

Moving away from risk stratification to a more personalised approach to risk in psychiatric in-patients

Pauline Rivart

NIHR Greater Manchester PSRC

Authors: Pauline Rivart, Jodie Westhead, Su-Gwan Tham, Pauline Turnbull, Leah Quinlivan, Roger Webb, Nav Kapur

Background: Research has shown that risk stratification tools do not accurately predict risk of self-harm or suicide (1,2,3), and clinical guidelines recommend that these should not be used to predict future behaviour, nor allocate treatment (4,5). The Culture of Care programme aims to improve patient and staff safety on in-patient psychiatric wards across England, using a lived experience-led, trauma-informed, autism-informed and anti-racist approach. The 'Personalised Approach to Risk' (PAR) element of the programme is one of four key interventions. This component is delivered by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), with contributions from four 'trailblazer' Trusts who have already implemented their new approach to risk.

Objectives: (1) To support psychiatric in-patient wards to move away from risk stratification towards a more personalised approach to risk; (2) To support wards to understand the evidence for risk assessment, its limitations, and consider alternative approaches to suicide risk assessment and management.

Methods: NCISH is providing support to 10 Trusts in the first year (2024/25) of the programme and to 50 Trusts in the second year (2025/26). Support includes: (1) Site visits with NCISH presenting evidence for PAR and trailblazers sharing good practice; (2) Virtual learning events on topics relevant to PAR, with contributions from people with lived experience and equity experts; (3) Virtual drop-in sessions for Trusts to share learning and challenges; (4) Web resources on guidance, evidence and good practice.

Results: The four trailblazers have received positive feedback from staff and patients, indicating high feasibility and acceptability. Four of the 10 Year 1 Trusts have implemented their new approach, with the remaining six planning to implement theirs by the end of 2025. Over 1,500 attendees joined Year 1 PAR events and over 2,000 individuals registered to receive PAR-related resources (evidence, guidance, videos, and infographics).

Conclusions: Quality improvement programmes such as Culture of Care can support mental health organisations to improve patient and staff safety, and move towards a culture of care, safety and collaboration. PAR implementation and evaluation is ongoing for Year 1 and Year 2 Trusts. It is hypothesised that PAR will improve relational quality care, implementation of evidence-based practice, and collaborative care.

Moving away from risk stratification to a more personalised approach to risk in psychiatric in-patients

Pauline Rivart, Jodie Westhead, Su-Gwan Tham, Pauline Turnbull, Leah Quinlivan, Roger Webb, Nav Kapur

University of Manchester

NIHR SafetyNet Symposium 2025

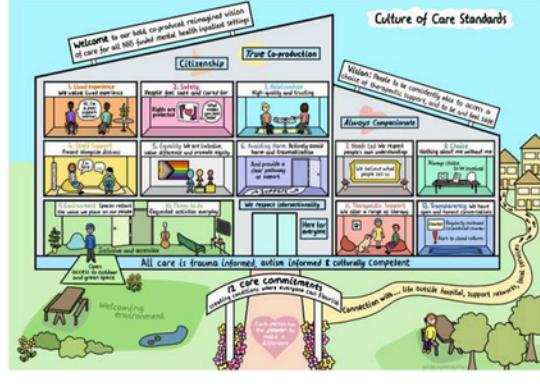
psrc-network.nihr.ac.uk

Background

Risk stratification tools do not accurately predict risk of self-harm or suicide^{1,2,3} and should not be used to predict future behaviour or allocate treatment^{4,5}

The Culture of Care Programme

- Aims to improve patient and staff safety on psychiatric in-patient wards across England, as part of NHS England's Quality Transformation Programme.
- The 'Personalised Approach to Risk' (PAR) element of the programme supports mental health NHS Trusts to move away from risk stratification.



Lived experience-led

Autism-informed

Trauma-informed

Anti-racist

The Culture of Care Standards underpin the design and delivery of the Culture of Care programme.

Aims

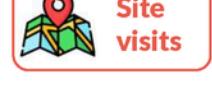
Support wards to understand the evidence for risk assessment and its limitations, and consider alternative approaches

Support wards to move away from risk stratification towards a more personalised approach

How are we delivering the PAR support?

NCISH is delivering the PAR component to 10 Trusts in Year 1 (2024/25) and 50 Trusts in Year 2 (2025/26), with contributions from four trailblazer Trusts who have already implemented their new approach to risk.

Support includes



Web resources with evidence, guidance, videos, and infographics



Virtual drop-in sessions for Trusts to share learning and challenges



Review of quality improvement plans



Online learning events on topics relevant to PAR

All 60 Trusts supported to co-design and integrate lived experience, equity principles and evidence-based practice



Outcomes and impact so far

Trailblazer Trusts

5.7

million population coverage



Feedback indicates high feasibility and acceptability for patients and staff

Year 1 Trusts

15

million population coverage

4

out of 10 Trusts have implemented their new approach, with remaining six planning to implement by end of 2025

Support

1.5k

attendees at Year 1 events

2k+

registrations to receive resources



How will PAR improve patient safety?

Hypothesised to improve relational quality care, implementation of evidence-based practice, and collaborative care

Embeds equity principles and lived experience into mental health practice and quality improvement to create safer environments for patients and staff

NIHR | Greater Manchester Patient Safety Research Collaboration

NCISH

Culture of Care

Contact: pauline.rivart@manchester.ac.uk