

# Lowcost interventions can improve patient and staff safety in mental health wards

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A recent study, published in the International Journal of Nursing Studies, reveals a set of ten low-cost interventions that can increase safety on psychiatric wards. This Safewards Model reduces aggression, self-harm and other risky behaviours by 15% and reduces coercive control, such as restraint, by 24%.

The study stems from a 20-year research program led by Professor of Psychiatric Nursing, Len Bowers, at the Institute of Psychiatry, Psychology & Neuroscience, King's College London.

The study reveals that, by using a set of ten small, low cost, Safewards interventions aimed at increase staff skills and improve relationships with patients, conflict and containment rates fall significantly; unpleasant forms of coercion are reduced, making psychiatric wards more peaceful places where both patients and nurses feel safer. "Overall, less time wasted on containment and [conflict management](#) means more time can be devoted to the nursing care and support of patients," said Professor Bowers.

The ten Safewards interventions include:

1. mutually agreed and publicised standards of behaviour by and for patients and staff;
2. short advisory statements (called 'soft words') on handling flashpoints, hung in the nursing office and changed every few days;

3. a de-escalation model used by the best de-escalator on the staff (as elected by the ward concerned) to expand the skills of the remaining ward staff;
4. a requirement to say something good about each patient at nursing shift handover;
5. scanning for the potential bad news a patient might receive from friends, relatives or staff, and intervening promptly to talk it through;
6. structured, shared, innocuous, personal information between staff and patients (e.g music preferences, favourite films and sports, etc.) via a 'know each other' folder kept in the patients day room;
7. a regular patient meeting to bolster, formalise and intensify inter-patient support;
8. a crate of distraction and sensory modulation tools to use with agitated patients (stress toys, mp3 players with soothing music, light displays, textured blankets, etc.);
9. reassuring explanations to all patients following potentially frightening incidents; and
10. a display of positive messages about the ward from discharged [patients](#).

**More information:** "Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomised controlled trial." *International Journal of Nursing Studies*, Volume 52 (September 2015), DOI: [10.1016/j.ijnurstu.2015..05.001](https://doi.org/10.1016/j.ijnurstu.2015..05.001)

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