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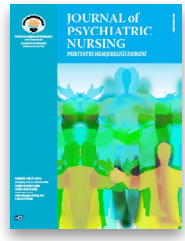

Original Article

The opinions and practices of health professionals in community mental health centers on risk assessment

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Abstract

Objectives: It is the determination of the opinions, practices and recommendations of health professionals in Community Mental Health Centers (CMHC) regarding the risk assessment.

Methods: The descriptive design of qualitative research tradition is applied. The research sample comprises 14 health professionals from three different CMHCs. Research data were collected through a semi-structured interview form prepared by the authors. The qualitative data were analyzed by descriptive analysis method.

Results: It has been revealed that healthcare professionals have awareness of risk assessment and regularly assess the risks of suicide, exacerbation, self-harm and harm to others. Patient and the family are not actively included in the risk assessment process. Various problems stemming from the clients, their families, health personnel and system, and risk assessment forms are experienced in risk assessment practices. Risk assessments cannot be performed due to reasons such as lack of team integrity because of excessive workload, medical staff consistency, regular patient attendance and security personnel deficiencies in risk assessment forms such as unclear questions and no score equivalent, health personnel's lack of risk assessment training. The case-oriented explications, compliance with the contemporary practice, and elaborated information provision about suicide is suggested regarding the risk assessment training.

Conclusion: The study revealed that health professionals in CMHCs have numerous difficulties regarding risk assessment. Moreover, there are deficiencies in risk assessment practices due to these difficulties.

Keywords: Community mental health; mental health; psychiatry; risk assessment.

National and international mental health policies indicate that there is a need for services provided according to quality and especially safety principles focusing on the client, caregivers, families, staff and social safety.[1,2] The quality and safety agenda includes an essential component as the assessment and management of clinical risk.[3,4] Risk assessment is the determination process regarding the likelihood of a potentially harmful or beneficial event in terms of outcome for oneself or others.[5] Risk assessment in the mental health field is described as evaluation of outcomes[7] directly caused by the patient oneself or others[6] with beneficial or often harmful and undesired consequences. The risk assessment aims to limit the negative results as much as possible in all risk-related areas.[2]

The scholarship on risk assessment and management hint at the argument that there are inconsistencies between the risk assessment process and security plan preparations. Furthermore, security plans do not include complementary evaluations, the risk documentation is inconsistent, and there are deficiencies in the cycling risk and security plan supervision.[8–11] The contemporary literature propounds conditions such as patient admittance to the center, after each risk event, the patient's leave, care reformulation, the multidisciplinary team's criticism of care, arguable patient risks, care program approaches,[12] care transfer or changes, pivotal events and significant mood changes[13] to perform a risk assessment.

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What is presently known on this subject?

- Suicide, violence, self-harm, drug incompliance, neglect, physical illness and abuse risk ratios are quite high in the field of mental health.

What does this article add to the existing knowledge?

- CMHCs cannot perform risk assessments adequately due to reasons such as excessive workload, lack of medical staff consistency and regular patient attendance, deficiencies in risk assessment forms and risk assessment training, and lack of security personnel.

What are the implications for practice?

- The reasons for the inadequate risk assessment in CMHCs were determined with this attempt shall shed light on interventions to improve risk assessment practices.

Failure to perform risk assessments for patients with a risk for themselves and/or their environment in CMHCs may result in negative or even fatal consequences for patients, employees and families. Therefore, risk assessment is fundamental for CMHCs. Three main approaches, unstructured clinical decision, actuarial methods and structured clinical decision, remain relevant for risk assessment in mental health and other health care areas. The unstructured clinical decision is also known as 'impressionist' or 'first generation' risk assessment usually involves practices of 'feeling within the consideration of an experience ' or judgment based on 'intuition'.[14] Actuarial risk assessment method includes a risk assessment performed in a formal manner using validated tools.[15] As the structured clinical decision utilizes risk assessment as a dynamic process with a combination of unstructured clinical decision and actuarial methods. The structured clinical decision approach allows the practitioner to be flexible in combining the literature and research evidence with scales if necessary.[14,16] The scholarship on the unstructured clinical decision approach is quite unreliable, subjective, and divergence.[11,17]

