Quick start for using the GRiST software

Contents

This manual is intended to help mental health practitioners conduct a mental health assessment with GRiST, providing instructions for interacting with the system from start to finish. For more detailed information, or the theory and reasoning behind GRiST assessments, refer to the document "How to use GRiST for creating effective risk evaluations and associated management plans".

This document applies to the mind map version of GRiST as far as the interface is concerned, although much of the functionality is common to both interfaces.

1   Interfaces in GRiST

1. GRiST offers two assessment interfaces: a sequential interface and a mind map interface.

2. Sections 2 and 3 will show you how to select an interface in GRiST.

3. Both interfaces collect the same information, but allow you to conduct the assessment differently:

   - **Sequential interface:** assessment questions are presented as a list in a set order.
   - **Mind map interface:** different aspects of the assessment (e.g. risk, feelings, relationships, etc.) are presented as branches of a tree or mind map, which can be selected in any order. This allows you to choose which areas to explore, and in what order. Figure 1 shows the mind map in GRiST.
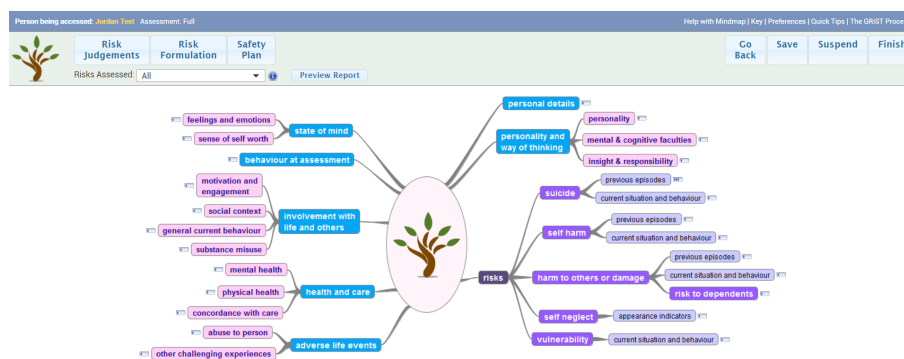
Figure 1: *Mind map interface*

4. Choose the **mind map** interface when:

   (a) you are using GRiST during an assessment with the service user and want to collect data in any order;

   (b) you want to conduct a repeat assessment that only collects data that may change on a daily basis (the "rapid repeat" version of GRiST);

   (c) if you prefer it anyway.

5. The **sequential** interface can be used if

   (a) you know what data to put into GRiST already;

   (b) are happy with the fixed order of answering questions in this interface.

6. Note that the sequential interface can be replicated from the mind map version simply by selecting the middle node of the mind map or the *sequential GRiST interface* option from the tool's home page (see Figure 8).

2 How to access GRiST via the website (www.egrist.org)

1. Go to the website (www.egrist.org) and log in using your details by clicking the log in tab.

2. After logging in, you will be presented with My Groups. Click the group name, as shown in red in Figure 2, corresponding to the group you will be conducting an assessment for.

3. Next, you will be presented with a choice of interfaces:

4. You can choose the interface you want by selecting one or other of the icons in your group home page.

5. Figure 3 shows the two icons that access either a *sequential interface* or a *mind map interface* for GRiST. Click the icon corresponding to the interface you want to use.

   • See section 1 for guidance on which interface to choose.

6. After choosing your interface, you will see the list of service users. Select the service user you would like to conduct or view an assessment for by clicking their Patient ID.

Figure 2: *Your groups are displayed after logging in*
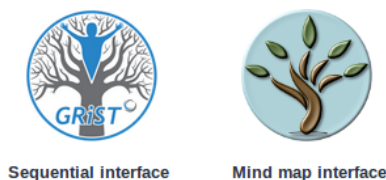
Figure 3: *Interface types.*

Figure 4: *Choose a service user from the list*

7. If this service user has no previous assessments, you can start one by clicking Start New Assessment.

8. Otherwise, you may view the results and comments related to previous assessments by clicking their respective buttons in the Reports column.

9. To begin a new assessment, click the Repeat button (as shown in Figure 5) on the most recent assessment. Information which is unlikely to change (e.g. the service users gender and childhood experiences) will be carried to the new assessment.

Figure 5: *Assessments belonging to the chosen user*

3 How to use GRiST from your own Patient Record System

The process of launching GRiST through your patient record system depends on how your organisation has configured the process. However, you can choose your interface when you arrive at the GRiST assessments page for your selected service user. Figure 6 shows an interface "Version" dropdown box on the left above the list of assessments. The current selection is "Mind Map (new version)", which is the dynamic interface. If you select the box, it will drop down to show you the alternative "Standard (original)" interface, which you can choose instead.

