

The Safewards Model and Behavior Control on The Reduction of Conflict and Containment In Psychiatric Units

Linda Mai

30 Atherton Street , Fairfield West NSW 2165 Australia

ABSTRACT

Patient safety is crucial in healthcare, as well as staff safety, violence and aggression are considered as the on-going issues regarding Work Health and Safety practice across healthcare industry. Many mental healthcare workers have faced violence, aggression and injury while attending care for patients. Conflict includes aggression, medication refusal, absconding and containment which staff use methodological interventions to prevent harm to patients and staff. This systematic review aims to explore the concepts of Safewards model, and the effect of therapeutic interventions can reduce conflict and containment in Mental Health facility. Safewards model is a contemporary safety approach that has proved to improve safety for staff and patients in psychiatric units. The strategies and interventions depend on the patient's conditions and staff 'skills to promote safety. The important aspect of reduced aggression is the appropriate use of interventions which depend on the way staff approach and interact with patients.

Keywords: Safewards · Violence/aggression · Behaviour control · Prevention · Intervention · Mental Health

INTRODUCTION

Violence and aggression are persistent issues in mental health facilities, which can be harmful for patients and staff (Fletcher et al., 2021, Gudde et al., 2015). According to Gudde et al. (Gudde et al., 2015): “Aggressive situations can be understood as an action with intent to harm somebody, either in the absence or presence of a perceived threat, as in self-defence”. The victims reported were both patients and healthcare workers, increasing the number of assaults, aggressive incidents in psychiatric units. Mental health workers who faced or experienced in those risk factors would be fearful at the job and affect their physical and mental health (Stewart and Reeves, 2021). Especially, psychiatric nurses encounter agitated behaviour and aggression impact on their emotion and well-being (Jalil and Dickens, 2018). Aggressive behaviours are dangerous and have significant impact on physical and mental health for both patients and staff where coercive interventions are reinforced to reduce harm (Doedens et al., 2020). Mental health workers perceive the use of coercive measures had reduced the risk of injury and escalating behaviour; however, it is undesirable. The Safewards Model enhances safety for the patient and staff through modifying staff behaviour and interpersonal skills, which has significant impact on de-escalating violence and aggression in psychiatric wards (Fernández-Costa et al., 2020). Safewards model has its origin in The United Kingdom is evidenced-based practice and increasingly used worldwide (Lee et al., 2021). This paper will explore the effectiveness of the Safewards model and the focus on therapeutic communication between staff and patients will contribute to the least use of coercive measures in mental health settings (Lee et al., 2021). The recent research and the new model of care in regarding of Safe work method in mental health facility required more evidenced and positive results and applications so that this model can be efficiently used in all healthcare setting. This paper will explore the effective communication and therapeutic relationship between patients and healthcare professionals alleviate the risk of conflict and reduce containment in the inpatient environment. This review also focusses on human behaviour leading to avoidable incidents and behavioural control methods to optimise safety for staff and patients.

The focus on the behaviour implementation plan ensures staff are well trained and able to utilise skills and knowledge on prevention and management of aggressive behaviour. The need includes communication and collaboration of the multidisciplinary team; training on behavioural theory and practice for staff; increased nurses trained on behavioural interventions.

METHODS

A search conducted in PsycInfo, CINAHL, Medline Databases, the search terms used: Conflict / aggression / violence / Mental / psychiatric / Prevention / intervention / control / interpersonal. This systematic review is the collection of databases on current research and proven that the implication and practice had significant impact on patients and staff safety. Relevant evidence had been identified and assessed from peer-review articles based on analysis of known evidence and encourage future investigation. Search engine conducted in reputable sources, articles were generated date range within ten years of

published papers, with specific key words used: human factors- conflict control- aggression- mental health/psychiatric-safety issues-behaviour control. The search conducted in the specific timeframe for this review and undertaking in relevant settings using relevant key words in the search such as psychiatric units, healthcare setting, effective interventions. Thirty-two literature reviews include systematic review, quantitative study, integrative reviews were found according to the search criteria and fourteen papers were selected for the purpose of this review. The review has systematically identified the risk of harmful events and interventions regarding to behaviour control to enhance the safe system of work in the healthcare setting. The main theme focuses on safety, staff factors, patient perspective and prevention and management of risk. Many of the articles mentioned the effect of harmful events and perception of patients and staff on de-escalating techniques and clinical interventions, however, there is limited evidence in the effectiveness of the Safewards Model and preferred methodological intervention on violence prevention and management.

