P02-75 - RISK AND HARM ASSESSMENT TOOLS: IS IT A FULL CIRCLE?

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Introduction: Psychiatric patients have a rather infamous, albeit widely publicised distinction of causing harm to themselves: at times leading to suicide and equally worryingly for society: harm to others occasionally leading to homicide.

There is a collateral knock-on distress, aside of incremental cost effects to various members of society, inclusive of both parties. These acts resulting in harm are termed "irrational", "mad", "and dangerous" and were deemed predictable. No doubt, improved psychotropic medications, evolving teams with greater responsibilities and incorporating ever improving psychological therapies have improved delivery of high quality care to our patients. However, the quest for a standardised, valid, generalisable, user friendly risk tool remains elusive, albeit increasingly improving, or is it?

Psychiatrists now more than ever are tasked with the challenge of assessing, managing and preventing if not predicting such harm and to aid seamless recovery and rehabilitation into society and thereof.

Risk assessment has gone through four generations of tools/ methods. All have their merits and areas that can be improved upon. Significantly, all emphasise a time limited and context driven assessment rather than one off documents. Each method has its place and time and contribute not only to effective risk management but also to recovery oriented treatments and facilitating, monitoring and supervising optimal rehabilitation needs of psychiatric patients.

Conclusion: In this poster we follow the journey of risk assessment tools ranging from the "<u>unstructured/clinician based</u>" to <u>START (Short Term Assessment of Risk and Treatability</u>), pondering if we have now come full circle?