

View from the inside: preventing violence

Marion Janner surveys recommendations to improve conditions and thus prevent violence in psychiatric wards.

Sitting at my kitchen table were two GPs, one psychiatrist, one approved social worker, one member of the local mental health crisis team and one very depressed person. Me. I felt much more depressed about being assessed for compulsory admission to a psychiatric hospital than I did about the 'real' cause of my illness. My gloom at the prospect of being sectioned was compounded when, in the middle of the proceedings and before the professionals discussed my fate with each other, an ambulance turned up to collect me! A psychiatrist friend to whom I subsequently moaned about this order of events was unsympathetic: "At least you didn't have the police as well." Indeed. The issue of violence in mental health services is a major concern for patients and staff and this article takes a quick look at some current approaches to tackling the problem and at some of the similarities between psychiatric and prison experiences.

The National Audit of Violence 2003 – 2005 (Healthcare Commission 2005) listed these causes, which will all be familiar to CJM readers and others familiar with prison life:

- unsafe environments
- inadequate staffing
- client mix and over-crowding
- substance misuse
- high levels of boredom
- staff training in the prevention and management of violence

There are many other similarities between the experiences of psychiatric in-patients and those of prisoners, some arising from the fact that the latter often are or have been the former and some from institutional settings. The role of compulsion, the social exclusion and stigma, the likelihood of a long-term relationship with the service are all features held in common, compounded by unemployment, poor physical health and shaky housing arrangements.

Violence is one of a number of symptoms of an under-resourced, non-vote-winning service. You'll be spoilt for choice if you're looking for a quote to illustrate how unsatisfactory the mental health service is. You could have the Minister describing them as historically 'appalling', and currently the 'Cinderella' service (Mulholland, the *Guardian*, 2005) Or the Department of Health: "Service-users report serious concerns regarding:

- A poor physical and psychological environment for care, including lack of basic necessities and arrangements for safety, privacy, dignity and comfort
- lack of 'something to do', especially activity that is useful and meaningful to recovery" (Dept of Health 2002).

At the other end of the proximity scale are patients themselves:

"I was too scared to sleep"; "A staff member said 'Cheer up, at least you're not black or gay'" (Mind 2004). And specifically in relation to safety, the same Mind report found that half the patients surveyed were verbally or physically threatened while in hospital. It hardly needs stating that these sorts of conditions are antithetical to recovering one's emotional equilibrium and therefore fundamentally undermine the core purpose of acute wards.

How do men and women's experiences of violence in psychiatric hospitals differ? As with prisons, so with psychiatric wards: men's and women's experiences and needs are very different. But unlike the mencentric prison estate, on the whole there is an 'equal opportunities' approach to psychiatric care for both genders with neither receiving the properly funded, holistic, expert service that would seriously accelerate their recovery. While women have poorer mental health than men, other than for psychosis where there is no gender difference, yet more men than women are admitted to psychiatric hospitals (Thompson *et al* 2004).

Surprisingly, not only are there are no reliable UK statistics about the gender difference in violence on psychiatric wards, but there is little public or academic discussion about this. The nearest analysis comes from the campaign to reverse the trend in mixed wards, focusing on sexual intimidation and abuse committed by men against women. But this doesn't document the differences, if any, in violence levels between male wards and female wards. An American study (Molbert and Beck 2003) reports that unlike the situation with violent offences outside hospital, "among male and female psychiatric patients, the rates are similar". Unfortunately it doesn't offer any analysis for this counter-intuitive assertion.

If it's of any help, I can contribute my own recent experience of being on a women's ward for a month. I saw, and heard of, no violent incidents at all, with the only aggro coming from a group of (probably stoned) visitors. And while being on a locked ward was initially a terrifying proposition, once I settled into ward life it gave me a great sense of security. I liked and trusted the people I was locked in with and felt protected from all the uncertainties of the rest of the hospital. Incidentally there was a sign in one of the loos saying that it was an open ward, and that if the door happened to be locked, we should ask a member of staff to open it. This is apparently a very common situation with 'open wards' which are in practice locked 24 hours a day.

Like many other psychiatric patients, my primary concern about violence wasn't about my risk from other inmates but from the staff, in the form of coercive medical treatment. This felt like a much more insidious, damaging and inescapable threat. Like my concern about being on a locked ward, this anxiety completely evaporated after a few days inside, and indeed I was consistently treated in a collaborative and safe way by everyone from nursing assistants to psychiatrists.



