

Agenda

Time	Activity	
8:30-9:00	Getting to know each other	All -Facilitated by TASC
9:00-10:30	Presentation: Safewards introduction overview	Lisa Spong (Via WebEx)
10:30-10:45	Morning Tea	
10:45-11:45	Activity:	NM TASC to facilitate
11:45-12:45	Presentation of interventions <ul style="list-style-type: none"> • Know each other • Soft words • Calming Methods • Bad news mitigation • Talk down Talk through 	Lisa Spong (Via WebEx)
12:45-13:15	Lunch	
13:15-14:15	Activity	NM TASC to facilitate
14:15-15:15	Presentation of interventions <ul style="list-style-type: none"> • Reassurance • Positive words • Discharge tree • Mutual help meeting • Mutual expectations 	Lisa Spong (Via WebEx)
15:15-15:30	Afternoon tea	
15:30-16:30	Activity	NM TASC to facilitate
16:30-17:00	Safewards in the ACT and evaluation of the day	NM TASC

Resources:

Bowers, L 2014, 'Safewards: a new model of conflict and containment on psychiatric wards', *Journal of Psychiatric and Mental Health Nursing*, 21, pp. 499–508.

Hamilton, B, Fletcher, J, Sands N, Roper, C & Elsom, S 2016, Safewards Victorian trial final report, Centre for Psychiatric Nursing, Melbourne.

Fletcher, J, Spittal, M, Brophy, L, Tibble, H, Kinner, S, Elsom, S & Hamilton, B 2017, 'Outcomes of the Victorian Safewards trial in 13 wards: Impact on seclusion rates and fidelity measurement', *International Journal of Mental Health Nursing*, 26, pp. 461-471.

Presentation 1

Complete the following questions as the presentation is provided, to guide your learning

What is Safewards?

What type of research was conducted?

What were the strengths and weaknesses of the research?

How was the model developed?

What are the six domains that influence or trigger conflict?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

What is the definition of conflict?

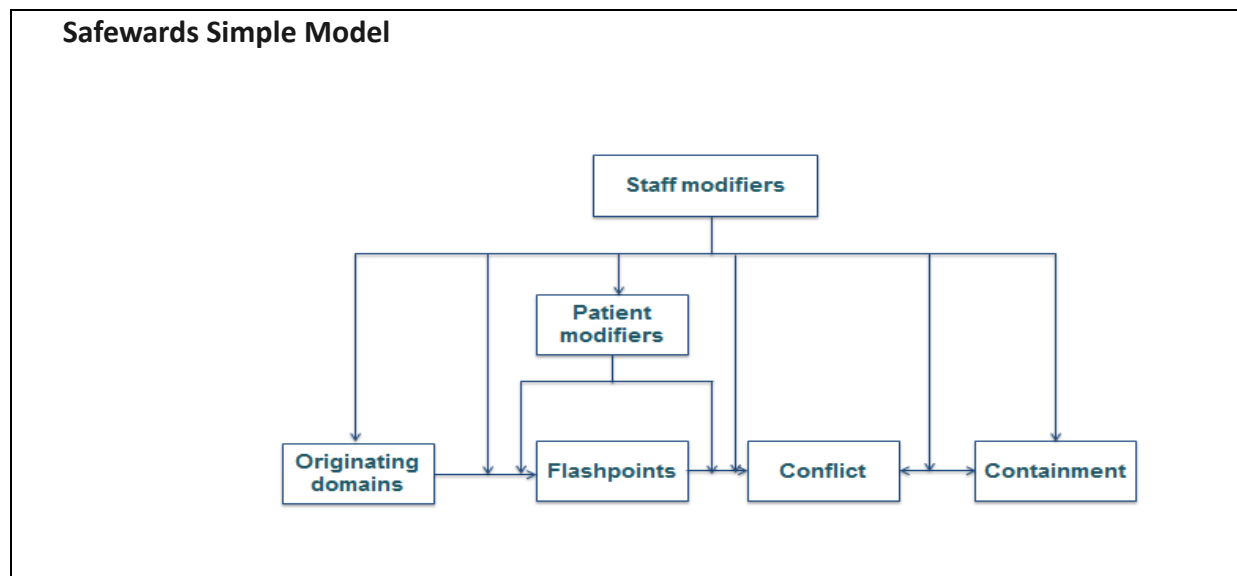
What is the definition of containment?

What is the definition of restraint?

