

## **Therapeutic Risk Taking, Sharing Decision Making and the Emperor's New Clothes**

Welcome, it's a pleasure to join you today and I look forward to making new acquaintances and sharing new ideas for healthcare practice, especially at such a pivotal time in the re-development of Mental Health Services in Belgium.

They say imitation is the finest form of flattery so inspired by a keynote presentation given by one of my academic role models; I am going to begin this talk with an insight into my conclusion.

To start I am going to read a short extract from a story so I hope that you are all sitting comfortably

*Many years ago there was an Emperor so exceedingly fond of new clothes that he spent all his money on being well dressed. Every day many strangers came to town, and among them one day came two swindlers. They let it be known they were weavers, and they said they could weave the most magnificent fabrics imaginable. Not only were their colors and patterns uncommonly fine, but clothes made of this cloth had a wonderful way of becoming invisible to anyone who was unfit for his office, or who was unusually stupid. All the town was talking of this splendid cloth, and the Emperor wanted to see it for himself.*

*"Magnificent," said the two officials already duped. "Just look, Your Majesty, what colors! What a design!" They pointed to the empty looms, each supposing that the others could see the stuff.*

*"What's this?" thought the Emperor. "I can't see anything. This is terrible! Am I a fool? Am I unfit to be the Emperor? What a thing to happen to me of all people! - Oh! It's very pretty," he said. "It has my highest approval."*

*The Emperor undressed, and the swindlers pretended to put his new clothes on him, one garment after another.*

*Well, I'm supposed to be ready," the Emperor said, and turned again for one last look in the mirror. "It is a remarkable fit, isn't it?"*

*So off went the Emperor in procession under his splendid canopy. Everyone in the streets and the windows said, "Oh, how fine are the Emperor's new clothes! No costume the Emperor had worn before was ever such a complete success. "But he hasn't got anything on," a little child said. The Emperor shivered, for he suspected they were right. But he thought, "This procession has got to go on." So he walked more proudly than ever*

The reasons for my opening tale will become clear as I explore therapeutic risk taking and the emperor's new clothes, by first playing the character of the swindlers and then the curious child.

Taking risks promotes discovery and growth, it recognises that people with mental health problems have rights to access opportunities and make mistakes. It doesn't mean failing to address service users' needs for safety, security and comfort particularly at times of distress. However promoting therapeutic risks can pose challenges for mental health professionals who can feel constrained by social and organizational cultures that are risk averse.

I will return to the meaning and practice of therapeutic risk taking later. However in order to understand the benefits and challenges of this approach it is useful to explore how the need for therapeutic risk taking has arisen, influenced by both the historical context of mental health services and the social meaning of the concept of risk.

With some notable exceptions such as (forgive my pronunciation) Geel, psychiatric institutional systems grew across Europe in the enlightenment era with aspirations to offer a cure and social care for those who they admitted, under the guidance of the growing psychiatric profession. However, some critical theorists have highlighted that asylums and more latterly large psychiatric hospitals provide a containing & segregating system for a population perceived to be a threat to moral and social order. So what does this mean to mental health service delivery in the 21<sup>st</sup> Century?

Deinstitutionalisation provides the opportunity for increased access to full citizenship in the community for people with mental health problems (as supported by the Patients Act 2002 - CHECK and the focus on inclusion as a central aim for reforms in Belgium). However, it also has the potential to position mental health professionals as part of a system of surveillance, responsible for controlling a group who may not conform to ideals of a rational citizen. Different authors such as Nikolas Rose and George Szumukler have offered this analysis on the role of mental health professionals in the UK and highlight how risk becomes the system under which the surveillance is conducted. Mental Health professionals are positioned as the ones responsible for protecting the community and people with mental health problems from harm. Through this the autonomy of people who use mental health services is invisible. Professionals are also exposed to the possibility of experiencing tensions between professional codes that promote rights and choice alongside the ascribed role of surveillance and protection (some have argued policing).

Risk management becomes a core focus of contemporary mental health care. However, the term risk is associated with certain meanings. Within the English language (and my apologies for being a typical Brit with no grasp of any languages other than my own, and

even then the grasp is questionable!!) risk has become synonymous with harm. Hamilton et al's linguistic analysis highlights risk is used in our everyday speak to denote loss, unpleasant, harmful or dangerous consequences. Interestingly it is also associated with actions and individuals, which clearly locates risk as something tangible, which "someone" is responsible for. This emphasises my previous point that risk in mental health care is associated with the actions of service users and the responsibility of mental health professionals.