It is asserted that the most effective application in the risk assessment and risk management fields can be performed with a multi-disciplinary and multi-dimensional approach, national and international guidelines and documents that highlight the essentiality of collaboration and cooperation among client, health professionals and caregivers.[18] The lack of risk assessment training in mental health personnel poses an imminent risk for patient safety.[19] Relevant studies show that health professionals such as nurses and social workers who work with individuals with mental illness do not have adequate risk assessment training.[19,20] Turkish Ministry of Health provided a five-day training for health professionals in the early years of the establishment of CMHCs as the risk assessment forms to be used in these institutions with explanations on ways to fill them comprised only a small portion of the process. There is no formal information regarding whether these training were compulsory or not, their continuity, duration, content and tutors.

Mental health clinics are distinct institutions in terms of risk factors. Therefore, the regular assessment and documentation of risks such as suicide and aggression is fundamental.[21] Psychiatric disorders are the most important evidence-based risk factor for suicide.[22,23] As the exposure to risks such as violence,[24–28] self-harm,[29] drug incompliance,[30,31] neglect,[32] physical illness and abuse[33] highly relevant for mental health area, employees should be responsive to risk assessment.

CMHCs have pivotal importance in psychiatric care in terms of risk assessment. Clients in CMHCs can easily access several materials usable for self-harm or harm to others. Healthcare workers sometimes have to perform sessions with clients individually in CMHCs who have delusions and hallucinations. Therefore, numerous circumstances can cause high-risk behaviors in CMHCs.[34] Risk management for healthcare professionals is a serious concern. Since the patients cannot be monitored directly and continuously for risk management in CMHCs as in other healthcare institutions. This condition may pose a risk to the patients themselves and/or to others with potentially negative consequences.[35] Risk management is essential in psychiatric patients to protect the safety of psychiatric patients, other individuals in the community health professionals, and prevent physical or material damage.[36]

The Turkish working regulations regarding CMHCs assigns the psychiatrist responsible for preparing and approving risk assessment and management services in all areas. The regulations include a risk assessment form comprising risk dimensions of self-harm, harm to others, exacerbation, and vulnerability. Health professionals working in CMHCs are responsible for conducting risk assessments of clients through these forms. Health professionals working in CMHCs and other institutions in Turkey have never been reached for their perceptions regarding patient safety or the professional risk assessment. Furthermore, the literature has yet to provide insights on how the risk assessment is performed and whether the existing forms adequately assess the risk. There are studies analyzing perceptions and practices of nurses in foreign community mental health institutions regarding patient safety[19] as well as risk assessment and management practices.[7,10]

The lack of efficient risk assessment, the mentally disturbed individual, the family, and healthcare professionals may be exposed to a variety of risks ranging from minor harm to life and death situations. Therefore, elaborating on the risk assessment practices, opinions and suggestions of health professionals in CMHCs regarding risk assessment as well as studies on ways to improve and develop these processes are substantial.

The Purpose of the Study

Determining the risk assessment practices, opinions and suggestions of health professionals in CMHCs regarding risk assessment.

Materials and Method

Research Method

The descriptive design in qualitative tradition was used in the study.

Research Sample

The target CMHCs for data collection were determined through a purposeful sampling process. The reasons behind this purposefully built sample are the existence of a complete team of health professionals (psychiatrists, nurses, psychologists and social workers) defined in the regulation on CMHCs, comprising healthcare professionals with CMHC experience for at least one year (average working period: 2.5 years), the high number of monitored patients in CMHCs (Nişantaşı CMHC: 557 clients; Beylerbeyi CMHC: 467 clients; Karaman CMHC: 247 clients). The research sample involves 14 healthcare professionals, four from Nişantaşı, five from Beylerbeyi CMHC affiliated to Istanbul Provincial Health Directorate, and five from the CMHC subject to Karaman Provincial Health Directorate. The health professionals accepted to participate in the study comprise four psychiatrists, six nurses, two social workers and two psychologists. Nurses are coded as "N 1", "N 2", "N 3"…, "N 6"; psychiatrists "PI 1", "PI 2", "PI 3", "PI 6"; psychologists "PO 1", "PO 2" and social workers as "SW 1", "SW 2", respectively.

