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**Mental Health Research:
What are the risks of that happening?**

University of Glamorgan

Cardiff • Pontypridd • Caerdydd



Aim

Give a rough overview of my career.

Present two examples of research which examines the evidence base examining mental health and the issue of “risk” of violence.

Of note, these are areas where the “evidence” or the “clinical practice” had already been very firmly established. So there was “no need” to do the research!!!

[Available to download from - http://office.research.glam.ac.uk/](http://office.research.glam.ac.uk/)

Latest Research Findings on “Breakaway” training

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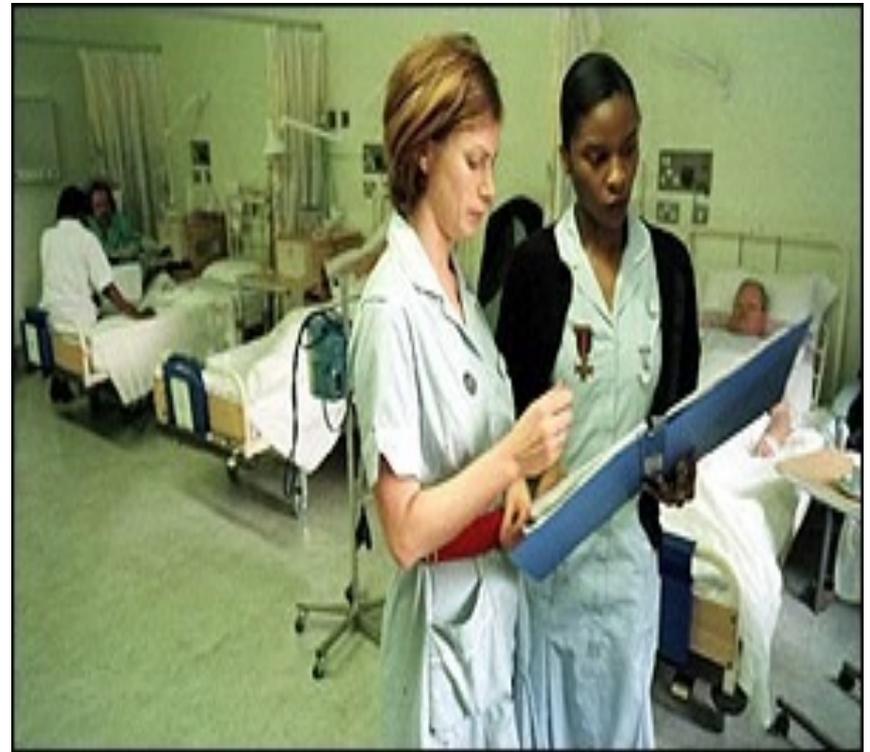


We know that violence to healthcare staff is a major problem



SHOCKING NHS VIOLENCE FIGURES RELEASED (2002)

The NHS executive has reported upon a national cross sectional survey and found that in the last year there were 65 000 violent incidents reported against staff in the NHS.



Healthcare & Violence

Scottish Health Service Management Executive (1996)
Royal College of Psychiatrists (1998)
NHS Executive (2000)
Nursing & Midwifery Council (2001)
NHS Security Management Service (2001)
National Audit Office (2003)
World Health Organization (2003)
Welsh Assembly Government (2004)
National Institute for Clinical Excellence (2005)
National Institute for Mental Health England (2005)
Wales Audit Office (2005)



Protecting NHS staff from V&A – Welsh violence data

8,000 incidents of violence and aggression,
in Welsh NHS Trusts = 22 incidents per
day (2003-04)

Mental Health staff most likely to be
assaulted, followed by Learning Disability
then A+E

Cost due to consequences of violence or
investment in training- £6.3 million in (03-04)

Lets recommend “breakaways”

Scottish Health Service Management Executive (1996)

Royal College of Psychiatrists (1998)

NHS Executive (2000)

United Kingdom Central Council (1999)

