BELMATT
HEALTHCARE TRAINING

Observations in Mental Health

Session Aims and Objectives

This session aims to explore the purpose of psychiatric observations as a tool to maintain patient safety and promote engagement

Objectives

By the end of this session you will develop:

- Understanding of why it is important to observe patients in psychiatric units
- Knowledge of the 4 levels of psychiatric observations
- Skills in understanding the processes necessary to determine that observation levels are as per individual needs with review mechanisms in place
- Knowledge of how to raise concerns if any are raised whilst undertaking psychiatric observations
- Knowledge of the law as it applies to mental health patients

Psychiatric Observations

- Staff should always attempt to explain psychiatric observations and their purpose to patients upon their admission to the ward.
- They should also wherever possible, take into account the patients views when ascertaining the appropriate observation level.
- The outcome of this should be recorded in the patient's record.
- Psychiatric observations should also promote engagement opportunities between staff and patients to ensure that the therapeutic relationship can be developed in order for patients needs to be met with understanding and empathy.

Care Plans for Mental Health Patients

- A care plan should be put in place, after discussion with the patient where practical. This should include:
- Which discipline(s) of staff are best placed to carry out enhanced observation and under what circumstances it might be appropriate to delegate this duty to another member of the team. The member of observing staff will be assigned by the nurse in charge who will have assessed their competency in undertaking this task, i.e. being aware of the content of this policy.
- The selection of a staff member to undertake enhanced observation will take account the patient's unique characteristics and circumstances (including factors such as ethnicity, sexual identity, age and gender), this may mean that the observer is of the same sex and that they must have an understanding of that individuals unique characteristics. The nurse in charge must satisfy themselves, through assessment, that the observer is suitable and adequately prepared.

Enhanced Observation

- Enhanced observation must be undertaken in a way which minimises the likelihood of patients perceiving the intervention to be coercive. Staff must be aware of how being under observation can have a negative effect on the individual. This will include how they consider the person's history in thinking about this, if they have any advance statements and the general issues and practicalities of their basic needs like use of toilet, any physical health requirements, ward specific issues particularly if on the Psychiatric Intensive Care Unit (PICU) where there are further restrictions, population mix and how the individual may feel they are being perceived by other patients.
- Observation must be carried out in a way that respects the patient's privacy as far as practicable and minimises any distress. In particular, each unit must have a procedure which must outline steps to maximise dignity without compromising safety when patients are in a state of undress, such as when using the toilet, bathing, showering or dressing.

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Article 8 Human Rights Act : Rights to private and family life

- Observation is likely to engage a person's Article 8 rights to private and family life. The multi- disciplinary team must ensure that they follow this policy, that they consider any negative impact of observation, any distress, intrusion of privacy and dignity and that their decisions are lawful.
- A key feature to this will be ensuring any deprivation of liberty is authorised.
- Lead Nurses need to ensure that this policy is made known to patients and their carers, that they can have access to it, alongside access to the Codes of Practice for the mental health act and mental capacity act and that they are aware of their rights to access an advocate.

Level 1 Observation – 60minutes

- This is the minimum acceptable level for all patients.
- The location of the service user should be known to staff at all times but they are not necessarily within sight.
- Positive engagement with the patient is an integral clinical duty for patients on this observation level.
- Evaluate the patient's moods and behaviours associated with disturbed/violent behaviour, and record these. Any concerns regarding the service user should be escalated to the shift leader.
- Observations should be carried out in a respectful manner, ensuring the patients dignity is maintained.

Level 2 – Intermittent Observation – 15-30 minutes

- This level is appropriate for patients who are potentially at risk of disturbed/violent behaviour, including those who have previously been at risk but are in the process of recovery.
- The patients location should be checked every 15-30 minutes. The exact interval of the observation level (e.g. every 15 minutes) should be recorded in the patient's record and on the observation sheet.
- o Intrusion should be minimised and positive engagement with the patient should take place.
- o Evaluate the patients moods and behaviours associated with disturbed/violent behaviour, and record these. Any concerns regarding the service user should be escalated to the shift leader.
- o Observations should be carried out in a respectful manner, ensuring the patients dignity is maintained.
- o A night-time observation risk assessment must be undertaken, and a care plan put in place where appropriate.

Level 3 – One to One Observation - Within eyesight

- Patients, who could, at any time, make an attempt to harm themselves or others should be observed at this level.
- The patient should be within eyesight and accessible at all times, day and night unless an MDT decision has been made that the patient can have bathroom privacy. This must be documented within the patients electronic record.
- Any possible tools or instruments that could be used to harm either the patient or anybody else should be removed, if deemed necessary.
- Searching of the patient and their belongings may be necessary, which should be conducted sensitively and with due regard to legal rights. Best practice indicates that 2 members of staff should conduct patient searches, with one staff member being the same gender as the patient.
- Positive engagement with the patient is essential.

Level 4 – One to One Observation - Within arm's length

- Patients at the highest levels of risk of harming themselves or others may need to be observed at this level.
- The patient should be supervised in close proximity at all times.