Sections 2 and 4 may be helpful in launching GRiST through your patient record system. If you still have difficulty, contact your IT administrator for your organisation.

4 Assessment settings

On the assessments page, you will see a blue box containing assessment settings, as shown in Figure 7. You can change these by clicking the drop-down boxes and selecting your settings.

- **Version** should be set to Mind Map (new version) for the Mind Map interface.

- **Assessment Population** should describe the general population that the service user belongs to (e.g. working age adult, older adult).

5 Using the Mind Map interface

1. You will arrive at the set of options shown in Figure 8.

2. Hover over the little (i) icon for information about what the options do.

3. The *Full Assessment* option gives you access to every question.

4. The *Rapid Repeat Assessment* option lets you focus only on questions with answers that can frequently change.

Figure 6: *Choosing your interface from the assessments page.*

Figure 7: *Assessment settings*

  (a) These are the ones that do not have a little padlock icon beside them.

  (b) Padlock questions have answers carried forward from previous assessments because they do not change often.

  (c) Questions without a padlock are *not* carried forward from previous assessments.

5. Both the *Full Assessment* and *Rapid Repeat options* take you to the mind map screen shown in Figure 9.

  (a) Select any branch and you will be taken to a screen where questions related to that topic are displayed and can be answered.

  (b) The rectangle icons are progress bars, which are replaced by a tick if all questions are answered.

  (c) A no entry icon next to a branch means that it contains no questions for your chosen assessment type.

  (d) You can return to this view at any time during the assessment by clicking the Return to Mindmap button in the top right section of the screen.
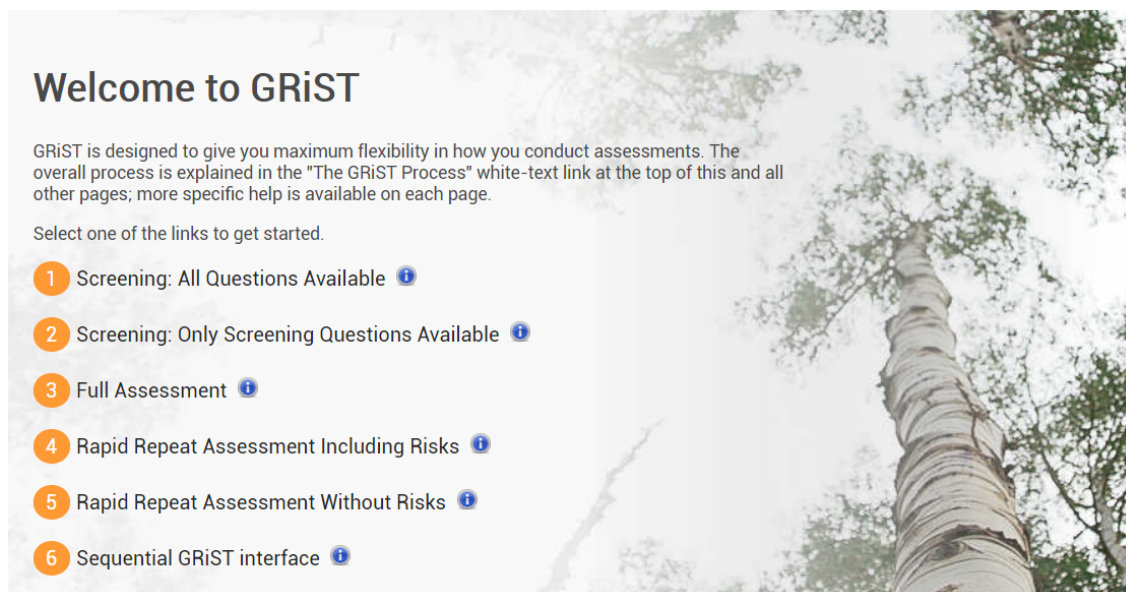
Figure 8: *Assessment options on the mind-map assessment home page.*

6. If you select the **middle node** or the **risks** node of the mind map, you will be taken to all the questions, exactly as if you had chosen the *sequential* option on the home page.

6   Which assessment type should I use?

Figure 8 has a number of assessments to choose. The only difference is how much information needs to be collected for the assessment and this depends on the service user and assessment context. There are no hard and fast rules and it is possible to switch assessment types during an assessment if you pick the wrong one. Here are some general rules of thumb for choosing the assessment but please note that they are not definitive or mandatory: it is your choice.

