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ORIGINAL PAPER

Assessing Aggression Risks in Patients of the Ambulatory Mental Health Crisis Team

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Abstract During outreaching crisis visits, crisis team members run the risk of being confronted with aggressive behavior from their patients. To prevent dangerous situations, a method to assess risks in advance, on the basis of information received before the visit to the patient in crisis, could prove useful. During a two-year period, crisis team members completed a checklist before visiting patients in psychiatric crises. After each crisis visit, if there had been any aggression, this was recorded by means of the SOAS-R. In 51 of 499 crisis visits (10%) aggression was documented. The results indicate that the predictive validity of the presented checklist for occurrences of aggression may be fair-to-good. Use of the checklist in everyday crisis team practice seems recommendable as it structures the way risks are assessed before entering a potentially dangerous situation.

Keywords Aggression · Violence · Community mental health services

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Introduction

Professionals working for psychiatric emergency services have to make difficult decisions about psychiatric admission of patients that object to this. As Segal and his colleagues put it, the psychiatric emergency Service is the "critical entry point into the mental health system and sets the tone for the patient's view of the mental health treatment continuum" (Segal et al. 2004, p. 87). This research group of Segal and colleagues conducted various studies on which variables are associated with the decision to admit patients against their will to psychiatric inpatient wards (e.g., Segal et al. 1995; Watson et al. 1993), as well as on the reliability of these difficult decisions (e.g., Segal et al. 1988). Factors that predict a quick involuntary return (i.e., within 12 months) to the psychiatric emergency services have also been the object of extensive study by this research group (e.g., Segal et al. 1998).

As patients that are assessed by professionals of psychiatric emergency services are in acute psychiatric crises, and the result of these psychiatric evaluations often is that the patient has to be admitted against his or her will, it perhaps is not surprising that crisis teams and hospital emergency staff are frequently confronted with aggressive behavior (Penterman 2006). In one of the fore-mentioned studies (Segal et al. 1995), for instance, 65% of the patients were retained after evaluation by psychiatric emergency services.

In the Netherlands, psychiatric emergency evaluations are generally performed by ambulatory psychiatric crisis teams that respond to requests for psychiatric evaluations. These requests can come from various sources (e.g., from the police, from general practioners, or from family members of psychiatric patients). The psychiatric emergency service staff generally responds to such requests by