LESSON PLAN

- The story of Safewards
- Interventions
- Implementation?
LEN BOWERS - 20 YEARS OF RESEARCH.
WHAT DO WE MEAN BY “CONFLICT” AND “CONTAINMENT”

**Conflict**
- Aggression
- Rule breaking
- Substance/alcohol use
- Absconding/missing
- Medication refusal
- Self-harm/suicide

**Containment**
- PRN medication
- Coerced IM medication
- Special observation
- Seclusion
- Manual restraint
- Time out
THE SAFEWARDS MODEL: SIMPLE FORM

- Staff modifiers
  - Patient modifiers
    - Originating domains
      - Flashpoints
        - Conflict
          - Containment
SAFEWARDS: COMPLEX FORM
SIX ORIGINATING DOMAINS

1. STAFF TEAM: Internal structure, Rules, Routine, Efficiency, Clean/tidy, Ideology, Custom & practice

2. PHYSICAL ENVIRONMENT: Door locked, Quality, Complexity, Seclusion, PICU/ICA, comfort/sensory rooms, ligature points

3. OUTSIDE HOSPITAL: Visitors, Relatives & family tensions, Prospective –ve move, Dependency & Institutionalisation, Demands & home

4. PATIENT COMMUNITY: Patient-patient interaction, Contagion & discord

5. PATIENT CHARACTERISTICS: Symptoms& demography, Paranoia, PD traits, Depression, insight, Delusions & hallucinations, Irritability/ disinhibition, young, male, abused, alcohol/drug use

6. REGULATORY FRAMEWORK: External structure, Legal framework, National policy, Complaints, Appeals, Prosecutions, Hospital policy
THE SAFEWARDS TRIAL
(ENDED SEPTEMBER 2013)

Aim:

– Devise a set of the most feasible interventions for inpatient nurses with potentially maximal impact on conflict and containment

– Subject those to the most methodologically rigorous experimental test possible

– Using the best (valid, reliable) outcome measures available
DEVELOPMENT OF INTERVENTIONS

- Generated ideas

Refined list of interventions
Consulted expert nurses and service users

Pilot Study 2012 (4 Wards (2/2))

- Full Trial 2013 (31 Wards (16/15))
1. Clear Mutual Expectations
2. Mutual Help Meeting
3. Talk Down
4. Soft Words
5. Know Each Other
6. Discharge Messages
7. Calm Down Methods
8. Positive Words
9. Bad News Mitigation
10. Reassurance
Our Mutual Expectations

1. We will always listen to one another.
2. Each patient will be orientated to the ward on arrival, and will receive a welcome pack to explain what to expect from their stay in hospital.
3. There will always be an opportunity for each patient to discuss their feelings and thoughts with staff one to one.
4. A minimum of one phone call per shift will be given to patients who may not have any other means of making outside calls. Staff can be flexible during times when a patient might need more support.
5. Lethal drugs must be kept locked and safe. This is important to prevent theft and to make the environment as safe as possible for all patients. Staff will be trained to ensure that this is stopped. People will be searched and the police will be informed when drugs are found.
6. Patient will be informed about their care plan.
7. Staff will respond to patient requests in a timely manner.
8. Staff will provide patients with a form to document any side effects from medication, if requested.
9. The nursing staff will support patients to gain access to their personal files.
10. The nursing staff will support patients to gain access to their personal files.
11. Patient will be informed in a clear manner about medication, its side effects and the consequences of not taking it.
12. Patient will be informed about necessary services, which will help in providing each patient with a better service and quality of care.
13. Patient will be informed about necessary services, which will help in providing each patient with a better service and quality of care.
Mutual Expectations

We are all humans, doing the best we can.

1. We will always show respect to one another.
2. We will be accepting and celebrate each other’s differences.
3. We will all speak to each other in a calm, non-aggressive way. Offensive remarks are unacceptable.
4. All ideas are welcome and open to dialogue.
5. Help one another; No one is “too big” for any task at hand. Everybody can help keep the unit tidy!
6. Clients will have input and copies of their care plan, and can discuss it anytime! This includes discussing experiences, goals, medication, side effects, or anything else!
7. We will always listen to each other.
8. We will respect each other’s space; including at nursing station window, doorways, and each other’s rooms. Everyone has the right to privacy. Offer to support each other but if someone wants space, that’s okay too!
9. Let’s all be mindful of volume; be aware that noise may disturb others.
10. Staff will keep clients informed of daily events, activities and opportunities on the unit. Staff is there to support every client.
Going to the Mutual Help Meeting: The Fellowship of the Ward

