.14 Why use an 11-point scale?

- Research shows that 11-point scales record the finest discrimination that people are able to provide. Scales with more distinguishing points do not increase the granularity of judgements (i.e. the scale points blur into each other) and scales with fewer points generate cruder judgements, with less ability to discriminate. Furthermore, an 11-point scale enables the measurement to be easily understood as a percentage, where each increasing number takes the measurement 10% nearer the maximum of 100%. This is a well-understood scale and fits with the meaning behind the risk measurements in GRiST.

2.15 How do I complete the Risk judgements (formulations)?

- At the end of each section of risk-specific questions you will be asked to give a summary risk judgement. This is where you can give an overall rating of the service user being assessed for each particular risk and can write any contextual comments, or provide a summary of your thoughts regarding each risk.
- Risk formulation is the process of *analysing and evaluating* the risk assessment information and evidence base to inform the risk management plan. In *Best Practice in Managing Risk (DoH 2007)*[1], risk formulation is described as the process that: *'…identifies and describes predisposing, precipitating, perpetuating and protective factors, and how these interact to produce risk.'*
- Risk formulation involves developing an understanding of the risk profile of the individual service user and the level of risk presented, including:
  - What are the potential risks?
  - How serious are they, and to whom do they refer?
  - How likely are the risk behaviours to happen?
  - When are the risks likely to be present?
  - What might (or does) trigger the risks?
  - What indicators might there be of the risk?
- All of this should be considered for both the short term and long term. There should also be consideration given to factors that are *static* (not amenable to change), that are *stable/chronic* (change only slowly), those that are *dynamic* (those that interventions are most likely to change to reduce risk), and *acute* or *trigger* factors (can change rapidly).

- It is also necessary to consider the health and social care information which GRiST collects, e.g. about substance misuse, relationships, housing, and factor this information into your formulation. This will help you to develop a risk management plan.
- The formulation should be developed together with the multidisciplinary team where possible and discussed with the service user. Any differences between service user and staff perspectives (and carers) should be identified and recorded, along with the rationale for which the perspective was used.
- Formulating risk can be helped by considering potential scenarios (possible futures, posing the question, 'if…').

2.16 What happens if there is little or no information available?

- If you are unable to gather the relevant information for a particular question, or if the information is not available, then either make a best guesstimate of the answer (marking so in the appropriate comment and overall risk judgement box), or tick the "dk" box.
- "Don't know" should never be regarded as a 'final result'. Efforts should always be made to obtain accurate information as soon as possible by revisiting the form at appropriate times.
- It is important to remember that a lack of information can potentially be a risk in itself and this should be considered when constructing the formulations.

2.17 What happens if the information I was given turns out to be incorrect?

- This can be a problem with any set of records. If the information sources you have used to assess risk are incorrect, then ensure that when you re-evaluate risk, any discrepancies are indicated in the summary or free-text boxes.

