

Collaboration for
Leadership in Applied
Health Research and
Care South London
(CLAHRC South London)



Violence on mental health wards following the implementation of a smoke-free policy

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Overview

- Brief overview of the international evidence of impact on violence following the implementation of smoke-free policies in mental health settings
- Findings from 4 psychiatric hospitals in South London & Maudsley NHS Foundation Trust

BETTER Access to Treatment for people experiencing psychosis



- **Aim:** To improve health and reduce inequalities by increasing uptake of physical and mental health evidence-based interventions for people with psychosis

Supporting the implementation of SLaM smoke-free policy

Infrastructure

Mandatory recording of smoking status

Electronic referral system

Treatment Pathway

Very Brief Advice (Ask, Advise, Act)

NRT, varenicline & intensive behavioral support

Training Pathway

2 hour ELearning course (improving knowledge)

2 day Face to Face course (improving clinical skills)

Getting the balance right between treating tobacco dependence & implementing the smoke free policy



Enhanced
infrastructure



Treatment pathway



Training pathway



Staff concerns pre policy

"We don't have time to help people stop smoking"

"Patients will smoke in their rooms and there will be an increase in fires"

"The wards will be full of detained patients"

"There will be an increase in violence"



Patients reactions to raising the issue of smoking ban (staff reports)



***“If you try and stop me
from smoking I’ll carve
your face up”***

***“I’m prepared to burn
this place down if you
think you’re going to
stop me from smoking”***

Systematic Review of the effect of smoke-free policies on rates of violence in mental health settings



Spaducci et al (2017) International Journal
of Mental Health Nursing (under review)

11 articles met the inclusion criteria (from 6359 identified)

Setting



Type of policy



9 buildings & grounds

2 buildings only

Method of data collection

4 incident reports

3 chart reviews

4 objective rating scales



Length of evaluation

Pre policy 1 week to 12 months

Post policy 1 month to 24 months

Findings



5 studies measured verbal violence, of which 2 reported an increase & 3 a decrease



6 studies measured physical violence, of which 4 reported a decrease or no change 2 a short-term increase



5 studies measured the rate of combined verbal and physical violence 4 reported a decrease or no change 1 an increase, which continued for a further year after the policy was terminated.

Limitations of the studies

Different (or no) definitions of violence.

Measurement of violence not defined

None controlled for time trend & seasonality
or possible confounder e.g. predictors of
violence on inpt units

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Debbie Robson,

Gilda Spaducci, Ann McNeill

Duncan Stewart

Mary Yates

Lisa Szatkowski



Methods: setting and data collection

SLaM

4 psychiatric hospitals

38/49 wards



Methods: setting and data collection

- Included physical assaults perpetrated by patients -towards staff and other patients.
- Excluded verbal violence
- Extracted data using Datix – online Patient Safety Reporting System
- Operationalised the definitions of physical assaults according to NHS Protect

- 1) physical contact must be made directly (person to person) or indirectly (use of a weapon, object, liquid or spittle)
- 2) an intentional act of assault that is unlawful, unwanted or unwarranted
- 3) incidents of assault with no visible injury
- 4) assaults occurring during restraint.

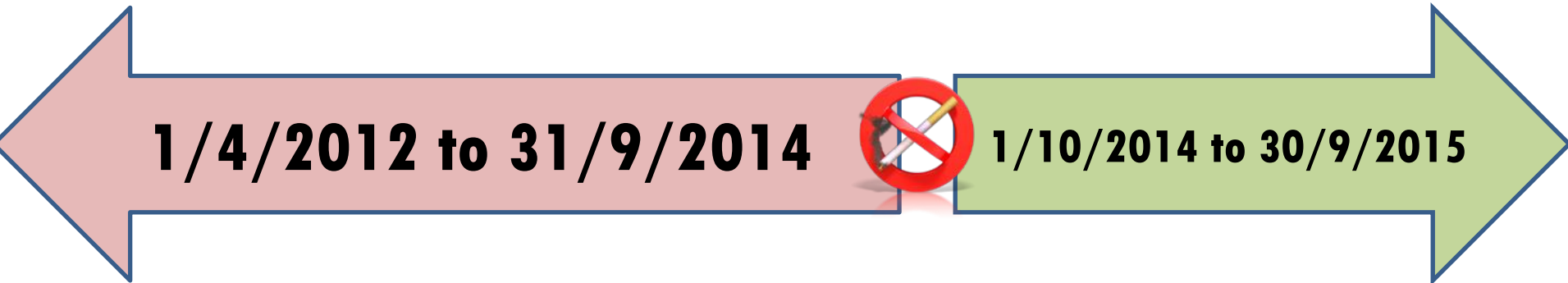
We further defined assaults related to smoking if the record of the antecedent to the assault included a smoking related term (e.g. smoke/cigarettes/tobacco/roll up)