1. **Screening assessments** are usually chosen when the service user is first assessed or to gain a quick picture of whether or not there are risk problems to address prior to a full assessment if necessary.

   (a) Front line services and primary care are likely to use the screening versions more.

   (b) Secondary care and specialist mental-health services may want to do a screening assessment when the service user is first assessed and then a full assessment later in the care pathway.

   (c) The only difference between the two screening options is that the first one shows all questions, not just screening ones, so you can provide more than just screening information if desired.

      i. *Please note:* You should *always* use this option if the service user already has a previous GRiST so that you can see any non-screening data in the assessment that may be present.

   (d) The second screening option only contains the screening questions. It is therefore less "busy" but you can neither see nor provide any non-screening data.

2. The **Full Assessment** should be done for all patients at an early stage in all mental-health services (as opposed to more general primary-care or non-specialist front-line services).
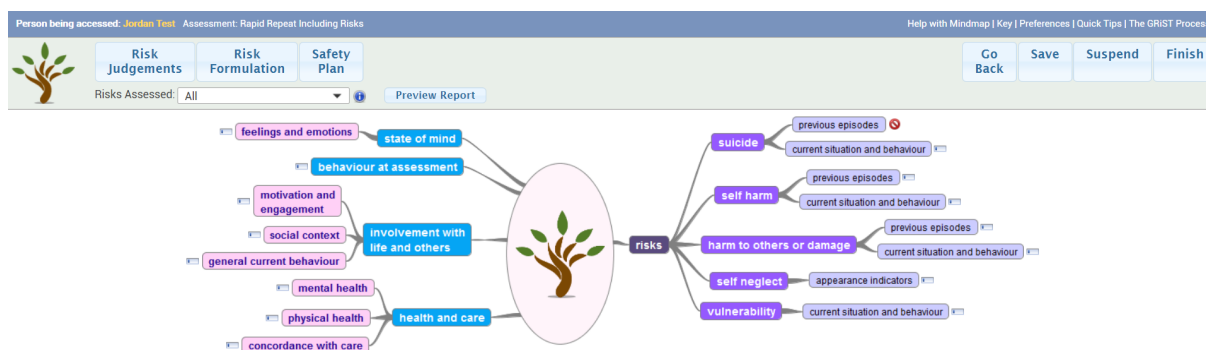
Figure 9: *The mind map screen in GRiST. Each branch of the mind map can be selected and it takes you to the screen showing only questions associated with that branch.*

(a) A screening assessment might be conducted on first engagement but a referral from the screening service should trigger a full assessment if this has not been done previously for the service user.

(b) Full assessments should also be conducted after a long period since the last one, to ensure that things have not changed outside the focus of intervening assessments. There is no definitive timespan for this but if partial assessments have been conducted for several months, it makes sense renew the perspective on all risks.

3. The **Rapid Repeat Assessment Including Risks** option helps monitor service users who have known risks that need frequent monitoring.

(a) A full assessment will already have been done so that the history and general context are known.

(b) The risks are liable to fluctuate due to immediate symptoms of the service user and these changing factors are the ones that need close observation.

(c) There has been no change in the general life circumstances of the service user such as employment, relationships, accommodation, etc. Often, the service users are in care anyway so the mental-health service has a good understanding of the context already.

4. The **Rapid Repeat Assessment Without Risks** option is for service users whose "top level" risks of suicide, self harm, harm to others, etc. are known and stable but who have problems with underlying issues that are highly changeable, such as emotions, behaviour, thoughts, ideation, etc. In other words, there is no need to reassess the risks but it is important to monitor the underlying factors that can change on a daily basis.

(a) Use this if the risks have been assessed not too long ago (within weeks, not months) and you are confident they have not changed.

5. The **Sequential GRiST Interface** is like the full assessment but with a fixed order. The selection criteria are no different to those for the full assessment with respect to the patient or service context.

7

7 Choosing which risks to assess

1. GRiST allows a number of different risks to be assessed. You have control over which risks should be a part of the current assessment.

   (a) Note that the first assessment for a service user does not allow you to turn off any risks: they all have to be considered for the initial assessment.