Nursing & Midwifery Council (2001)

NHS Security Management Service (2001)

Welsh Assembly Government (2004)

National Institute for Clinical Excellence (2005)

National Institute for Mental Health England (2005)

Welsh Assembly Government - Passport scheme

Breakaway training must be available to all employees who require it

Aims of breakaway training - To provide practical techniques enabling **breakaway** from violent/aggressive situations



History of breakaway training

“Breakaway training” is a part of the wider
“Control & Restraint training” (from Ju Jitsu)

Home Office adoption for Prison Service in
1981

4 UK High Secure Hospitals 1985 onwards
Cascaded downwards

Breakaway refresher training

Scotland - 1 year

England - 1 year

Northern Ireland - 1 year

Wales - 2 years!!!!

Examples of breakaways

Breaking away from

Wrist grab

Bear hugs

Hair pull

“Standing up” Strangle / neck locks

Clothes grab

What is the evidence base supporting “breakaway training”?

NICE Guidelines/ systematic review

5 UK studies which attempted to evaluate the effectiveness of breakaway training in mental health

Only one found any difference; that staff felt satisfied and slightly more **confident** as a result of the training

(Southcott, et. al. (2002).

Study 1 – Do staff recall their breakaway training?

An opportunistic sample of 47 nurses in a MSU

We would expect these 47 nurses to be able to breakaway from holds as the service they work within holds the most dangerous psychiatric patients in Wales.

Do staff recall their breakaway training?

Nurses approached on the ward with no warning

Asked to participate in a study evaluating breakaway techniques

Picked one of 6 envelopes which contained a named "hold" (strangle, grab, hair-pull)

Nurse had 10 seconds to prepare

One staff initiated the hold

2 staff recorded time and whether the correct technique was used



Do staff recall their breakaway training?

50 nurses approached / 47 agreed (94%) to take part.

One of the nurses who refused was a “C&R Instructor”

All had had previous breakaway training.

11 staff had received the full breakaway training more than once.

24 had at least one update since their original breakaway training course.

Do staff recall their breakaway training?

Forty percent (19/47) were unable to breakaway within the ten second period.

Of those that did breakaway - 60% did not employ the "correct" breakaway technique.

One of the sample who did not employ the correct technique was one of the Instructor's

Although violence was a problem within the Clinic, none of the sample (0/47) had used a breakaway technique in the preceding 12 months!!!!

A big surprise!

Despite exposure to violence (mostly kicks and punches)...NONE of the 47 nurses had needed to use a **breakaway technique** in the last year!

Maybe this was a weird sample?

St. Andrews Hospital (Northampton) have replicated the study with a larger sample.....

Of 147 healthcare staff only 15% were able to breakaway from a hold within 10 seconds using correct technique.

Is breakaway training sufficient?

Staff just can't remember it.... But we shouldn't really be determining the training that staff need until we know more about **what the violence that staff have to face actually is.....**

What are the realities of NHS Violence?

Problem = Despite the headline news items about NHS Violence, no responsible body is able to provide detailed data on the type of assaults staff face!

Research question = What is the reality of violence to NHS staff??