2.18 Do the scores in GRiST add up to a risk rating?

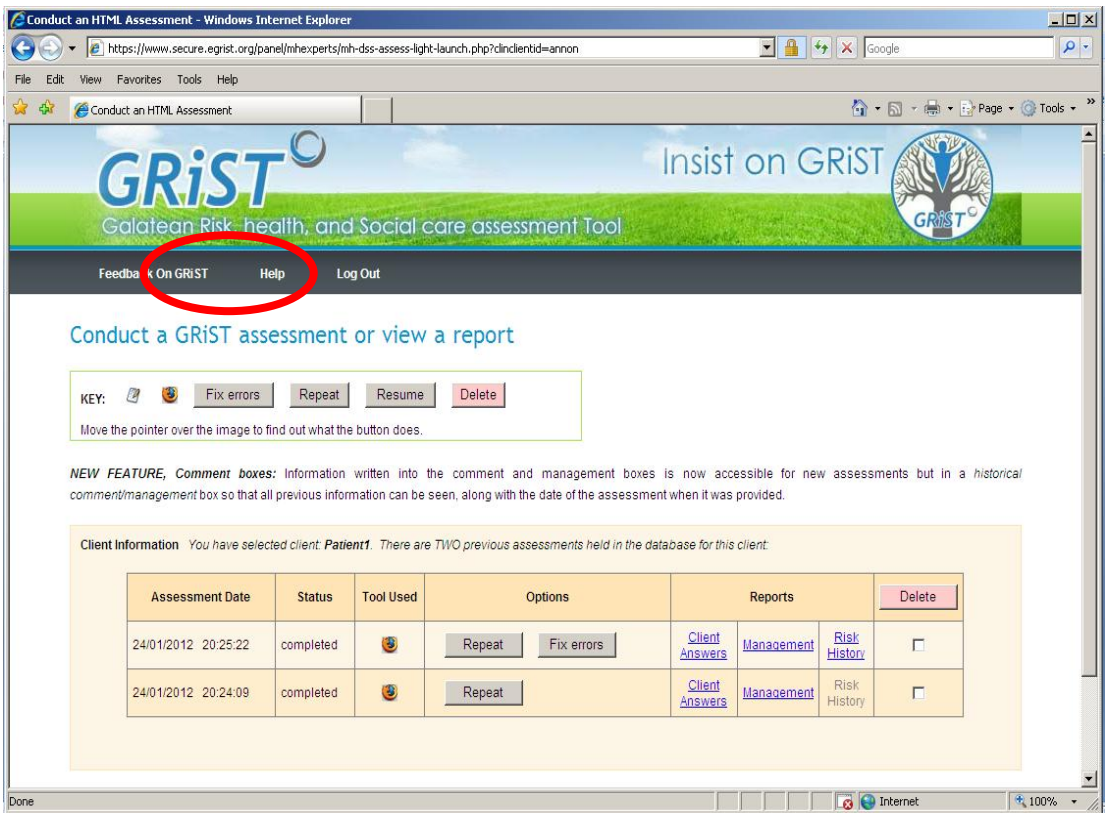
- No. The scores in GRiST are designed to capture your assessment of different aspects of risk, but are not added up to give you an overall risk rating for the assessed person. Each item is rated independently and the joint contribution of all items to risks depends on giving more weight to some factors than others. For

example, the date of the most recent suicide attempt is more important than the length of time between the date of first attempt and the most recent one.

- The overall rating for each risk remains a matter for your own clinical judgment, where you weigh up the different elements. The GRiST risk profile helps you do this because it clearly identifies the factors contributing high risk but you need to determine how important each one is when deciding on the overall risk.
- In the near future, GRiST will be using the clinical expertise it contains to generate its own risk judgements and an explanation of how they have been derived. However, these will only support your own clinical judgements, not replace them. You are the person best placed to understand the risks of the patient in front of you but GRiST can help you arrive at the most accurate assessment given the data available at the time.

2.19 What if I identify a risk that GRiST does not ask a question about?

- GRiST is a generic, multiple risk-screening tool that covers all risks. However for some service users it may be necessary to conduct more focussed, specialised risk assessments after GRiST has been completed, e.g. using HCR-20.
- If there are any elements of risk which you feel GRiST has not captured sufficiently well, please let the developers know. We have provided a feedback button for this purpose, so that you can send any comments and suggestions directly to us (circled below).



2.20 What do I do if the service user is only with our service for a short time and is then transferred to another service?

- If the service user is being transferred within the Trust then complete as much as possible of the GRiST assessment and inform the receiving team/service about what you have been able to do with the information and time available so that they can continue on from where you left off. GRiST is designed to facilitate continuity of care and to allow relevant risk information to travel with the patient along their care pathway, to enhance the safety of both the patient and staff caring for them.

2.21 Can I start GRiST and come back to it later?

- Yes, sometimes this is appropriate, e.g. when you need to collect more information, or to allow for team discussion time.
- GRiST allows you to suspend incomplete forms, and to save them as finished assessments once you have completed them fully (see above).

2.22 Can I use other assessment tools as well as GRiST?

- Yes if, for example, you need to do more focussed or specialised assessment around particular service user groups or behaviours.
- GRiST should still be completed in these circumstances, so that service users' risk profiles are holistic. The added benefit is that GRiST is designed to share its information easily with these other tools if the other tools allow it, which means data does not need to be entered twice.