Example of a smoking related assault pre policy

Patient persistently activated the panic alarm button. When staff asked him not to do that he said he should be taken out to smoke. Explained he needed to adhere to the 2-hourly smoking interval. While staff nurse was still explaining, patient spat thick mucous into her eyes and face

Methods: design and analysis

Design: Interrupted time series



Analysis: quasi-Poisson generalised additive mixed model (GAMM) - model the monthly incidence of physical assaults whilst controlling several explanatory variables

Underlying time trend
Month
Bed occupancy

Potential confounders of violence
on inpatient wards

Male • Age • Diagnosis • Legal status
Also accounted for smoking status

Results



Male: 10, 269, Female 7864

< 45 60%

Schizophrenia 40%

Mood disorder 20%

Legally detained 44%

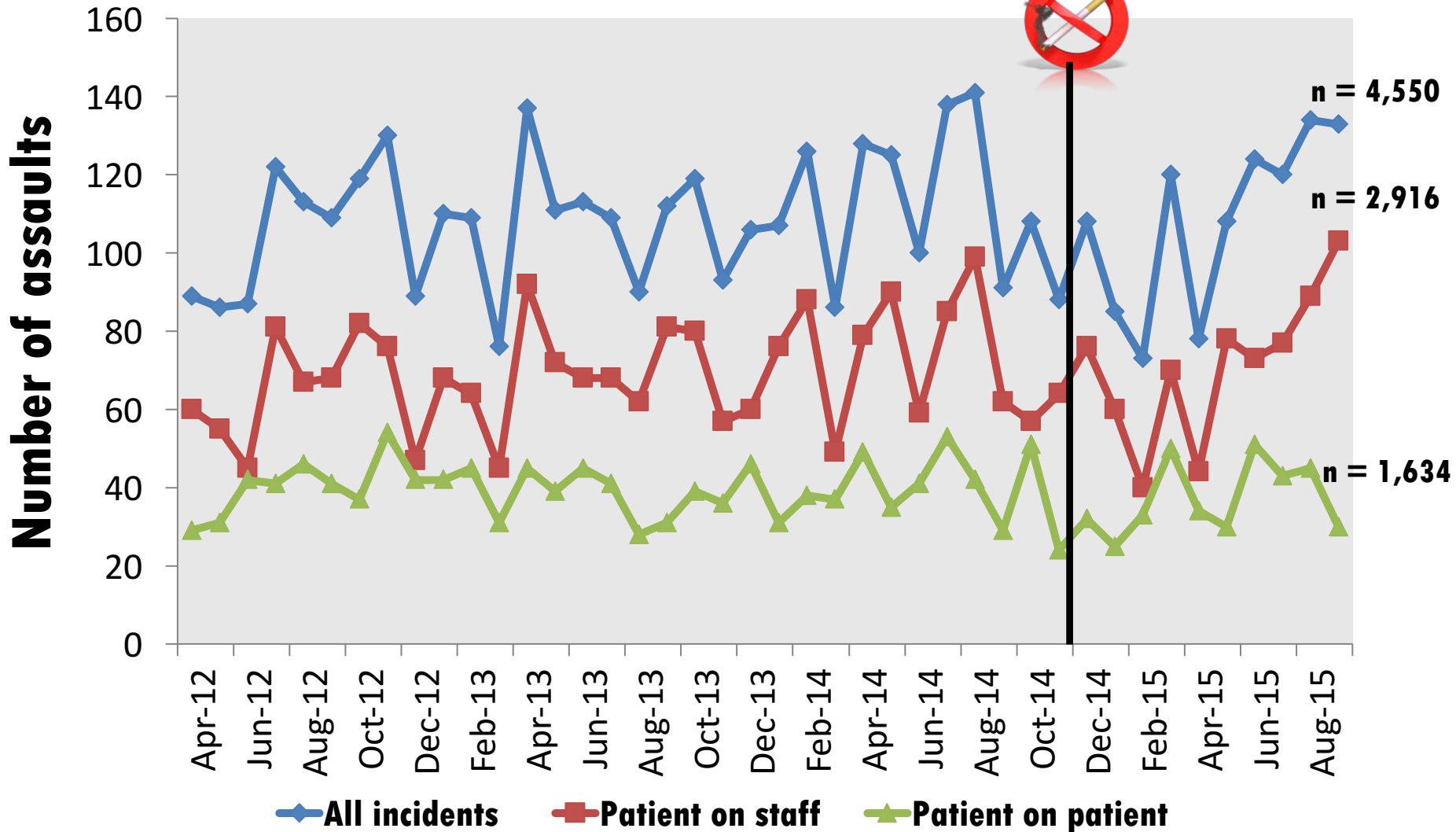
Smoker 79%

Number of assaults



Related to smoking

Number of physical assaults



Results (adjusted for time, seasonality & significant confounders)

Overall violence



39%

(IRR 0.61, 95% CI 0.53-0.70)

**Patient toward
staff**



47%

(IRR 0.53, 95% CI 0.44-0.63)

**Patient toward
patient**



15%

(IRR 0.85, 95% CI 0.80-0.92)

Railing against the ban



Effect of implementation of a smoke-free policy on physical violence in a psychiatric inpatient setting: an interrupted time series analysis



