

Abstract for

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"Social Challenges - Shared Responsibility in Psychiatry and Psychotherapy"**

Presentation

Workshop

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Management of Violence on Psychiatric Wards.

Abstract text up to 15 lines in English:

The World Health Organisation (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”. Around 405,000 of cases of interpersonal violence are reported all over the world per annum.

Violence on inpatient psychiatric wards:

People with mental disorders in hospitals sometimes behave aggressively. They may try to harm other patients, staff, property or themselves. In the UK, the National Audit of Violence found that a third of inpatients had been threatened or made to feel unsafe while in care. This figure rose to 44% for clinical staff and 72% of nursing staff working in these units. Such aggression can result in injuries, sometimes severe, to patients or to staff, causing staff absence and hampering the efficiency of the psychiatric service. The ways in which aggressive behaviour is managed by staff is contentious and emotive, and there is little evidence or agreement about their effectiveness. This review aims to describe the available research literature on the prevalence, antecedents, consequences and circumstances of violence and aggression in psychiatric hospitals⁶.

Principles of Risk Assessment and Management:

With any violent incident on the ward, it is imperative to take a detailed psychiatric history & perform a good examination of the patient’s mental state. It is equally important-of course time permitting, to get more corroborative history from other personnel e.g. professionals, or carers and clinical records. Additional information that must be taken in consideration include:

- Identify what risks the patient can present with
- Identify factors that might increase or decrease risk (and start thinking about how you can modify them)
- Individualise the diagnosis and management
- Remain objective, consult, seek advice

Some clinicians use the Five “Ws” (Health and Safety Executive, 2013) to assess the risk of violence considering these questions:

- What – the importance of defining this as exactly as possible “what is the potential risk? Violence, sexual offending, arson?
- Whom – defining potential victim groups e.g. family members, ethnic groups, women ...etc.
- When – short, medium and long term.
- Where –It is important to know the setting in which a violent offence might occur e.g. hospital or community. Risks of harm to specific victims can be reduced by containment in a locked or secure unit till appropriate risk assessments and management have taken place.
- Why – circumstances and motivation which lead to the violent act.

New Advances in risk assessment:

- Oxford based academics have developed four freely available web-based risk calculators:
- OxMIV – Mental Illness and Violence Tool, also available in Greek
- FoVOx – Forensic Psychiatry and Violence Tool.

Many clinicians are still not very familiar with utilising such tools but it is hoped that these would be more widely used in the near future as they provide an easy estimate of the likelihood of future violence.