Exploring the use of body-worn cameras in mental health care settings

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Findings from a study led by researchers at the Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care have identified four key themes relating to the implementation and ethical use of body-worn cameras in mental health care settings.

Although the majority of people with mental health conditions are not
aggressive, some patients may resort to this kind of behavior during periods of distress or when they lack the capacity to control their actions.

According to an NHS report in 2022, 14.3% of NHS staff working within psychiatric settings in England have reported experiencing physical violence at work. Concerns around safety and treatment impact staff, caregivers, and the patients themselves. Alongside existing violence reduction methods, digital surveillance technologies such as body-worn cameras have been introduced to help prevent or reduce aggression.

A body-worn camera is a small video-camera device that can be attached to nurses' clothing. When activated by staff, it can provide audio and video recordings of interactions with or between patients.

Although body-worn cameras are deployed in a range of health care services, the absence of universal standards or guidelines for how they are used in these environments has raised several policy, ethical, and practical concerns. Within mental health hospitals, these issues include confidentiality and a lack of awareness or consent among patients.

This study took place across five NHS Trusts, including the South London and Maudsley NHS Foundation Trust. It formed part of a larger UK-based study on body-worn cameras and focused on implementation and ethical concerns. It involved 64 participants.

In the study, researchers identified four key themes:

1. Starting right: The why, who, what, where, and when to use body-worn cameras

Before implementation, robust policies and governance should be
developed particularly around data management. Trusts should give careful thought to the use of cameras so that they are used in the right way and for the right reason, ensuring a consistent culture and understanding, accountability, and transparency.

2. Applying policy to practice

There should be continuous staff training (including temporary staff) to ensure that policies and procedures are translated into practice onwards. This should include when and how body-worn cameras should be deployed and their ethical use. To help identify any issues and make improvements, there should be an ongoing opportunity to give feedback.

Patients should also be continually informed about the use of body-worn cameras to ensure that they know how, why, and when cameras are being used, and their rights.

3. The logistics of using body-worn cameras on the ward

When exploring the feasibility of using body-worn cameras, key considerations should include having the technical infrastructure to support implementation, the day-to-day management of cameras (including charging and storage), the durability and hardiness of hardware, and the impact on resources.

4. Consultation and involvement

Before deciding to use body-worn cameras, staff, and patients should be consulted to fully understand the concerns and challenges of using them onwards, including any risks to patients' well-being.
The research is now being used to inform a review by NHS England and the Care Quality Commission on the use of surveillance technologies in mental health care.

"Body-worn cameras are being increasingly used in inpatient mental health services, and we have previously shown there is a lack of evidence about the impacts of their use. In this research study, mental health patients, staff and managers have all identified several practical and serious ethical concerns that need to be addressed before we rush ahead employing cameras on our wards," said Alan Simpson, Professor of Mental Health Nursing and co-author.

The findings are published in the journal *Issues in Mental Health Nursing*.


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