Data Collection

The research data were collected in a suitable room of the CMHCs through individual in-person interviews. Interviews for Erenköy Mental and Neurological Diseases Training and Research Hospital, Beylerbeyi CMHC, affiliated to Istanbul Provincial Health Directorate were conducted on 20–23 September 2018, for the ones Nişantaşı CMHC subject to Şişli Hamidiye Etfal Training and Research Hospital on 24–26 September 2018, and for the CMHC affiliated to Karaman Provincial Health Directorate on September 27–29, 2018, respectively. Each healthcare professional was informed about the research beforehand and their written consent was obtained. All interviews were conducted by the same researcher.

The data were collected through the guidance of "Introductory Information Form" and "Semi-Structured Interview Form" prepared by the authors. The introductory information form includes questions that categorize certain socio-demographic characteristics of health professionals such as age, gender, work experience, and profession. Moreover, semi-structured interview form comprises questions regarding the risk assessment definitions of health professionals, their perceptions of responsibility towards it, attitudes towards relevant tools, difficulties in risk assessment, opinions and expectations about the risk assessment training provided by the Ministry of Health, experiences, and risk areas specific to CMHCs.

The interview with two healthcare professionals who did not allow to tape the interview was written and 12 others were recorded. Additional time was requested from the health professionals to keep the records adequately during the transcription of the interviews. Interview time ranged from 15 minutes to 35 minutes.

Validity and Reliability of the Study

The research utilizes principles such as believability, transferability, consistency and verifiability to ensure the validity and reliability of this qualitative attempt.[37,38]

Data Analysis

Sociodemographic characteristics of health professionals were categorized through numbers and percentages. The qualitative data were analyzed by descriptive analysis method. The four stages of descriptive analysis were respectively applied in the qualitative data analysis. First, a framework for data analysis was formulated starting from the research questions, the conceptual framework of the research and the interview/observation dimensions. Second, the authors read and organized the data through the framework they had previously established. Third, the final version of the data was defined. Fourth, the findings were elaborated with relations and made meaningful.[37,38] The authors determined the themes independently, as these themes were evaluated together by the two researchers to specify the themes that both researchers highlighted.

Ethical Issues

Ethics Committee approval was obtained from the Üsküdar University Non-Interventional Research Ethics Committee (NO: B.08.6. YÖK.2.ÜS.0.05.0.06/2017/327). Written permission was obtained from the institutions where the research was performed. The health professionals were informed about the study beforehand and signed a consent form. Confidentiality of all participants in the research was preserved as they remain anonymous.

Results

Three of the healthcare professionals are males, 11 are females and their age is between 28 and 56 (mean: 36.64±7.05). Half of the health professionals have a bachelor's degree while the other half holds a master's degree. The work experiences of health professionals in CMHCs varies between one year and six years (average: 2.5 years). Three of the healthcare professionals have not worked in any other psychiatric service other than a CMHC, and the external psychiatric clinic experience of 11 health professionals varies between 3.5 years and 10 years. Five of the healthcare professionals stated that they did not receive risk assessment training within the CMHC program provided by the Ministry of Health.

Data obtained from interviews were analyzed through descriptive analysis method while seven main themes as risk assessment definitions, risk assessment practices, opinions on the adequacy of risk assessment practices and the reasons behind, risk assessment responsibility, difficulties in risk assessment, suggestions regarding risk assessment training provided for CMHCs by the Ministry of Health.

Theme 1: Risk Assessment Definitions

Healthcare professionals' definition of risk assessment includes probability assessment, holistic assessment, and prevention.

