

POLICY ANALYSIS OF VIOLENT BEHAVIOUR

Abstract

Aim: This paper is aimed at evaluating violent behaviour in the psychiatric setting and to provide alternative policies for violent behaviour.

Background: The Violent Behaviour policy emphasises its need to fully outline the reasons for Considering Violent Behaviour in psychiatric setting, and describes how priorities will be determined for the purposes of interventions and optimal use of limited in-patient resources, and what alternative policies are needed to be more effective.

Conclusion: Violence towards mental health staff is prevalent and increasing in the psychiatric setting. There are alternative ways to reduce incidents of unsafe violent behaviour. This paper briefly sets out detail of alternative strategies to reduce violent behaviour.

Key words: Policy, Violent Behaviour, psychiatric setting.

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Introduction

The Violent Behaviour policy emphasises its need to fully outline the reasons for considering violent behaviour in the psychiatric setting, and describes how priorities will be determined, the purposes of interventions and optimal use of limited in-patient resources, and what alternative policies are needed to be more effective.

This paper attempts to provide policy analysis for violence in the psychiatric setting in Jordan, and the paper attempts to provide alternative policy recommendations for these issues by using a six-step policy analysis model which will verify and define the problem through implementing, monitoring and evaluating this policy.

Step One : Verify, define, and detail the problem

On September 3, 2006, Wayne Fenton, a prominent schizophrenia expert was found dead in his office as a result of a tragic assault by his 19-year-old patient with Schizophrenia, (Anderson & West, 2011). Because of this situation and other cases that occur in the world and at any time, those working in the psychiatric setting must be more concerned about this problem and how to prevent violent behaviour and assaults by psychiatric patients against Mental health care provider. It is a reality and some staff rationalize that violence is an Occupational hazard (Anderson & West, 2011).

Violent behaviour may be defined as physical violence without bodily contact (e.g., threatening gestures) or physical violence with bodily contact (e.g., hitting, punching, kicking), (Lanza, Demaio, & Benedict, 2005).

Patients with serious mental illness (e.g. schizophrenia, major depression or bipolar disorder) were 2 to 3 times as likely as people without such illness to be assaultive, and it was found the nurses, and physicians reported the highest prevalence of violence against them among the clinical staff (Anderson & West, 2011), and the prevalence rates of physical assaults on psychiatric trainees was between 26% and 56% (Dhumad, Wijeratne, & Treasaden, 2007).

Many psychiatrists, those working in the emergency or acute setting, report direct experiences of violent behaviour among the mentally ill, (Stuart, 2003). The staff members who spend the most time with patients are at greatest risk of experiencing an assault, and those with the highest risks were the nursing personnel, (Anderson & West, 2011).

The crime and violence in the mentally ill were associated with the same factors thought to determine crime and violence in anyone else: factors such as gender, age, poverty or substance abuse, (Stuart, 2003), and the relationship between violence and positive psychotic symptoms was found equally in men

and women, (Anderson & West, 2011), 68% of the assaultive patients were 30 years old or younger, (Anderson & West, 2011).

The effectiveness response of violent behaviour is not to return to polices of greater control but to improve the care, support, treatment and to decrease violent behaviour in the psychiatric setting. The Violent Behaviour policy aims to assist in managing acute mental health in-patients by defining clear Violent Behaviour criteria and priorities, procedures to coordinate throughput and use of facilities, contingency plans for violence management at times of peak demand. Nurses, psychiatrists and other health care givers in the psychiatric setting, are concerned with prevention of violent behaviour.

Step Two: Establishing Evaluation and Implementation Criteria

In order to establish the criteria, we should develop for evaluation, the desired and undesired outcomes. I also recommend the prevention of violent behaviour or the decrease of harm, and I will assess all the alternatives related to: effectiveness, legality, administrative ease, equality, cost benefits and political acceptability.

National center for psychiatry violent behaviour Policy Description

TITLE: Violent Behaviour

PURPOSE: To identify the nursing staff's responsibilities for the violent patient.

POLICY: Some patients may at times become violent or unable to control their behaviour. All Nursing staff are responsible for recognizing and observing the signs of potential violent behaviour, reporting it to the appropriate staff, and acting within the Limits of their position description to protect with the least restrictive method, the patient, all other patients, visitors, and the staff. At all times, nursing staff will maintain the patient's rights and treat the patient humanely.

Generally the violent behaviour policy was clearly written to suit different reader's abilities except for some wards which are defined at the end of the written policy e.g. hospital authorities, medical record no., equipment and supply. The violent behaviour policy and procedure has a clear goal and purpose; it has a clear overview which includes violent behaviour resources and reasons.