Activity 1

When looking at each of the compartments (boxes) of the simple model, briefly explain what they are and how they relate to and influence each other

(this can be found in the resource provide – Safewards in Lay Terms).



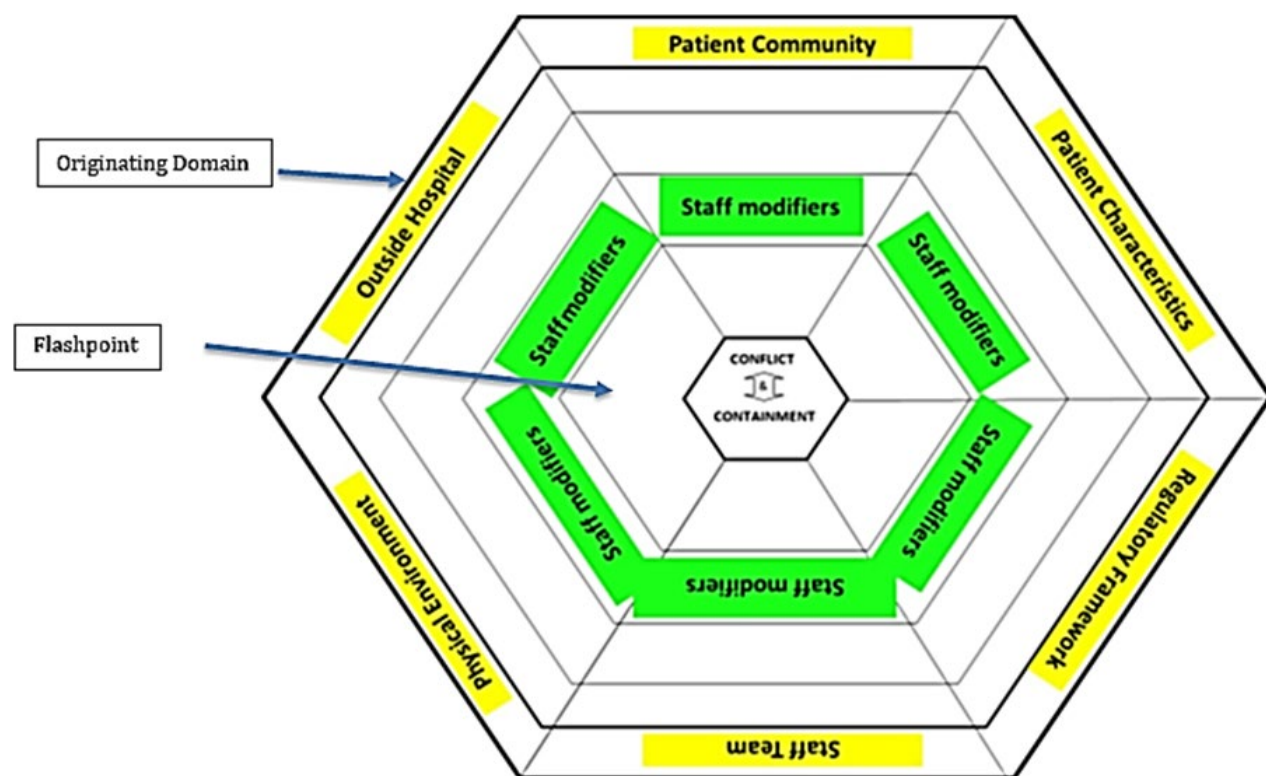
Originating Domains:

Staff modifier:

Patient modifier:

Flashpoints:

Facilitated Group Activity Safewards Technical Model



Think of an example of conflict in your area and identify potential corresponding flashpoints and staff modifiers What are the common flashpoints and staff modifiers for each originating domain?

For example:

A **flashpoint** for **Outside Hospital** domain could be, a phone call about a home crisis.

A **Staff Modifier** for **Outside Hospital** domain could be, facilitating support from family or friend regarding home concerns.

Staff Team

Flashpoint:

Staff Modifier:

Regulatory Framework

Flashpoint:

Staff Modifier:

Physical Environment

Flashpoint:

Staff Modifier:

Outside Hospital

Flashpoint:

Staff Modifier:

Patient Community

Flashpoint:

Staff Modifier:

Patient Characteristics

Flashpoint:

Staff Modifier:

Presentation 2

For the following five Safewards interventions, write down the background the purpose (aim) of each, as they are described during presentation.

