CORRESPONDENCE

Risk assessment and resource allocation

DEAR SIR,

We are concerned by the recent account of the activities of a selection of the Australia's specialist community forensic services.[1] From the data presented it seems that about 600 risk assessments are conducted by these services each year, at an average cost of $2800 per assessment, assuming expenses of $200 per hour. However, the effort devoted to performing risk assessments is largely wasted, as there is almost no scientific evidence that performing risk categorization actually reduces the incidence of harmful events and the vast majority of people categorized as being at high risk will never commit a seriously harmful act.[2] Of greater concern is the much larger cost to health services arising from clinical decisions made on the basis of these risk assessments.

The Community Forensic Mental Health Services in NSW and Queensland play little or no role in the direct care of patients, and hence the assessment of risk cannot be said to be part of routine community care of populations with a history of dangerous behaviour in those states. The question could then be asked: should the clinician time devoted to preparing risk assessments be diverted to a clinical activity that has been shown to reduce harm, such as expert cognitive behaviour therapy for substance abuse in dual diagnosis patients?

Furthermore, consultation services that are not responsible for the direct care of patients are also not responsible for finding the resources needed to implement recommendations arising from risk assessment reports. The greatest cost associated with risk assessment is not the cost of the reports themselves, but the misallocation of resources that occurs as a result of clinical decisions based on those reports. The cost of detaining patients who are categorized as high risk but who would not commit a seriously harmful act can run into millions of dollars in the building and running of forensic services. Prolonged hospital stays of patients because of concerns about what they might do if they are discharged rather than because they need longer treatment in hospital is a well-recognized problem for all mental health services. It results in reduced access to inpatient care for a large number of patients who would benefit from admission for treatment.[3] Studies of pathways to care show that a group of patients who are often denied access to inpatient beds are those in the first episode of psychosis, who are less likely to be categorized as high risk because of the absence of any history of harmful acts, but who are actually more likely than patients with previously treated psychosis to harm themselves[4,5] or others.[6,7] Moreover, their risk of severe violence is much lower after an adequate period of treatment.[6]

Risk assessment appeals to politicians and some administrators because it is superficially plausible and provides a beguiling, but flawed, rationale for the distribution of resources. It provides an empty reassurance that "something is being done" about dangerousness and, when a serious incident that might have been predicted does occur, it allows the blame to be shifted from the service to the clinician with the false premise that somehow "adequate risk assessment" will prevent all tragedies.

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