Policy goal

The major goal of violent behaviour policy is to decrease incidence of violent behaviour occurrence. This goal can be measured by the number of violent behaviour incidents.

Desirable and undesirable outcomes

The major desirable outcome of violent behaviour policy for nurses, psychiatrists and care giver in the psychiatric setting are:

1. Increase the concerns in the care givers safety from violent behaviour.
2. Increase care giver satisfaction about the procedures.
3. Decrease incidence of violent behaviour occurrence.

The major undesirable outcome of violent behaviour policy for nurses, psychiatrists and care givers in the psychiatric setting are:

1. The difficulty in applying the procedures.
2. The high cost effectiveness in the organization.

The criteria of violent behaviour evaluation

The goal of these rules is to assess violent behaviour and what it consists of: effectiveness will be the first item which will be considered and recommended of violent behaviour occurs, the second one is legality, the third is its ease of use, the fourth is its equity, the fifth its cost and finally is the political implications.

Effectiveness

The affectivity is defined as the ability of the violent behaviour policy to achieve the best outcomes to be used as violent behaviour policy by psychiatrists, nurses and caregivers and it is a very clear policy when they are dealing with patients.

Legality

Regarding adherence to or observance of the violent behaviour policy of the National center for psychiatry, it is legal to apply the policy because it is Certified by the ministry of health, so surely it is legal since it does no harm nor has undesirable effects.

Administrative ease

Ease of applying the procedure of the violent behaviour policy by health workers during limited time in the National center for psychiatry, and its ease of use to restrain a violent patient and to have available all equipment to restrain in the National center for psychiatry and all instructions in this policy, need to be understood by the health worker.

Equity

Equity means the violent behaviour policy is safe for: patient, nurses, psychiatrists and any caregiver in the National center for psychiatry.

Cost benefits

Cost effectiveness of violent behaviour policy for National center for psychiatry; this policy does not cost the center because it uses little equipment to restrain and it uses the same equipment for all patients of violent behaviour.

Political acceptability

This criteria is used to ensure there is no collision with the politicians in applying violent behaviour policy in the national center for psychiatry.

Step Three: Suggest Alternatives Policies

For strategies or solutions to reduce incidence of violent behaviour occurrence and to reduce unsafe violent behaviour against nurses, psychiatrists and caregiver in psychiatric setting, I will mention the alternative strategies in this section and in the next section they will be assessed separately.

The following are alternative strategies to reduce occurrence of violence and reduce unsafe violence:

1) Use of chemically restrained strategies, likely perceives violence as an effective means to reduce unsafe violence with communication with patients during restraint, the chemical restraints or pharmaceutical restraints can help gain better control of the violent patient.

Drugs that are often used as chemical restraints include benzodiazepines (such as Lorazepam (Ativan), Diazepam (Valium)). Haloperidol (Haldol) is a drug chemically unrelated to benzodiazepines and is also popular for chemical restraint, without the potentially dangerous side effects of benzodiazepine drugs. However, Haloperidol has its own set of serious side effects.

2) Use training strategies. Basic nursing certification alone is not sufficient to equip nurses to be able to cope with aggressive residents. They need experiential education about violent behaviors, using role-play, with staff acting out verbal and physical aggression.

3) Use sufficient staffing strategies: sufficient staffing is a strategy for decreasing the incidence of abuse by decreasing stress on nursing. The nursing are more apt to deliver care in a rushed, rough, and hurried manner when assigned a large number of residents. Implementation of these policies may help the organization save money over time as the number of violent incidents decreases.

Step Four :Assessment of Alternative Policies

Assessment of all the alternative strategies on how to reduce incidence of violent behaviour:

1) Use chemically restrained strategies:

Effectiveness

Many studies showed evidence about the effectiveness of using chemical restraint or drugs such as (Haldol) to prevent violent behaviour, (Anderson & West, 2011); their studies indicated that it is safe to use chemical strategies for patients and health workers.

Legality

It is legal to use chemical restraint for this type of strategy using safe equipment and it is used by all hospitals subsidiary to the Ministry of Health.

Ease of application

It is easy to apply through administration of medication in different routes (IM, IV) to the patient.

Equity

This strategy is safe for violent patients and health workers and there are no reports of harm due to these strategies.

Cost effectiveness

According to health care budgets and some studies reported (Anderson & West, 2011) it is a low cost strategy to use chemical restraint.

Political acceptability

It is not to collide with the politicians in applying chemical restraint.

2) Use training strategies:

Effectiveness

Many studies showed evidence about the effectiveness of using training strategies through using role play and the need for effective training sessions to prevent violent behaviour; more studies indicated that it is safe to use training strategies for patients and health workers.