Health professionals have defined risk assessment as a method enabling the assessment of the risk occurrence probability and intervention in advance: *"PI 4: A method that enables intervention beforehand through the determination of patients in the high-risk category to evaluate the probability of self-harm and harm to others to take precautions."*

Some of the health professionals defined risk assessment as a procedure that should be performed in a holistic way, including the concepts of social, economic and illness: *"SW 2: Holistically assessing each condition that may affect the risk status of a patient such as social, economic, disease symptoms. Furthermore, considering the patient's life as a whole and assessing all aspects in terms of risk. For example, patient's circumstances at home, one's relationship with family, socioeconomic status and of course the disease symptoms…", "PI 2: ...the illness symptoms and the course of it are all included in the risk assessment. Focusing only on the disease dimension is not adequate..."*

Some participants in the study expressed risk assessment as prevention: *"PI 4: To evaluate the probability of self-harm and harm to others to take precautions about it...", "PSO 1: …Specifying risky situations and planning measures."*

Theme 2: Risk Assessment Methods

It was stated that the risk assessment in CMHCs is performed through the forms filled, interviews, and team meetings: *"N 3: We use forms prepared for risk assessment specific to CMHCs"*

Some of the healthcare professionals expressed that they perform risk assessment through interviews with patients and/or their families: *"N 2: ... if the patient is suitable for the interview, if one is open, we perform it with the patient through an in-person interview...", "N 1: We currently have a form with our treatment team and we assess this form through interviewing clients..."* Some healthcare professionals stated that they exchanged ideas on the subject after completing the risk assessment forms and with a team discussion: *"N 4: As a consultant, we use out one-to-one forms. Then we share them with other team members and exchange ideas." "SW 2: If I have any opinions about the patient's risk situation, I share them with the team in our weekly meetings..."*

Theme 3: Opinions on the Adequacy of Risk Assessment Practices and the Reasons Behind

Some of the health professionals stated that the risk assessment practices were sufficient because the team had experience in working with psychiatric patients and the risk assessment forms were clear, knowledgeable and adequate: *"PI 2: I think the current level can be considered good. Because the team is good. There is a nurse who worked in psychiatry service for many years and has been working there since the establishment of this CMHC. This nurse knows the patients very well. I'm looking at that nurse as a data file. I can get information about the patients. There is a dedicated team. I think the service is sufficient in this respect.", "N 6: I think the practice in our institution is sufficient…"*

Some health professionals also reported that the risk assessment practices were insufficient because the forms could not be completed, were outdated, the team could not come together, lack of scoring in measurement tools as these pose risks for the patients and employees: *"PI 3: …There is no scoring or cross value when assessing risk. We make decisions with clinical observation. Although I think it is correct to make decisions generally based on clinical observation, it might be useful to determine the periodical change if it turns into something measurable as points.", "N 5: ... For example, there is a necessity like this: the risk assessment form needs to be completed through a team... but our density and the team circulation is so high that we cannot get together... The case counselor performs the risk assessment…"*

Theme 4: Risk Assessment Responsibility

Health professionals have expressed divergent opinions regarding who is responsible for risk assessment. These opinions include the risk assessment should be the responsibility of the entire team, the institution where the family/patient is staying, firstly the patient, then the consultant, psychiatrist, the doctor and the case counselor, with primary responsibility on the doctor. Furthermore, it was stated that the doctor and nurse's observations are different in risk assessment, and the social worker's social assessment is vital. *"N 5: I think the whole team is responsible. I think the entire team, including data entry and security staff, is in the risk assessment team and should decide on it. Sometimes it can be data entry, security and even cleaning personnel who properly observe the patient."*

A psychiatrist in the study stated that the nurse and doctor observation is important in risk assessment: *"PI 2: …Social assessment of the social worker is, of course, important, but the doctor and the nurse's observations are more different and effective."*

Unlike others, one participant stated that hospital management also has a responsibility in risk assessment: *"PI 1: Hospital management is also indirectly responsible for situations such as providing training on risk."*