It is important to highlight that there are undeniably potential harms that people with mental health problems are more likely to experience. However, the extent to which it can dominate mental health practice is problematic. It should be recognised that extreme harm links to a minority of people in contact with mental health services (Ryan 2010; Appleby 2013). And the threats to safety people with mental health problems are most likely to experience are related to being the victims of harassment & physical violence. Alongside the iatrogenic effects of mental health treatment or what are described by Clarke and Mantle in their paper about risk, older people and independent living, as "silent harms" (because they are often overlooked), namely the impact of unnecessary restrictions placed on people's liberty, autonomy and independence by mental health services.

Yet people with mental health problems are seen as a risk, namely a potential danger, in my own Phd research I highlighted that it dominated their identity to such a degree that other characteristics and needs became invisible. People with mental health problems were treated as 'objects of risk' both by professionals and wider society

The association between risk and danger, both semantically and in its direct application to mental health services, also promotes that the natural/normal thing to do is therefore to eliminate or minimise risk. The challenge for mental health services comes in the impact this can have on the use of restrictive interventions such as compulsory treatments (huge growth in the use of the MH act in the UK) and making decisions about when these interventions should be used and when they should be reduced. To put another way balancing the individuals' risks to liberty with the communities risks to safety and welfare and the associated professional duties.

Returning to my introduction for a moment, up until now the swindlers have been hard at work to spin the thread that there needs to be a new way of looking at risk that therapeutic risk taking offers. But it is this statement that the normative view of risk is about minimization, that the curious questioning of a child begins to emerge. More about this later.

Therapeutic Risk Taking

Therapeutic risk taking offers a means to attempt to achieve this balance. It essentially means supporting people with mental health problems to take a risk. Risk taking involves professionals working collaboratively with service users, supporting opportunities for growth and change.

One aspect of this is having a dialogue with service users about their safety needs and the areas that they fear threaten their safety. Research shows that this is still an area where people lack meaningful participation in risk management plans (Coffey et al 2017).

Both definitions emphasise a joint responsibility between the individual and mental health services to understand and make decisions related to risk. Shared decision-making is therefore a key aspect of therapeutic risk taking. As we will continue to hear about today this approach involves understanding the person's own values and attitudes, identifying their own goals. Achieving SDM entails the recognition of the person's expertise developed through the experience of health problems, brought together with professionals' knowledge to negotiate the outcome of the decision.

Therapeutic risk taking acknowledges that by actively taking risks positive change can occur. Here risk is understood differently, it can result in gains and not just losses making more visible alternative definitions of risk that account for possibilities not just probabilities.

Therapeutic risk acknowledges that taking risks is an essential part of the human experience that not only enables us to learn and achieve but also build resilience and personal insight from mistakes. Outside the context of health services we take risks all the time that helps us achieve all that we do, in relationships, professional lives and in many leisure pursuits. It is increasingly being recognised that protecting people with mental health problems from taking risks is not desirable and may inhibit personal recovery.

As highlighted previously therapeutic risk taking doesn't mean ignoring the potential harms that may occur or paying little attention to risk assessment. Instead, it asks for a contextualised relational "person centred" understanding of the individuals' health and safety needs. It also involves weighing up the potential benefits as well as harms of different options and courses of action, approaching problems creatively to help promote change.

#### Therapeutic Risk Taking and Recovery

Promoting therapeutic risk taking reflects a recovery orientated approach to mental health practice. This is clearly evident in the emphasis within therapeutic risk on control, choice and enabling people to make decisions about their health and safety. Attention is drawn

to the autonomy of service users, who also have a right to make choices even bad ones. Being able to pursue a course of action where the outcome is inevitably unknown is an important part of having agency. Patricia Deegan one of the leaders of the Recovery movement highlights the potential of therapeutic risk taking to promote growth and through this foster hope and opportunity. In order to achieve this mental health workers need to be committed to this hope and opportunity for people to help unlock this in the people they work with.

However, people may be reluctant to take risks and this could be a real challenge following a shift from institutional to community care. Taking risks for anyone, in careers, relationships, home life can involve putting yourself in a vulnerable position, facing embarrassment or difficulty if it doesn't lead to the outcome that we had hoped for. This might be even more challenging for someone with a diagnosis of mental health problems who has experienced a loss of hope, identity, self-belief and social prejudice. Yet achievements and pursuing aspirations involves taking these risks. Professionals holding hope, recognising strengths and resilience, working alongside people can help create the conditions where risk taking is a possibility. Conversely it has been recognised that people with mental health problems may be taking and managing risks every day for example in the independent management of impairments or distress which aren't always recognised in professional risk management.