This review identifies the de-escalating strategy and interventions to minimise risk and harmful events. Particularly, The Safewards model proves that effective communication and interpersonal skill are fundamental in prevention and management violence in the healthcare setting. The Safewards model also emphasizes the importance of risk assessment (originating factors in the six domains); recognising flashpoint and deal with it appropriately, where utilising the staff modifier is the main contribution in de-escalating aggressive behaviour; and implementing safety plan in an organisation.

FIGURES

Safewards model identifies six domains and their connection which influence the rate of conflict and containment in psychiatric units. Figure 1 showed The Safewards Model in simple form adapted from Bowers et al.(Bowers et al., 2014):

“Originating domains are the list of social and physical location of psychiatric wards where patients are separated from normal residences for the provision of 24/7 mental healthcare on a basis of mixed voluntary and legal coercion, which to the degree they are absent, or present can influence the frequency of conflict and/or containment.

Staff modifiers are the things that staff do to manage patients and the capacity to influence the frequency of conflict and/or containment.

Patient modifiers are the way in which patients respond and behave towards other that have the capacity to influence the frequency of conflict and/or containment, and which are susceptible to staff influence.

Flashpoints are social and psychological situations arising out of features of originating domains, signalling, and preceding imminent conflict behaviours.

Conflicts are all the things that patients do that threaten their safety and the safety of the others including violent or aggressive behaviour, verbal or physical abuse, suicidal, self-harm, absconding.

Containment is collectively the things that staff do to prevent conflict events from occurring or seek to minimize the harmful outcomes (e.g., prn medication, special observation, physical restraint, seclusion, etc.)”.

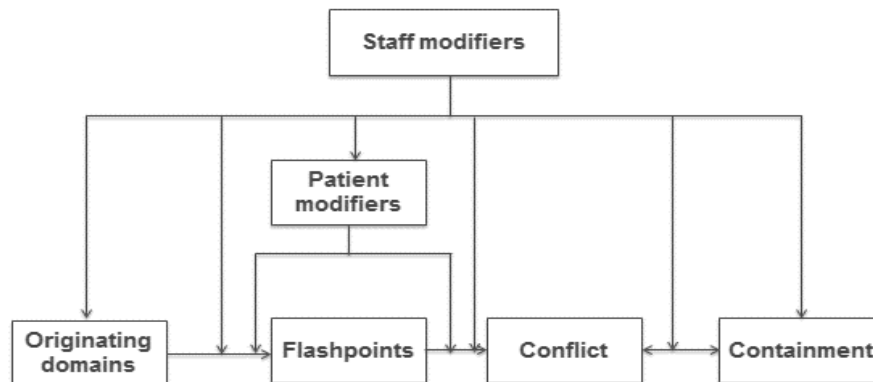


Fig. 1. Simple model of Safewards Model [8]

FINDINGS/RESULTS

Studies revealed that the intervention depends on the complexity of patient characteristics and the interaction between patients and staff, those risk factors might trigger psychiatric patients initiate violent behaviours (Salzmann-Erikson and Yifter, 2020). The intervention also depends on different types of aggressions (Hallett and Dickens, 2015). The use of de-escalating techniques and restrictive intervention varies from wards, staff perspective, patient characteristics and ward rule and culture (Hallett and Dickens, 2015). Findings about patients and staff perspective on de-escalating intervention and the use of coercive measures in prevention and management of aggression remains unclear which methods are best practice. As psychiatric patients have different diagnosis and conditions where the use of restrictive measure or therapeutic de-escalation intervention needs to be considered in collaboration amongst the whole healthcare team (Stewart and Reeves, 2021). Furthermore, it is important to involve patients in their care so that they feel respected and enhance autonomy, therefore less agitated and violent (Mullen et al., 2020). An organisation needs to have adequate training and resource for all staff in controlling behaviour change and perspective to enhance safety for staff and patients (Väkiparta et al., 2019). For example, development of mandatory training course on Violence Prevention and Management for staff; regular review policy and intervention of the Safewards model and compliance of practice.

Safewards model also emphasized the staff behaviour, and the use appropriate therapeutic language plays significant impact on managing aggressive patients (Lee et al., 2021). When staff modify their behaviour and practice, using positive words to supportive patient strength and coping capacity, patients are less likely aggressive and more engaging in developing recovery plan (Bowers et al., 2014, Lee et al., 2021).