Theme 5: Difficulties in Risk Assessment

Health professionals in the study experience various difficulties stemming from the patient, family, system, forms, healthcare professionals and lack of support from local governments in risk assessment activities: *"N 3: …I ask about*

sexual abuse; do you have any plans to commit suicide? I had a meeting with the patient's relatives once and they said, 'Why do you ask about suicide you will make him think that now? He did not have that in mind and now will plan that I don't want to come here any longer because you don't how to do your job properly.", "PSK 1: The patient is not always able to provide sufficient information for risk assessment. The families do not always cooperate…"

Healthcare professionals experience various difficulties caused by the system due to reasons such as the constant circulation of the team, shortages in patient records/archives, and excessive workload: *"N 4: …The constant circulation of staff is also a problem. Because when someone is absent, you have to follow those patients, as well. Therefore, it can be difficult to perform a proper risk assessment.", "PO 2: There are too many difficulties we experience in risk assessments. First, we monitor too many patients. I have 132 patients. It is impossible for me to meet with my patients often in these conditions, we are in a bustling work tempo…"*

Healthcare professionals have difficulties because the questions in the risk assessment forms are not clear: *"H 6: …the unclearness of the questions in the form makes this activity difficult. Some questions can be answered with several options and contexts. For example, there is a question on the form: Is there access to suicide devices? This is a ridiculous question, which of the patients living in the community does not have access?..."*

It was stated that adequate knowledge of the health professionals about risk assessment will facilitate the process: *"N 5: First of all, knowledge makes this work easier. In the ministry training, I learned much better how to work on this risk assessment form. After a while, you grasp the meaning of the process and the things you cannot achieve, thanks to one's increased awareness, can cause discomfort…"*

It was expressed that the lack of support from local governments for risk assessment makes it more difficult.: *"PO 2: … including local government, neighborhood representatives and municipalities should know the potential risks. So they can help staff with risk assessment. Local government may refrain from support. Thus, risk assessment becomes difficult."*

Theme 6: Risk Assessment Training Provided by the Ministry of Health

The opinions of the participant health professionals about risk assessment training provided by the Ministry of Health were analyzed under two sub-themes as sufficient and insufficient.

Two nurses stated that they found the training given by the Ministry of Health sufficient: *"N 1: …I find the content of the training given us by the Ministry, sufficient.", "N 6: Ministry's training is very sufficient."*

Health professionals mentioned that there are inadequacies regarding the content, process, method and target group of risk assessment training and made relevant suggestions.

Health professionals mentioned situations such as risk assessment training on exacerbation, missing, moving away, risks according to diseases and disease information, how to evaluate the patient as a whole (with one's environment), the risk dimensions, risk assessment for suicide, precautions, risk of falling, the importance of the social service expert. They also suggested these should be explained through forms: *"PI 3: There can be some focus on the broadness of the risk definition. Furthermore, there is intense detail as the risk has several dimensions and each dimension includes individual parameters and each parameter can vary according to a specific situation, patient, and case. Perhaps, focusing on these steps with further detail in the training may make it easier.", "PI 1: The important thing is to identify the risk, the potential measures and to rate it numerically, when necessary. The ways in which used to manage the exposed risks should be included in this education.", "PI 4: …The groups with high suicide risk should be explained in more detail. For example, factors that predict current suicide can be elaborated more..."*

Health professionals recommended that the training should not be one-time organizations but frequent and continuous regarding the duration of the risk assessment training: *"N 4: training are never done just once. It should be repeated while the information remains updated ... training should be more frequent." "SW 1: ...The Ministry should definitely repeat risk assessment training."*

One health professional suggested that explications in risk assessment training should be performed through a case: *"N 1: …It would be very useful to explain the risk assessment through a case..."*

One of the health professionals suggested that training should be provided to the whole team and it should include families as the target audience of the risk assessment training: *"SW 1: Training should be provided to the entire CMHC team. I think families should also be educated with risk assessment training."*

Theme 7: Risks Towards CMHCs

Health professionals reported that there were risks of harm (self, to others, property), exacerbation, substance use, drug incompliance, ceasing the CMHC visits, abuse, and abuse of psychiatric drugs: *"N 5: The most common risk type is the exacerbation. Environmental damage and suicide are not too often we usually see abuse and exacerbation." "SW 1: The most important issue for patients in the community stigmatization…"*