2.23 Will GRiST change?

- Any good tool will change dynamically as more research and use occurs. We are always looking for ways in which to improve GRiST's functionality so that it can support you in your work more effectively. However we do not envisage significant changes to the content of GRiST, since this is evidence-based, and derived from a long and rigorous research process (see www.egrist.org for more information about this).
- Improvements to GRiST risk coverage or its web-based use are always formalised within the underlying knowledge base and automatically become available to clinicians. There are no lengthy "update" waiting periods!

2.24 What further developments of GRiST are planned?

- We are working on a version of GRiST for service users (myGRiST), so that they and their carers can self-assess and manage risks at home, and be able to communicate their perspective about safety and risk issues more effectively to clinicians.
- Versions of GRiST customised for Improving Access to Psychological Therapies services and for general practice, are also about be released
- The sophisticated data collection and reporting facilities of GRiST's web-based tools are always being extended and improved.
- In future GRiST will be more than just a risk information gathering tool. It will also be a decision support system, capable of providing risk evaluations to support clinical judgement and risk management plans. The advice GRiST will give will be based on

validated, expert consensus about risk and give full explanations as to how the risk levels have arrived.

- Work is underway to make GRiST available through different patient record systems so that it can communicate with other information sources and facilitate more integrated risk assessment and management.

Appendix One
Additional Material for Trainers

Assessing Risks Associated with Mental Health Problems

This section considers the rationale for assessing risks associated with mental health problems, and how to strengthen clinical practice to achieve an effective risk assessment process.

Why is it important to assess risk?

- Risk assessment is about the safety of everyone

Department of Health Policy states that 'safety is at the centre of all good healthcare.'[1] As we all know, people are more likely to harm themselves and sometimes others when they are mentally ill compared with when they are well. Risk assessment is about identifying if and when this is likely to happen, so that steps can be taken to prevent untoward incidents happening to service users and others, or to minimise harm. This should reduce the burden of suffering and the cost of health and social care associated with mental ill-health for individuals, families and communities.

- Risk assessment is about supporting service users' recovery

Early detection of risk is crucial, because it permits the development of risk management plans and early intervention to prevent self-harm or harm to others, which in turn facilitates early recovery. Systematic monitoring of risk over time will also demonstrate the dynamic nature of risk, and the relative effectiveness of management plans and interventions for service users, and how these impact on service users' progress towards recovery.

- Risk assessment is about empowering service users and carers in self-management

Helping service users and carers to develop a better understanding of risk and the factors that influence and trigger it in the individual service user's situation, will help them to monitor and self-manage the service user's mental health and wellbeing at

home. This will encourage them to draw on their own strengths, resources and self-knowledge, and to collaborate with clinicians in risk assessment and management planning.

- Risk assessment is about enabling service users to take positive risks

Where service users and carers have a better understanding of how and why risk accrues, and what they can do to modify it, they are better placed to make good decisions about positive risk taking in collaboration with their clinicians. myGRiST used in conjunction with the clinical versions of GRiST will help with this.

- Risk assessment is about improving the evidence base about risk

While much is known about individual risk factors, there is still a lot more to learn about how risk factors interact, and what constitute dangerous combinations of risk factors. Gathering risk information in a systematic way will contribute to the evidence base about this and help to improve risk prediction. Analysis of the GRiST database will provide answers to these questions and enable us to provide you with alerts within GRiST when dangerous combinations of risk factors are detected in a person's profile.

- Risk assessment is about improving clinical skills

Government policy identifies risk assessment as a core skill for mental health clinicians,[2] and that there is room for improvement in risk detection, prevention and management.[1] Using tools which facilitate the collection of risk information in a structured, systematic way, to support clinical judgement, will help clinicians to develop these essential skills and to communicate risk to colleagues. They will also ensure that risk judgements are based on research evidence and in-depth, holistic information about service users. Use of a structured, systematic tool will increase clinicians' knowledge about risk and the factors affecting it, and awareness about the need for sensitivity and competence in dealing with service users from diverse cultural backgrounds.

Why does practice need to change?

Many clinicians already have a lot of experience of conducting risk assessments and are highly skilled in this area of practice. However there are a number of reasons why change is required.

