1. Introduction

Safety and security are broad concepts of complex nature. Everyone involved in mental health wards (e.g. service users, staff members, visitors or family members) can experience an event that compromises their (feeling of) safety and security. However, everyone involved in mental health wards can also contribute to these events. Traditionally, scientific literature in mental health care focuses on the safety and security of staff members and the deterioration of safety and security due to aggressive and violent behaviour by service users. By embracing a more broad perspective in recent years, the importance of a clear understanding of the concepts of safety and security for all increases. Although we aim to write an inclusive chapter, we are aware that (based on the background and experience of the authors), the North-West-European point of view possibly biased our writing. We recognise this and invite readers to consider this disclaimer while reading and generalising this information in their clinical practice.

Aggressive and violent behaviour are still important risks for safety and security in clinical mental health care. When the victims of aggressive and violent behaviour are staff members, the literature defines this as workplace violence. Several studies identify mental health care as a high-risk sector for workplace violence (Li, Li, Qiu, & Xiao, 2020; Liu et al., 2019). Perpetrators of workplace violence can be service users, visitors or even co-workers (Civilotti, Berlanda, & Iozzino, 2021). However, service users are also at high risk of being the victim of aggressive and violent behaviour by other service users or staff members (Frueh et al., 2005; Jenkin et al., 2022). Furthermore, service users are at risk of numerous adverse events, such as suicide, self-harm, falls, medication errors or erroneous clinical judgement by staff members (Marcus, Hermann, Frankel, & Cullen, 2018; Nilsson et al., 2020; Vermeulen et al., 2018). An important safety risk for service users is the use of coercive measures, such as seclusion, restraint and forced medication. Although these measures are (ideally) solely used to prevent service users from harm, coercive measures have a substantial risk in themselves to harm psychological and physical health, due to e.g. violated personal dignity, anxiety and post-traumatic stress disorder (Kersting, Hirsch, & Steinert, 2019). The fact that staff members tend to use coercive measures in response to behaviour that staff members find difficult to understand and subsequently perceive as dangerous (regardless of the service users’ intention), such as violence, suicidal behaviour or absconding, complicates the mutual interest of service users and staff members concerning safety and security.

This chapter reviews the current knowledge on safety and security in clinical mental health care. The scope of this chapter is to focus on the safety and security of service users and staff members concerning aggressive and violent behaviour and the use of coercive measures. Besides a review of current knowledge, we postulate societal dilemmas that complicate the therapeutic partnership of service users and staff members to increase safety and security. Furthermore, we suggest an organisational innovation to increase safety and security in clinical mental healthcare, as described by Voskes et al. (2021). We end this chapter with our thoughts on necessary developments to increase safety and security in the future.