Debbie Robson, Gilda Spaducci, Ann McNeill, Duncan Stewart, Tom J K Craig, Mary Yates, Lisa Szatkowski

Summary

Background Smoke-free policies are important to protect health and reduce health inequalities. A major barrier to policy implementation in psychiatric hospitals is staff concern that physical violence will increase. We aimed to assess the effect of implementing a comprehensive smoke-free policy on rates of physical assaults in a large UK mental health organisation.

Lancet Psychiatry 2017
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[http://dx.doi.org/10.1016/S2215-0366\(17\)30209-2](http://dx.doi.org/10.1016/S2215-0366(17)30209-2)

thebmj

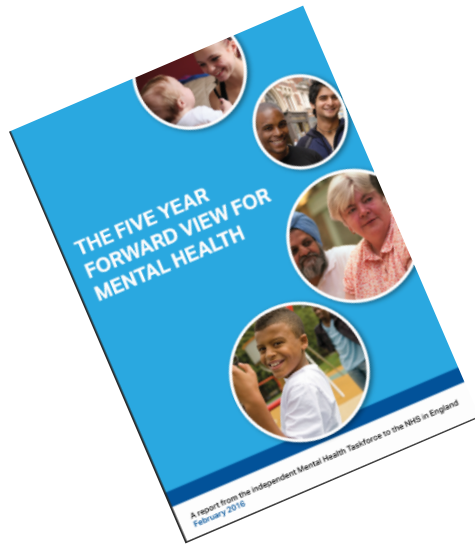
"It's time to draw a line under clinicians' belief that smoking is somehow therapeutic for mental health patients."

Debbie Robson *BMJ* 2017;357:j2958

"It's time to draw a line under the belief that captivity is "opportunity" for medics to impose their lifestyle choices on folks in crisis"

Several responders/retweets
(inc mental health nurses)

Conclusion



- **Well resourced** smoke free policies (that include treatment for tobacco dependence and staff training)
 - Do not lead to an increase in violence, and can support other violence reduction strategies in inpatient mental health settings.

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