THANKS NEWS SUGGESTIONS OFFERS
TALK DOWN TIPS

CONTROL YOURSELF

DELEGATE
- Clearly define the roles and responsibilities
- Establish clear expectations
- Provide necessary support and resources

CLARIFY
- Communicate clearly and frequently
- Ensure understanding of goals and objectives
- Address any misunderstandings promptly

RESOLVE
- Escalate issues to appropriate levels
- Collaborate to find solutions
- Follow up to ensure resolution

RESPECT & EMPATHY
- Treat others with dignity and respect
- Understand and empathize with others' perspectives
- Foster a culture of open communication

TALK DOWN
**TALK DOWN TIPS**

**CONTROL YOURSELF**
- Act calmly and confidently. Show no fear, subjection, or servility.
- Have lowered, uncrossed arms and open hands.
- Relax face, don’t frown, or purse lips.
- No hesitation or uncertainty of speech, use silent statements.
- Breathe deeply and concentrate on situation.
- Relax body, no hands on hips or in pockets, don’t finger wag or prod.
- Have slow and gentle movements.
- Don’t corner patients, threaten or make false promises.
- Don’t judge, criticise, show irritation, frustration, anger, or be retaliative. This is not personal and it is not about you.
- Don’t argue or say they are wrong or you are right.
- Don’t defend or justify yourself.
- Show no reaction to abuse or insults directed at you, ignore them or partially agree them.
- Prepare responses in advance to typical insults.
- Let patient save face by having last word so long as they are complying.

**DELIMIT**
- Separate yourself from others/audience/people at risk
- Move to a quiet place, ask to come aside
- Invite patient to sit down
- Establish aid/support/backup
- Maintain distance

**CLARIFY**
- Ask what’s happening, use open questions
- Sort out confusions
- Use patient’s name
- Orient patient to time, place, and person
- Speak clearly, say who you are, remind of existing relationship, and offer your help
- Wait a second and gain turn
- Paraphrase and check what they have said

**RESOLVE**
- Request/ask politely, don’t command or be authoritarian
- Give reasons, explain rules, reasoning behind them, be honest, express fallibility (or even agree that it’s unfair)
- Give patient opportunity to control him/herself
- Make a personal appeal, remind them of previously agreed strategy
- Deal with the complaint, apologise, make a change
- Outline consequences of different courses of action
- Offer choices and options, leaving power with patient
- Be flexible, negotiate, avoid power struggle, compromise
- Ask if there is anything else you can do or say that will gain their cooperation, ending positively

**RESPECT & EMPATHY**
- Show interest, concern and expression congruent with words.
- Have a concerned and interested tone of voice.
- Listen, hear, acknowledge feelings and needs, be sympathetic.
- Take time to hear the patient out, be patient and don’t hurry them.
- Don’t yell over them or shout - wait until they take a breath
- Make eye contact (exercising care not to be confrontational)
- Extend self and thinking to understand patient viewpoint
- Show sincerity, authenticity, and genuineness
- Don’t tell the patient what they should or should not be feeling
- Don’t discount, trivialise or undermine their emotional expression
- No advice giving and no orders, no “if I were you I would...”
- Don’t mock patients or treat them as a child
- Don’t overly smile or this may be seen as condescending
- Answer all requests for information, however they are phrased
- Empathise with feelings, not aggressive behavior (“I understand you are angry but it is not ok to hit so and so...”)
Be flexible. Talk about any task you want a patient to do. Explore the patient's point of view, so that they can feel heard and valued, and so that the timing or precise content of the task can be adjusted to suit their wishes. Understand the blocking factors and find workarounds and compromises.
Don't do it this way!

Shut up, put that down,
Get out of there, CALM DOWN!
I'll make sure that you pay
If you don't do what I say

Folding my arms, looking down
Wagging my finger and wearing a frown
Staring at you, looking cross
That's how I make you know I'm boss.
Freeloading scrounging time wasters you lot
Just thinking about it makes me so hot.

I told you 'no' yesterday
You just weren't listening, I guess.
Don't shout at me, 'cos I won't play,
It's your mistakes that're making this mess.

