## Dignity of risk

A person receiving mental health and wellbeing services has the right to take reasonable risks in order to achieve personal growth, self-esteem and overall quality of life. Respecting this right in providing mental health and wellbeing services involves balancing the duty of care owed to all people experiencing mental illness or psychological distress with actions to afford each person the dignity of risk.

This principle is intended to alter the balance of power between medical authority and people with mental illness - to respect people's inherent dignity and human rights, and to weigh against a paternalistic or overprotective approach to service provision.<sup>2</sup>

Explore what personal growth, self-esteem and quality of life mean for the person.

- Respect and support the right to make decisions: Presume capacity to give informed consent to decisions see supported decision making principle. Both voluntary and compulsory patients have a right to make informed decisions involving reasonable risks. What is a reasonable risk may depend in part on the person's current circumstances and supports.
- Promote supported decision making practices: See supported decision making principle.
- Check if support is required to understand information, rights and options, and to make and communicate decisions. See dignity and autonomy principle.
- Support decisions to take reasonable risks, and work together on safety planning: Work together with the consumer, and with consent, their carers, families,

supporters and kin. Discuss risks and safety together with consumers, carers, families, supporters and kin to develop a shared understanding of safety, risks and opportunities.

**Discuss the benefits and risks** of different decisions. This includes considering:

- The consumer's views, preferences, values and priorities.
- The benefits and risks of the person's preferred option - how does it promote personal growth, self-esteem and quality of life? What general and specific information do you have about the likelihood and seriousness of possible harm to the person or another person?
- The benefits and risks of options proposed by the service, or other alternatives. For example, symptom stability or relapse prevention, as well as risks of trauma from compulsory treatment or restrictive interventions, loss of trust with the treating team, medication side-effects, loss of autonomy, or serious distress, disruption to relationships, living arrangements, work and study.
- Evidence based protective factors for example, current mental health, wellbeing and supports.
- Steps that can be taken to reduce identified risks - for example, support to access housing, psychological support, or alcohol and drug services, or strengthening community connections.
- What treatment and care options are available and what less restrictive ways there may be to meet a person's preferences and respond to their clinical needs.
- Any agreed reasons to review the approach to treatment, risk and safety.
- Practical resource constraints.
- Only intervene if there is a lawful reason: Only make decisions for the person if there is a lawful reason to do so if all of the following apply: the person is a compulsory patient who does not have capacity to give informed consent to treatment or has refused consent, the treatment is clinically appropriate and there is no less restrictive way to treat the person.
- Ensure any decision made for the person is least restrictive that it is the most consistent with the person's preferences. If a person's decision making is restricted, make plans to move towards decisions that are more in line with the person's preferences. See least restrictive principle.

<sup>2</sup> Explanatory Memorandum to the Mental Health and Wellbeing Bill 2022, p 22