Study 2

We surveyed all mental health nurses in 2
Welsh NHS Trusts in all clinical areas

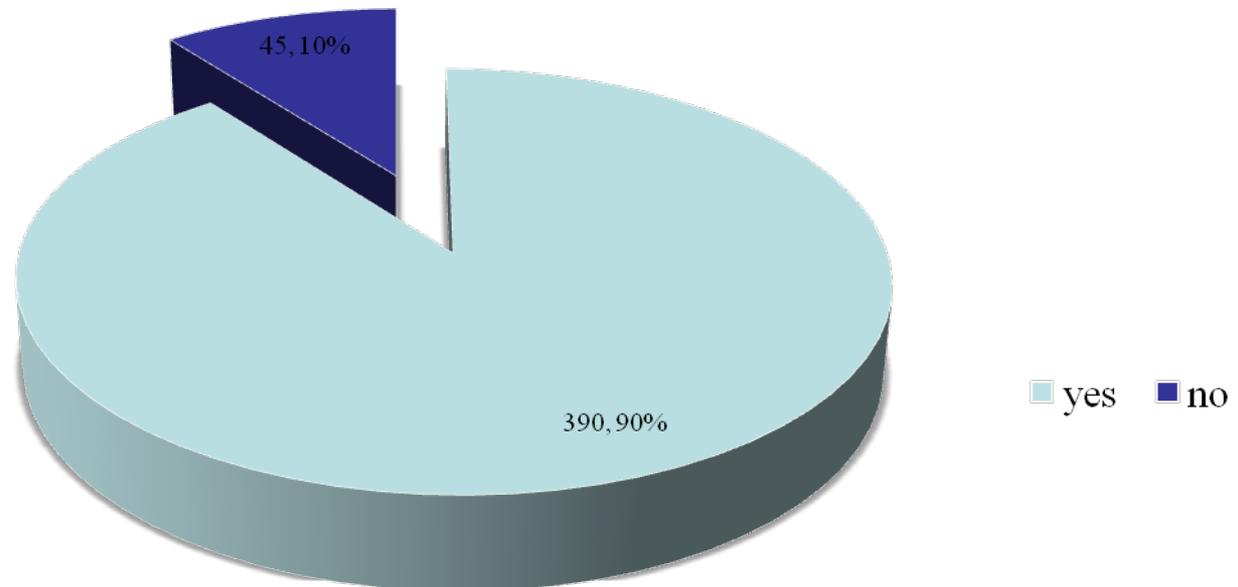
Total n = 471

340 from Trust 1

121 from Trust 2

Over 75% return rate

Percentage of staff who have had access to breakaway training in last 2 years



Study 2 - ? Assaulted in last 2 years

Some members of staff who did report an assault also reported being subjected to more than one type of assault and experiencing same type of assault on more than one occasion.

Therefore, over the two year period a total of 5866 assaults were reported

This reflects an average of 6.74 assaults per staff member over a 12 month period.

Study 2 - ? Assaulted in last 2 years

However, majority of these assaults were reported by staff working with elderly patients

Elderly = total of 5626,
25.8 assaults per person per 12 months

Adult = total of 207
0.38 assaults per person per 12 months

Study 2 – assaults by type

1	Grabbed	(Yes)
2.	Punched	(No)
3.	Pushed	(No)
4.	Kicked	(No)
5.	Slapped	(No)
6.	Spat at	(No)
7	Pinched	(No)
8	Hair pull	(Yes)
9	Head butt	(No)
10	Weapon	(No)
11	Strangle	(Yes)
12	Other	(No)

Breakaway studies - Conclusions

We now have evidence that:

Where nurses are “held” and try to breakaway, they are unlikely to use the correct technique

Even if they could remember all of the correct techniques, it is likely that they won't actually be able to deal with the majority of NHS violence (blows and strikes)

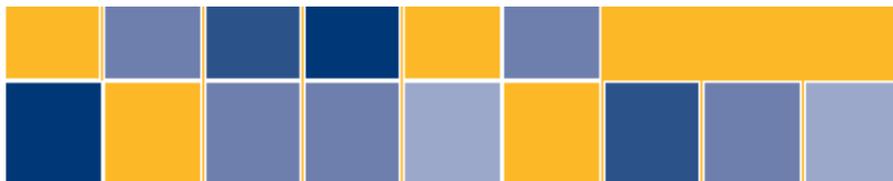
Therefore, evidence base for “Breakaway training” is poor

Where next?

Large £40,000 funded study into
breakaway retention of approx 160
participants

Ensuring that our courses are linked to our
research and the evidence we develop –
(BSc in Violence Reduction)

Violence Research Group (N=90) –
Academics and Clinicians



About the course

Professor Paul Rogers, Gail Miller and colleagues from the University of Glamorgan and West London Mental Health Trust have collaborated to design a new BSc degree level course in Violence Reduction.