The reports of health professionals indicate that CMHC employees experience various risks such as exposure to violence, inadequate patient assessment, falling, needle sticking, and lack of security personnel during home visits: *"PI 2: There is no security guard, this is a huge problem, we have a male medical staff and he has to go for all home visits, we have no other choice to protect ourselves." "SW 1: For example, we went to a home visit to a patient, a slightly troubled patient, here, too, s/he tried to hit the doctor. At a home visit, s/he can attack us too..."*

There might be risks arising from the CMHC building: *"SW 2: … This is a community center, the doors are open to everyone, you do not know who would enter through the door… Other than that, one of the things we are insufficient for is that the patients cannot do sports activities as we don't have facilities for this…"*

According to the participants in the study, forensic patients, patients who do not agree to come to CMHC and patients they do not know should be evaluated carefully and these people carry more risks: *"PU 2: The biggest risk in CMHC is home visits. You need to evaluate the house very well before the visit. If the patient has forensic events, one should be cautious. One should not insist too much. There are very persistent patients, we should not push forward, the things we can do are limited, we need to protect ourselves first."*

Discussion

As a result of this research, important data were obtained about the practices, opinions and recommendations of health professionals in CMHCs regarding risk assessment. The data obtained as a result of the research were compared with similar studies in the literature and discussed.

In this study, health professionals generally define risk assessment as identifying situations in which the individual and her/his environment may be harmed, such as self-harm, harming others, experiencing difficulties, and being affected by events. They also define risk assessment as a holistic assessment of the individual, taking into account factors such as social, economic and disorder. In Woods'[11] study; health professionals define risk as "a struggle to overcome or prevent an adverse event". Community mental health nurses participating in Godin's[10] study defined risk assessment as a process of collecting information about a patient in order to create a risk profile. The Turkish Ministry of Health's guide for CMHC divides risk assessment into four sub-dimensions: risk of self-harm (intentional and accidental), risk of harming others (intentional and accidental), vulnerability to get harmed by others, and vulnerability to exacerbation or worsening of the mental state. Since these are the risk dimensions explained in the training, it is thought that the responses given by the participants are in this direction. Participants in this study did not mention the positive side of risk. The positive risk or beneficial risk is a type of risk that can play a positive role in encouraging individuals with mental health problems to take control of their own lives and impact their lives. The positive risk might be significant for the development of the client. Individuals have the right to live their lives to the fullest as long as they do not harm themselves and others. Positive risk-taking acknowledges the risks inherent in all options and seeks to select risks that support the service user's autonomy and life goals.[40]

Health professionals in the study mentioned the importance of observing the clients for obtaining sufficient data about the client. Similar to the result of this research, in the study conducted by Woods,[11] health professionals mentioned that determining the patient's general attitude, level of consciousness and non-verbal behaviors by directly observing the patient in the first interview with the patient will help to make a clinical decision about the patient's potential risks. Similarly, the nurses in the study of Sundin et al.[19] stated that effective risk assessment depends on the right evaluation of the care needs of the client, establishing a close relationship with the patient and having comprehensive information about the patient's condition.

In the study, most of the healthcare professionals stated that they made the risk assessment by interviewing the patient if the patient was suitable for the interview. It is stated in the relevant literature that it is vital for clients to be involved in risk assessment processes whenever possible. It is stated that if mental health professionals do not involve the client in the process of risk assessment, they may not be able to consider very important issues, and they may miss an important perspective that may affect the evaluation results of the clients.[11]

Some health professionals in the study stated that they interviewed the patient's family during the risk assessment process. In some studies, conducted with the families of the clients, family members stated that their safety concerns were often not taken into account[6] and that they were excluded from medical diagnosis, treatment and recovery issues.[39] Since the families' opinions were not gathered in this study, information about their participation in the risk assessment process is limited to the reports of health professionals.

