1

CQC - Safety

Is this service safe?

- People are safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.
- Datix – violent incidents, self-harm, focus group
- Soul-less environment – wait until off the ward

2

Research findings

- Feeling unsafe is associated with lack of information, poor communication, disengaged or disinterested carers, lack of autonomy, helplessness, and the likelihood of not being heard, empathically understood, or taken seriously (Kenward, 2017)

In psychiatric wards in Sweden (Pelto-Piri, 2019)

1) service that was predictable, structured, and characterised by good communication.
2) patients could take responsibility for their actions and take an interest in helping other patients.
3) safety was undermined by being powerless, emotionally ignored, criticised, shamed, or threatened

3

Personal View

No safety without emotional safety

David Veale, Eleanor Robins, Alex B Thomson, Paul Gilbert

- **Physical safety – absence of threat**
- **Safeness is not so much the absence of threat (e.g., a critical or even a neutral carer) but the presence of positive supports (e.g., compassion from a trusted carer or friend) and signals that down regulate threat processing.**

4

Emotional safety

1) Emotional safety does not have the same parity of esteem as physical safety.
2) Acknowledge that psychiatric care is more likely than physical health care to include interpersonal violence and self-harm and involve coercive interventions.
3) Emotional safety includes the patient's experience of feeling relatively safe with their own emotions
4) Staff focus on physical safety and reduce organizational risk – but this can mean reducing emotional safety, partly because it removes patients' own ways of dealing with intense emotions, even if those ways are not the most helpful in the long run.
5) Patients are "risk objects" (Hilgarter, 1992; Felton, 2018)
6) Focus on physical safety to the detriment of emotional safety can therefore paradoxically increase physical risk, feelings of being overwhelmed, aggression, states of dissociation, and a sense of hopelessness.
7) The best way to manage risk is to help someone feel safe so that they can help themselves to create physical safety, there are many institutional biases against emotional safety

5

Safeness

- Free from threatening behaviours, and experience setting as safe,
- Warm with empathic understanding, sympathy, kindness, feelings of belonging, connection, not being judged, and acceptance from individuals or a group
- A person feels safe enough to speak up, to be open and honest, to have a sense of trust, and to have the confidence to explore and confide in someone about areas they find difficult to talk about or
- In therapeutic community then safe enough then encouraged to do exposure tasks and tolerate distress

6

Promoting emotional safeness

"Are you able to keep yourself physically safe?" c.f. "What can we do to help you to feel safe?". Promote emotional safeness by making a safety plan with compassionate care and without coercive control.

Example in woman who has flashbacks

- **Requests touch by female nurse**
- **Not allowed as it prevents allegations of abuse**
- **Reduces institutional risk**

7

Against the stream: intermittent nurse observations of in-patients at night serve no purpose and cause sleep deprivation

David Veale[1,2]

BJPsych Bulletin (2019) Page 1 of 3. doi:10.1192/bjb.2018.116

Development and evaluation of a personalised sleep care plan on child and adolescent in-patient mental health wards

Kirstie N. Anderson,[1,2] Rod Bowles,[3] Christine Fyfe,[3] Ron Weddle,[3] Patrick Keown[2,3]

BJPsych Bulletin (2025) **49**, 223–227, doi:10.1192/bjb.2024.41

- **Nursing observations at night**
- **4 x an hour in noisy environment**
- **No evidence it reduces suicide**
  - **Evidence it promotes emotional dysregulation and feeling unsafe**
- **Alternatives Kirstie Anderson CNTW – Sleepwell program – seems to reduces LOS and violent incidents in adults . Also evaluated in adolescent wards**

8

Continuity of care

- Consultant psychiatrist and psychologist and senior nurse in community AND responsible in-patient, day-patient, and community care
- Continuity of care
- Respite admission - patients discharged after a few days (Tyrer, P)
- In-patient; Home Treatment Team; Early Intervention service; Assertive Outreach; CMHT

9

Measure of safeness

- No adequate measures for a brief PROMS on in-patient ward
- Take the temperature of the ward – compare against one's previous readings
- Measure absence of threat; presence of compassion; predictable; structure; communication)
- Grants…..

10

Contact details
Professor David Veale
ADRU (residential) & CADAT (out-patient)
South London and Maudsley NHS Trust
E: David.Veale@kcl.ac.uk

The Nightingale Hospital London
www.veale.co.uk

Friday Nov 28
Water Rats, Islington
www.bedlam.live

d. The file may have been moved, renamed or deleted. Verify that the link points to the

11