The course will be delivered through two modules in the Summer 2007 and one module in January 2008. Each module involves one week intensive lectures, followed by self directed study. Accommodation is available at the University of Glamorgan. The course has been designed to encapsulate current legislation and best practice guidance. It is hoped that participants will be equipped with the necessary knowledge and skills to be eligible for Specialist Practitioner status with the Nursing and Midwifery Council (NMC) on completion.

Costs

BSc in Violence Reduction: £1,200-£1,500
BSc (Hons) in Violence Reduction:
£2,400 - £3,000
Campus accommodation is £75 per week.

Course Content

Module 1: Understanding Violence
Overview of the policy perspectives on violence reduction; definitions of violence and associated states; epidemiology of violence; culture, race, gender and disability issues; causes of violence; service user perspectives; carer perspectives; Introduction to research methods; NICE guidelines; primary prevention strategies; secondary prevention strategies; and tertiary prevention strategies.

Module 2: Violence Reduction & Safe Practice

Legal and ethical perspectives around violence for adults and children (including restraint practices); professional guidance and the use of case studies to discuss practice issues; the principles of teaching, coaching, assessing, mentoring; violence reduction teaching in practice; anatomy and physiology - restraint related health risks; critical research appraisal skills; principles of teaching physical skills (e.g. muscle memory, principles of movement/rotation, human reflexes); and an overview of the theory and application of research.

Module 3: Violence Reduction & Organisational Management

Principles of change management; clinical leadership; the requirements for and applying for NMC specialist practitioner status; risk assessment and prediction of violence; organisational risk assessment, prevention and management; the principles and practice of post incident review; and post incident support and reactions to trauma

Recognised national experts in the field of violence reduction will be contributing to the program.

This course is offered in partnership with:

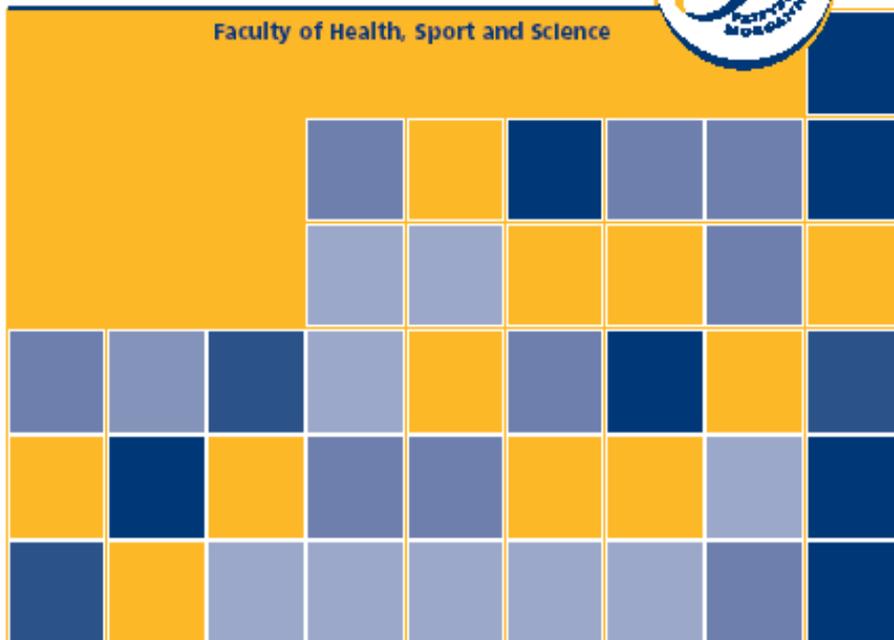


For further information

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Faculty of Health, Sport and Science

New! BSc Degree Program Violence Reduction Specialist*

*Subject to validation



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