2. If you are doing a screening assessment or the first full assessment, it is likely that you will want to assess all the risks. This is the default setting as shown by Figure 10.
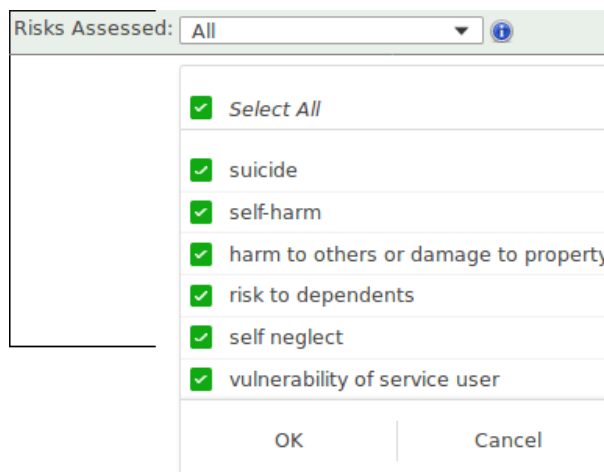

Figure 10: *Risks Assessed box in the menu bar at the top left. The options show that all risks are being assessed.*

3. You can deselect any or all of the risks. If you do, you will not be asked to give any data specific to those risks and the risk judgement previously given will be carried over for the current assessment, with the date for when it was last assessed.

4. **Please note:** Do not change the risks setting after you have started an assessment unless you did not enter any data into the risk you will subsequently be deselecting. Otherwise, deselecting that risk will remove the risk-specific data added to it during the current assessment.

8 Answering assessment questions

1. To answer a question, click the circle corresponding to the appropriate answer. Some questions have yes/no answers, while others require a score on a scale from zero to ten.
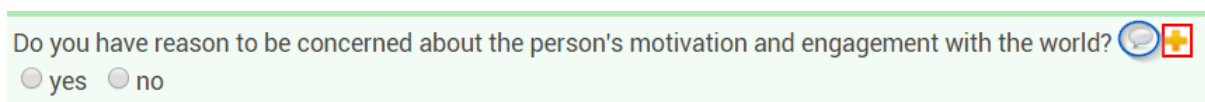

Figure 11: *A question which can be answered either yes or no. The comments icon is circled, and the action icon is squared.*

2. Some questions, when answered, may expand to show more questions depending on the answer given. For example, if the question in Figure 11 is answered with yes, questions related to motivation and engagement with the world will be presented. Otherwise these questions will remain hidden, as they are not relevant.

3. Each assessment question has two additional elements: **actions**, represented by the + icon next to the question; and **comments**, represented by the speech bubble icon.

   (a) To enter an action or comment related to a question, click the appropriate icon next to the question text.

   (b) Further guidance for using comments and actions is provided in Sections 10 and 11.

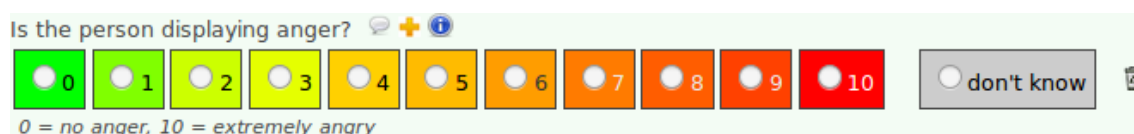# 9 Providing scores for items with a zero to ten scale

Figure 12: *Scale answer for anger showing the comment box (speech bubble icon) and the action box (+ icon). The bin icon after the scale means you can remove the answer (reset the scale).*

1. Use the descriptors below the scale for a clear definition of how to interpret the maximum and minimum values (see Figure 12).

2. Give the value that feels right and do not agonise about it because it will not improve your intuitive judgement.

3. If a particular behaviour or circumstance is not a problem, then put a zero: it is not contributing to the risks.

4. Spend time on the factors that do influence risks or their management, not on the irrelevant ones for the particular assessment.

10 Comments

1. Open the comments text box by clicking the speech bubble icon next to the question.

2. You can provide a comment if it adds to the understanding of that risk item and does not simply repeat what the quantitative answer communicates

3. There is *no* necessity to provide a comment for every question.

4. Focus comments on the specific question to which they are attached.

5. Comments should be brief and to the point.

   (a) A single short sentence is usually enough or, even better, a key phrase that communicates the issue.

   (b) Don't write additional information that is more appropriate to a different question.

11   Actions or management plans

1. Open the actions text box by clicking the + icon next to the question.

2. In the actions box, you may enter text which describes an action that can be taken to help manage the risk issue.

3. Only put something in the action box if it relates to that specific question.

4. Use the Safety Plan button at the top of the screen to record any thoughts related to overall risk management, or if you think of an action that does not fit the current question: when you get to the appropriate question, you can cut and paste it from the safety-plan box.