Know Each Other

Soft Words

Calming Methods (Calm Down Methods)

Bad News Mitigation

Talk Through (Talk Down)

Activity 2

Know Each Other (KEO)

- Make a list of three non-controversial information points that you would be comfortable sharing on the in-patient unit
- Use the KEO template provided as an example

How does this reduce conflict?

What would this look like in your work area?

Soft Words (SW)

Read this quote: *“Violence by patients in psychiatric settings is frequently associated with the quality of staff-patient interactions”*

This quote is taken from the article: Lancee, W. J., Gallop, R., McCay, E., & Toner, B. (1995). The relationship between nurses' limit-setting styles and anger in psychiatric inpatients. *Psychiatric Services*, 46(6), 609-613.

- Thinking about the quote above. Have a guess at the percentage of violence that is associated with poor quality interactions? Your best guess? %Note the age of the journal article.
Why do you think this article is relevant?

How does this reduce conflict?

What would this look like in your work area?

Calming Methods (CM)

- Think about what might be helpful for different types of CM needs:
- Fill out as much of the table below as you can.

Difficult emotions	What have you seen on the unit (or think) that may be helpful?	What could you suggest that can be used/purchased to help?
Anger	Example: Stress balls	Example: Punching Bag
Fear (fight/flight/freeze)		
Sadness/depression		
Shame		

Difficult thoughts & urges	What have you seen on the unit that may be helpful?	What could you suggest that can be used/purchased to help?
Suicidality		
Self-injury		
AOD/nicotine withdrawal		
Sexual vulnerability		
Obsessive/compulsive thoughts & urges		

Difficult experiences	What have you seen on the unit that may be helpful?	What could you suggest that can be used/purchased to help?
Hearing voices		
Seeing visions		
Mania/racing thoughts		
Dissociation, feeling numb		
Panic attacks		
Reactions to restrictive interventions		
Reactions to compulsory treatment		

How does this reduce conflict?

What would this look like in your work area?

Bad News Mitigation (BNM)

It is important to highlight that what is considered bad news can vary significantly from person to person therefore it is important to enquire, know the person as well as you can, and look out for possible signs of distress.

- Watch this (5min:03sec) clip <https://www.youtube.com/watch?v=juKAMBh9J54>

Identify how you may be able to make this a common part of your practice?

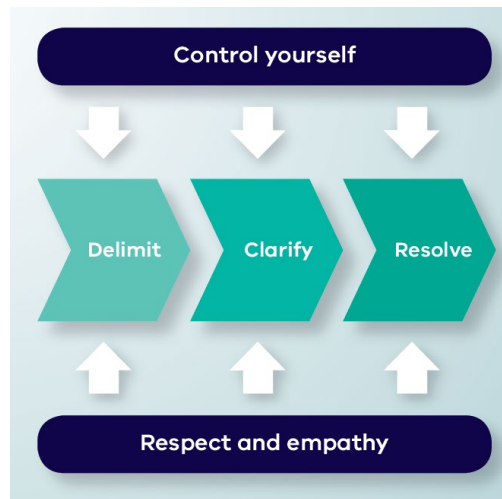
Does BNM occur as part of your service handover?

How does this reduce conflict?

What would this look like in your work area?

Talk Through (TT)

- Pick one of the areas shown in the TT model below and give a brief explanation (delimit, clarify, resolve, control yourself, respect and empathy) -



- Watch this (5min:47sec) clip <https://youtu.be/Q4T-x1za6lg> this shows Talk Through in action. While watching look for the aspects of the model the staff member has demonstrated.

How does this reduce conflict?

What would this look like in your work area?



Presentation 3

For the following five Safewards interventions, write down the background the purpose (aim) of each, as they are described during presentation.

Reassurance

Positive Words

Discharge Messages

Mutual Help Meeting

Clear Mutual Expectations

Activity 3

Reassurance

- Watch this (2min53secs) clip – <https://www.youtube.com/watch?v=1Evwgu369Jw>
- List some common occurrences on a mental health unit which may increase patient fear?
- Think about the powerful impact of stigma (an outside hospital originating domain), and how this can impact patients' emotions, whilst on the inpatient units?

When providing Reassurance as an intervention, you can still connect with the patient, not breach confidentiality and use psychological reasons for what is occurring if needed.