What you want is not my problem
It's the rule here, ain't it awesome.
Just do it because I say so
KNOW EACH OTHER

Conolly ward
Know Each
Other folder

Get to know the
people on our ward...
NAME: Stephen

JOB: Mental Health Nurse

COMES FROM: Ireland

Likes:

Dislikes:

Hobbies/interests:

Previous/current job:

Favourite film:

Favourite TV programme:

Favourite Book:

Favourite Music:

Beliefs:

ALICE SPRINGS MENTAL HEALTH UNIT
CALM DOWN METHODS
POSITIVE WORDS
BREAKING BAD NEWS
REASSURANCE

**PW**: Say something positive about each service user during handover

**BBN**: Spotting and compassionately delivering bad news.

**Reassurance**: After conflict, making sure that others are considered and assisted.
RANDOMISED CONTROL TRIAL

Experimental intervention (Called “Organisational”)
1. Clear Mutual Expectations
2. Soft Words
3. Talk Down
4. Positive Words
5. Bad News Mitigation
6. Know Each Other
7. Mutual Help Meeting
8. Calm Down Methods
9. Reassurance
10. Discharge Messages

Control intervention (Called: “Wellbeing”)
1. Desk exercises
2. Pedometer competitions, healthy snacks
3. Diet feedback
4. Health and exercise magazines
5. Health promotion literature
6. Linkages to local sports and exercise facilities
STUDY DESIGN

• Single blind Cluster Randomised Controlled Trial

• 15 hospitals, 31 wards. Randomly selected

• 8 weeks baseline data collection, 8 weeks implementation, 8 weeks outcome data collection
Main Outcomes

Conflict
14.6% decrease
CI 5.4 – 23.5%
p = 0.004

Containment
23.6% decrease
CI 5.8 – 35.2%
p = 0.001
LIMITATIONS

• **Strengths:**
  – Randomisation, blindness, control intervention, adequate power, independence of randomisation and analysis

• **Weaknesses:**
  – Poor level of cooperation and implementation from ward staff, null result for questionnaires
Are you saying that interventions that require no BIG training package, minimal equipment, and just tweaks the existing skill of the ward staff and patients can significantly reduce harm?

Yes!
WHAT HAPPENED AFTER THE TRIAL?

I ❤ FREE STUFF
SOCIAL MEDIA SPREAD
IMPLEMENTATION
Since 2013, SW has gone both national and international

- We will look at two post research sites that have carried out strict evaluations
  
  - Manchester Forensic Service.
  
  - Victoria (Australia).
“Both between and within-ward analysis found no statistically significant benefit of Safewards.

However, adherence to the interventions was poor.

“Staff tended to attribute violence and aggression either to mental illness or other deeply ingrained aspects of patients’ personalities.”

Price et al (May 2016) Evaluation of Safewards in forensic mental health: Analysis of a multicomponent intervention intended to reduce levels of conflict and containment in inpatient mental health settings, MENTAL HEALTH PRACTICE Volume 19 | Number 8)
WHAT VICTORIA FOUND

• “The ... results indicate a trend that Safewards trial sites are improving their rates of seclusion albeit without significance. “

• 4 types of service. “The ... results indicate a trend that Safewards trial sites for adult, aged and SECU wards are improving their rates of seclusion, albeit without significance. The Safewards youth wards demonstrated a statistically significant reduction in seclusion from pre-Safewards to follow up.”

• “Overall, the findings of the evaluation highlighted positive achievements in terms of effective implementation and ward culture change.”

IMPLEMENTATION...

... is not easy. Experience shows that certain “conditions” help with smooth implementation.

1. The ward manager to be an “adopter” – or appoint one and actively support them.

2. An implementation plan that puts the ward in charge

3. Gradual introduction over months and in stages.

4. Stable staff team and stable ward help!

5. Supportive management

6. The ability to understand and manage resistance and ambivalence and model Safewards in the process.
SO, TO FINISH

• The single most important resource for Safewards implementation is the ground floor staff and patients.

• It doesn't require training, or a “certificate”.

• It hopefully “lights a fire in staff and patients and not under them”.

• None of which means is easy to implement.

• And we are here to help.
SOCIAL MEDIA SITES

- Youtube : - safewards channel

- Facebook : - www.facebook.com/groups/safewards/

- Twitter : - @safewards

- Linkedin : - www.linkedin.com/grp/home?gid=8309588

- Website : - www.safewards.net

Worth getting familiar with all the sites and what they have to offer.