

MUTINY ON THE WARD: CASE REPORT AND LITERATURE REVIEW ON PREVENTING AND TACKLING VIOLENT BEHAVIOR

B. Trancas, N. Borja-Santos, B. Ferreira, L. Toscano, M. Nascimento, J. Graça, J. Ramos, S. Xavier, V. Dindo, J. Ramos, A. Luís

Psychiatry Department, Hospital Prof. Fernando Fonseca, Amadora, Portugal

Introduction: Psychiatry wards are witness to violent behavior. Mental health professionals are called upon to prevent/de-escalate potential violence.

Objectives: Understand the causal factors that led to a serious group violence event in a psychiatric ward and review strategies to minimize the risk.

Aims: Provide a better understating and review current evidence.

Methods: Description of a group violence event. Non-systematic literature review concerning violence on psychiatric wards.

Results: In a 29-bed acute closed-door mixed-gender general-hospital psychiatry ward staff had detected that a small group of patients increasingly defied instructions, refused treatment and intimidated users. Later, two of these patients, on cue from the psychotic content of another user with schizophrenia, intruded patients' bedrooms and assaulted a 63 year-old female patient. These two patients, with bipolar disorder, were unemployed and had a history of previous psychiatric admissions, drug abuse, criminal offenses and treatment drop-out. De-escalation techniques failed and security was summoned. Offending patients were admitted to seclusion bedrooms and restrained. Upon a crisis meeting these two patients were transferred to two nearby psychiatric departments. There are several risk factors for violence in psychiatry wards, pertaining to the ward, staff, patients and psychopathology. Prevention measures are typically related to the timely detection of these variables and de-escalation techniques. When these fail, seclusion, forced medication or mechanical restraint may be necessary.

Conclusions: This case report confirms that violence rarely erupts without warning. Additional staff training on violence prevention and tackling is required. Some variables (e.g. overcrowding) are current structural weaknesses of the health system.