** No Patient who is on level 4 observations will have bathroom privacy.

- More than one staff member may be necessary on specified occasions.
- Issues of privacy and dignity, consideration of gender issues, and environmental dangers should be discussed and incorporated into the care plan.
- Positive engagement with the patient is essential.

- When making decisions as to the appropriate observation level for patients, practitioners should give due regard and consideration to the Code of Practice, particularly the five guiding principles:

5 Guiding Principles for patients detained under the Mental Health Act(1983) amended 2007)

* can be applied to informal patients

1. Least restrictive option and maximising independence: Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be maintained with a focus on recovery.

2. Empowerment and participation: Patients, their families and carers should be fully involved in decisions about care, support and treatment.

3. Respect and dignity: Patients, their families and carers should be treated with respect and dignity and listened to be professionals.

4. Purpose and effectiveness: Decisions about care and treatment must be appropriate to the patient,and must be performed to current national guidelines and/or current, available evidence-based practice.

5. Efficiency and equity: Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental health care services is equivalent to physical health and social care services.

Observations during the Day

- During daytime hours (07:00- 22:00) Staff undertaking psychiatric observation must, on every observation, ensure that they are able to determine the patient's welfare, including observing for signs of life. This is to occur, even if the service user is asleep within the above hours.
- If asleep, signs of life can be determined through:
- Breathing Movements – chest rises/breath exhalation/snoring
- General body movement
- Circulation – usual colour for the person, no cyanosis
- Responsive to sound- calling of name, knocking on a door
- Response to stimuli

Observing patients at night

- Mental health services are caring for a patient group with increasingly complex physical and mental health conditions, who may be at risk of coming to serious harm or dying during the night, whilst they are in bed.
- This is a period during which it may be more difficult to undertake observations, because of lighting conditions, sleeping position (e.g. under bedclothes, or orientation of bed in relation to observation hatch) or the risk of waking somebody who is in need of sleep.

Risk Factors to consider

- Risk of deliberate covert self-harm: is the patient at risk of using less frequent observations, the privacy of their room, or the bed covers to harm themselves?
- Risk of accidental harm through misadventure: is the patient likely to take substances before bedtime or during the night, which may cause them harm?
- Risk of physical health deterioration or death through physical health condition: does the patient have a health condition (acute or chronic), which may mean that they could deteriorate or die suddenly.

Care Plan for high risk patients at night

- If the patient has moderate or high risks,an entry should be made in their care plan describing the risks and the “night-time observation plan” entered as a care plan item.
- The night-time observation plan should describe:
- the specific night-time bedspace risks for that patient
  a safety management plan
  The frequency and manner of observations during the night, and how actively the patient should be observed.
  The action to take should cause for concern arise.

Ascertaining Levels

In determining the appropriate level of psychiatric observation the following points are considered:

- Is the patient at risk of harming themselves?
- Is the patient at risk of harming other people?
- Does the patient require an increased level of nursing/personal care?
- Is the patient likely to abscond from the unit?
- Will observations increase risk in any way and how can this be mitigated so as not to leave the patient at risk?

Within each patient record the following should be clearly documented

- The reason for the level of observation (e.g – at risk of verbal aggression to other patients, at risk of fire-setting)
- Whether the risk continues when the person is in their bed at night
- How observations should be carried out when the person is in the general ward area and (if different) at night, when they are in bed.

Triggers for review of level

- Improvement or deterioration in patients mental state
- Increased incidents of aggression
- The patient receiving bad news
- Attempts to abscond from the ward
- Under the influence of alcohol or illicit substances

Detained Patients identified as high risk

- At times, it will be clinically necessary to place detained patients on increased levels of psychiatric observations (Levels 3 or 4) in order to meet their needs and manage their risks.
- In these instances, patients should have their levels of observation reviewed each shift by the nurse in charge of the ward and in consultation with the medical team wherever possible.
- When reviewing the observation level, staff must take into account the current level of risk the person is presenting with, any incidents of challenging behaviour since the previous review of observation level, the effectiveness of the current treatment care plan and the patient's wishes.
- A patient's wishes and feelings and views should always be considered, other factors may outweigh what they wish, but they should always be considered.
- Any infringement of privacy, dignity or distress caused by observations, must be minimised, ensuring the observations remain proportionate.
- This review and consequent decision making to either continue to change the observation level must be recorded in the patient's record and risk assessment.

Informal Patients on Level 3 or 4

- At times, it will be clinically necessary to place an informal patient on increased levels of psychiatric observations (Levels 3 or 4) in order to meet their needs and manage their risks. In these instances, staff must consider if this leads to the person being deprived of their liberty. In order to prevent this, the staff team must consider:
- If the patient has capacity and consents to the restrictions they will not be deprived of their liberty
- If the patient lacks capacity to consent to the observations then the MDT must consider the effect and duration of the observations, alongside the other type of restrictions on the person and if the cumulative effects amounts to a deprivation of liberty, take steps to reduce the restriction so they do not deprive the person of their liberty or seek to authorise these under the Mental Health Act or deprivation of liberty safeguards.