DISCUSSION

Violence and aggression are common issues in mental health setting where the number of injuries caused by physical assaults to healthcare worker are significant high (Hallett et al., 2014). Research revealed more than 30% of staff are assaulted by psychiatric patients, and one has at least one assault in their career (Hallett et al., 2014). It becomes significant safety issues in healthcare industry. Coercive measures such as mechanical restraint and seclusion are known to use for managing violence and aggression in psychiatric units (Väkiparta et al., 2019). Despite the effectiveness of the traditional method, the strategy impact on the patient's physical and psychological health, as well as the staff safety (Väkiparta et al., 2019, Fernández-Costa et al., 2020). Staff reported, the more effective intervention would be preferable on de-escalating aggressive patient by using verbal support and communicative intervention (Fernández-Costa et al., 2020, Doedens et al., 2020). The Safewards model considered as the most effective de-escalating intervention strategy in terms of the use of coercive measures in psychiatric units (Fernández-Costa et al., 2020, Lee et al., 2021); comprises of six domains of originating factors: the staff team, the physical environment, outside hospital, the patient community, patient characteristics and regulatory framework (Bowers et al., 2014, Lee et al., 2021). Those domains potentially lead to flashpoint that cause conflict. Staff can modify these triggers by utilising the interventions that can reduce risk to flashpoint and ensure appropriate containment to promote safety for staff and patients (Lee et al., 2021, Bowers et al., 2014, Fernández-Costa et al., 2020). To explore the originating factor of the staff team and intervention regarding of staff behaviour change can reduce containment and bring the possible outcome (Fernández-Costa et al., 2020). Staff behaviour and interaction with patients with mental health illness require interpersonal skills, communication skill that psychiatric healthcare professionals are committed (Fletcher et al., 2021). The obvious implication for conflict and containment reduction is about changing behaviour, communication skill, moral commitment, emotional regulation, positive appreciation, and teamwork (Väkiparta et al., 2019, Fletcher et al., 2021). Interventions include bad news mitigation; calm down methods; clear mutual expectations; discharge messages; know each other; mutual help meeting; positive words; reassurance; soft words and talk down (Bowers et al., 2014, Lee et al., 2021). These interventions are fundamental communication skills for healthcare professionals, especially in psychiatric inpatient units. Research showed that the most violence incident happened in three common reasons: denial of patients' request by the staff; staff demand patient act in some certain way; limit setting, and these have a strong link to staff behaviour such as lack of communication skill; lack of meaningful activity; disrespectful (Gudde et al., 2015, Mullen et al., 2020, Price et al., 2018).

The Safewards model pointed out a set of conflict derived from originating factors that can result to specific flashpoints which then trigger a conflict incident leading to containment intervention (Lee et al., 2021, Bowers et al., 2014). The model indicates that the staff can influence rates of conflict and containment on their wards by reducing conflict originating factors; preventing flashpoint and cutting the link between flashpoint and conflict; modifying patient and staff behaviour and utilizing appropriate containment that ensure containment method does not lead to further conflict (Bowers et al., 2014).

Interventions include delivering bad news; calm down methods; soft words; positive words; know each other; clear mutual expectations; mutual meeting and reassurance can reduce the risk of aggression and conflict behaviour in psychiatric wards (Lee et al., 2021). The effectiveness of those interventions varies from multiple factors including patients and staff where behaviour change and therapeutic language influence the rate of the conflict and containment in mental health units (Lee et al., 2021, Fernández-Costa et al., 2020, Doedens et al., 2020, Gudde et al., 2015).

“Know each other” is the important technique in mental health nursing where staff and patients build good therapeutic relationship. When the staff has built good therapeutic rapport with patients, trust also can be gained, therefore, the process of getting paperwork done and easily getting the patient’s history, background, and interests so then the message can be passed in the team for management plan. The staff in return can share the common interest and create mutual meaningful interaction. Those relationships can help the staff manage patient in specific way, helping them with coping skill, make them feel comfortable and reduced distress (Bowers et al., 2014).

“Bad news” can cause patient distress, irritable, aggressive, violent, and absconding (Bowers et al., 2014). For instance, the patient received bad news from the death of a family member or received extension order from Tribunal Hearing. Therefore, staff are aware of the events and support patients before the distress turns into a conflict incident. To mitigate the bad news, staff should work together, discuss the event or unwelcome news and effected patients in order to provide adequate support for patients (Bowers et al., 2014). Discuss the bad news in a quiet place and seek patient’s perception, give them time to express their feeling, acknowledge their frustration, show empathy, respect, and offer how staff can support through the unwelcome news (Lee et al., 2021).

