Prevention and management of violence in Belgian psychiatric institutions: do current practices respect international guidelines?

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OBJECTIVES

- Make an inventory of procedures used in Belgian psychiatric settings to prevent and manage violence and establish recommendations to hospitals and healthcare authorities.

- Determine which tools should be used to discern patients at risk and to prevent violence, the current level of implementation of international guidelines in Belgium and the difficulties and obstacles encountered in actual settings.

METHODS

Literature review

- Research of national/international data about aggressions incidence, recording, management, risk assessment, attitudes and beliefs about violence.

- Research of best international guidelines.

- Selection of the latest NHS-NICE guidelines "Short term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments" (RCN, 2006) as "Reference Guidelines".

Survey tool construction

- Selection of the 5 recommended audit criteria for violence management inside the Reference Guidelines :

  1. Systematic risk assessment
  2. Policy of employees training
  3. Patient information
  4. Patient-centered management of violence
  5. Systematic record of events

- Construction of a questionnaire based on the recommendations resulting of these audit criteria

- Pre-test of the questionnaire including validation of French and Dutch translations of questions

- Implementation of the questionnaire in a web-based application

Web-based questionnaire's design

- Administrative data (e.g., localization and hospital specialization)

- Team characteristics

- For each criteria and each recommendation:

  - Is it done ? For what proportion of your patients (level of compliance) ?

  - If not done, do you find it realistic (feasibility) ?

  - What are the difficulties encountered in your setting ?

Survey procedure

- All Belgian institutions having psychiatric beds (A, K, T, S6 index) were contacted (N= 132) and it was asked to each setting's head nurse to reply to the survey.

- 103 (78%) accepted to participate, with a potential of 447 settings.

- 374 head nurses (84%) finally replied to the survey.

CONCLUSIONS

- International guidelines are partially implemented in Belgium.

- A small proportion of settings (3-34%) fully apply the basic audit criteria promoted in the NHS-NICE guidelines.

- A majority of settings (47-74%) finds these recommendations as fully feasible.

- Main difficulties were identified: lack of time, patient's illness, professional's shortage, scientific tools unknown, lack of institutional policy, inappropriate recommendation.

- Recommendations to healthcare institutions and authorities were proposed but their actual implementation will face difficulties and require further investigations.

RESULTS

- Results are expressed in frequencies or proportions (%).

- 21% of psychiatric units were in General Hospitals and 79% in Psychiatric Hospitals ; 8% were in Brussels, 62% in Flanders and 30% in Wallonia.

- Table 1 shows a summary of the principal findings: level of compliance (%) for each criterion and feasibility expressed by head nurses.

Level of compliance	No	Partial	Full
1. Systematic risk assessment	21%	76%	3%
2. Training policy	0%	66%	34%
3. Patient information	1%	88%	11%
4. Patient-centered management	1%	84%	14%
5. Systematic record of events:			
- Rapid tranquilization	59%	29%	12%
- Isolation	7%	63%	30%
- Physical intervention	53%	32%	15%
Feasibility	**No**	**Partial**	**Full**
1. Systematic risk assessment	3%	49%	48%
2. Training policy	1%	25%	74%
3. Patient information	2%	38%	60%
4. Patient-centered management	1%	52%	47%
5. Systematic record of events	8%	24%	68%

- Table 2 shows the most important difficulties (%) expressed by head nurses for the feasibility of every recommendation of each criterion.

	Criteria				
Difficulties	**1***	**2**	**3**	**4**	**5**
Lack of time	34%	41%	25%	38%	26%
Patient's illness	41%	_	47%	42%	_
Scientific tools unknown	40%	_	_	_	31%
Lack of institutional policy	_	31%	_	_	21%
Professional's shortage	43%	_	_	23%	_
Not adapted recommendation	_	_	21%	_	_

*1 Systematic risk assessment, 2 Training's policy, 3 Patient information, 4 Patient-centered management, 5 Systematic record of events

- Regarding the main findings (level of compliance, feasibility feelings and main difficulties), recommendations to authorities and institutions are:

  1. Systematic risk assessment:
     – promote systematic risk assessment by institutions
     – spread scientific tools to healthcare professionals
     – study workload in psychiatric settings
     – stimulate research on professional's representations about violence.

  2. Training policy: improve a qualitative policy including feedback from trainers to head nurses.

  3. Patient information:
     – stimulate research on professional's representations
     – improve oral AND written information by diffusion of existing documents and by exchanges of best-practices.

  4. Patient-centered management: improve a real patient rights culture by:
     – asking patients' preferences
     – trying to respect them
     – speaking over violence without taboo
     – learning and training to work without giving impression of loosing time by making prevention.

  5. Systematic record of events: promote it and spread uniform tools to improve it.

More detailed analyses and recommendations – taking into account regions and settings' characteristics – are available. However, regarding the general level of compliance, main recommendations have to be given first.

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