



# Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy

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## 1. Purpose

The purpose of the *Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy* (the Policy) is to guide Western Australian providers of public mental health care to provide evidence-informed clinical care for consumers with mental health problems at risk of becoming violent or aggressive. The Policy is aimed at maximising consumers' safety, supporting their recovery and maximising the safety of others. It signals a shift in policy from an emphasis on risk to one of safety and recovery.

This Policy is a mandatory requirement under the *Mental Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

## 2. Applicability

This Policy is applicable to all Health Service Providers that provide public mental health care and Contracted Health Entities to the extent that this Policy forms part of their contract.

## 3. Policy requirements

Applicable Health Service Providers must ensure that positive measures are put in place, in line with the contents of the *Principles and Best Practice for the Clinical Care of People Who May Be At Risk of Becoming Violent or Aggressive*, in order to achieve the twelve objectives below:

- 3.1 All mental health clinicians must be familiar with the values underpinning care identified in the *Principles and Best Practice* document, for people who may be at risk of becoming violent or aggressive who require that care is recovery oriented, person centred, trauma informed, culturally competent and developmentally appropriate.
- 3.2 A Safety Plan must be included in the clinical file of all consumers who have a risk of becoming violent or aggressive.
- 3.3 A review of all violent and aggressive incidents must take place at least annually, covering the previous twelve month period to identify common factors or trends.
- 3.4 All mental health clinicians must have clinical supervision for development and support.

- 3.5 Unless there are exceptional circumstances (which must be documented in the clinical file), documentation and information about the consumer's care must be shared with the consumer, their carer and other services / agencies.
- 3.6 Service configuration and provision must be regularly reviewed to determine if they contribute to the risk of people becoming violent or aggressive, and, if so, strategies to maximise safety must be developed and monitored.
- 3.7 Protocols must exist which determine actions to be taken following a violent or aggressive incident, including staff debriefing and support, formal review of the Safety Plan and timely alerts (where appropriate) to other agencies or organisations involved in the consumer's care.
- 3.8 Individual violent and aggressive incidents must be routinely reviewed to enhance the knowledge and skills of mental health clinicians, clinical teams and non-clinical staff who encounter consumers and to promote learning from the process.
- 3.9 Health Service Providers must ensure mental health clinicians are competent to recognise how the likelihood of aggressive and violent incidents can be minimised or managed, including those incidents between consumers.
- 3.10 Health Service Providers must ensure mental health clinicians are competent in early decision making for sedation (where this may be appropriate); this competence should include monitoring, awareness of current medical conditions and potential adverse effects.
- 3.11 Mental health clinicians who are likely to encounter violent or aggressive consumers must be competent in safety assessment and management.
- 3.12 All non-clinical staff must be trained to engage consumers respectfully and safely apply de-escalation techniques where necessary.

#### **4. Compliance monitoring**

Health Service Providers are responsible for ensuring compliance with this Policy and should undertake reviews (annual where possible) to ensure that the policy requirements (as outlined in section 3) are being met.

#### **5. Related documents**

The following documents are mandatory pursuant to this Policy:

- N/A

#### **6. Supporting information**

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Principles and Best Practice for the Clinical Care of People Who May Be At Risk of Becoming Violent or Aggressive](#)

## 7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Safety Plan	A structured plan developed collaboratively between clinicians, the mental health consumer and their family and carers that can be worked through when the consumer is experiencing thoughts or feelings about violence or aggression, distress or crisis or following a violent or aggressive incident. It describes strategies to reduce risk and enhance safety, as well as the actions to be taken, when and by whom, in the event of a crisis. See <i>Principles and Best Practice document</i> for further detail.

## 8. Policy contact

Enquiries relating to this Policy may be directed to:

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## 9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment(s)
MP 0101/18	24 December 2018	1 January 2019	May/June 2019	25 July 2019	Original version
MP 0101/18 v.2.0	25 July 2019	25 July 2019	September 2020	Current	Major Amendment: <i>see detail set out below</i>
The Health Executive Committee requested review of the policy in March 2019. The Department of Health Mental Health Unit subsequently undertook consultation with relevant stakeholders to inform this amendment. Section 3 <i>Policy requirements</i> , removes the requirement for Health Service Providers to develop local policy. Requirements have also been reworded and numbered to improve readability. Section 4 <i>Compliance monitoring</i> , has been amended to reflect these changes. The <i>Supporting information</i> document is updated with minor amendments to wording and formatting to enhance readability. Section 2 <i>Scope</i> , first paragraph removed and wording updated to reflect the current policy environment. Section 6 <i>Planning care</i> integrated planning for consumers with comorbidities added to paragraph 3.					

## 10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	26 June 2019

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