Constantly assessing patients’ mood and behaviour help staff recognise when the patient is about to go off by raising their voice, hostile eye contact, body language. Staff are to appropriately utilize the patient’s strength and coping methods to calm them down without using PRN medications. They include calming music; massage; cuddly toys, colouring kit... Ensure patients are closely supervised when using that equipment and return it after use.

“Soft words” are an effective communication method that staff use to convey their expressions, care, and support for patients (Lee et al., 2021). When patients become physically and mentally unwell, they can be difficult to manage. Staff to ensure that communication in a manner that encourage patient to cooperate with the ward routine, attend ADL’s, take prescribed medication, not leaving the ward without permission, in the ways that avoid frustration and confrontations, staff to work collaboratively with patients with respect and polite manner. For instance, use formal language, polite gesture, show empathy, warm and respectful tone, voice of speech, be kind and show willingness for listening to their request; Explain to patients that you cannot do as they request and offer alternative, be a role model and advocate if they raise a concern or complaints.

“Reassurance” is a communicative method to help patients cope with stressors surround them (Lee et al., 2021). People with mental illness can become fearful and angry, especially when they had events such as violence, aggression, absconding and physical/ environmental restraints can affect patients’ health status. Staff to approach them after the events, explain what happened, to be more visible on the ward providing

immediate support, provide calm, warm, and comfort for everyone to feel safe. Staff to mention in handover if reassurance took place.

“Positive words” provide positive perception about what patients have during handover. The staff to discuss patient behaviour and promote safety measures in the coming shift. Staff should encourage good behaviour and minimise negative perception about patients, for example: mention the achievement that patients had in the past and understand why patients act in that way in order to predict risk and plan for appropriate intervention(Lee et al., 2021).

“Talk down” is one of the most important skills in mental health nursing (Lee et al., 2021). The skill that mental health professionals use to calm patient down when they are distressed, angry, agitated and become violent, harm to self and others. It is also called de-escalation technique. The task is usually assigned to a person in the ward who has skill and capable to calm patient down when they become aggressive. A person might be a Talk Down Champion and must have knowledge, skill, well trained in de-escalating aggressive patients(Lee et al., 2021).

“Clear mutual expectations” are the things that staff, and patients are clearly understand roles and responsibility while in the ward. While patients are unclear about what is going on in the physical environment, when they become unwell. Staff are to help patients to clarify what they are supposed to do, and more importantly is consistent with the care amongst the staff to minimize misunderstanding and confusion, which might lead to frustration and aggression. Staff to explain the right and responsibilities of patients, the expectation for patients and staff, explained the rationale and provide support, availability for patient request in a timely manner(Lee et al., 2021).

Safewards model has proved reduce conflict and containment in psychiatric units and had a positive effect on patients and staff on enhancing safe work practice and behavioural control. It is important for healthcare professionals, especially those who work in psychiatric units have set of interpersonal skills and emotion regulation capacity in order to cope with the specific task in dealing with aggression and violence (Jalil and Dickens, 2018) .

RECOMMENDATIONS

Patients who are admitted to a psychiatric mental health facility are often feeling unfair, abuse, confused, overwhelmed, having lack of understanding about their conditions and expectations on the care that they have in the ward (Price et al., 2018). The feeling of frustration when admitted to a psychiatric unit where patients might initiate aggressive behaviours that can cause harm to self and others(Price et al., 2018). Therefore, health policy, guidelines have been developed internationally in the use of containment methods to promote safety for patients and staff(Hallett and Dickens, 2015). The interventions emphasised on the therapeutic interaction between staff and patients through positive attitude and behaviour; building meaningful rapport and enhance a safer environment (Väkiparta et al., 2019, Hallett and Dickens, 2015, Doedens et al., 2020). Furthermore, nursing practice enhances safety and risk is fundamental in prevention and management of aggression and violence. Healthcare professionals are encouraged to attend education and training to deal with those behaviour and techniques when violent or aggressive events occur(Doedens et al., 2020). The Safewards model

has proved as the comprehensive and proactive approach in the reduction of conflict events, enhanced staff and patient relationship and promoted safer environment (Fernández-Costa et al., 2020). As many research and studies on aggression, de-escalation technique depends on how staff interact with patients and their therapeutic relationship can reduce the risk of conflict and containment by adequate use of effective communication skills and early prevention tactics (Fletcher et al., 2021, Hallett and Dickens, 2015). However, there is limited research on the effectiveness of this new model, the needs of further research would be more appreciative in implementing widely in all healthcare settings.

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