

Risk assessment in general psychiatry is controversial. Two studies on acute psychiatric wards showed reduction in aggressive incidents and coercion using short-term risk assessment procedures (Abderhalden et al. 2008; Sande et al. 2011). No studies, however, have been done to demonstrate an effect of risk-assessment in general outpatient psychiatry. One study in a forensic assertive community treatment team showed no effect of risk assessment (Troquet et al. 2013). Despite this lack of evidence of an effect of risk assessment, in some countries (United Kingdom for example) risk assessment is required. We will discuss that risk assessment in general psychiatry should be restricted to those patients who are at risk, not only with respect to violence but also with respect to suicide, self-neglect and social breakdown. Special attention should be given to protective factors. Clinical trials in general outpatient psychiatry are needed to test whether risk assessment including these various types of risks lead to a risk-reduction and better clinical outcome.

References

Abderhalden et al. Structured risk assessment and violence on acute psychiatric wards. *Brit J Psychiatry* 2008;193:44-50

Sande et al. Aggression and seclusion on acute psychiatric wards. Effects of short-term risk assessment. *Brit J Psychiatry* 2011;199:473-478

Troquet et al. Risk assessment and shared care planning in outpatient forensic psychiatry. *Cluster Randomized Trial. Brit J Psychiatry* 2013;202:365-371