

Hudds researchers call for major 'de-escalation' survey within the NHS

March 6 2014



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Verbal and physical aggression towards health and social care staff is on the increase. The NHS has reported a rise of 5.8 per cent in [reported assaults](#) – up to 63,199 in 2012/13. Now a University of Huddersfield lecturer has called for a programme of research to establish the best methods for dealing with the problem.

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He is co-author of a new article entitled De-escalation: the evidence, policy and practice. It argues that although many local policies and guidelines are written with the best of intentions they are often vague and lack clear guidance.

"On the surface there is sufficient operational and clinical guidance targeted at physical and verbal abuse incidents, however one of the main concerns from many clinicians is the lack of high quality evidence to de-escalate and defuse potentially violent situations," writes Dr Clifton and his co-author Dr Pamela Inglis.

Trial and error

The pair make a call for a "[randomised controlled trial](#)" to be conducted in this area. This would involve the comparison of different de-escalation techniques employed at a sample of different hospitals and settings, such as A&E departments or acute psychiatric hospital wards. Evidence could then be compiled to show which the most effective methods were.

De-escalation techniques can be purely verbal, says Dr Clifton, or they

can involve a physical intervention. "It could be the physical environment or the human environment that you change," he adds, "or it could be a case of having members of staff who are highly skilled and trained in the latest de-escalation techniques which are supported by evidence."

Techniques have developed as a result of trial and error and expert opinion, according to Dr Clifton.

"Some of the methods might be effective in some contexts and some situations, but we cannot be sure of that. The difficulty with health care evidence is that if it hasn't been tested to a high degree such as a Randomised Controlled Trial then we are unsure of how well it works. There is a danger of using de-escalation techniques that might inflame the situation and even make things worse."

Dr Clifton points out that failure to deal effectively with aggression is highly costly for the NHS, in terms of time and resources. This gives added urgency to the need for research to identify the best response. In its pilot phase, a randomised [controlled trial](#) might involve ten hospital wards in different locations and the research could take place over six months to a year.

"One research study won't solve all of the problems, but it would begin to build up some kind of evidence base. You could then say with more certainty that intervention A was better than intervention B and this could then feed into practice and training."

More information: The article, De-escalation: the evidence, policy and practice, by Andrew Clifton and Pamela Inglis, is in the Journal of Intellectual Disabilities and Offending Behaviour (Vol 4, No 3 / 4, 2013).

Provided by University of Huddersfield

Citation: Hudds researchers call for major 'de-escalation' survey within the NHS (2014, March 6) retrieved 11 May 2024 from <https://medicalxpress.com/news/2014-03-hudds-major-de-escalation-survey-nhs.html>

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