Legality

It is legal to use training strategies, it is safe and it is used by all hospitals subsidiary to the ministry of health in the continuous education unit.

Ease of application

It is easy to apply through role playing and training sessions with staff acting out verbal and physical

aggression; it is more realistic than traditional lecturing and encourages open discussion about feelings and the appropriateness of various management strategies.

Equity

This strategy is safe for violent patients and health workers and there are no reports of harm using these strategies.

Cost effectiveness

According to health care budgets and some studies it has been reported that training is a high cost strategy.

Political acceptability

It is not to collide with the politicians in applying training strategies.

3) Use sufficient staffing strategies:

Effectiveness

Sufficient staffing is a strategy for decreasing the incidence of violence by decreasing stress on nursing staff. This strategy is safe for use for by both patients and health workers.

Legality

It is v legal and safe to use sufficient staffing for this type of strategy and it is used by all hospitals subsidiary to the ministry of health.

Ease of application

It is easy to apply sufficient staffing of patient health workers.

Equity

This strategy is safe for the violent patient and health worker and there are no reports of harm using these strategies.

Cost effectiveness

According to health care budgets it is a low cost strategy to use sufficient staffing.

Political acceptability

It is not to collide with the politicians in applying sufficient staffing.

The following Table (1) summarizes the expected outcomes of the alternatives strategies:

Criteria	Financial	Incidence of violence
Alternative strategies		
Use chemically restrained strategies	Saves money	Fewer incidences
Use training strategies	High cost	Fewer incidences
Use sufficient staffing strategies	Lowest cost	Fewer incidences
Expected outcomes		

Table 1

Alternative	Effectiveness	Legality	Ease of applying	Equity	Cost effectiveness	Political acceptability
chemically restrained strategies	Highly effective	Legal	Ease	Yes	Depends on the drug	Acceptable
training strategies	Highly effective	Legal	Ease	Yes	Effective	Acceptable
sufficient staffing strategies	Partially effective	Legal	Ease	Not always	Effective	Acceptable

Table 2

Step Five : Distinguish Among Alternatives Polices

After completely assessing all possible solutions to prevent or decrease incidence of violence and to completely distinguish among the alternatives will be discussed in this step of analysis.

Alternatives are effective enough to be used as a policy, partly to decrease incidence of violence;, these solutions are: chemically restrained strategies, training strategies and sufficient staffing strategies.

The first strategy is the perfect solution to decrease incidence of violent behaviour as effectively as possible. Using this strategy all stages of violent occurrence can be managed. The nurses and psychiatrists who are the health providers most at risk to violence, will be safer when using chemically restrained strategies. The health workers will be safer than they were previously if this strategy is used, because the possibility of violent behaviour from patients will decrease and the workplace will become safer with effective chemical

restraint preventing occurrence of violent behaviour. The only weak point for this solution is the prevalence of side effects of some medications such as Haldol.

The second solution, is highly effective at preventing violent behaviour occurrence, so is the using of this strategy as a part of violent behaviour prevention.

The third solution as prescribed previously is partially effective so considering this policy as a solution will depend on the case of the patient and the number of staff, although it may help to decrease violent behaviour occurrences.

Table 2 (above) summarizes the evaluation of the alternative strategies:

Step Six: Implementation and Evaluation Plan

In this step of implementation an evaluation plan was used before the implementation of the alternatives policy.

In order to implement the alternative policy a journal club will be

conducted to convince the health employees about the new solutions. After they know more about it they will surely adopt new ideas to use these types of alternative policy.

The employees will be able to test the effectiveness of the alternative policy, through training to apply the alternatives and any violent behaviour will be reported as usual. After the training on these alternatives, all employees of this department will apply the new modification for 2 months. The results of the incidence of violent behaviour reports will be compared with those of the past 2 months.

A specific questionnaire will be used to assess the employees' satisfaction in applying this policy. If the result indicates the effectiveness of the policy, with enough employee satisfaction, the real phase of implementation will be started and in order to apply it to the entire organization.

The policy evaluation will depend on two points: number of incidence of violent behaviour in comparison with previous incidence and the employee's satisfaction.

Conclusion

The violence inflicted on mental health staff is prevalent and increasing in the psychiatric setting. There are alternative ways to reduce incidence of unsafe violent behaviour; this paper is a brief outline of alternative strategies to reduce violent behaviour.

Recommendation

Using the above potential solutions as guideline, the following steps are recommended to prevent violent behaviour:

1. Require specific training about the causes and manage any behavioural problems.
2. Develop evidence based guideline for assessment and management of violent behaviour.
3. Should be used as a measurement tool to evaluate the effectiveness of violence policy.

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