Health professionals in the study stated that they could not perform the risk assessment sufficiently due to reasons such as the patients not coming to the CMHC regularly, the questions in the current risk assessment form are not clear and does not have a score value, they do not receive risk assessment training, excessive workload and lack of security personnel. Similarly, the participants in Woods'[11] study stated that they experienced problems such as staff shortage, inadequate training and lack of resources. Besides, some of the participants drew attention to the weakness of their practice in terms of professional accountability.[1] Research results indicate that there are problems in risk assessment practices.

In the study, it was determined that all health professionals take part in the risk assessment process. A healthcare professional in the study stated that the doctor and nurse observing the patient in terms of risk is more efficient and effective. Supporting the result of this research, it was stated in Woods'[11] research that the majority of the risk assessment process has been undertaken by nurses and psychiatrists, while other professionals provide little input to the process. The role of nurses in risk management stands out since they are the ones who observe and assess the patient most fre-

quently. Furthermore, the regulation on the amendment of the nursing regulation that took effect on 19 April 2011, emphasizes nurse's responsibilities in the risk assessment and management of healthy and ill individuals in the job description of the CMHC nurses.

The participants in the study argued that the treatment team is responsible for the risk assessment, a small portion regards all CMHC employees responsible. Similar to this result, Higgins et al.[40] revealed that approximately half of the nurses asserted the necessity of a multidisciplinary team's occasional involvement in risk assessment practices. Another study conducted with nurses in mental health services in Ireland revealed that the vast majority of nurses gave strong support to risk assessment and safety management practices, while only a small minority of the research sample stated that "risk assessment and safety planning is not their responsibility."[41]

Participants in this study stated that various factors such as excessive workload, the healthcare professional's lack of knowledge about risk assessment, the inability of the team to meet due to excessive workload, and the constant change of the team made risk assessment difficult. Similarly, participants in Briner and Manser's[33] study mentioned that various difficulties are stemming from staff, including inadequate personnel, excessive shift change, stress and workload. The nurses in Sundin's et al.[19] study also stated that the insufficient knowledge of the staff could threaten the safety of a patient. It is thought that making the necessary arrangements regarding these conditions that make risk assessment difficult shall make the process more effective.

Nine of the health professionals in this study mentioned that they received risk assessment training within the CMHC training provided by the Ministry of Health, while the other five did not. Higgins et al.[40] also found that only a quarter of the nurses reported that they received training in risk assessment. Woods'[11] study had participants reporting that little formal training specific to risks was provided to them. There are only a few studies that evaluate the effects of education on risk practices. Contemporary literature shows that training in risk assessment and safety planning improves assessment practices and safety plans.[42] The positive correlation between training and staff knowledge, skills and competencies for improvement-oriented practice has been highlighted.[43] Moreover, nurses trained in risk assessment perform more activities than those who do not receive training.[40]

The health professionals' opinions towards training content in the study highlight the necessity of suitableness for current practice, provision of more detailed information about suicide, a preparation that includes different dimensions of risk, and periodical repetition. Moreover, some health professionals emphasized the need for educating the patients and their families. Some of the participants stated that more information should be provided for suicide risk assessment. Similarly, Higgins' et al.[40] found that most of the nurses in their study stated that they needed training on processes, strategies and skills related to risk assessment and management. The nurses in Sundin's et al.[19] research emphasized that an important aspect of ensuring safe patient care is to organize regular training meetings for the staff.

Some participants in the study stated that they wanted to learn about risk assessment scales. Similarly, Woods'[11] research had participants reporting that more training on certain risk assessment tools and usage methods were necessary.

These studies highlight several necessities for risk assessment training and its content. Thus, it can be argued that systematic training on risk assessment at national and international level and regulations regarding training content is quite necessary.