"There are many similarities between the experience of psychiatric in-patients and those of prisoners."

Last year the National Patient Safety Agency launched "a project to improve the safety of mental health service users by creating a safer environment on acute psychiatric wards." Encouragingly, the NPSA are taking a very holistic view about what contributes to or detracts from a safe psychiatric ward. They recognise that "the factors that make a ward safe are often the same as those which make a ward therapeutic" and at the top of their list of factors that contribute to an unsafe ward environment, is the lack of social and therapeutic activity for service users (NPSA).

Strangely, things used to be better, or at least livelier on acute wards. Holmes describes how "...progressive acute units emphasised the use of ward groups and the importance of patients playing an active part in decision-making.... With the end of incarceration and the replacement of large mental hospitals, those idealistic days seem far away." The shift of focus onto community care services (including assertive outreach and crisis teams) has meant that the residual acute units are definitely the ones in the cellar of the Cinderella service.

Even though hospitalisation still notches up 75% of NHS spending on mental health, not one of the seven standards in the National Service Framework for Mental Health (1999) relates to acute wards. This is the climate where in a Sainsbury Centre for Mental Health Survey, 30% of patients "were not involved in any kind of activity during their stay." Just in case you sneezed while reading this, it bears repeating -- 30% of psychiatric patients in this survey "were not involved in any

kind of activity during their stay." While sharing a 'smoking culture' with prisons, psychiatric patients can only look enviously at one aspect of prison life. At least there is an expectation of 'purposeful activity' in prisons, albeit one that is no longer included as a Key Performance Indicator. (The target of 24 hours a week of purposeful activity for each prisoner was abandoned in 2004 having only once been met in the previous nine years.)

The Department of Health acknowledges that: "High therapeutic intervention and interaction environments diminish disturbance, violence and boredom. Poor amenities and lack of structured activities and individual attention promote untoward incidents and create risks" (Dept of Health 2002). Bright is running the Star Wards project to animate acute wards and reverse the anti-therapeutic culture of patient inertia. Working with ward staff, service-users and professional health associations, we're advocating a range of therapeutic, social, recreational and physical activities which will harness patients' own energies and skills for their accelerated recovery. The ideas range from the modest -- wards having a decent set of board games -- to the major, with each patient having a personal recovery budget and paying for the additional support they feel they need.

There is, encouragingly, complete consensus that the current state of psychiatric wards is untherapeutic at best and dangerous at worst, and there are corresponding structures and networks that could bring about the necessary transformation. And while

Continued on page 43

there are many common features of prison and psychiatric services, at least there isn't one influential sector of the public with a philosophical opposition to improving psychiatric conditions. A return to the best of the 1960s combined with the most inspired of the new century would create a dynamic and effective psychiatric in-patient service.

Marion Janner's work has involved running community services for people with learning disabilities; campaigning against excessive use of prison, notably with the organisation 'Payback'; and promoting effective and creative use of communications, recently with the organisation 'Bright'.

References

Brightplace: www.brightplace.org.uk/pdfs/starwards.doc

Dept of Health (2002), *Mental health policy implementation guide: Adult acute inpatient care provision*. London: Department of Health.

Healthcare Commission and the Audit Team, Royal College of Psychiatrists' Research Unit (2005) *National Audit of Violence 2003 -2005*. London: Healthcare Commission.

Holmes (2002), Creating a psychotherapeutic culture in acute psychiatric wards. *Psychiatric Bulletin* 2002, 26: 383-385.

Mind (2004), *Ward Watch: Mind's report on hospital conditions for mental health patients*. London: Mind.

Molbert, B. and Beck, J.C. (2003) 'Assessing Violence in Patients: Legal Implications'. *Psychiatric Times*, January 2003, Vol. XX, Issue 1.

Mulholland, H. (2005) 'Mental health care is not good enough, Hewitt admits', *Guardian*, Tuesday September 27, 2005. London: Guardian Unlimited.

The Sainsbury Centre for Mental Health (1998), *Acute Problems: A survey of the quality of care in acute psychiatric services*. SCMh: London

Thompson, A., Shaw, M., Harrison, G., Verne, J., Ho, D. and Gunnell, D. (2004) 'Patterns of hospital admission for adult psychiatric illness in England: analysis of hospital episode statistics data', *British Journal of Psychiatry*, 185, 334-341.

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