Figure 13: *Open the Safety Plan*

12   Providing the risk-judgement score

1. Before finishing an assessment, click the Risk Judgements button in the top left of the screen to record your own risk judgements.
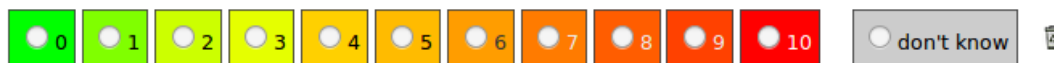

Figure 14: *Open the Risk Judgements page*

2. Always give a risk judgement unless you have not evaluated the risk at all.

3. The risk judgement is relative to the normal level of risk in the service users general population (e.g. working-age adults, older adults, young children), where a score of zero indicates the risk is judged to be no higher than would be expected in the general population.

4. The risk judgement should apply to the service-user's current circumstances.

   (a) If the person's circumstances change, then a risk assessment *must* be repeated and it should be done with respect to the new circumstances.

   (b) In particular, if the person is being discharged, the risk assessment should be for the circumstances into which the person is going after discharge.

5. Don't agonise over the exact risk number to provide: the scale from 0 to 10 is designed to allow a margin of error.

6. Add a comment (see section 10) related to each risk judgement to summarise the key issues that have lead you to make this judgement.

   - Describe only why you gave the particular risk level, not how you will manage it.
   - In practice, the most useful information is to identify those factors that most influenced your risk judgement, which will help other people to understand quickly why you gave the particular risk level.

7. Use the actions box to produce a management plan related to this specific risk (see section 11).

   - The Current Actions button to the right of the text box will expand when clicked, giving a list of actions you have entered throughout the assessment which related to this risk.
   - Click an action in this list to add it to the actions box and edit it if you wish.

Figure 15: *Add actions to the risk management plan*

13   Risk formulation

1. Produce a Risk Formulation by clicking the Risk Formulation button at the top of the screen.
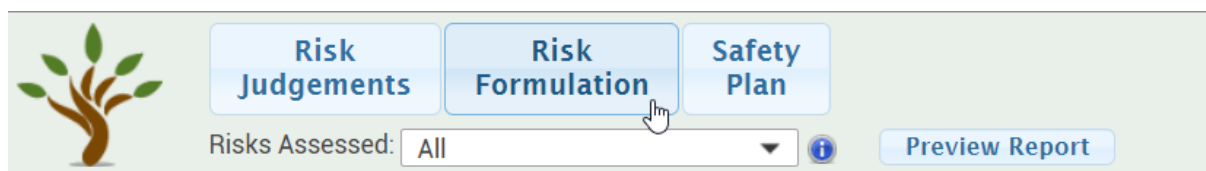

Figure 16: *Make a Risk Formulation*

2. The purpose of the risk formulation is to connect the symptoms of risks, their underlying causes, and the timescales for managing them.

3. The risk formulation should make it easier to ensure the management plan tackles the most urgent immediate problems as well as the longer term reasons for those problems.

4. More detail about the Risk Formulation is available in the booklet How to use GRiST for creating effective risk evaluations and associated management plans.

14   Overall risk and safety management

1. When you have collected all the information you need to evaluate each risk, provided a risk judgement for each one, and created a risk formulation, it is time to produce the Safety Plan for the complete assessment.

2. Collate your summary management plans for each assessed risk with actions from the general questions to produce your overall safety plan.

    (a) Click the Safety Plan button at the top of the screen.

    (b) Use the Current Actions button to insert general actions and risk plans in to the text box.

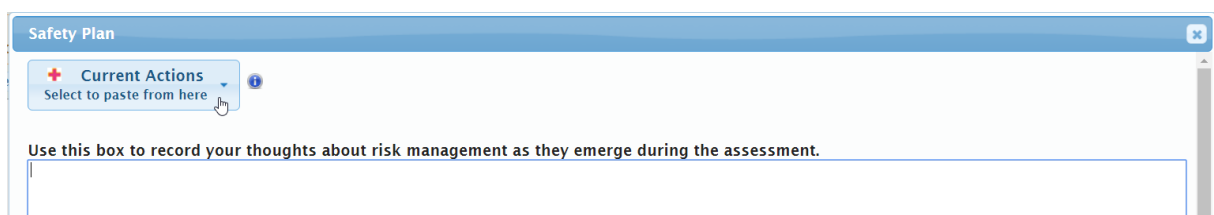   (c) After inserting the appropriate actions, edit the plan as required.

Figure 17: *Insert actions into the safety plan*

3. Finish the assessment by clicking Save and Close in the lower left corner of the Safety Plan, and then click Finish in the top right of the screen.