



Raphael Healthcare introduces GRiST Risk Assessment at The Farndon Unit

Raphael Healthcare continues to become leaders in the field of risk assessments and in particular, risk assessment within a female forensic population. As a result, Raphael Healthcare's Lead Psychologist Phil Coombes is proud to introduce the GRiST (Galetean Risk Screening Tool) Risk Assessment tool at The Farndon Unit. The tool which will run alongside the HCR-20 tool will be able to record data and provide risk estimates for suicide, self-harm, self-neglect, and harm to others.

The Farndon Unit uses the HCr-20 as the standardised risk assessment tool which is utilised across forensic populations, but it was identified as violence specific and therefore did not meet the more important areas of risk which the female low secure population present with, i.e. self harm, suicide, self neglect and substance misuse. With this in mind, it was decided that a tool needed to be found that could pick up on these areas to allow a more informed understanding of the complete risk areas presented.

Having seen a presentation at a national risk conference regarding a new initiative developed from the need for better risk assessment across populations, Phil Coombes met and discussed GRiST with its developers. Phil said "Being at its current stage I felt that it as an ideal time to be able to use our own experience and knowledge as an organisation to help shape this assessment tool and make it client specific, with the ongoing drive to be market leaders this gives the unit an ideal opportunity to be at the forefront of female forensic risk assessment development and implementation."

GRiST background

In 2003, the GRiST team, based at the Universities of Warwick and Aston, began a £275,000 project funded by the NHS under its "New and Emerging Applications of Technology" research programme.

The project aimed to improve mental-health risk assessments by developing a universally accessible, and innovative computerised decision support system (DSS).

The DSS will contain a risk-screening tool that records client data (cues) and provides risk estimates for suicide, self-harm, self-neglect, and harm to others. The tool is intended for use without specialist training and by any relevant professionals, not just those within health and social care. It will provide a new educational and clinical resource linking validated human expertise from mental-health professionals with statistical information extracted from a dedicated client database.

GRiST features

- Rapid screening questions put up front, on the first two pages
- Screening questions cover all risk issues, but only questions answered in the affirmative need further information supplied
- Screening questions aid easy access to information by pointing to the page where it can be found;
- Once you have covered the screening questions and relevant additional information, you know that all risk issues have been considered
- All records of risk judgements and associated comments are held in one place, between the screening questions and additional information
- The amount and type of information can vary for different assessments without compromising the comprehensive consideration of risk
- Repeat assessments are easier with the paper version now because a form that identifies the changed information has been added

Technical advancements

The GRiST team have produced a web-based version of GRiST for gathering data online. Benefits of using the web based tool are:

- streamlined data entry because questions are only displayed when they are relevant
- no need to enter the data again for subsequent assessments of the same person if the data is not going to change (e.g. date of first suicide attempt)
- automatic output of reports from the data entered
- and the ability to add comments to any piece of risk data and for the risks as a whole

Why use GRiST at The Farndon Unit?

- Explicitly models structured clinical judgements:
 - obtained from multidisciplinary mental-health clinicians
 - used rigorous research methods for eliciting consensual clinical expertise
 - has a clear audit trail demonstrating the evidence base for the risk model
- Embraces structured clinical judgements and empirical evidence:
 - within a single system
 - using the accumulating database of risk data and judgements
 - in accordance with Department of Health guidance
- Validated model of hierarchical risk expertise links risk data to top-level risks through intervening concepts:
 - provides a precise formal structure and location for each piece of service-user data
 - acts as an index to risk information held in other patient documentation to facilitate its linkage and collation
 - potential to populate information in other patient records and avoid double data entry
 - easy to find any piece of information and format it for reports
- Underpinned by a database with sophisticated statistical and pattern recognition tools. On-going analyses will contribute to the research evidence base about:
 - how clinicians assess risk
 - social patterns and inequalities associated with risk assessment
 - risk prediction
- Developed from the start to exploit the semantic web:
 - flexible formatting of information
 - multiple delivery modes and web-based interfaces
 - easy and universal access
 - ongoing resources for rapid adaptation in response to changing clinical needs, government directives, and IT requirements
- Designed as an interactive tool with sophisticated interface functionality
 - streamlined data entry with questions displayed only when relevant
 - no need to re-enter data that will not change (i.e. persistent/historical data) for subsequent patient assessments (e.g. date of first suicide attempt)
 - automatic output of reports from the data entered that can be individually customised for the particular clinical service
 - facility to add comments or narrative to any piece of risk data or to contextualise risk judgments
- Versions for different populations
 - same validated underlying knowledge structure
 - data easily passed between population groups, currently including:
 - working-age adults
 - CAMHS
 - older adults
 - service users for self assessment

- Based on psychological knowledge structuring and reasoning processes, which enables risk advice to be explained in ways that are:
 - easy to understand
 - easy to validate
 - supports judgements, not blind faith
- Explicitly intended to support shared decision making and self-assessment:
 - service-user version
 - accessible via IAPT, primary care, and other front-line services or public facilities such as libraries and mental-health charities
- Represents a common risk language with multiple interfaces for collecting information and providing advice:
 - reflect the needs of different assessors in different contexts
 - all linked to the same underlying model of risk
- Provides a whole (health and social care) system approach to risk assessment that aids risk communication across the entire care pathway, from the community to specialist secondary mental-health services:
 - different services
 - different care sectors
 - between clinicians, service users and their carers
- Creates opportunities for NHS organisations to collaborate on research projects with the GRiST R&D team:
 - GRiST is based in two research-intensive universities
 - GRiST is founded on the philosophy of generating rigorous research evidence for its development coupled with extensive clinical testing at the point of care

For more information visit <https://www.grist.galassify.org/grist-benefits.php>