(a) The need for a standardised, evidence-based approach

- There are many different tools for assessing different aspects of risk associated with mental ill-health, some of which are commercially produced and some of which are 'home grown' within individual Trusts and services. The problem with this is that the tools measure different things in different ways, so that it is difficult to establish their equivalence. This can impede risk communication when service users move between services using different tools.
- Many of the tools have not been fully validated, and therefore lack scientific evidence to support their use.
- In 2007 the government reviewed all the evidence about risk assessment and tools designed for this purpose. This led to recommendations for a more standardised approach nationally, to facilitate communication and common understanding of the risks service users may pose.[1] To achieve this, the government has recommended use of a limited number of evidence-based risk assessment tools.

(b) The need to record and communicate risk information in a more efficient manner

Best practice point 16: A risk management plan is only as good as the time and effort put into communicating its findings to others[1]

Traditionally different clinical disciplines have recorded information about risk separately in different parts of service users' notes. This has led to a situation where:

- there is much duplication of effort in eliciting and recording risk information, which is an unproductive use of time;

- important risk information can be scattered throughout service users' notes, and recorded in different formats, so that it is difficult to retrieve, summarise and act on when needed.

Finding risk information in patients' notes can be challenging

This in turn means that:

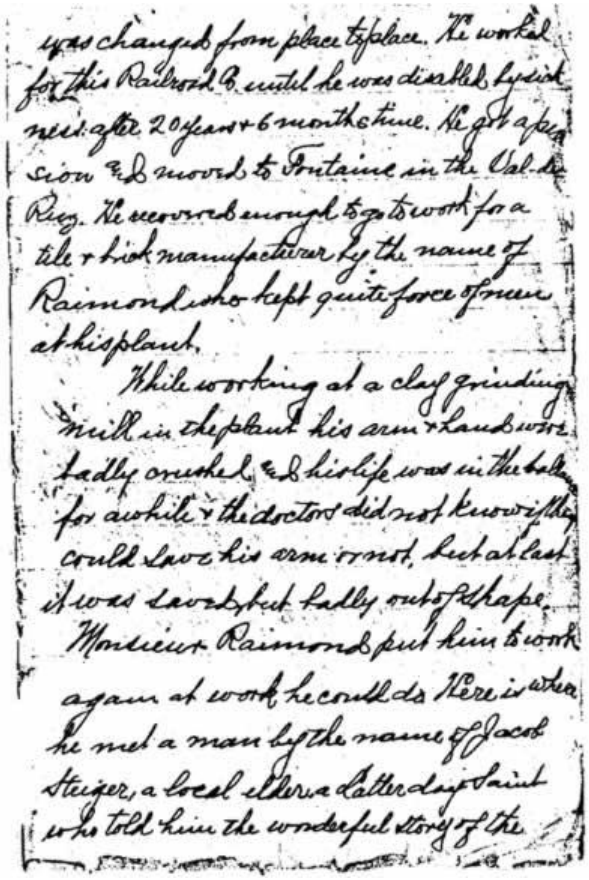
- vital risk information does not travel with patients along their care pathway, or at least not in a readily usable form, so that subsequent risk assessments may not be properly informed or inaccurate, and both patients and staff may be put at risk;
- service users have to repeat their history every time they cross a service boundary or enter a new care context, which can be difficult when they are acutely unwell, as well as distressing and likely to make people feel devalued;
- continuity of care can be undermined, because staff do not have relevant, current risk summary information at their fingertips. This is particularly problematic in service areas which rely heavily on agency staff;
- risk assessment information does not drive the development of risk management plans sufficiently.

(c) The need to embrace information technology in health care

Increasingly patient records are available electronically and web-based resources are in use to support care planning and provision. Moving towards web-based risk assessment will have the following advantages:

- There will be no duplication of data entry. Once enduring information (e.g. date of birth, family history) has been entered, it can populate subsequent risk assessment forms and other relevant form fields.
- Important information, including about social context and historical information will not be lost. Once entered, it can be stored and retrieved when required, or amended if subsequently found to be inaccurate or incomplete.
- There will be no problems with reading other people's handwriting!
- Relevant risk information will travel with service users along their care pathway, thus enhancing the safety of both the service user and staff they encounter by permitting more accurate risk assessment.
- Risk information can be shared across service boundaries, so that it can be accessed by staff in any health or social care context in which service users present, thus aiding communication, continuity of care and collaborative working.
- Comparisons of service users' risk profiles over time can be made easily.
- Current risk summaries can be rapidly retrieved for reference.