The reports of health professionals indicate that the risks to the individual being consulted includes variations such as self-harm, exacerbation, substance use, drug incompliance, and waving CMHC supervision. Some health professionals mentioned that self-harm and suicide risks are existent in CMHCs, while others stated that the risk of suicide is not too high. Briner and Manser's[33] research comprised in-depth interviews with clinical risk management professionals in psychiatry clinics and the most frequently mentioned risk was the individual's self-harming behaviors. Flewett's[44] research revealed that health professionals focus on risks of suicide, violence and self-harm risks the most.

This study discovered that clients monitored in CMHCs may have risky actions such as harming other clients, healthcare personnel and damaging surrounding objects. Briner and Manser's[33] participants reported that the risks of violence and aggression occasionally occur in psychiatric patients. Similarly, Flewett's[44] participants stated that violence and self-harm are the most common risks. A prospective study conducted at six psychiatric hospitals discovered that 144 out of 170 professionals experienced patient-induced physical assault over a six-month period.[45] As there is evidence for the risk of violence in psychiatric patients. This study propounds the risk of violence in psychiatric care areas similar to the literature.

Health professionals in the study expressed their concerns over neglect, abuse and stigmatization of their clients by others. Similarly, Higgins' et al.[40] study examined the risk assessment status of nurses working in environments such as houses, society and hospitals where psychiatric patients receive care and it was found that nurses working in community settings pay more attention to the risk of clients being victims in the community compared to other psychiatric care areas.[40] Unlike these studies, Kelly and McKenna[46] found that the majority of the CMH nurses they interviewed were unaware of the client's victimization and even viewed it as insignificant.

The health professionals in the research thought that individuals around the patient can harm the patient in various ways.

Studies in this regard show that individuals with mental health problems experience high levels of financial exploitation, victimization and harassment in the society, both at home and outside.[46,47] A survey study conducted with 778 psychiatric patients revealed that 14% of the patients were physically attacked, 25% were at risk of attack at home, and 26% had to move from their home due to harassment.[48] The benefits of national laws and regulations, local conventions and being part of a large public sector, and all these issues have significant implications for patient safety.[19] Therefore, it can be asserted that public regulations against these risks that psychiatry clients are exposed in society, especially in the community are necessary.

Another risk area that the participants highlighted for the individual's self-risk is substance addiction risk. Similarly, Briner and Manser's[33] participants also mentioned the risks associated with substance use and its consequences. Substance use disorders accompanying psychiatric diseases are an important factor in worsening the prognosis of the diseases.[49] It can be argued that this is a risk for CMHCs, especially considering the monitored psychiatric clients' access to the substance in the community.

Healthcare personnel in CMHCs make home visits to clients at various time intervals to assess the clients' home, living environments and domestic processes. These visits expose healthcare professionals to various risks. An important issue expressed by all health professionals in this study is the risky situations that the staff may face because the home visits to client homes are performed without a security guard. Similarly, Briner and Manser's[33] participants mentioned the risks related to personnel safety. It can be argued that due to the risks that health professionals are exposed, especially during home visits, necessary arrangements are an imminent requirement.

Participants in this study designated the patients who have judicial processes, refuse to visit the CMHC and were not familiarized by the healthcare personnel in the group with the highest risk for CMHCs. A part of the health professionals emphasized that the forensic history of the client should be evaluated thoroughly and this patient group could be very risky. Godin[10] argued that the nurses collected data about the patient, especially about judicial processes, before visiting the patient. These results hint at the argument that forensic history should also be taken into account in patients' risk assessment training.

Conclusion

This study obtained important results that can raise awareness about risk assessment in CMHCs. It was observed that there are various problems caused by healthcare professionals, the CMHC procedures, patients and families of patients in the risk assessment practices of health professionals. These results suggest that training health professionals on risk assessment at adequate intervals, preparation of the assessment training in line with the requirements is recommended. Necessary arrangements should be made for situations that make risk assessment difficult due to factors such as excessive workload and constant team circulation caused by the CMHC procedures. The necessary arrangements to reduce the risks that may arise especially from home visits and the presence of a security guard is highly recommended.

Limitations

The data is limited to the participants with whom the interviews were conducted. Therefore, the results cannot be fully generalized to all types of psychiatric care settings and other CMHCs and hospitals.

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