New clothes?

So the swindlers have completed their woven cloth and I hope that my summary of therapeutic risk taking has sparked some queries or new ideas. I spent all of my clinical career as a mental health nurse working with people who experience psychosis, thoroughly committed to therapeutic risk taking, whilst also grappling with the tensions that accompany it and much of my academic career, writing, researching and teaching in this and related areas. However, more recently for various reasons I have had cause to come to see therapeutic risk taking from a new angle. Returning to the opening fairytale...

*Oh, how fine are the Emperor's new clothes! No costume the Emperor had worn before was ever such a complete success. "But he hasn't got anything on," a little child said*

On the face of it therapeutic risk taking is a fine fit indeed. It seems to provide an important challenge to dominant perspectives on risk management which position people with mental health problems as a potential danger that should be controlled or as vulnerable and in need of protection. However, the curious child has cause to ask whether this challenge, like the emperors new clothes really exists within therapeutic risk taking.

Therapeutic or positive risk taking in the UK has been a subject of discussion for at least the past 15 years (and probably a feature of some areas of mental health care such as

rehabilitation services long before this). There are signs that during this time that therapeutic risk taking has been subsumed by concerns with controlling and eliminating risks, increasingly through containment (this afternoon's speaker's research highlighting a trend in some countries towards reinstitutionalisation). Alongside concerns with the negative implications for service users, such struggles may be a reflection of fears regarding the personal and professional damage that may also be experienced by the practitioner should any harm occur. Although professionals may be striving for equilibrium between duties of care and enabling people to access their rights, to support safety and positive risk taking the balance still tends to be skewed towards protection (for example the growing number of people globally subject to compulsory powers when in the community).

Such a position is likely to be influenced by a complex range of factors. Organisational cultures may inhibit professionals from supporting risks taking, Robertson's and Collinsons research showed the frustrations that organisations' narrow perceptions of risk caused for professionals. It also highlighted a lack of organisational policy to guide professionals. Documentation systems including risk assessment tools emphasise a certain view of risk which often doesn't recognise the significant threats to the safety of the person (some of which may come from using the service itself in terms of iatrogenic risks, loss of employment and so on). Therapeutic risk taking doesn't impact on these definitions of risk and therefore doesn't fully address the need for a much broader understanding of what it means for people with mental health problems.

Contributing to this position may be the language of positive or therapeutic risk itself. Minimising risk and therefore by definition harm or loss is the accepted social norm, so taking risks is positioned as 'abnormal'. Accepted practice becomes managing and controlling risk rather than facilitating opportunity which may confound the challenge for professionals.

Fundamentally therapeutic risk taking maintains an association between service users and risk, perpetuating a view that being risky is part of the experience of mental health problems. Practical examples of therapeutic risk taking relate to the quest for goals that could enhance quality of life, the pursuit of individual aspiration and choices, from moving house, undertaking education, coping with difficulty by drinking alcohol or taking drugs, living a life with minimal medication to starting employment. Whilst these choices bring additional complexity for people with mental health problems defining these opportunities as therapeutic risks creates the potential to pathologise communal life goals which undermines recovery.

Moving forward I would propose that some of these limitations may start to be addressed by

- Seeking Alternative Language – If risk really means danger, should we instead talk about harm, safety, security, recovery and opportunity. Some areas are moving towards “safety” rather than “risk management” plans
- Engaging in open dialogue with service users about these areas of their lives and mental health care. Many service users are unaware they are subject to risk assessment
- To pick up on a theme continued this afternoon, maintain focus wherever possible on the relationship with the individual rather than the disembodied risk factors

In conclusion ...Ultimately by questioning therapeutic risk taking I don't seek to undermine the values and principles of an approach which is essentially about affording people with mental health problems the rights and opportunities we all enjoy. But I do seek to add a note of caution before putting on the new cloak, we need to make sure that we are striving to change the reflection and not resolved to just dusting off our old clothes.

And finally a thought to leave you with

“The person who risks nothing, does nothing, has nothing is nothing, becomes nothing. He may avoid suffering and sorrow, but he simply cannot learn, feel, change, grow or love. Chained by his certitude, he is a slave; he has forfeited his freedom. Only the person who risks is truly free” (Leo Buscaglia)