- Information about assessors can be unambiguously stored with risk assessments, so that lines of accountability are clear.


was changed from place to place. He worked
for this Railroad Co until he was disabled by sick
ness after 20 years + 6 months time. He got a pen
sion & moved to Fontaine in the Val de
Ruz. He recovered enough to get to work for a
tile + brick manufacturer by the name of
Raimond who kept quite force of men
at his plant.
While working at a clay grinding
mill in the plant his arm + hand were
badly crushed & his life was in the balance
for awhile + the doctors did not know if they
could save his arm or not, but at last
it was saved, but badly out of shape.
Monsieur Raimond put him to work
again at work he could do. Here is where
he met a man by the name of Jacob
Steiger, a local elder a Latter day Saint
who told him the wonderful story of the

Clinicians' handwriting can be difficult to decipher and cannot be analysed electronically

(d) The need to capture the dynamic nature of risk

Best practice point 13: Risk management must always be based on awareness of the capacity for the service user's risk level to change over time, and a recognition that each service user requires a consistent and individualised approach[1]

- Recent governmet policy and a report published by the Royal College of Psychiatrists[3] emphasises that risk assessment is an on-going process, because of the dynamic nature of risk.
- It is therefore important to supplement risk assessment information collected at routine, agreed points along service users' care journeys, with assessments undertaken following an incident or change of circumstances which have an effect on accumulating risk.

(e) The need for a holistic and systematic approach to assessing and recording risk

Best practice point 1: Best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual service user and their social context, knowledge of the service user's own experience, and clinical judgement[1]

- Research evidence shows that a person's demographic profile (e.g. age, gender, ethnicity) and their social context, for example, all have an influence on risk. Young men are known to commit suicide more often than other groups in society, for example, but a young man's chances of doing so are modified by his ethnic and social background.
- This means that it is important to collate this more general information within risk assessment documentation, alongside information more obviously linked to current risk e.g. about substance abuse or self-harming behaviours.
- The more holistic and systematic the approach to assessing risk, the more likely it will be that assessments made are accurate and better predictors of risk, as well as better able to inform your understanding of a service user's risk and the best way of managing it. This will reduce clinical uncertainty and enable you to have greater confidence in your risk judgements and management plans.
- Consequently, the collection of risk information and risk assessment should be the first step in planning care for any patient.
- It is also important to ensure that all information relevant to risk e.g. about past episodes or family history of risk behaviours, is collated within risk assessment documentation, rather than being scattered throughout service users' notes. As outlined above, this is particularly important for information about incidents or changed circumstances occurring during care episodes.

(f) The need for a patient-centred approach to risk assessment

Best practice point 3: Risk management should be conducted in a spirit of collaboration and based on a relationship between the service user and their carers that is as trusting as possible[1]

- Government policy increasingly emphasises the need for service users to be equal partners in care decisions, to increase the likelihood that they understand more about their condition, risk and management options, and so that concordance with treatment and co-production of health will be achieved.
- Further, policy advocates dissemination of mental health and risk detection expertise into the community, and empowerment of service users and their carers in the long-term management of their mental ill-health and the associated risks[4].
- Many risk assessments are recorded away from service users, in a covert manner, with little service user input into the process.
- It is important however to use risk assessment tools that can be used within the context of service user interviews, to encourage their input into the process.
- With the advent of self-referral to Improving Access to Psychological Therapies services, it will be increasingly important to use holistic risk assessment tools which service users and carers can also use themselves, for self-assessment, alongside clinician inputs. This will increase understanding of risk, how it manifests and how service users experience it, thus aiding communication between service users, carers and clinicians. myGRiST will play an important role here.

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1. Department of Health (2007, updated in 2009), Best Practice in Managing Risk, London, HMSO.
2. Department of Health (2004), The Ten Shared Capabilities, London, HMSO.
3. Morgan J (2007), Giving up the Culture of Blame: Risk assessment and risk management in psychiatric practice, Briefing document for the Royal college of Psychiatrists http://www.rcpsych.ac.uk/PDF/Risk%20Assessment%20Paper%20-%20Giving%20up%20the%20Culture%20of%20Blame.pdf
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Selected GRiST-related papers

(many are available from the website at www.egrist.org)

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