**[Insert organisation name/logo]**

Risk Management Plan:

Mental Health Episodes

***🖌Note\****

*This template provides an example of a risk management plan for managing mental health episodes. It provides specific guidance to staff members in managing concerns that arise when providing direct client services. Other examples available as part of the Risk Management Policy include:*

* *Client drug overdose risk management plan*
* *Home visiting risk management plan Opioid overdose response template*

*All material provided by the Network of Alcohol and other Drugs (NADA) is for guidance purposes only. The information should be reviewed in relation to your organisation’s individual circumstances and policies. NADA does not provide medical advice. You should seek the advice of a healthcare professional if you have specific questions or concerns.*

*\*Please delete this note when using the examples provided to develop risk management plans for your organisation.*

**Mental Health Related Episodes Risk Management Plan**

This risk management plan for working with clients experiencing a mental health episode requires the implementation of the following strategies and actions:

|  |  |
| --- | --- |
| **Strategy** | **Actions** |
| **Staffing, training and supervision** | * Recruitment processes ensure staff are skilled and or qualified in working with people with mental health issues. * Education regarding mental health is provided to all new staff and to existing staff annually. * Advice and information is provided to staff regarding new and emerging threats and trends. * Advice and education regarding mental health and support is routinely provided to clients. * Monitor compliance with this Mental Health Episodes Risk Management Plan. * Regular supervision is offered to all staff and incident debriefing is available when needed. * **[Insert other action]** |
| **Identify, assess and act** | * Act calmly and with caution. Staff should avoid being judgmental, condescending or moralistic. * Short sentences are to be used and are to be spoken slowly and clearly to elicit the client’s needs. E.g. How can I best support you now? * Be flexible and supportive at all times. * Staff are to be alert and vigilant of their environment when working with clients, this includes:   + Identifying exit routes in closed environments and ensuring that there is ease of access and exit;   + Enlisting the help of other staff when necessary, but ensuring they stand at the periphery to reduce further escalation from crowding;   + Know your own limitations and do not try to interfere in major episodes;   + Engage the client in conversation to determine logic in speech; Observe the client signs (e.g. speech, orientation), perception (e.g. hallucinations) and behaviour (e.g. eye contact and cooperativeness, mood/affect, etc). * Before meeting with clients, review their case notes for previous history and medications to assess the level of risk and anticipated behaviour. * Staff must ask specific questions regarding history (e.g. physical, mental or social health). * If workers are not familiar with the client history, consult with the client’s case manager or more experience staff onsite. * Prepare preventative actions for clients with specific needs. * Ensure you are accompanied by another staff member when meeting potentially violent or aggressive or other high risk clients. * Contact emergency services by phoning **(000)** or the local mental health team **[insert number]** when appropriate. * Contact client emergency contact. * **[Insert other action]** |
| **Prepare and communicate** | * Develop and prioritise actions for managing identified risks. * Be familiar with the WHS Policy and Client Clinical Management Policy. * Plan activities to avoid triggers and dangerous situations. * Identify referral options for support for the client and the worker. * Notify the clients nominated family, carer or significant other. * Inform and brief other colleagues of the risks. * Complete an incident report ASAP, but within 7 days. * Complete case notes ASAP, but within 7 days. * **[Insert other action].** |
| **Eliminate or reduce the risk** | * Duty of care and responsibility for the client’s safety (such as driving or walking alone) are taken into consideration. * Have a care plan in place with the client exploring options for avoiding and/or managing similar issues in the future. Engage the client’s nominated family, carer or significant other as part of the care plan, where possible. * Arrange a second staff member to attend the meeting or activity. * Prepare a neutral and safe environment for the meeting or activity. * Replace furniture that could be thrown with fixed furniture. * Coordinate a simple alarm system. * **[Insert other action].** |
| **Review** | * Ensure all incidents, concerns and significant observations are routinely and accurately documented. * If **[insert organisation name]** is not able to meet the client’s needs, the organisation will support clients to access and connect with other services that are suitable and competent to meet their needs. * Consult staff to decide whether the risk control processes are effective. * Review incident – triggers/underlying risk/actions that reduced symptoms. * Review the risk control process. * Review external factors of the risk. * Modify or change procedures, protocols and work practices. * Inform staff of changes, if any. * Client Care plan to be reviewed with the client to provide alternative treatments, if possible. * Review the Mental Health Episodes Risk Management Plan and amend as needed. * **[Insert other action].** |
| **[Insert other strategy]** | * **[Insert actions].** |