For example:

"Sometimes when people are very unwell, they may be frightened and confused – this might trigger aggression and we may need to intervene to keep everyone safe. This can look scary, but we are very careful to never hurt someone, and to try and protect people's dignity"

- Think about how you would provide Reassurance for all the patients if there was a specific emotionally stressful situation. Write down an example below of what you could say (the actual words, the script you would say) if there was a NEWS report on COVID-19 and patients expressed concern.

How does this reduce conflict?

What would this look like in your work area?

Positive Words (PW)

Think about how you would react if you heard a health professional say something derogatory about you, a friend, or family member.

- Go to the handout Understanding patient characteristics and experiences.
- Select one of the sections below and read, think about how you could use this handout for the staff group to understand PW.
 1. Understanding aggression and violence
 2. Understanding self-harm
 3. Understanding seeking control and empowerment
 4. Understanding absconding
 5. Understanding medication refusal
- On the chart below write one or two negative words and phrases that are overused in a unit you have worked in.
- On the same page write in the column beside the negative words, alternatives you could use.

Negative words or Phrases that are overused	Alternative Positive words
<i>Eg. Manipulative behaviour</i>	<i>Eg. Adaptive coping skills, seeking control and empowerment, assertiveness</i>

Watch this (1:47min) clip <https://www.youtube.com/watch?v=Hzgzim5m7oU>

How does this reduce conflict?

What would this look like in your work area?

Discharge Messages (DM)

- Have a look at the DM handout which shows examples of DM. You may have seen an example of DM on the unit you work at.
- How would you use DM in your practice to help reduce conflict? (Bring these ideas back to the larger group). For example - it is not just about someone leaving. It is also about engaging people who are on the unit who may be newly admitted, it is also about positivity and safety planning etc.

How does this reduce conflict?

What would this look like in your work area?

Mutual Help Meeting (MHM)

- List and describe the four agenda items that must be covered in a MHM.
- Provide examples of how to prepare for the group
For example – identify a time/place for the meeting

How does this reduce conflict?

What would this look like in your work area?

Clear Mutual Expectations (CME)

- What inconsistent “rules” do you find frustrating or confusing on units you have worked in? List three in the table below, if you are able to. For example – courtyard being locked in the evening
- After you have written your list, identify if you are aware if any of these “rules” are actually
- covered by legislation or policy. If you are unsure, write unsure, otherwise write MHA or Policy beside your list.

For example:

Inconsistency on the unit	Organisational Policy	Mental Health Act	Other known legislation
Locked courtyards	No	No	Unsure

Add more to the list if you like.

- Write one CME that you would like to go onto a poster in your unit, include a rationale and remember that this is an expectation of both staff and patients, not another rule.

For example:

CME - “Let’s all work towards welcoming people onto the unit”

Rationale – When people feel welcomed, this can help to alleviate fear and build relationships of caring and support

Write idea and rationale here:

How does this reduce conflict?

What would this look like in your work area?

Presentation 4

Post Workshop Activity

Using the article below, staff perspective of Safewards/interventions, read the quotes on page 7 and make a note of any that resonate with you (or what you would hope for on your units).

- Fletcher, J, Hamilton, B, Kinner, SA & Brophy, L 2019, 'Safewards Impact in Inpatient Mental Health Units in Victoria, Australia: Staff Perspectives', *Frontiers in Psychiatry*, 10 (462).

Using the article below, consumer recommendations for enhancing Safewards/interventions, choose an intervention (pg 3 – 6) and make a note about a recommendation that resonates with you. Starting on page 6, from the section 'Beyond the 10 interventions', choose one intervention that you think would be helpful to implement beyond the 10 Safewards interventions.

- Kennedy, H, Roper, C, Randall, R, Pintado, D, Buchanan-Hagen, S, Fletcher, J & Hamilton, B 2019, 'Consumer recommendations for enhancing the Safewards model and interventions', *International Journal of Mental Health Nursing*, 28, pp. 616-626.

Final Words from Prof Len Bowers:

- If your intervention doesn't alter any of the 'staff modifiers' identified in the Safewards Model, then it isn't classified as a Safewards intervention
- Although many Safewards interventions can be done creatively, that doesn't mean anything creative or arty is a Safewards intervention
- None of the interventions will work if you and your team do not actually do them!
- If you present an over-optimistic, exaggeratedly positive, all bad news removed story to your immediate manager, who does the same plus a bit extra to theirs, etc. then the people at the top think everything is wonderful and being put into effect, while in reality nothing much is happening on the wards at all

Final Words from Lisa Spong and the TASC team

- *You are amazing, welcome to the Safewards Community!*

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